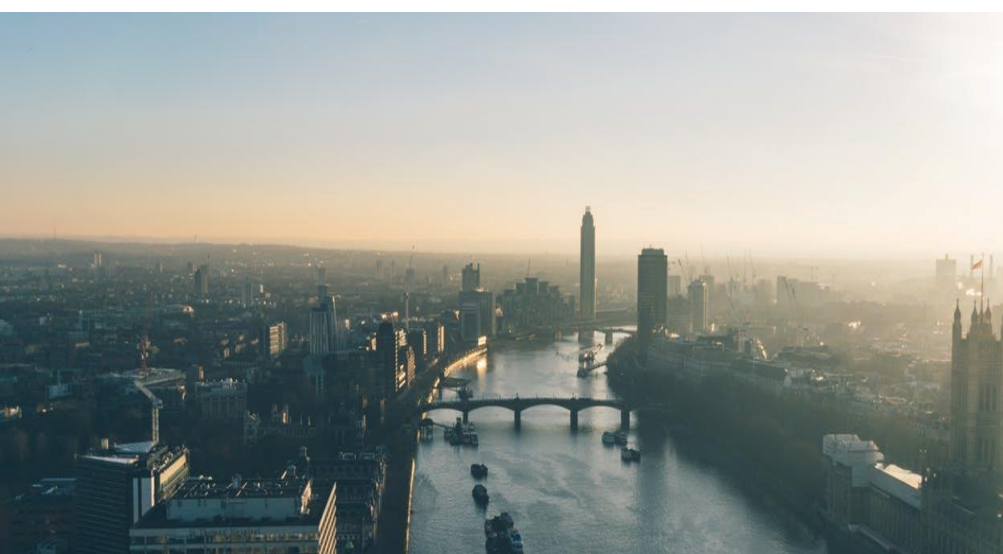
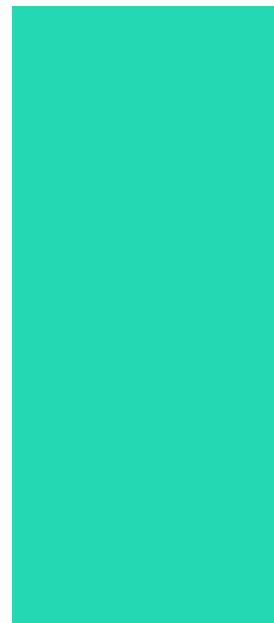




Evidence Briefings on Londoners' mental health and wellbeing:
Indicators of Population Mental Health



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Indicators of 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 trends and changes over time in Londoner's resilience, life satisfaction, happiness, self-reported anxiety and depression and suicide as indicators to overall population mental health. 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.

As London continues to respond to the pandemic and prepares for the potential impact of the Omicron variant and other winter pressures it is important to establish the indicators for public mental health and how the pandemic has affected them, in order to gain important insights moving forward on how to mitigate the risk of poor mental health outcomes.

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>

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:

- Most people (64%) said they were coping well with the stress of the pandemic; however this percentage had 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 had been using 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 were 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 a persistently 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 have shown 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.

Intelligence collected from frontline civil society organisations as part of the London Community Response Survey¹¹ when social restrictions began to be eased in April 2021 indicated 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

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

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>

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.

The findings of this survey, which was active between April 2020 and April 2021, 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).

In addition to this, the issues of worn down resilience and burnout of health and social workers caring for those in society who are most vulnerable, which was already a prevalent issue prior to the pandemic, has been significantly exacerbated as a result of coronavirus and the pressures it has placed on both systems. After many months of operating in crisis mode, with overwhelming demand and limited capacity, feelings of stress, guilt and psychological distress are having a tangible impact on the overall wellbeing of NHS staff, with 9 out of 10 NHS Trusts reporting worries about staff wellbeing at the beginning of the pandemic¹², a statistic that it is likely to have increased as the duration of crisis response has extended and the backlog in non-urgent care has grown. This worn-down resilience has also been mirrored in the general population, with cycles of restrictions and lockdowns causing feelings of anxiety, burnout, and mental distress.

Additional factors and evidence pertaining to resilience have been analysed at the London-level and is presented as part of the London [Covid-19 Resilience Dashboard](#)¹³. This 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:

¹² House of Commons Health and Social Care Committee (2021) Workforce burnout and resilience in the NHS and social care: <https://committees.parliament.uk/publications/6158/documents/68766/default/>

¹³ Greater London Authority (2021) London COVID-19 Resilience Dashboard: <https://data.london.gov.uk/dataset/london-resilience-dashboard>

- 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

Moving forward, it is important to continue to measure against these outcomes to assess levels of resilience within London, and how well we are responding to the emerging mental health and wellbeing needs of Londoners. This will be particularly relevant with the emergence of the Omicron variant and reintroduction of restrictions.

Life satisfaction and happiness

The COVID-19 Social Study¹⁴ has been monitoring life satisfaction and happiness measures throughout the pandemic. Results have varied week on week and have broadly followed trends in national restrictions, falling in periods of tighter controls that aim to limit the spread of the virus and rising when restrictions are eased

Life satisfaction was at its lowest in January 2021 across all demographic groups as the U.K entered its second lockdown. From February onwards however this trend has steadily reversed, and levels of life satisfaction have continually climbed, by May surpassing the previous pandemic highs seen in summer of 2020 for all demographic groups and have now levelled off at a rate marginally lower than pre-pandemic averages. 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.

Happiness levels generally increased from the end of March 2021 to the beginning of August but have since stabilised¹⁵. As of November 2021, levels of happiness have been similar to what they were in early summer 2021. There continues 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 mental or physical health diagnosis, in urban areas, and people from ethnic minority groups.

¹⁴ University College London (2021) Covid-19 Social Study: <https://www.covidsocialstudy.org/results>

¹⁵ University College London (2021) Covid-19 Social Study: <https://www.covidsocialstudy.org/results>

Self-reported anxiety and depression

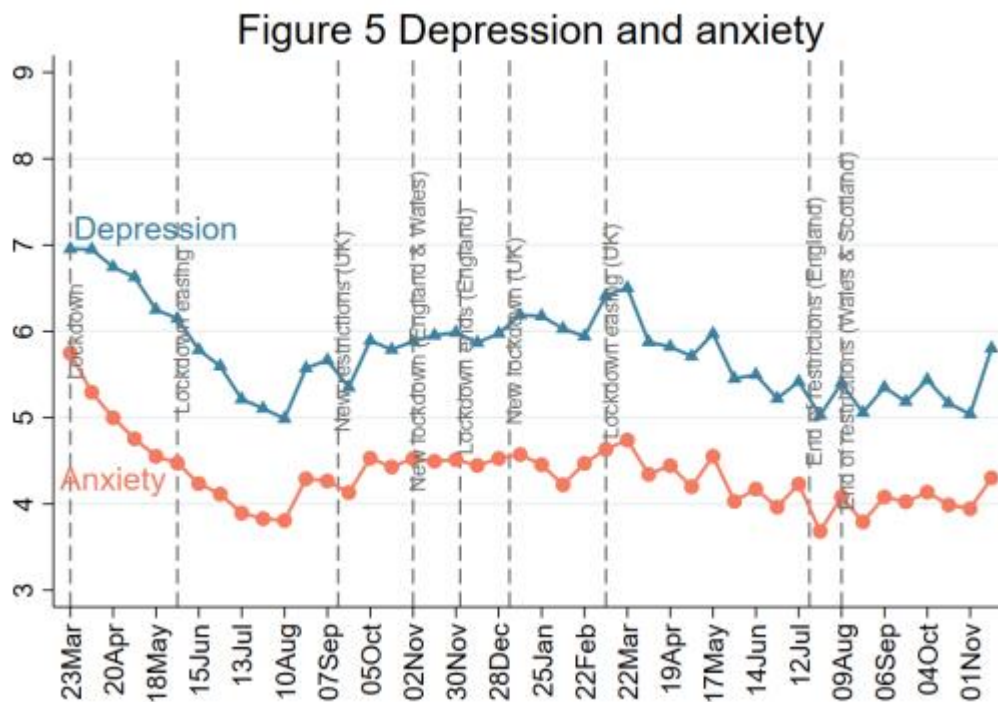
Using the latest available data from the COVID-19 Social Study published in December 2021, anxiety and depression levels have risen since the end of the summer in 2020, culminated in a peak end of February 2021, and since then have been in a sustained decline. This fall was most likely linked to the loosening and eventual removal of social restrictions as the U.K continued in its roadmap out of lockdown and the vaccination rollout provided more population-wide protection from the virus, both in terms of its efficacy in lowering transmission, and high levels of uptake amongst the population. However, November 2021 has seen a significant jump in levels of both anxiety and depression, most likely linked to the emergence of the Omicron variant, rising infection rates and increased winter pressures, coupled with the reintroduction of some social restrictions as part of the government's Plan B measures.

Depression and anxiety remain highest in those groups facing inequities; 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 2021.¹⁶

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 2019.¹⁷ Although subjective wellbeing is improving according to all measures, it is still and has consistently been below pre-pandemic levels.

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>

¹⁷ 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 11 people take their own life each week.¹⁸ Nationally, rates of suicide remain high, with 5,224 people in England and Wales taking their own lives in 2020 (the most recent available data), a decrease on the previous year which the ONS attributes to a reduction in male suicides at the beginning of the pandemic and delays in death registrations as a result of the pandemic. 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, although males and females between the ages of 45 and 49 have continually had the highest age specific death rate of any age group.¹⁹

There is no published evidence to suggest that there is currently a rise in suicides nationally due to COVID-19 from data sources available.²⁰ However, figures from London Ambulance Service show that crews attended an average of 37 suicides,

¹⁸ Office for National Statistics (2020) Suicides in the UK: 2020 registrations: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicideintheunitedkingdom/2020registrations>

¹⁹ Office for National Statistics (2020) Suicides in the UK: 2020 registrations: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicideintheunitedkingdom/2020registrations>

²⁰ 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>

attempted suicides, or suicidal callouts a day compared to an average of 22 a day the year before.²¹ 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 Database²² 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.²³ 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.²⁴

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 pandemic²⁵, 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 online²⁶, raising significant concerns about how young people who self-harm are coping at this time and acuity of need within communities²⁷. In a recent study of self-harm presentations at hospital settings during the first national lockdown, patients listed COVID-19 and lockdown

²¹ London Ambulance Service (2020). See: <https://www.londonambulance.nhs.uk/2020/10/28/this-weeks-episode-of-ambulance-documentary/>

²² 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>

²³ 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

²⁴ Samaritans (2020) Pushed from pillar to post: https://media.samaritans.org/documents/Samaritans_-_Pushed_from_pillar_to_post_web.pdf

²⁵ University College London (2021) Covid-19 Social Study: <https://www.covidsocialstudy.org/results>

²⁶ 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)

²⁷ 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

restrictions as a factor influencing their decision to self-harm in 46.9% of cases.²⁸ 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.

Thrive LDN provides regional leadership for suicide prevention across London. For more information including details on the Real-Time Surveillance System, a multi-agency information sharing hub which provides real-time data on suspected suicides, please contact: gabriella.baker@nhs.net

²⁸ 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.



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