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

Future Trends and Forecasting

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Future trends and forecasting

Various forecasting models indicate that the prevalence of poor mental health is expected to increase and that this could impact on demand for mental health services over the next three years. Research from the King's Fund[1] suggests that up to 75% of the population will experience distress that should resolve with the right support but could escalate if left unaddressed. The research goes on to suggest that 15-20% of the population will experience mild to moderate disorder and 3-4% severe disorder. Furthermore, research from the Strategy Unit[2] suggests there will be around a 33% increase in demand for mental health services over the next three years across the UK, which equates to an extra £1 billion a year or around 8% of annual NHS expenditure on mental health services.

England following the declaration of a Level 4 National Incident on 12 December 2021

As the pandemic continues, it is necessary to recognise that the nuances of how uncertainty surrounding COVID-19 and the restrictions in place have affected and will continue to affect Londoners' mental health and wellbeing in a way that is not necessarily straightforward or always obvious. The declaration of a Level 4 National Incident on 12 December 2021, in recognition of the impact on the NHS of both supporting the vital increase in the vaccination programme and preparing for a potentially significant increase in COVID-19 cases is a reminder of the unpredictability of this crisis.

For many, feelings of anxiety, stress or worry are entirely normal reactions to difficult circumstances. We must continue to focus on ensuring that Londoners who need help and support receive it, whilst being careful not to over-pathologise the natural process of how people adapt and cope with change.

As the pandemic evolves and elongates, it is important to reflect on the effects of coping with and responding to COVID-19. The London response during the first national lockdown was largely rooted in voluntary and community action, with swift and heroic efforts in March and April 2020 resulting in innovation and transformation at a scale and speed never seen before. Anecdotal insights suggest that the wellbeing and resilience of voluntary organisations and community groups has been worn down over time. That, along with changing public mood and reduced

[1] The King's Fund (2021) Covid-19 recovery and resilience: what can health and care learn from other disasters? https://features.kingsfund.org.uk/2021/02/covid-19-recovery-resilience-health-care/

[2] The Strategy Unit (2021) Estimating the impacts of COVID-19 on mental health services in England https://www.strategyunitwm.nhs.uk/sites/default/files/2020-11/Modelling%20covid-19%20%20MH%20services%20in%20England_20201109_v2.pdf

confidence in government, may mean that the voluntary and community response is not at the same scale as it was during the first national lockdown. If that is the case, it will impact London's most vulnerable the greatest.

Preparing for the potential impact of the Omicron variant and other winter pressures

The threat from the Omicron variant is a serious risk to the health and wellbeing of all Londoners. The move to 'Plan B' restrictions on 13 December 2021, whereby mandatory mask wearing, vaccine passport usage in venues and working from home measures confirmed, followed by the increase in the UK Covid alert level to threat level 4 and advice from SAGE that the number of people requiring specialist hospital and community care could be significant over the coming period, once again shows the magnitude of the challenge faced by Londoners, their communities and the wider health and social care system. In light of this, the NHS has declared a Level 4 National Incident in recognition of the impact on the NHS of both supporting the vital increase in the vaccination programme and preparing for a potentially significant increase in COVID-19 cases. A joint statement[3] from NHS Chief Executive, Amanda Pritchard and Chief Executive of NHS Improvement, Professor Stephen Powis have set out the actions required to prepare for and respond to the Omicron threat, to:

- Ensure the successful ramp up of the vital COVID-19 vaccine programme.
- Maximise the availability of COVID-19 treatments for patients at highest risk of severe disease and hospitalisation.
- Maximise capacity across acute and community settings, enabling the maximum number of people to be discharged safely and quickly and supporting people in their own homes. Support patient safety in urgent care pathways across all services and manage elective care.
- Support staff and maximise their availability.
- Ensure surge plans and processes are ready to be implemented if needed.

Further to the pivotal role of the NHS to responding to the pandemic, the voluntary and community sector (VCS) plays a critical role in supporting mental health within communities and lessening the strain on the NHS[4]. It did this throughout the first 20 month of the pandemic by providing extra capacity but also by providing skills and expertise that were complementary to and distinct from those of statutory services. The Centre for Mental Health report, A lifeline for London[5] has shown how the VCS provided extra capacity, skills and expertise which complement and add distinct value to statutory services, including:

- The ability to form trusting and equitable relationships with their service users.

[3] https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2021/12/C1487-letter-preparing-the-nhs-potential-impact-of-omicron-variant-and-other-winter-pressures-v3.pdf

[4] CQC (2021) The state of health care and adult social care in England 2019/20. https://www.cqc.org.uk/sites/default/ files/20201016_stateofcare1920_ fullreport.pdf

[5] Centre for Mental Health (2021) A lifeline for London: https://www.centreformentalhealth.org.uk/publications/lifelinelondon#:~:text=28%20October%202021&text=A%20lifeline%20for%20London%2C%20commissioned,ve%20learned%20from%20 the%20experience.

- The ability to adapt quickly and creatively to changing circumstances in consultation with their service users.
- Experience addressing the social determinants of mental health (for example, job insecurity, poverty and isolation).
- Experience working with marginalised communities that are often undeserved by statutory services

As London moves forward and navigates the uncertain and unpredictable nature of the pandemic, the impact of the Omicron variant and other winter pressures as well as the perseverance of distress and anxiety for the entire population, we must ensure that London is a city where the power of community spirit is experienced universally. Many community organisations and institutions will not have survived the current economic climate, and their subsequent absence from the lives of Londoners will reinforce the stickiness of any negative mental health outcomes.

More broadly, for many communities across London, the coronavirus pandemic is seen as one crisis event in a crisis trend – a steadily worsening series of situations disadvantaged communities across London face. This is against a backdrop of vital conditions for wellbeing and resilience being eroded over time and a noticeable worry for what is to come – be that the possibility of a lockdown, reduced income or job prospects.

It is clear that the effects of the Omicron variant and other winter pressures will have a detrimental impact on mental health. Prior to the confirmation of this new variant' presence in the UK, various forecasting models indicated that the prevalence of poor mental health was expected to increase. It is currently not possible to determine the impact of the Omicron variant on mental health and need for mental health services, but it is clear the effects are multifaceted. The uncertain nature of the virus and the reintroduction of restrictions impede on our natural and usual resources for wellbeing, as well as on our coping mechanisms and opportunities for social interaction.

Largely over the past 20 months, the easing of lockdown restrictions has had a positive impact on Londoners' mental health, particularly those experiencing reduced social interaction, changing work conditions, and loss of work and income. It is likely that the magnitude of this current crisis will have a detrimental direct on population menta health indicators such as depression, anxiety, happiness, life satisfaction and loneliness, as well as the indirect effect on the factors which influence mental health and wellbeing, such as employment and income.

As this current period of crisis prolongs and the pandemic persists, a significant proportion of people will continue to live with the trauma of the pandemic, exacerbated mental health conditions and cumulative feelings of stress and worry which manifest as poor or deteriorating mental and physical health. The

consequences and long-term implications will differ and fluctuate across communities, with disproportionate hardship and poorer outcomes anticipated from those worst affected, such as racialised and minoritised communities or health and social care workers working in high-pressure environments.

Predicting who will get long-COVID

As infection rates remain continually high, incidences of the condition referred to as long-COVID, whereby symptoms persist for weeks or months following the initial infection, will pose a sustained challenge for public health and mental health. The COVID-19 Symptom Study[6] has been able to build a model to predict the likelihood of developing long-COVID based on age, gender, BMI and the number and combination of symptoms experienced in the first week of illness.

Statistical tests showed that this model was able to identify more than two thirds (69%) of people who went on to get long-COVID (sensitivity) and was 73% effective at avoiding false alarms (specificity). This simple model suggests that it should be possible to predict using the app who is more likely to go on to suffer from long-COVID, to help target early interventions and direct research aimed at better understanding and treating this poorly understood phenomenon.

Impact on London businesses and trade

COVID-19 has had a serious impact on all London business sectors and industries. All sectors have been rapidly adjusting to the changing needs of their customers and suppliers, while navigating the financial and operational challenges of the pandemic. Using the GLA Economics' 38th London forecasting model[7]:

- London's real Gross Value Added (GVA) growth rate is forecast to be 5.4% this year due to the recovery from the COVID-19 crisis. This growth rate is expected to increase slightly to 6.9% in 2022 before moderating to 3.1% in 2023.
- London is forecast to see a fall in the number of workforce jobs in 2021 (-3.6% in annual terms) although this will recover in 2022 (2.9%) before accelerating in 2023 (4.2%).
- Similarly to GVA, London's household income and expenditure are both forecast to grow in all years of the forecast period.

With the emergence of the Omicron variant and re-introduction of restrictions such as guidance to work from home accompanied by high levels of work

[6] Covid Symptom Study (2020): https://covid.joinzoe.com/

[7] The forecast is based on a recently updated econometric model built by GLA Economics. For more details see 'The new GLA Economics forecast models for London's economy, GLAE Working Paper n°98, June 2020'

absences due to increasing case rates, London business and trade is expected to be negatively impacted.

Impact of debt

Looking at just one area of financial hardship, a meta-analysis showed that being in debt increased the risk of mental disorders by threefold.[8] The Financial Conduct Authority estimated that 17% of Londoners were already over-indebted pre-pandemic, which means that they were struggling to keep up with regular payments. Findings from Turn2Us[9] have shown 34% of people nationally have incurred some form of debt to get by since March 2020. If we assume the number of Londoners over-indebted increases by 17%, then the prevalence of mental disorders due to debt will increase from 28% to 45% (Population attributable fraction; assuming causality). Applying this to a prevalence of 18%, then additional debt could result in 34,000 more working age adults in London suffering from poor mental health.

In research conducted by Turn 2 Us in late 2021, An estimated 15 million people (28%) in the UK have experienced at least one life event that was either 'very difficult' or 'not possible' to pay for, using their income and savings, during that past two years. This has impacted on feelings of worsened depression, stress, and anxiety, and has disproportionately impacted on women, younger people, and people from ethnic minorities. As 'Plan B' comes into effect, and taking into account the Omicron variant, we can assume that life events contributing to debt and worsened financial resilience are expected to increase, effecting Londoners mental health.

Broader challenges to population mental health

The coronavirus pandemic has represented one of the greatest challenges of recent years on an individual, collective, and systemic scale, and the mental health impacts of this crisis have been some of the most extreme and wide reaching, filtering through to all levels of society independent of age, gender, race, and socioeconomic background, amongst other factors.

However, as we approach the 2-year mark of the pandemic, it is evident that coronavirus is just one of a series of broader issues in society that is having a real, tangible impact on the mental health of many Londoners, albeit a significant one.

[8] Richardson et al. (2013) The relationship between personal unsecured debt and mental and physical health: A systematic review and meta-analysis: https://eprints.soton.ac.uk/359763/1/__filestore.soton.ac.uk_users_thr1g10_mydesktop_debt%2520meta.pdf

[9] Turn2us (2020) Weathering the storm: How covid-19 is eroding financial resilience: https://www.turn2us.org.uk/T2UWebsite/media/Documents/Communications%20documents/Weathering-the-storm-How-Covid-19-is-eroding-financial-resilience-Full-Report-Final.pdf

Issues such as Brexit, climate change and gender-based violence are all topics that have received significant attention in the media and mainstream culture in recent months, and many of these issues have equally been found to be a barrier to overall population wellbeing in terms of their ability to contribute to heightened levels of stress, anxiety, and depression, coupled with worn down individual and collective resilience in the face of this steady stream of crisis events.

We hope to shed light on these various challenges that have been and will continue to emerge in London, focussing on their impact on public mental health and how we can best respond to these crises as professionals and altogether as Londoners.

Forecasting

In England, the Centre for Mental Health[10] has predicted that up to 10 million people (almost 20% of the population) will need either new or additional mental health support as a direct consequence of the coronavirus crisis. This equates to almost 2 million Londoners who will need support for the mental health in the coming months and years. Based on surge modelling carried out by The Strategy Unit, it is estimated that there will be around 11% more referrals to mental health services every year for the next three years, and this will increase associated costs by £1 billion annually. The expenditure that will be required for mental health services is roughly equivalent to 8% of the NHS's annual budget.[11]

The Centre for Mental Health has devised a toolkit for local areas to calculate a forecast of additional demand for mental health services as a result of the COVID-19 pandemic. It has been a collaboration between NHS Trusts, NHS England and The Centre for Mental Health. The precise impact is unknown, and predictions are difficult, but these estimates have been produced to aid further consideration of the specific demographics of communities and to determine the services that may be required.[12]

Anxiety & depression

- Over 1 million Londoners without pre-existing mental health conditions are predicted to develop moderate to severe anxiety, with 25% requiring access services (293,400 people)

[10] Centre for Mental Health (2020) Covid-19 and the nation's mental health: October 2020 https://www.centreformentalhealth.org.uk/publications/covid-19-and-nations-mental-health-october-2020
[11] The Strategy Unit (2021) Mental Health Surge Model: https://www.strategyunitwm.nhs.uk/mental-health-surge-model
[12] Centre for Mental Health (2020) Forecast Modelling Toolkit: https://www.centreformentalhealth.org.uk/forecast-modelling-toolkit

- Over 1.5 million Londoners without pre-existing mental health conditions are predicted to develop moderate to severe depression, with 25% requiring access services (401,400 people)
- Over 1.2 million Londoners with pre-existing mental health conditions are predicted to develop moderate to severe anxiety, with 49.9% requiring access services (605,387 people)
- Over 1.5 million Londoners with pre-existing mental health conditions are predicted to develop moderate to severe depression, with 61% requiring access services (621,214 people)

Children & young people

Over 3.5 million Londoners are under the age of 25:

- Approximately 700,000 will experience depression, with 35% requiring access services (242,440 children & young people)
- Approximately 200,000 will experience post-traumatic stress, with 35% requiring access services (69,624 people children & young people)

Health & social care workers

Of the estimated half a million health and social care workers in London:

- 75% have reported worsening mental health throughout the pandemic, a rate higher than the national average for this group (66%).
- It is estimated therefore that over 150,000 will experience burnout, with 30% requiring access services (38,000 people)
- Over 60,000 will experience post-traumatic stress, with 25% requiring access services (17,250 people)
- Over 200,000 will experience high psychological distress, with 25% requiring access services (56,125 people)

People recovering from severe COVID

Assuming that 7,000 Londoners are currently experiencing persistent symptoms for weeks and months:

- Over 2,500 Londoners will experience anxiety, with 25% requiring access services (718 people)
- Over 2,000 Londoners will experience depression, with 25% requiring access services (516 people)
- Over 1,600 will experience post-traumatic stress, with 25% requiring access services (403 people)

Bereavement

Assuming that 96,415 (approx. 19,283 deaths x 5) Londoners are bereaved by COVID-19 or experiencing persistent symptoms for weeks and months:

- 9,449 Londoners will experience prolonged grief disorder, with 25% requiring access services (2,362 people)
- 13,498 Londoners will experience post-traumatic stress disorder, with 25% requiring access services (3,375 people)
- 17,740 will experience depressive symptoms, with 25% requiring access services (4,435 people)

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