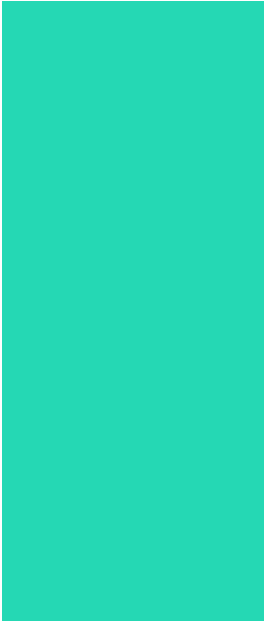




Evidence Briefings on Londoners' mental health and wellbeing:

Equity



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Drivers of Inequity and Public Mental Health

Introduction & context

Many Londoners entered the coronavirus pandemic from positions of disadvantage, and there is convincing evidence that the pandemic seems to have simultaneously created new inequalities whilst widening pre-existing ones¹. Londoners with lived experiences of inequity, marginalisation, and social disadvantage, who were already experiencing poorer social, economic and health outcomes, have been disproportionately affected by the pandemic and continue to suffer as London moves into a period of recovery and we begin to tackle future crises².

Inequity is the presence of unfair, avoidable, or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, geographically or by other stratifiers³. Health is a fundamental human right, and health equity is achieved when everyone can attain their full potential for health and wellbeing.

In order to achieve an equitable society, we must understand which groups are disproportionately affected by the inequitable power structures that underpin it. We must also ensure that aspects of proportionate universalism lay the groundwork for all action. The common knowledge that entrenched inequalities place some social groups at greater risk of living their life in poor mental health therefore renders a one size fits all approach ineffective. Proportionate universalism states that services and support should be delivered at the scale proportionate to the degree of need, placing a focus on health inequalities and ensuring that inequitable systems are challenged.

As always, it is important to scale action and interventions with a firm emphasis on the importance of intersectionality, which states that no social identity category exists in isolation of others and that rather, individuals and communities are constituted by a complex amalgamation of traits and lived experiences⁴. This overlap in social identity categories which experience marginalisation, racialisation and oppression ultimately means that those most vulnerable to poor physical and mental health

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 [CentreforMentalHealth_CovidInequalities_0.pdf](#)

³ Thrive LDN (2021) Towards Happier, Healthier Lives: [04aa Appendix 1 Annex A - Thrive LDN report.pdf \(london.gov.uk\)](#)

⁴ [What is intersectionality? | The British Academy](#)

outcomes are also those most disadvantaged on a social, economic and environmental level.

The aspect of identity for Londoners has real and tangible impacts upon their ability to live happy, healthy lives. When not all people are born with equal opportunities, this is a systemic failure that needs to be recognised and prioritised in order for inequities to be reduced and Londoners' mental health and wellbeing to be improved.

Wider determinants of health as drivers of inequity

A large part of understanding the drivers of inequity revolves around the social determinants of health. These determinants are the conditions in which people are born, grow, live, work and age.⁵ Some examples of social determinants are housing, employment, work environment, education, and access to social networks. Social determinants are largely responsible for health inequities and focusing public mental health interventions on these determinants will work to reduce these inequities.

Following the Organisation for Economic Co-operation and Development's (OECD) framework for wellbeing⁶, there are three major categories that encompass wider determinants of health which correspond to the drivers of inequity:

- The material conditions that shape people's economic options (income and wealth, housing, work, and job quality)
- Quality of Life factors that encompass how well people are, what they know and can do, and how healthy and safe their places of living are (health, knowledge and skills, environmental quality, subjective wellbeing, safety)
- How connected and engaged people are, and how and with whom they spend their time (work-life balance, social connections, civic engagement)

These are the factors which must be highlighted and improved in order to achieve an equitable society and enhance the public mental health of all Londoners.

Considering the future

In light of the COVID-19 pandemic which has exposed the extent to which these social, economic, and geographical factors place some groups at disproportionate risk of suffering mental distress, and which on a broader level has challenged the

⁵ [WHO | Social determinants of health](#)

⁶ [OECD-Better-Life-Initiative.pdf](#)

emotional wellbeing of all people to a certain extent – there is now a space to consider the increased importance of mental health promotion.

Public mental health should not only be hoping to prevent and reduce incidences of mental health diagnoses in the same way that one might promote healthy eating to reduce the likelihood of heart disease, but equally about supporting population wide mental health by and as a means of addressing and minimising inequalities, promoting social cohesion, and increasing the overall productivity and sustainability of a society in maintaining and supporting its own mental health and wellbeing into the future. The latter approach is less easily evaluated in terms of quantifiable outcomes and has thus traditionally been less of a priority than mental health prevention.

In order to understand inequity and the impact of Covid-19 on Londoners' mental health and wellbeing more meaningfully, this paper identifies groups that have been disproportionately impacted by the pandemic due to inequitable structures that continue to cause poor health outcomes. In outlining this, the intention is not to single out such groups by placing blame or stigmatising, but rather highlight the unfair and avoidable inequities they face which adds barriers to achieving positive mental health and wellbeing.

Minoritised and Racialised Londoners

Research on inequity and health has long highlighted the impact of structural racism on mental health and wellbeing, which has been reflected throughout the COVID-19 pandemic⁷.

Following the release of the Public Health England (PHE) review on disparities in the risk and outcomes of COVID-19 in June 2020⁸, and the most recent data on the impact of the second wave of COVID-19 on Londoners, surveillance data⁹ 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.

⁷ [CentreforMentalHealth CovidInequalities 0.pdf](#)

⁸ 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

⁹ 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>

- 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.

Evidence from community engagement activities¹⁰ 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 had to cope with multiple bereavements 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.¹¹ 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 lowest pre-pandemic income quintiles¹². This supports the hypothesis that those who are disproportionately at-risk of poor mental health outcomes have been more likely to face the most severe negative mental health impacts of ongoing crises such as the coronavirus pandemic.

The COVID-19 Social Study¹³ has 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 beginning to decline to levels similar to those in the White British population as restrictions were eased in 2021.

In addition, a research review conducted by Thrive LDN¹⁴, documented how pre-existing inequalities 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:

¹⁰ Thrive LDN (2020) Thrive Together: A summary of recent experiences and ideas to support the wellbeing and resilience of all Londoners: <https://thrivedn.co.uk/wp-content/uploads/2020/11/Thrive-Together-report.pdf>

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 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>

¹³ University College London (2021) Covid-19 Social Study: <https://www.covidsocialstudy.org/results>

¹⁴ Thrive LDN (2021) The Mental Health of Black Men

“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.”

The implications and impact of these inequalities have been a traumatic experience for a large proportion of London’s diverse population. This, coupled with the recent highly publicised killings of unarmed Black people have also called attention to the impact that social injustice and racism has on health (including mental health) outcomes¹⁵. While London continues to react and recover from the first 2 years of the pandemic, mental health concerns such as depression and anxiety remain higher in racialised and minoritised groups when compared to their White British counterparts¹⁶.

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 (day-to-day activities limited a lot) and 1.9 times greater for those less-disabled (day-to-day activities limited a little) 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.¹⁷

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 adjustments¹⁸. 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. With the

¹⁵ [COVID-19, Structural Racism, and Mental Health Inequities: Policy Implications for an Emerging Syndemic | Psychiatric Services \(psychiatryonline.org\)](https://doi.org/10.1192/bip.2020.11)

¹⁶ [064c8b_86930bad37754dc9ac0553ef44caa902.pdf \(filesusr.com\)](https://www.filesusr.com/preview.php?file=064c8b_86930bad37754dc9ac0553ef44caa902.pdf)

¹⁷ 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>

¹⁸ 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>

recent removal of restrictions and the governments 'Living with COVID-19' plan, there is potential for disabled Londoners to feel abandoned and vulnerable to increased future exposure to the virus.

Low-income families with children and single parents

Evidence shows that parents in better-off families and with higher levels of education have been 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.¹⁹ 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 performance²⁰. Encouragingly, according to recent research by the Institute for Fiscal Studies, the differences between better-off and more disadvantaged families have grown smaller – though gaps remain at secondary school²¹.

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 throughout the pandemic. On average, 43% were stressed about their children's education and future (in contrast to 32% of those with young children).²²

Mothers, and particularly single mothers, have been more likely to work in sectors that were 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.²³ 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 adults²⁴. Where the financial resilience of these low-income families has already been lessened as a result of the pandemic, they may be more vulnerable to adverse effects of the rising cost of living crisis expected to impact Londoners in the coming months.

¹⁹ 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>

²⁰ 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>

²¹ Institute for Fiscal Studies (2021) The return to school and catch-up policies: <https://www.ifs.org.uk/publications/15336>

²² 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

²³ Gingerbread (2020) Tackling single parent poverty after the Coronavirus: <https://www.gingerbread.org.uk/policy-campaigns/publications-index/tackling-single-parent-poverty-after-coronavirus/>

²⁴ Gingerbread (2021) The single parent debt trap: <https://www.gingerbread.org.uk/policy-campaigns/publications-index/the-single-parent-debt-trap/>

LGBTQ+ Londoners

Findings from the Queerantime Study²⁵ during the first phase of the pandemic showed 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. 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, even when the mental health impact of the pandemic is not taken into consideration.

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 isolation²⁶, 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.²⁷ All these factors have contributed to additional feelings of anxiety, depression, isolation and hopelessness in young LGBTQ+ Londoners.

Older Londoners

Across the course of the pandemic, older people have been the group most likely to be hospitalised due to, or die from COVID-19. As a result of this, these age groups have been more likely to be clinically shielding and experience long periods of isolation, leading to widespread concern as social isolation among older people is already a well-recognised and serious public health issue, and one that has a tangible negative impact on cognitive function and mental health. Feelings of stress

²⁵ University College London (2020) Queerantime Study: <https://queerantimestudy.wixsite.com/mysite>

²⁶ LGBT Foundation (2020) Why LGBT+ people are disproportionately impacted by coronavirus: <https://lgbt.foundation/coronavirus/why-lgbt-people-are-disproportionately-impacted-by-coronavirus>

²⁷ 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>

and worries surrounding the recent end to social restrictions including mask wearing and legally mandated isolation periods for those who test positive will most likely be higher in this age group in comparison to the rest of the population as they are more vulnerable to the serious health consequences of a COVID-19 infection, even when vaccination is taken into account.

The pandemic poses a serious risk of 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,²⁸ by the sixth month of the pandemic 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. Participation in employment in the 55-64 age group fell by 1.2% during the pandemic, more than in any previous recession and older women were particularly impacted, with the employment rate of women in their 50s falling by 2.1% by the three months prior to August 2021.²⁹ Commentary published by the Centre in February 2021 suggested that older workers risked 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 years³⁰.

People with pre-existing mental health problems

The Mental Health in the Pandemic study³¹ has found that people who entered the pandemic with 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, analysis³² suggests that anxiety and worry due to the stress of the pandemic 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

²⁸ 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>

²⁹ The Resolution Foundation (2021) Begin Again?: Assessing the permanent implications of Covid-19 for the UK's labour market: [Begin-again.pdf \(resolutionfoundation.org\)](https://www.resolutionfoundation.org/publications/Begin-again.pdf)

³⁰ 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>

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 10: Late February 2021: <https://www.mentalhealth.org.uk/research-and-policies/wave-10-late-february-2021>

diagnoses, and psychiatric history is a potential risk factor for being diagnosed with COVID-19, independent of known physical risk factors.³³

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 population³⁴. During lockdowns, 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 had to adapt or pause their provision, resulting in the loss of or reduction in support for many vulnerable people.

The COVID-19 Social Study³⁵ has found that during periods of heightened restrictions, people with a diagnosed mental health condition have been more likely 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, and that the gap between those with pre-existing mental health conditions and those without in terms of all levels of wellbeing has not narrowed at any point during the pandemic.

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.³⁶ 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 vulnerable³⁷.

³³ 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)

³⁴ Mental Health Foundation (2020) Coronavirus: Mental Health in the Pandemic:

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

³⁵ University College London (2021) Covid-19 Social Study: <https://www.covidsocialstudy.org/results>

³⁶ 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/>

³⁷ 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/>

Asylum seekers

There are currently c.15,000 migrants 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 or 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.

Recent humanitarian crises such as the withdrawal of the International Security Assistance Force (ISAF) in Afghanistan and the Russian invasion of Ukraine have led to an influx of migrants with significant mental distress and high levels of trauma seeking asylum in London. As these numbers are expected to increase in the coming months, this group will represent a sizeable proportion of those Londoners experiencing disproportionate risks of poor mental health outcomes.

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 Pandemic study,³⁸ 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.

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.³⁹ In addition, women are more likely to be in temporary, part-time and precarious employment than men.⁴⁰ 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.

³⁸ Mental Health Foundation (2020) Coronavirus: Mental Health in the Pandemic:

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

³⁹ Institute for Fiscal Studies (2020) Parents, especially mothers, paying heavy price for lockdown:

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

⁴⁰ Young M (2010) Gender Differences in Precarious Work Settings:

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

There has been a documented rise in domestic abuse and gender-based violence, as is often seen in times of crisis and natural disasters. As normal life shuts down, victims – who are usually women – have often been 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 sevenfold increase in visits to its specialist website during this same period.⁴¹ Between further lockdown easing in July and the start of September 2021, levels of domestic abuse referrals to Victims Support remained around one quarter higher than average.⁴²

A recent uptick in high-profile cases involving violence against women may also feed into broader feelings of anxiety and stress for women in London who feel that their safety is not always guaranteed. The fact that violence against women and girls has continued as a prevalent issue in the midst of the pandemic and its associated restrictions and that in some cases this crisis has provided an environment that has enabled such violence to flourish is an aspect of gendered experiences that has a tangible mental health impact on those identifying as female that live in the capital and their ability to live without worry or stress on a day-to-day basis.

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 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.⁴³ They were also more likely to report hopelessness, loneliness, not coping well and suicidal thoughts/ feelings. A survey conducted by the Prince's Trust in early 2021 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

⁴¹ Refuge (2021) Refuge's National Domestic Abuse Helpline: A Year On from Lockdown:

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

⁴² 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>

⁴³ Mental Health Foundation (2020) Coronavirus: Mental Health in the Pandemic:

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

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.⁴⁴

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 have been 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.⁴⁵ Those with SEN/ND and those from poorer backgrounds have continued to have elevated mental health symptoms when other young people have, in general, experienced a substantial post-lockdown recovery in their mental health and wellbeing.⁴⁶

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 have experienced increasing levels of unemployment and economic inactivity⁴⁷. 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.⁴⁸ 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.⁴⁹

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 around 46%.⁵⁰ Over half of those in further education have reported that their mental

⁴⁴ The Prince’s Trust Tesco Youth Index 2021: <https://www.princes-trust.org.uk/about-the-trust/news-views/tesco-youth-index-2021>

⁴⁵ 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>

⁴⁶ Co-Space Study (2021) Changes in children’s mental health symptoms from March 2020 to June 2021: <https://cospaceoxford.org/findings/changes-in-childrens-mental-health-symptoms-from-march-2020-to-june-2021/>

⁴⁷ 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>

⁴⁸ House of Commons Library (2021) Youth Unemployment Statistics: <https://commonslibrary.parliament.uk/research-briefings/sn05871/>

⁴⁹ 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>

⁵⁰ The Office for National Statistics (2021) Employment in the UK: April 2021: <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/bulletins/employmentintheuk/april2021>

health has been negatively impacted by the pandemic⁵¹, with 3 in 10 of those stating that their mental health had deteriorated since the beginning of the autumn 2021 academic term.⁵²

In the past three months however, as financial recovery from the pandemic has continued at a faster rate than originally predicted, there has been a strong increase in the employment rate back to pre-pandemic levels suggesting that the easing of restrictions and reopening of certain industries may be restoring the economic prospects and employment opportunities for this age group.⁵³

⁵¹ The Office for National Statistics (2020) Coronavirus and the impact on students in higher education in England: September to December 2020: [Coronavirus and the impact on students in higher education in England: September to December 2020 - Office for National Statistics](#)

⁵² The Office for National Statistics (2021) Coronavirus and higher education students: 5 to 15 November 2021: [Coronavirus and higher education students - Office for National Statistics](#)

⁵³ The Office for National Statistics (2021) Employment in the UK: February 2022: <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/bulletins/employmentintheuk/february2022>

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