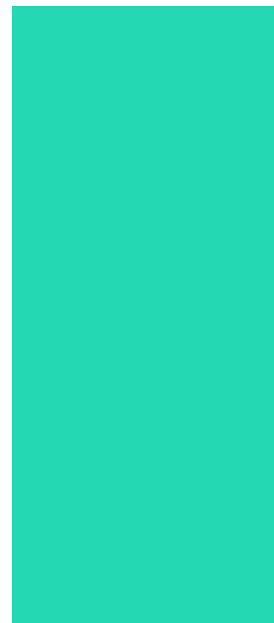




The impact of COVID-19 on Londoners' mental health and wellbeing:
Impact on Disproportionately at-risk Groups



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Impact on disproportionately at-risk groups

Introduction & context

Many Londoners entered the pandemic from positions of disadvantage and there is convincing evidence that the pandemic seems to have simultaneously created new inequalities whilst widening pre-existing inequalities¹, both in terms of COVID-19 complications and deaths and in terms of the impact of the restrictions on mental health and wellbeing. Londoners with lived experiences of marginalisation and social disadvantage, who were already experiencing poorer social, economic and health outcomes, have been disproportionately affected by the pandemic.

People with the poorest mental health prior to the pandemic experienced the largest deterioration in mental health during the initial lockdown² and are likely to be isolated and lacking support as restrictions continue to be put in place and the full effects of the pandemic are felt.

Black, Asian and minority ethnic Londoners

Following the release of the Public Health England (PHE) review on disparities in the risk and outcomes of COVID-19 in June 2020³, and the most recent data on the impact of the second wave of COVID-19 on Londoners, surveillance data⁴ shows that:

- People from Black ethnic groups were most likely to be diagnosed.
- Death rates were highest among people from Black and Asian ethnic groups.
- Accounting for the effect of sex, age, deprivation and region, people of Bangladeshi ethnicity had around twice the risk of death than people of White British ethnicity.
- People of Chinese, Indian, Pakistani, Other Asian, Caribbean, and Other Black ethnicity had between 10 and 50% higher risk of death when compared to White British people.

¹ 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: <https://www.ifs.org.uk/publications/14874>

² 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: <https://www.ifs.org.uk/publications/14874>

³ Public Health England (2020) Disparities in the risk and outcomes of COVID-19: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/908434/Disparities_in_the_risk_and_outcomes_of_COVID_August_2020_update.pdf

⁴ The Association of Directors of Public Health London Network (2021) Policy position: Supporting Black, Asian and minority ethnic communities during and beyond the COVID-19 pandemic: <https://adph.org.uk/networks/london/wp-content/uploads/2021/02/ADPH-London-Position-statement-Supporting-Black-Asian-and-Minority-ethnic-communities-during-and-beyond-the-COVID-19-pandemic-1.pdf>

Evidence from community engagement activities⁵ has highlighted the distress of Black Londoners in response to the high proportion of people in their communities who have died as a result of COVID-19. Communities have been coping with unusually high levels of grief alongside the added financial pressures and familial pressures of the crisis.

Research from UK Household Longitudinal Study suggests that BAME men experienced a far greater deterioration in their mental health during the first Covid-19 lockdown than their white British counterparts, with BAME men reporting a deterioration of about 14% in their mental health from 2017-2019 to April 2020 compared to 6.5% for white British males.⁶ A similar pattern was not seen in women's declining mental health.

Data from the Understanding Society COVID-19 Study collected in April and May 2020 has shown that those in precarious employment, aged under 30 and from minority ethnic groups faced the biggest labour market shocks during the first wave of the pandemic. Almost 50% of individuals have experienced declines in household earnings of at least 10%, but declines are most severe in the bottom pre-pandemic income quintiles⁷.

The COVID-19 Social Study⁸ have seen people from ethnic minority backgrounds consistently show higher levels of anxiety and depression throughout the pandemic in comparison to their white counterparts. Findings from this research have also shown a rise in self-reported thoughts of death or self-harm (PHQ-9 measure) amongst individuals in minority ethnic groups, with levels only recently beginning to decline to levels similar to those in the White British population.

In addition, a research review conducted by Thrive LDN⁹, documented how pre-existing inequalities have worsened in the wake of the pandemic; housing, employment and finance contributed to the decline in the mental health of BAME groups. Corroborating a wealth of other sources, it outlined that:

"Those who entered the pandemic in a disadvantaged position were most impacted by it. For example, there were high death rates experienced in Brent (210.9 deaths per 100 000 population), Newham (196.8 deaths per 100 000 population), and Hackney (182.9 deaths per 100 000 population), all boroughs with a high percentage of BAME communities."

In conclusion, the paper commented:

"The mental health of Black men is disproportionately impacted by a number of disadvantages, including unequal experiences of society and institutions, material deprivation, and negative experiences of public services."

⁵ Thrive LDN (2020) Thrive Together: A summary of recent experiences and ideas to support the wellbeing and resilience of all Londoners: <https://thrivelndn.co.uk/wp-content/uploads/2020/11/Thrive-Together-report.pdf>

⁶ Proto E, Quintana-Domeque C (2021) COVID-19 and mental health deterioration by ethnicity and gender in the UK. PLoS ONE 16(1): e0244419: <https://doi.org/10.1371/journal.pone.0244419>

⁷ Crossley T, Fisher P, Low H (2021) The heterogeneous and regressive consequences of COVID-19: evidence from high quality panel data: <https://doi.org/10.1016/j.jpubeco.2020.104334>

⁸ University College London (2021) Covid-19 Social Study: <https://www.covidsocialstudy.org/results>

⁹ Thrive LDN (2021) The Mental Health of Black Men

Deaf and disabled Londoners

The pandemic has amplified the long-standing structural inequalities and discrimination that deaf and disabled people experience. These disparities are reflected in the data released by the Office for National Statistics from 24 January to 20 November 2020 showing that the risk of death involving COVID-19 for men was 3.1 times greater for those more-disabled and 1.9 times greater for those less-disabled men when compared with non-disabled men; and for women, the risk of death was 3.5 times greater for those more-disabled and 2.0 times greater for those less-disabled women when compared with non-disabled women.¹⁰

Disabled people have reported feeling failed and ignored by the government, a sentiment which is epitomised by the Coronavirus Act that minimised and infringed on the rights of disabled people, re-classifying them as 'vulnerable' and therefore lessening the legislative support and the need for adjustments¹¹. The increased risk for disabled people results in part from their poorer living circumstances and socioeconomic position, associated co-morbidities and vulnerability to ill-health, and increased risks from living in residential facilities. The pandemic has also increased stress and uncertainty for carers, who face increased worry around their financial situation as spending on food and bills increases as a result of lockdowns.

Families with children and single parents

Parents have been coping with huge additional demands on their time at many points during the pandemic as they have been forced to care for and educate their children from home, and poorer families have been receiving less support from schools in doing so. Evidence shows that parents in better-off families and with higher levels of education are more likely to be able to carry out their work activities from their home, more likely to have space at home to educate their children, and more likely to have savings to cover unforeseen expenditures.¹²

Whilst the huge disruption to schooling has affected all children, it has fallen particularly harshly on those from poorer backgrounds with long-term effects on their educational progression and labour market performance¹³. Encouragingly, according to recent research by the Institute for Fiscal Studies, the differences between better-

¹⁰ Office for National Statistics (ONS) (2020) Coronavirus (COVID-19) related deaths by disability status, England and Wales: 24 January to 20 November 2020: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/coronaviruscovid19relateddeathsbydisabilitystatusenglandandwales/24januaryto20november2020>

¹¹ Proto E, Quintana-Domeque C (2021) COVID-19 and mental health deterioration by ethnicity and gender in the UK. PLoS ONE 16(1): e0244419: <https://doi.org/10.1371/journal.pone.0244419>

¹² Institute for Fiscal Studies (2020) Learning during the lockdown: real-time data on children's experiences during home learning: <https://www.ifs.org.uk/publications/14848>

¹³ Institute for Fiscal Studies (2021) Inequalities in education, skills, and incomes in the UK: The implications of the COVID-19 pandemic: <https://www.ifs.org.uk/publications/15380>

off and more disadvantaged families have grown smaller – though gaps remain at secondary school¹⁴.

Findings from the Co-Space study following 8,386 parents/carers has shown parental stress and depression was elevated during the first lockdown, when most children were home-schooled, reduced when the lockdown restrictions eased in the summer, but increased again between November and December, when new national restrictions were introduced. The most recent data indicates that levels of stress, anxiety and depression amongst parents and carers have now surpassed the record high levels they reached in the first lockdown.¹⁵ Parents/carers from single adult households and low-income families, as well as those who have children with SEN/ND, have reported higher levels of stress, depression, and anxiety reported. On average, 43% were stressed about their children's education and future (in contrast to 32% of those with young children).¹⁶ As a new academic year begins without the classroom social restrictions of last September, such as social bubbles and face mask requirements, it is reasonable to assume that anxiety surrounding heightened infection rates within schools and colleges will be a source of stress for children and teenagers and parents alike.

Mothers, and particularly single mothers, have been more likely to work in sectors that have been shut down as a result of the pandemic. Prior to the pandemic, 47% of children in single parent families were living in poverty compared to 24% in coupled families.¹⁷ Additionally, single parents have been found to disproportionately experience problem debt, an inverse indicator of mental health and wellbeing. Prior to the COVID-19 outbreak, 13% of single parents were in severe problem debt, compared to 5% of couple parents and 4% of single adults¹⁸.

LGBTQ+ Londoners

Early findings from the Queerantime Study¹⁹ has shown high levels of stress and depressive symptoms, particularly among younger transgender and gender diverse respondents. Stress has been higher for those who had experienced an instance of homophobic or transphobic harassment, compared to respondents who had not.

¹⁴ Institute for Fiscal Studies (2021) The return to school and catch-up policies:

<https://www.ifs.org.uk/publications/15336>

¹⁵ Co-SPACE (2021) Changes in children and parents' mental health: March 2020 to February 2021

¹⁶ Co-SPACE (2021) Changes in parents' mental health symptoms and stressors from April to December 2020: http://cospaceoxford.org/wp-content/uploads/2021/01/Report_07_19JAN.pdf

¹⁷ Gingerbread (2020) Tackling single parent poverty after the Coronavirus:

<https://www.gingerbread.org.uk/policy-campaigns/publications-index/tackling-single-parent-poverty-after-coronavirus/>

¹⁸ Gingerbread (2021) The single parent debt trap: <https://www.gingerbread.org.uk/policy-campaigns/publications-index/the-single-parent-debt-trap/>

¹⁹ University College London (2020) Queerantime Study: <https://queerantimestudy.wixsite.com/mysite>

Furthermore, there are high levels of depressive symptomatology (61%) and perceived stress among the LGBTQ+ community living in London. The prevalence of poor mental health is lower among the LGBTQ+ community living in London, compared to those living in the rest of the UK.

LGBTQ+ people experience a disproportionately high rate of domestic violence in comparison to the general population, are more likely to experience homelessness or live in unstable living conditions, and report higher rates of loneliness and feelings of social isolation²⁰, thus the COVID-19 pandemic and its associated restrictions on society have exacerbated some of the most common threats to the overall wellbeing of this group.

Insights from community engagement with LGBTQ+ organisations who support young people have reported worsening mental health in particular for this group relating to the breakdown of community and support systems, hostile living arrangements or experiences of homophobia or transphobia. Transgender and non-binary people reported a decline in mental wellbeing due to being repeatedly misgendered when living with relatives, or due to the cancellation of gender confirmation surgery as a result of additional pressures on the NHS which would likely delay their transition for many months to years.²¹ All these factors have contributed to additional feelings of anxiety, depression, isolation and hopelessness in young LGBTQ+ Londoners.

Older Londoners

Older people have been 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.

The pandemic poses a serious risk for creating a long-term unemployment crisis for older workers, with most people aged 50-70 still working for their individual financial security. London has the highest proportion of older workers, and many who are still in employment and renting privately expressed concerns of redundancies, furloughs, and reduced working hours. According to analysis conducted by the Centre for Ageing Better,²² one in four older workers – 2.5 million in total – were furloughed, and hundreds of thousands of these workers may be unable to return to their previous jobs as some sectors struggle to recover. Recent commentary published by

²⁰ LGBT Foundation (2020) Why LGBT+ people are disproportionately impacted by coronavirus: <https://lgbt.foundation/coronavirus/why-lgbt-people-are-disproportionately-impacted-by-coronavirus>

²¹ The Guardian (2020) 'I had to hide myself again': young LGBT people on their life in U.K. lockdown: <https://www.theguardian.com/world/2020/aug/05/i-had-to-hide-myself-again-young-lgbt-people-on-their-life-in-uk-lockdown>

²² Centre for Ageing Better (2020) A mid-life employment crisis: how COVID-19 will affect the job prospects of older workers: <https://www.ageing-better.org.uk/publications/mid-life-employment-crisis-how-covid-19-will-affect-job-prospects-older>

the Centre suggests that older workers risk bearing the brunt of post-pandemic unemployment problems, with unemployed over 50s remaining two and a half times as likely as other unemployed age groups to be unemployed for at least two years²³.

People with pre-existing mental health problems

The Mental Health in the Pandemic study²⁴ has found that people who entered the pandemic with a prior experience of mental health problems have been far more likely to experience feelings of anxiety, panic, and hopelessness. As the U.K emerged from the second wave of the pandemic, analysis²⁵ suggests that anxiety and worry due to the stress of the pandemic has declined significantly for those with a pre-existing mental health diagnosis (67% in June 2020 to 58% in Feb 2021) although rates have remained consistently higher than the general population. Analysis from the U.S has also found that COVID-19 survivors have significantly higher rates of psychiatric diagnoses and psychiatric history is a potential risk factor for being diagnosed with COVID-19, independent of known physical risk factors.²⁶

It has been established that those with a pre-existing mental health problem have been the most likely to experience stress and inability to cope during the pandemic, and this group has also reported suicidal thoughts and feelings at a rate almost triple to that of the general population²⁷. During lockdown, many of the support systems for people with mental health problems, such as one-to-one therapy, training courses, volunteering and supported employment opportunities, were curtailed or stopped. In particular, 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 vulnerable people. However, the most recent legislation allows support groups that are essential to deliver in person to continue with up to 15 participants, which provides some hope for those who benefit from them.

The COVID-19 Social Study²⁸ has found that during the period of heightened restrictions, people with a diagnosed mental health condition have been more likely

²³ Centre for Ageing Better (2021) Older workers risk bearing the brunt of the post pandemic unemployment hangover: <https://www.ageing-better.org.uk/blogs/older-workers-risk-bearing-brunt-post-pandemic-unemployment-hangover>

²⁴ Mental Health Foundation (2020) Coronavirus: Mental Health in the Pandemic: <https://www.mentalhealth.org.uk/our-work/research/coronavirus-mental-health-pandemic/>

²⁵ Mental Health Foundation (2021) Wave 10: Late February 2021: <https://www.mentalhealth.org.uk/research-and-policies/wave-10-late-february-2021>

²⁶ The Lancet (2020) Bidirectional associations between COVID-19 and psychiatric disorder: retrospective cohort studies of 62354 COVID-19 cases in the USA: [https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(20\)30462-4/fulltext](https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(20)30462-4/fulltext)

²⁷ Mental Health Foundation (2020) Coronavirus: Mental Health in the Pandemic: <https://www.mentalhealth.org.uk/our-work/research/coronavirus-mental-health-pandemic/>

²⁸ University College London (2021) Covid-19 Social Study: <https://www.covidsocialstudy.org/results>

to be depressed, anxious, worried, have suicidal thoughts or self-harm than those without a mental health diagnosis, even during the easing of restrictions in 2020. Recent publications from the Study confirm that people with a diagnosed mental illness are still reporting higher levels of depression and anxiety symptoms.

Research produced by the Samaritans based on conversations with callers reporting mental health concerns has shown that restrictions exacerbated existing mental health conditions, disrupted access to mental health services and limited access to usual coping strategies such as support from friends, family or local community groups and personal hobbies has negatively affected how callers usually handle their mental health conditions.²⁹ The National Survivor User Network, which consists of individuals and user led networks with lived experience of mental health conditions, has reported a huge spike in demand from its members due to COVID-19. Sources of stress were not merely limited to access to medication and support or the negative mental health impacts of shielding and isolation but equally the broader impacts of the pandemic such as concerns about finances and benefits, demonstrating how many people that fit into this group often live on the intersection of multiple disadvantages and marginalisations and are therefore particularly vulnerable³⁰.

Asylum seekers

There are currently c.5,062 people housed in emergency hotel accommodation across 23 boroughs in London, with some individuals and families accommodated in this way for up to 9 months.

Conditions are cramped, residents have little to no finances/independence (accommodation is full board), limited to no access to the internet or means of communicating with a support network, high prevalence of trauma, limited/disrupted access to health services, high levels of anxiety regarding the outcome of their asylum application - and no foreseeable end point. Healthcare professionals and NGOs have raised serious concerns that the mental health needs of these residents are not being met and the risk of mental health deterioration and crisis is high.

Women

Evidence is growing of the unequal impact of the COVID-19 pandemic, lockdown and related crises based on gender. The Coronavirus: Mental Health in the

²⁹ Samaritans (2020) Coronavirus and people with pre-existing mental health conditions: <https://www.samaritans.org/ireland/about-samaritans/research-policy/understanding-our-callers-during-covid-19-pandemic/coronavirus-and-people-pre-existing-mental-health-conditions/>

³⁰ National Survivor User Network (2021) The impact of Covid on our work and our response to it: <https://www.nsun.org.uk/news/covid-19-nsun-covid-life/>

Pandemic study,³¹ found that across the lifetime of the survey women have been more likely than men to report feeling anxious, lonely, and hopeless due to the pandemic, as well as being more worried about finances. In the two weeks prior to Christmas in 2020, the study reported that 63% of women had appeared to be feeling more anxious or worried³².

Gendered impacts on employment and income can already be seen, with mothers having been more likely to have quit or lost their job, or to have been furloughed during the early months of the pandemic.³³ In addition, women are more likely to be in temporary, part-time and precarious employment than men.³⁴ These jobs often come with lower pay, weaker legal protection and difficulties in accessing social protection. Levels of precarious work are particularly high among young women, women with low qualifications and migrant women.

There has been a documented rise in domestic abuse and gender-based violence, as often seen in times of crisis and natural disasters. As normal life shuts down, victims – who are usually women – can be exposed to abusers for long periods of time and cut off from social and institutional support. Calls and contacts logged on the National Domestic Abuse Helpline increased by an average of 61% between April 2020 and February 2021, and there was a seven fold increase in visits to its specialist website during this same period.³⁵ Between further lockdown easing in July and the start of September, levels of domestic abuse referrals to Victims Support remained around one quarter higher than average.³⁶

Young Londoners

It is widely acknowledged that the impact of COVID-19 on the lives of children and young people, in particular certain restrictions such as the closure of schools, colleges and universities and crises relating to the pandemic has been substantial. The foundations for sound mental health are built early in life, the most important of these are children's relationships with parents, caregivers, relatives, teachers, and peers. It is not possible to forecast the effects of widespread disruption to young

³¹ Mental Health Foundation (2020) Coronavirus: Mental Health in the Pandemic:

<https://www.mentalhealth.org.uk/our-work/research/coronavirus-mental-health-pandemic/>

³² Mental Health Foundation (2021) Wave 9: pre-Christmas 2020: <https://www.mentalhealth.org.uk/wave-9-pre-christmas-2020>

³³ Institute for Fiscal Studies (2020) Parents, especially mothers, paying heavy price for lockdown:

<https://www.ifs.org.uk/publications/14861>

³⁴ Young M (2010) Gender Differences in Precarious Work Settings:

https://www.researchgate.net/publication/228172883_Gender_Differences_in_Precarious_Work_Settings

³⁵ Refuge (2021) Refuge's National Domestic Abuse Helpline: A Year On from Lockdown:

<https://www.refuge.org.uk/a-year-of-lockdown/>

³⁶ Office for National Statistics (2020) Domestic abuse during the coronavirus (COVID-19) pandemic, England and Wales: November 2020:

<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/domesticabuseduringthecoronaviruscovid19pandemicenglandandwales/november2020>

Londoners lives and their opportunities to learn, develop and relate to others but there is growing concerns for the social, emotional and educational development of young Londoners and the longer-term legacy of the pandemic on this generation.

Young people (18-24 years old) have been more likely to report stress arising from the pandemic than the population as a whole.³⁷ They were also more likely to report hopelessness, loneliness, not coping well and suicidal thoughts/ feelings. A recent survey conducted by the Prince's Trust found that 50% of 16- to 25-year-olds in the U.K. had experienced a decline in their mental health since the beginning of the pandemic, and one in four (26%) reported feeling "unable to cope with life", rising to 40% in young people who were not in education, employment or training.³⁸

Across all dimensions of life as young Londoner, analysis shows that the effect has not been equal for all young people. For example, those from poorer households are less likely to have adequate space and access to online education to learn remotely and young people with lower incomes have been more likely to lose work.³⁹ Young people are more likely to be employed in industries which have been most affected by the coronavirus, are more likely to have been furloughed and are experiencing increasing levels of unemployment and economic inactivity⁴⁰. When compared to the last financial quarter before the pandemic, between January and March 2021 there were 310,000 fewer 16 to 24 year olds employed in the U.K, a fall of 8% overall.⁴¹ Young people from poorer households have been more likely to lose their main source of income, this was twice as likely for young people from minority ethnic backgrounds.⁴²

From December 2020 to February 2021, 41.1% of people aged 16-24 were economically inactive. In comparison, over the same period, there was a decrease in the employment rate for young people while the unemployment rate for young people was largely flat, suggesting that more young people are staying in education and not looking for work. This is supported by the fact that the proportion of young people in full-time education has reached record highs during the pandemic, at

³⁷ Mental Health Foundation (2020) Coronavirus: Mental Health in the Pandemic:

<https://www.mentalhealth.org.uk/our-work/research/coronavirus-mental-health-pandemic/>

³⁸ The Prince's Trust Tesco Youth Index 2021: <https://www.princes-trust.org.uk/about-the-trust/news-views/tesco-youth-index-2021>

³⁹ The Health Foundation (2020) Generation COVID-19: Building the case to protect young people's future health: <https://www.health.org.uk/publications/long-reads/generation-covid-19>

⁴⁰ Rebecca Montacute (2020) Implications of the Covid-19 crisis for educational inequality. The Sutton Trust: <https://www.suttontrust.com/wp-content/uploads/2020/04/COVID-19-and-Social-Mobility-1.pdf>

⁴¹ House of Commons Library (2021) Youth Unemployment Statistics: <https://commonslibrary.parliament.uk/research-briefings/sn05871/>

⁴² The Health Foundation (2020) Generation COVID-19: Building the case to protect young people's future health: <https://www.health.org.uk/publications/long-reads/generation-covid-19>

around 46%.⁴³ In the latest period however, there has been a stronger increase in the employment rate and decrease in the unemployment rate for young people, suggesting that the easing of restrictions and reopening of certain industries may be restoring the economic prospects and employment opportunities for this age group.⁴⁴



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⁴³ The Office for National Statistics (2021) Employment in the UK: April 2021: <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/bulletins/employmentintheuk/april2021>

⁴⁴ The Office for National Statistics (2021) Employment in the UK: July 2021: <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/bulletins/employmentintheuk/july2021>