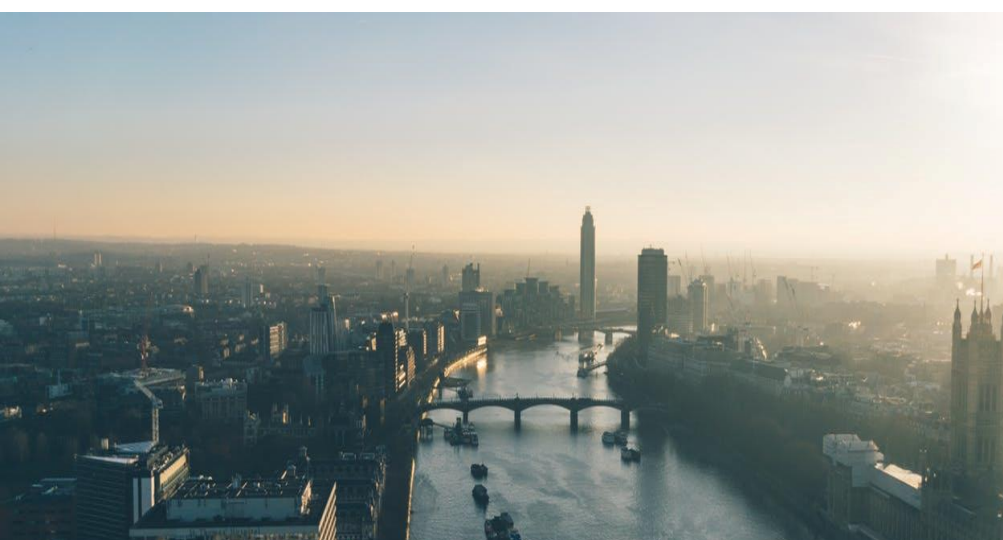
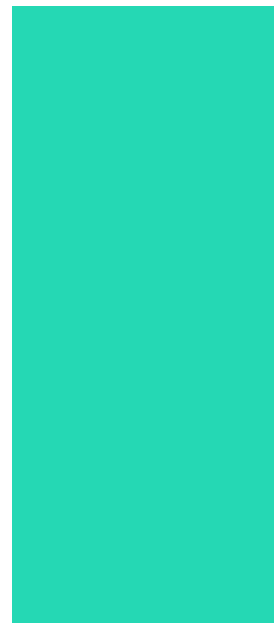




The impact of COVID-19 on Londoners' mental health and wellbeing:

Population Mental Health



ThriveLDN
towards happier, healthier lives



V18 (10 September 2021)

Contents

Population mental health.....	3
Resilience.....	3
Life satisfaction and happiness.....	5
Self-reported anxiety and depression	6
Suicide	7



Population mental health

Introduction and context

It is important to acknowledge that before the pandemic, poor mental health was already a significant challenge for London, with the prevalence of poor mental health often disproportionately higher in communities facing other inequalities.¹ There is substantial evidence that the pandemic has simultaneously widened pre-existing inequalities whilst creating new ones.² Whilst it is too soon to determine the full impact of the pandemic on the mental health of Londoners, it is clear that it has had an impact and the effects are multifaceted.^{3 4 5 6 7 8}

This briefing examines changes in Londoner's resilience, life satisfaction, happiness, self-reported anxiety and depression and suicide. Whilst we must focus on the prevention of poor mental health and ensuring that Londoners who need help and support receive it, we must be careful to use the information presented in this briefing appropriately and not to over-pathologise the natural process of how people adapt and cope with change. Medicalising normal and understandable responses to the pandemic could perpetuate the stigma of mental health. Furthermore, research indicates that the population do not typically engage with mental health narratives in the recovery phase of responses to major incidents.

Resilience

Mental Health Foundation's 'Coronavirus: Mental Health in the Pandemic' study has looked at resilience across the UK during the pandemic and how people are coping.⁹ The latest research, published in February 2021, found that:

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 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

³ University College London (2021) Covid-19 Social Study: <https://www.covidsocialstudy.org/results>

⁴ 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

⁵ 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://journals.plos.org/plosone/article?id=10.1371/journal.pone.0244419>

⁶ The Health Foundation (2021) The forgotten crisis: <https://health.org.uk/news-and-comment/blogs/the-forgotten-crisis-exploring-the-disproportionate-impact-of-the-pandemic>

⁷ University College London (2021) Covid-19 Social Study: <https://www.covidsocialstudy.org/results>

⁸ Financial Conduct Authority (2021) Financial Lives 2020 Survey: the impact of coronavirus: <https://www.fca.org.uk/publications/research/financial-lives-2020-survey-impact-coronavirus>

⁹ Mental Health Foundation (2020) Coronavirus: Mental Health in the Pandemic: <https://www.mentalhealth.org.uk/our-work/research/coronavirus-mental-health-pandemic/>

- Most people (64%) say they are coping well with the stress of the pandemic; however this percentage has been steadily declining over the past 12 months from 73% in early April 2020.
- The most common causes for worry were becoming ill with the virus, being separated from friends and family, being unable to cope with uncertainty, how the mental health of one's own child(ren) will be affected by the pandemic and making one's existing mental health problems worse.
- People have used a wide range of strategies to cope; these most often included going for a walk (59%), spending time in green spaces (42%), and staying connected with others (46%).
- Some people are resorting to potentially harmful ways of coping, including increased alcohol consumption (19%), substance misuse, and over-eating (36%), putting their mental and physical health at greater risk.

Across the insights captured as part of Thrive LDN's community engagement activities,¹⁰ struggling with uncertainty for the future was an extremely common theme. However, there has also been a definite theme of hope. Communities disproportionately affected by the coronavirus pandemic identified the positive significance of family and support structures as well as the support offered by the wider community and faith groups. Early findings show a clear relationship between resilience and coping with uncertainty, and the power of relationships, collectivising, and social networks. There is a clear need to examine these assets further and consider how they can be reinforced as a means of protecting Londoners' mental health and building strength and resilience in the long-term.

Recent intelligence collected from frontline civil society organisations as part of the London Community Response Survey¹¹ indicates that regular contact and communication has been the most helpful tool for Londoners in supporting their mental health during the pandemic. This included peer support schemes, telephone check-ins, befriending services, and socially distanced gatherings. A number of groups involved in the survey flagged that these schemes and initiatives were helping people with their mental health but were taking place in a context where statutory services were limited or hard to access.

Group activities and services were also identified as playing an important role in building strength and resilience. Many of the groups polled suggested activities such as social gardening projects, art-based programmes, counselling support services and community religious groups were having a positive impact on mental health.

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 Greater London Authority (2021) London Community Response Survey: <https://data.london.gov.uk/dataset/london-community-response-survey>

The findings of this survey, which has been active since April 2020, provide an enlightening insight into the diverse role of groups, services and activities in providing support for vulnerable people across London and reinforcing the need for the community and the voluntary sector to play a fundamental role in responding to Londoners mental health and wellbeing needs, offsetting the negative effects of the pandemic as a result. This is especially poignant considering the survey's most recent findings, which indicate that services relating to mental health and isolation / loneliness are areas in which widespread increases in demand are being felt (71% increase in demand for services related to mental health and 62% increase in demand for services related to loneliness).

Additional factors and evidence pertaining to resilience has been analysed at the London-level and is in part presented as part of London [Covid-19 Resilience Dashboard](#)¹². The Dashboard brings together a range of outcome data to monitor the impact of Covid-19 on the lives of Londoners. It has been designed to meet a wide range of user needs and to provide a transparent overview across a broad range of social and economic outcomes. The Dashboard is structured around five outcomes agreed by London's Recovery Board:

- Reverse the pattern of rising unemployment and lost economic growth caused by the economic scarring of COVID-19
- Support our communities, including those most impacted by the virus
- Help young people to flourish with access to support and opportunities
- Narrow social, economic and health inequalities
- Accelerate delivery of a cleaner, greener London

Life satisfaction and happiness

The COVID-19 Social Study¹³ has been monitoring life satisfaction and happiness measures throughout the pandemic. Results have varied week on week and have continued to drop since September with the introduction of stricter restrictions that aim to control the spread of the virus.

However, as of the beginning of May 2021, there has been an increase in life satisfaction in the last month seen across all demographic groups. Overall population life satisfaction is now higher than the previous peak levels during the pandemic seen in mid-summer 2020. However, younger adults and women continue to have lower levels of life satisfaction, as do people living alone, those with a mental health condition, those with lower household incomes, people with a long-term physical health condition, and people from ethnic minority backgrounds.

¹² Greater London Authority (2021) London COVID-19 Resilience Dashboard: <https://data.london.gov.uk/dataset/london-resilience-dashboard>

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

Happiness levels have been steadily increasing across all age groups, showing similar levels to those seen after the lifting of restrictions during the first wave of the virus. Happiness levels since May 2021 have been higher than the levels reported during the summer months of 2020 and have been continually rising as social restrictions have been further relaxed. There continue to be differences in reported levels of happiness across demographic groups. Levels of happiness remain lower in adults under the age of 60, people living alone, people with lower household incomes, people with a diagnosed mental or physical health condition, in urban areas, in females, and people from ethnic minority backgrounds.¹⁴

Self-reported anxiety and depression

Using the latest available data from the COVID-19 Social Study published in June 2021, there is an indication that the rises recorded in anxiety and depression levels since the end of the summer have passed their peak and for several weeks have been in a steady but noticeable decline, most likely linked to the loosening of social restrictions as the U.K continues in its roadmap out of lockdown and the vaccination scheme maintains its momentum, both in terms of its efficacy in lowering transmission and high levels of uptake amongst the population.

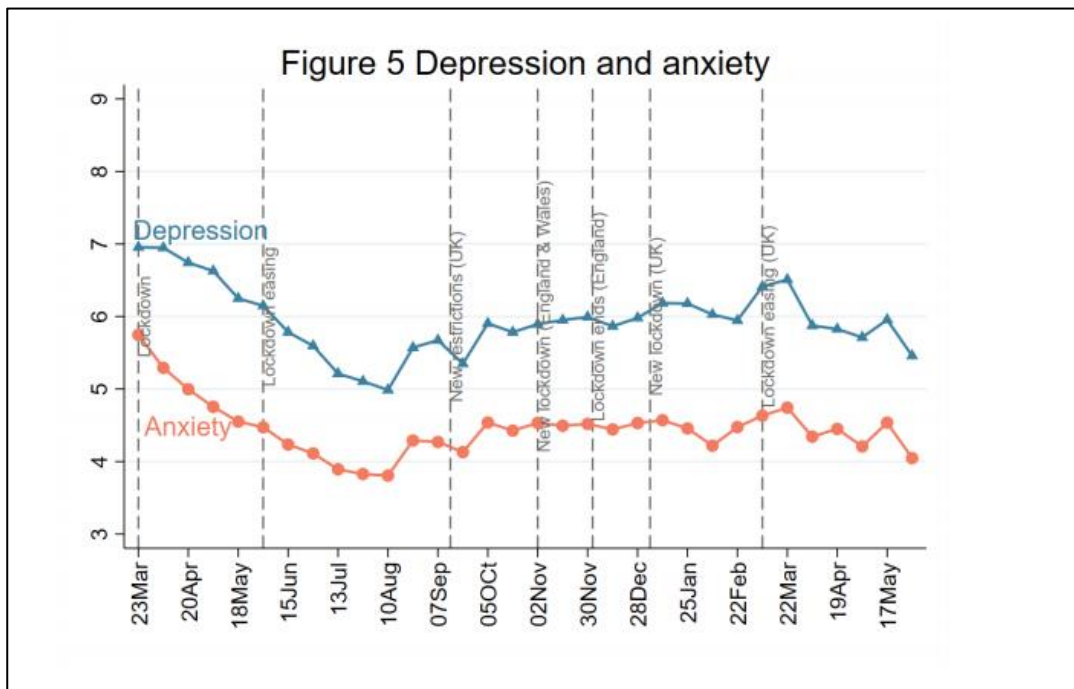
Depression and anxiety remain highest in young adults, women, people with lower household income, people with a long-term physical health condition, people from ethnic minority backgrounds, and people living with children. People with a diagnosed mental illness have consistently been reporting higher levels of symptoms, this was especially the case immediately following the announcement of the lockdown in January 2021.¹⁵

Data from both cross-sectional ONS studies and bespoke online COVID-19 specific surveys have shown lower levels of subjective wellbeing and higher anxiety in the UK population than those observed in the last quarter of 2019.¹⁶ Although subjective wellbeing is improving according to all measures, it is still and has consistently been below pre-pandemic levels.

¹⁴ University College London (2020) Covid-19 Social Study: <https://www.covidsocialstudy.org/results>

¹⁵ ONS, 2020, 'Personal and economic well-being in Great Britain: May 2020', London: Office for National Statistics: <https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/bulletins/personalandeconomicwellbeingintheuk/may2020>

¹⁶ ONS, 2020, 'Personal and economic well-being in Great Britain: May 2020', London: Office for National Statistics: <https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/bulletins/personalandeconomicwellbeingintheuk/may2020>



Fancourt et al. (2021)

Suicide

In London, more than 12 people take their own life each week.¹⁷ Nationally, rates of suicide remain high, with 5,691 people in England and Wales taking their own lives in 2019 (the most recent available data). Approximately 75% of those who take their own lives are men, and there has been an increase of suicides amongst those below the age of 25, with a particular increase amongst young women to an all-time high in 2019.¹⁸

There is no published evidence to suggest that there is currently a rise in suicides nationally due to COVID-19 from data sources available.¹⁹ However, figures from London Ambulance Service show that crews attended an average of 37 suicides, attempted suicides, or suicidal callouts a day compared to an average of 22 a day the year before.²⁰ It is important to recognise that not all call outs of this nature result in suicide but may relate to an increase in suicidality in this period. In terms of children and young people, there is some limited data by the National Child Mortality

¹⁷ Office for National Statistics (2020) Suicides in the UK: 2019 registrations

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicideintheunitedkingdom/2019registrations>

¹⁸ Office for National Statistics (2020) Suicides in the UK: 2019 registrations

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicideintheunitedkingdom/2019registrations>

¹⁹ University of Manchester (2020) Suicide in England since the COVID-19 pandemic - early figures from real-time surveillance: <http://documents.manchester.ac.uk/display.aspx?DocID=51861>

²⁰ London Ambulance Service (2020). See: <https://www.londonambulance.nhs.uk/2020/10/28/this-weeks-episode-of-ambulance-documentary/>

Database²¹ to suggest about half of suicides after the first lockdown may have been related to disruption caused by the pandemic and lockdown.

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, more Londoners will be considered vulnerable to suicide leading to an increased risk of suicides across the region. This risk is related to a number of factors, including self-isolation, health anxiety, economic impacts, and increased stress. One such area, debt, is amongst the biggest predictors of suicide.²² A report by the Samaritans on suicide and self-harm prevention during Coronavirus highlights middle-aged men as especially vulnerable to risk factors for suicide, this group has been disproportionately impacted by rising levels of loneliness and job loss. Samaritans reported callers are most concerned about known risk factors for suicide including losing their jobs, accessing support services and being unable to provide for their families, all of which have been exacerbated by the pandemic.²³

The Thrive LDN Real-Time Surveillance System is a multi-agency information sharing hub which provides real-time data on suspected suicides. For more information on this please contact: gabriella.baker@nhs.net

Self-harm is also a strong risk factor for suicide which may be affected by the pandemic. Challenges such as school closures, the disruption of CYP support services and loss of other coping mechanisms due to the restrictions are likely to have had an impact on self-harm among young people (aged 16-24). While the rates of self-harm appear to have remained relatively constant during the pandemic²⁴, initial research shows steep declines in the number of people attending their GP or presenting in hospital having self-harmed and an increase in the number of children or young people seeking informal help online²⁵, raising significant concerns about how young people who self-harm are coping at this time and acuity of need within communities²⁶. In a recent study of self-harm presentations at hospital settings during the first national lockdown, patients listed COVID-19 and lockdown restrictions as a factor influencing their decision to self-harm in 46.9% of cases.²⁷

²¹ National Child Mortality Database (2020) Child Suicide Rates during the COVID-19 Pandemic in England: Real-time Surveillance : <https://www.ncmd.info/wp-content/uploads/2020/07/REF253-2020-NCMD-Summary-Report-on-Child-Suicide-July-2020.pdf>

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 Samaritans (2020) Pushed from pillar to post: https://media.samaritans.org/documents/Samaritans_-_Pushed_from_pillar_to_post_web.pdf

²⁴ University College London (2021) Covid-19 Social Study: <https://www.covidsocialstudy.org/results>

²⁵ The British Academy (2021) The Covid Decade: Understanding the long-term societal impacts of COVID-19: <https://www.thebritishacademy.ac.uk/documents/3238/COVID-decade-understanding-long-term-societal-impacts-COVID-19.pdf> (33)

²⁶ Carr, M. et al. (2020). 'Impact of the Covid-19 pandemic on the frequency of primary care-recorded mental illness and self-harm episodes in the UK: population-based cohort study of 14 million individuals', *The Lancet Psychiatry*; Hawton, K. et al. (2020). 'Self-harm during the early period of the COVID-19 Pandemic in England: comparative trend analysis of hospital presentations' [pre-print], medRxiv

²⁷ Hawton K, Lascelles K, Brand F, Casey D, Bale L, Ness J, Kelly S, Waters K. Self-harm and the COVID-19 pandemic: A study of factors contributing to self-harm during lockdown restrictions. *J Psychiatr Res*. 2021 Mar 18;137:437-443. doi: 10.1016/j.jpsychires.2021.03.028. Epub ahead of print. PMID: 33774538.

Further research and insight are needed urgently, as one of more prior episodes of self-harm/attempted suicide is the strongest risk factor for suicide.

Furthermore, 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 government initiatives have been put in place to support those at risk, some financial impacts will not be fully experienced until after these initiatives have ended.



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