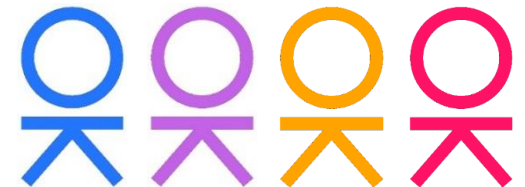


The impact of COVID-19 on Londoners' mental health and wellbeing:

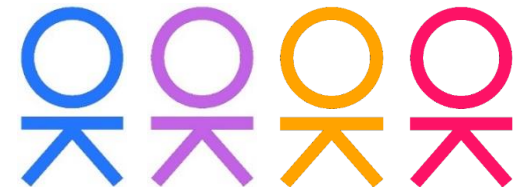
What are the risks to Londoners' mental health and wellbeing in the short and medium term?

What can we do to offset the effects?



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Context

[Thrive LDN](#) is a citywide movement to ensure all Londoners have an equal opportunity to good mental health and wellbeing. We are supported by the Mayor of London and London Health Board partners.

Since March 2020, we have also been coordinating the public mental health response to the coronavirus pandemic on behalf of Public Health England London, the Strategic Coordination Group and wider partners, with the aim of ensuring London's diverse communities have the strength and resilience to cope with and overcome unprecedented events.

As part of our role, we produce regular working papers summarising the known impact of COVID-19 on Londoners' mental health and wellbeing, implications for response and recovery planning, and suggested actions we take – locally, sub-regionally and regionally – to address immediate and anticipated future needs.

This work includes extensive community engagement and participatory action research with communities that are disproportionately at risk of poor outcomes in order to improve the representativeness and granularity of available information. To date, Thrive LDN has engaged with over 200 community groups and organisations and listened to over 10,000 Londoners with a view to understanding more about the experiences of 20 disproportionately at risk communities. Whilst this work is ongoing, an initial summary of findings and suggested actions can be found [here](#).

Comments and feedback are welcome and encouraged. If you would like to get in touch about this work please contact Helen Daly (helen.daly4@nhs.net), Thrive LDN Research and Evaluation Lead, and/ or Dan Barrett (d.barrett@nhs.net), Thrive LDN Director.



Scope, methodology and limitations

Scope

The scope for this work is common mental health problems and the wider public mental health and wellbeing of Londoners. The work has a focus on advancing equality and reducing inequalities in the overall health and wellbeing of Londoners.

Methodology

The methodology is based on the pragmatic review of research and triangulation of multiple sources of relevant evidence relating to the COVID-19 pandemic, including population mental health data, analysis of the UK society and economy, and insights collected as part of Thrive LDN's ongoing community engagement activities.

This rich and diverse range of information is methodologically varied and spans across different contexts and sample sizes, which in turn makes drawing comparisons and overall synthesis challenging. To ensure a level of rigour and reliable interpretation of the evidence, regular challenge sessions are held within the core team working on this, as well as with wider team members and partners, in order to test interpretation of data and assumptions made.

Limitations

Fundamentally, insights are limited by the availability of data and information. There will undoubtedly be data and information sources the team are unaware of and would appreciate being made aware of.

However, overall, representativeness and inclusiveness has been identified as a limitation across all sources of data and information, with a lack of sufficient, granular intelligence available on the experiences and needs of different disadvantaged and marginalised communities in London.

The data and intelligence has been collated to inform the initial public mental health response to COVID-19. For many factors, it is still too soon to draw any definitive conclusions about possible shifts in mental health and wellbeing since the beginnings of the pandemic.



Overview

The COVID-19 pandemic has created economic, health and social uncertainty and insecurity across the world. The new variant of coronavirus that has become prevalent in London, the rise in COVID-19 cases and deaths, and the introduction of Tier 4 measures, followed by a national lockdown is a reminder of the unpredictability of this crisis.

It is currently not possible to determine the full impact 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 restrictions in place impede on our natural and usual resources for wellbeing, as well as on our coping mechanisms and opportunities for social interaction. Data, research and insights collected have shown the detrimental direct effect COVID-19 is having on depression, anxiety, happiness, life satisfaction and loneliness levels across London, as well as the indirect effect on the factors which influence mental health and wellbeing, such as employment and income.

As the pandemic continues, it is necessary to recognise that the nuances of how uncertainty surrounding COVID-19 and the restrictions in place affect Londoners' mental health and wellbeing in a way that is not necessarily straightforward or always obvious. In some cases, feelings of anxiety and sadness are entirely normal reactions to difficult circumstances, not symptoms of poor mental health and we need to be careful not to over-pathologise the natural process of how people are adapting to and coping with change.

However, existing inequalities have been exacerbated, leaving those who entered the pandemic vulnerable as a result of their socio-economic background and health status facing the most severe impacts. As the pandemic continues to evolve, its effects become more nuanced and the needs of Londoners become more pronounced and complex. This results in the requirement for a multi-agency approach that ensures that all Londoners who need help and support receive it.



Impact on disproportionately at-risk groups

Many Londoners entered the pandemic from positions of disadvantage and there is convincing evidence that the pandemic seems to have simultaneously created new inequalities whilst widening pre-existing inequalities, [\[1\]](#) both in terms of COVID-19 complications and deaths and in terms of the impact of the restrictions on mental health and wellbeing. Londoners with lived experiences of marginalisation and social disadvantage, who were already experiencing poorer social, economic and health outcomes, have been disproportionately affected by the pandemic.

People with the poorest mental health prior to the pandemic experienced the largest deterioration in mental health during the initial lockdown [\[2\]](#) and are likely to be isolated and lacking support as restrictions continue to be put in place and the full effects of the pandemic are felt.

Black, Asian and minority ethnic Londoners (BAME)

COVID-19 and related crises have exposed a number of disparities and unfair outcomes which exist in relation to ethnicity. Overall, the pandemic is having a devastating impact on Black, Asian and minority ethnic communities. The risk of COVID-19 related mortality when compared with White men and women was 1.9 times greater for Black men and women, 1.8 times greater for Bangladeshi and Pakistani men, 1.6 times greater for Bangladeshi and Pakistani women, 1.3 times greater for Indian men, and 1.3 times greater for men in the 'Other' ethnic minority group. [\[3\]](#)

Evidence from community engagement activities [\[4\]](#) has, in particular, highlighted the distress of Black Londoners in response to the high proportion of people in their communities who have died as a result of COVID-19. Communities have been coping with unusually high levels of grief alongside the added financial pressures and familial pressures of the crisis.

Research suggests that BAME men experienced a far greater deterioration in their mental health during 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 the deterioration was smaller at about 6.5%. [\[5\]](#) A similar pattern was not seen in women's declining mental health.



Impact on disproportionately at-risk groups

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 a pool of 3,349 individuals, which highlighted that those who reported their daily activities were “limited a lot” by an impairment were around twice as likely to die from COVID-19. [\[4\]](#)

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 adjustments. [\[5\]](#) 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.

Families with children and single parents

Parents are coping with huge additional demands on their time as they are forced to care for and educate their children from home, and poorer families have been receiving less support from schools in doing so. Evidence shows that parents in better-off families and with higher levels of education are more likely to be able to carry out their work activities from their home, more likely to have space at home to educate their children, and more likely to have savings to cover unforeseen expenditures. [\[6\]](#) Mothers, and particularly single mothers, have been more likely to work in sectors that have been shut down as a result of the pandemic. Prior to the pandemic, 47% of children in single parent families were living in poverty compared to 24% in coupled families. [\[7\]](#)

“Despite the government’s rhetoric about protecting supporting Disabled people, the reality is that during the pandemic we have been treated less fairly and discriminated against across all areas of our lives”



Impact on disproportionately at-risk groups

LGBTQ+ Londoners

Early findings from the Queerantime Study [\[8\]](#) has shown high levels of stress and depressive symptoms, particularly among younger transgender and gender diverse respondents. Stress has been higher for those who had experienced an instance of homophobic or transphobic harassment, compared to respondents who had not.

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

Older Londoners

Older people have been more likely to be clinically shielding and experience long periods of isolation, leading to widespread concern for this group as social isolation among older people is already a well-recognised and serious public health issue.

The pandemic poses a serious risk for creating a long-term unemployment crisis for older workers, with most people aged 50-70 still working for their individual financial security. London has the highest proportion of older workers, and many who are still in employment and renting privately expressed concerns of redundancies, furloughs, and reduced working hours. According to analysis conducted by the Centre for Ageing Better, [\[9\]](#) one in four older workers – 2.5 million in total – have been furloughed, and hundreds of thousands of these workers may be unable to return to their previous jobs as some sectors struggle to recover.

“I’m a bit worried, I’m 56 next month and I don’t really want to start a career as such. I don’t particularly want to start learning something new.”



Impact on disproportionately at-risk groups

People with pre-existing mental health problems

The Mental Health in the Pandemic study [\[10\]](#) has found that people who entered the pandemic with a prior experience of mental health problems have been far more likely to experience feelings of anxiety, panic, and hopelessness. Analysis from the U.S has also found that COVID-19 survivors have significantly higher rates of psychiatric diagnoses and psychiatric history is a potential risk factor for being diagnosed with COVID-19, independent of known physical risk factors. [\[11\]](#)

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 population. [\[12\]](#) During lockdown, many of the support systems for people with mental health problems, such as one-to-one therapy, training courses, volunteering and supported employment opportunities, were curtailed or stopped. In particular, peer support and community resources that relied on meeting in a physical space have had to adapt or pause their provision, resulting in the loss of or reduction in support for many vulnerable people. However, the most recent legislation allows support groups that are essential to deliver in person to continue with up to 15 participants, which provides some hope for those who benefit from them.



Impact on disproportionately at-risk groups

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, [\[13\]](#) 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 since March 2020. [\[14\]](#) In addition, women are more likely to be in temporary, part-time and precarious employment than men. [\[15\]](#) These jobs often come with lower pay, weaker legal protection and difficulties in accessing social protection. Levels of precarious work are particularly high among young women, women with low qualifications and migrant women.

There has been a documented rise in domestic abuse and gender based violence, as often seen in times of crisis and natural disasters. As normal life shuts down, victims – who are usually women – can be exposed to abusers for long periods of time and cut off from social and institutional support. Calls to the National Domestic Abuse Helpline increased by 150% during lockdown. [\[16\]](#) Between further lockdown easing in July and the start of September, levels of domestic abuse referrals to Victims Support remained around one quarter higher than average. [\[17\]](#)



Impact on disproportionately at-risk groups

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. [\[18\]](#) They were also more likely to report hopelessness, loneliness, not coping well and suicidal thoughts/ feelings.

Across all dimensions of life as young Londoner, analysis shows that the effect is not equal for all young people. For example, those from poorer households are less likely to have adequate space and support to learn remotely and young people with lower incomes have been more likely to lose work. [\[19\]](#) Young people are more likely to be employed in industries most affected by the coronavirus, are more likely to be furloughed and are experiencing increasing levels of unemployment and economic inactivity [\[20\]](#). 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. [\[21\]](#)

From August to October 2020, 1.65 million people aged 18-24 were economically inactive and 498,000 were unemployed in England. [\[22\]](#) The number of employers offering apprenticeships has fallen by 80%, and three out of five businesses have ceased their offer of apprenticeship, with an increased risk of existing apprentices unable to complete their training programme. [\[23\]](#)

“When you’re sitting in the house and there’s nothing to do you get really bored, and you kind of feel down. You just want to get out, see your friends and have that laugh.”



Population mental health

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. [\[24\]](#) The latest research, published in September 2020, found that:

- Most people (64%) say they are coping well with the stress of the pandemic.
- 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.
- Of those who have experienced stress due to the pandemic, almost nine out of ten (87%) are using at least one coping strategy.
- People have used a wide range of strategies to cope; these most often included going for a walk, spending time in green spaces, and staying connected with others.
- Some people are resorting to potentially harmful ways of coping, including increased alcohol consumption, substance misuse, and over-eating, putting their mental and physical health at greater risk.

Across the insights captured as part of Thrive LDN's community engagement activities, [\[25\]](#) 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.

“We don't always know how, but we know we'll be OK together.”



Population mental health

The most recent intelligence collected from frontline civil society organisations as part of the London Community Response Survey [26] 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.

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.

“People need weekly human contact”



Population mental health

Life satisfaction and happiness

The COVID-19 Social Study [\[27\]](#) has been monitoring life satisfaction and happiness measures throughout the pandemic. Results have varied week on week and have continued to drop since mid-September with the introduction of stricter restrictions that aim to control the spread of the virus.

Life satisfaction was lower in the weeks leading up to the second lockdown in London and further national restrictions (November – December 2020). This decline since September appears to have occurred across all age groups, although adults under the age of 60 have some of the lowest levels of life satisfaction. It is also much lower amongst people living alone, people with a lower household income, people with a diagnosed mental health condition, and people living in urban areas. The rate is similar across UK nations and amongst key workers. Women have lower levels of life satisfaction, as do people with a long-term physical health condition and people from Black, Asian and minority ethnic backgrounds (although smaller sample sizes compared to people with white ethnicity mean there has been greater volatility in this data).

Life satisfaction is still noticeably lower than for the past 12 months, and wellbeing more generally appears to have decreased substantially in the weeks preceding lockdown. [\[28\]](#)

Happiness levels have been decreasing since mid-September 2020 when further restrictions were put in place, particularly amongst older adults. Happiness levels are also lower amongst those living alone, those with lower household income, people with a diagnosed mental health condition, and people living in urban areas. [\[29\]](#)

“Let’s be honest, before lockdown everyone was run down. I hope that people come out of this a lot more appreciative of the people around them, and of life. That people can have fun without stressing about it, and just enjoy the beauty of life every day.”



Population mental health

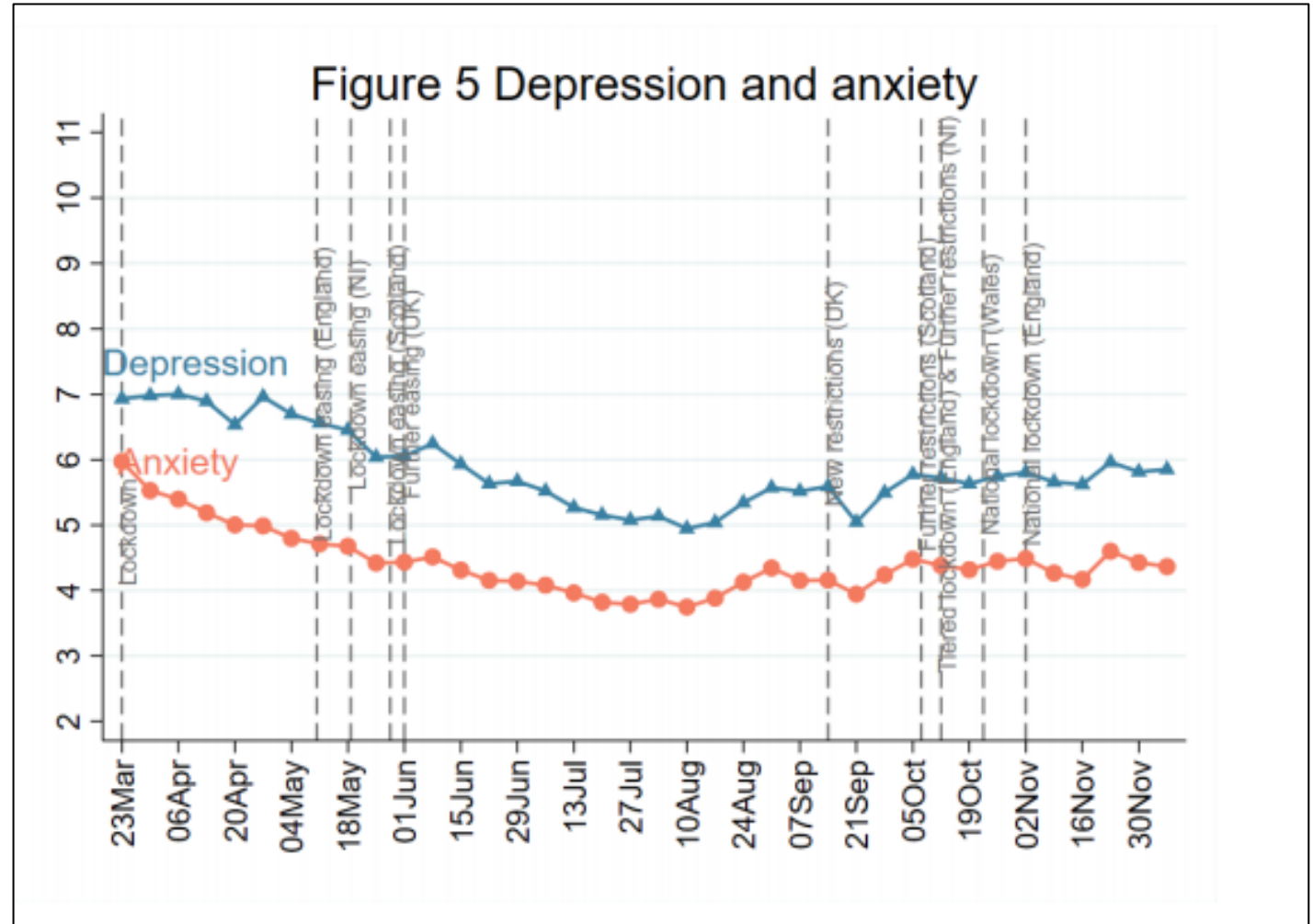
Self-reported anxiety and depression

The latest available data from the COVID-19 Social Study published in December 2020 shows the trajectory of self-reported depression and anxiety since the beginning of the pandemic.

Younger adults aged 16-29 were more likely to experience depression and anxiety in comparison to older adults. [\[30\]](#)

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. [\[31\]](#)

These reduced levels have been observed since the beginning of the pandemic in March 2020, were sustained through the weeks of the lockdown and social distancing, improved gradually and slightly through the summer months but declined once again in September. [\[32\]](#)



Fancourt et al. (2020)



Population mental health

Suicide

In London, more than 12 people take their own life each week. [\[33\]](#) Nationally, there has been an increase in suicides in 2018 (the most recent available data) from the previous year. 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. [\[34\]](#)

There is no evidence to suggest that there is currently a rise in suicides nationally due to COVID-19 from data sources available. [\[35\]](#) However, recent figures from London Ambulance Service show crews attended an average of 37 suicides or attempted suicides a day compared to an average of 22 a day the year before. [\[36\]](#) In terms of children and young people, there is some limited data by the National Child Mortality Database [\[37\]](#) to suggest about half of suicides after the first lockdown were 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, there is an increased risk of suicides across London. 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 one of the biggest predictors of suicide. [\[38\]](#) 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.



Direct impacts of COVID-19

Recovery from the virus

The health and wellbeing trajectory for those recovering from and who have survived COVID-19 is not uniform and has serious implications for both physical and mental health. “Long Covid” has been defined as not recovering for several weeks or months following the start of symptoms that were suggestive of COVID-19, whether you were tested or not. Long-term complaints of people recovering from acute COVID-19 include extreme fatigue, muscle weakness, low grade fever, inability to concentrate, memory lapses, changes in mood and sleep difficulties.

The latest evidence from the COVID-19 Symptom Study shows that one in 20 people are likely to suffer from Covid-19 symptoms lasting more than 8 weeks. [\[39\]](#) Using a simple proportionate approach, (based on a total of 438,497 COVID-19 cases on 4th January 2021) this could suggest that over 21,000 Londoners will experience persistent symptoms for weeks and months.

The COVID-19 Symptom Study has also shown that older people are much more likely to get long Covid than younger people, although it does occur across all age groups. Long Covid affects around 10% of 18-49 year olds who become unwell with COVID-19, rising to 22% of over 70s. Weight also plays a role, with people developing long Covid having a slightly higher average BMI than those with short Covid. Although men are more likely to be admitted to hospital with COVID-19, women appear to be slightly more likely to suffer from long Covid than men (14.5% compared with 9.5%), but only in the younger age group. Importantly, the more symptoms a person had in the first week, the more likely they were to go on to develop long Covid.

Further to this, US analysis has found that COVID-19 survivors have significantly higher rates of psychiatric diagnoses, and that psychiatric history is a potential risk factor for being diagnosed with COVID-19, independent of known physical risk factors. [\[40\]](#)

“Enhanced psychiatric follow-up should be considered for patients who survive COVID-19. Psychiatric history should be queried during assessment of a patient presenting with COVID-19 symptoms to adjust pre-test probability.”



Direct impacts of COVID-19

Bereavement

A bereavement from COVID-19 is likely to be a very sudden and challenging kind of bereavement for most people. There were 10,328 deaths occurring in London between 1 March and 25 December 2020 that involved COVID-19; this represented 17.46% of all deaths occurring over this period (59,145 deaths). [\[41\]](#) COVID-19 has and will continue to have a major impact on the individual and societal experience of death, dying, and bereavement. Social isolating measures, the lack of usual support structures and the changes implemented to services including end of life and palliative care has also influenced experiences of grief and mourning for death of all causes during this period.

In the period of March to July, London had the highest proportion of deaths involving COVID-19 (143.4 deaths per 100,000 population). [\[42\]](#) Brent has had the highest overall age-standardised rate nationally, with 216.6 deaths per 100,000 people (487 people), followed by Newham, with 201.6 deaths per 100,000 people (307 people) and Haringey, with 185.1 deaths per 100,000 people (271 people). [\[43\]](#)

Little information is available on the impact on grief and bereavement as a result of COVID-19 or other infectious disease outbreaks. Previous pandemics appear to cause multiple losses both directly related to death itself and also in terms of disruption to social norms, rituals, and mourning practices. This affects the ability for an individual to connect with the deceased both before and after their death, potentially increasing the risk of complicated grief.

Loss of life by COVID-19 is a challenging kind of bereavement, with family, friends and communities requiring care and support, especially in the first days and weeks following their bereavement. A review of complicated grief confirms the pandemic has increased prevalence of risk factors associated with complicated grief, for example, sudden/unexpected death and low levels of appropriate social support. [\[44\]](#)

“It was really difficult, because we couldn’t go to see him. We were only allowed to see him at the very end with lots of protective equipment, but if he hadn’t have had the coronavirus he probably would have been here today, because they would have treated his underlying health issues.”



Direct impacts of COVID-19

Vaccination

Due to the unprecedented scale and speed of the roll out of the vaccination it is likely there will be an impact on population mental health and wellbeing, such as health anxiety or stress. It is important not to medicalise human behaviours and Londoners' responses to the introduction of new interventions, vaccination programmes and comprehension of complex advice and information whilst responding to the ongoing impact of COVID-19 and restrictions as part of our daily lives.

Currently, there is little information available on the views and insights of Londoners in response to the rollout of the vaccination programme. There is speculation and anecdotal evidence which suggests that the response to the COVID-19 vaccine varies by ethnic background. Insights gathered from community research activities with Toynbee Hall [\[45\]](#) have identified how experiences of structural racism and inequality have compounded mistrust, suspicion and fear within marginalised communities, which may lead to confusion, the circulation of conspiracy theories and reduced uptake of the vaccine by ethnic minority groups as a consequence. Furthermore, polling commissioned by the Royal Society for Public Health of 2,076 UK adults showed that 57% of respondents from Black, Asian and minority ethnic backgrounds (199 respondents) were likely to accept a COVID-19 vaccine, compared to 79% of White respondents. [\[46\]](#)

Given the clear disparities which exist for Black, Asian and minority ethnic groups, which have thus far experienced higher rates of infection, serious disease, morbidity and mortality, it is clear that culturally competent and tailored communications are required as part of the rollout of the COVID-19 vaccination, with flexible models of delivery to ensure that everything possible is done to promote high uptake in BAME groups and in groups who may experience inequalities in access to, or engagement with, healthcare services.

“There are a lot posts on social media saying the vaccine will impact differently on the genes of Black people and that it will have an adverse affect on Black people. If this is not cleared up, people will not take the vaccine. This mistrust is very old, and it’s coming on top of the failure of the health system to support Black people during the crisis.”



Financial impact

Overview

It is not possible to forecast the precise economic impact of a specific change to a given restriction with confidence, however, it is clear that measures to contain COVID-19 have had a major impact on the economy and public finances. Official income statistics are not yet available to compare to those released before the pandemic, however, The Health Foundation review of trends in income and poverty in recent years [\[47\]](#) has shown that the UK entered the pandemic from a position of stagnant income growth and low levels of financial resilience. Today, as a result of multiple lockdowns, there are signs of increasing economic inequality, with more people on lower personal income reporting reduced income in the household. [\[48\]](#) Furthermore, they are working fewer hours and are less able to save for the future, while fewer people with higher incomes have been impacted on a similar scale financially. When stratifying employment loss and furlough by income level, the future economic consequences of COVID-19 are likely to be worse for those on lower incomes, creating an additional burden in the long-run on the mental health and wellbeing of Londoners which belong to this group.

Despite unprecedented government support, financial wellbeing has deteriorated drastically. The latest IHS Markit Households Finance Index [\[49\]](#) shows the largest fall in overall perceptions of financial wellbeing since the survey began in 2009, with a continued deterioration for UK households recorded in November. The latest available data has shown households are using up more savings as cash availability falls once again, with savings declining at the quickest rate for seven years. Household income from employment remains low, however the year ahead outlook for financial situation is the least pessimistic since March. Overall, this is consistent with UK consumer confidence dropping sharply to levels not seen since the 2008 financial crisis.

Further to this, estimates looking across personal and economic wellbeing covering the period from 20 March to 26 July 2020 as part of the Opinions and Lifestyle Survey have shown a stall in financial resilience. [\[50\]](#) By the end of July, around one in three people in the UK reported that they were unable to save for the year ahead and were unable to pay for an unexpected but necessary expense of £850. By 26 July, 41.6% of those aged 30 to 59 years and 36.5% of those aged under 30 years were unable to pay for an unexpected expense, compared to a much smaller percentage (16.1%) of those aged 60 years and over.



Financial impact

Financial resilience

Those who have a personal income between £10,000 and £20,000 saw the largest rise in the number of people who were unable to pay an unexpected expense. At the end of July, 41.5% of people in this income group were unable to afford an unexpected expense, up from 31.3% at the beginning of July. By the end of July, they were as likely to not be able to afford such an expense as those in the lowest income group of up to £10,000. [\[51\]](#)

Parents were particularly affected, with nearly half (47.5%) unable to pay for an unexpected expense at the end of July. In addition, 44% of parents reported being unable to save for the year ahead at the end of July, up from 33.1% at the beginning of July. In part, this can be explained by more working parents who reported a reduction to hours worked in mid-July compared with non-parents (15.7% compared to 7.8%, respectively). In addition, more parents reported that they were unable to work from home in July. Findings from Turn2Us have revealed how families with three or more children are twice as likely to run out of money as families with only one child. [\[52\]](#)

Renters were also less likely to be able to afford an unexpected expense, as 63.2% could not afford this at the end of July, compared with 10.6% of homeowners and 25.8% of those who have a mortgage. [\[53\]](#) In part, this could be explained by differences in the ability to work from home; at the end of July, a significantly higher percentage of renters said they were unable to work from home (46.7%) when compared with homeowners (26.2%) and those with a mortgage (28.6%). This could also explain the increase in anxiety experienced by renters over this period, as over half of them (50.8%) could not afford such an expense from the end of June.

Across the insights captured as part of Thrive LDN's community engagement activities, [\[54\]](#) control over finances has been identified as having a profound impact on people's wellbeing. For example, just over half of Pandemic Stories interviewees reported that their income had reduced as a result of the pandemic and the same percentage have "gone without" during the crisis. 85% have increased their spending on phone and internet bills, and the same percentage have increased their spending on food and groceries.



Financial impact

Employment and job security

Income and employment are intrinsically linked to health and wellbeing. There is a strong socioeconomic gradient in mental health, with people of lower socioeconomic positions having a higher likelihood of developing and experiencing mental health problems. London's position as a global employment centre, with 6.1 million jobs being based in the capital in 2019 (equating to 20% of all the jobs in England), has a huge role to play in driving Londoners' experiences of mental health and inequality.

Furlough and other government support schemes have protected those who would have otherwise become unemployed, incurring substantial welfare costs as universal credit claims increase and crucially leaving over 1.2 million Londoners (at its peak in May) with large income reductions, increasing poverty, stress and unhealthy behaviours. [\[55\]](#) The latest available data reporting on 31st October has shown that over 431,200 people are currently furloughed in London, accounting for 23% of the current UK take-up of the scheme. London has consistently had the highest proportion of employments furloughed on a full-time basis.

As of October 2020, the unemployment rate across the UK is rising sharply and the employment rate is falling. [\[56\]](#) The number of total hours worked, and the number of vacancies, have both continued to recover in the latest period, but they are still below levels seen before the pandemic.

Early findings from the Institute of Employment indicate that employment losses may be materialising as higher economic inactivity, rather than unemployment. [\[57\]](#) Employees in lower income quintiles are also more likely to have been placed on furlough as part of the Job Retention Scheme: around 28%, compared to 17% in the top quintile. [\[58\]](#) The Resolution Foundation have cautioned that furloughed jobs may be more at risk of disappearing as the government schemes unwind.

The IHS Markit Households Finance Index for November has seen job security perceptions continue to recover from April's low point, with the respective index climbing to a seven-month high during November. The figure did however remain below the long-term average, with households still largely pessimistic about their job security. Incomes from employment have not yet recovered, falling at the quickest rate in seven years. [\[59\]](#)



Financial impact

Loans and borrowing money

The latest available data from November has highlighted a further reduction in the amount of cash UK households have available to spend, with the total decline still marked. [\[60\]](#) Overall demand for unsecured credit rose for the fourth month in a row to the highest levels since April. Lenders remained cautious however, with households' perceptions of the availability of unsecured credit reporting a decline for the seventh successive month.

ONS estimates from March to April have indicated that more people are having to borrow money, with over one in eight (13.3%) saying they have had to borrow money or use credit more than usual at the end of July, since the coronavirus (COVID-19) pandemic. [\[61\]](#) Again, parents were particularly affected, with more than one in five (22.2%) saying they have had to borrow money or use credit more than before the coronavirus pandemic.

The support and benefits implemented to support and protect employees, employers and the economy throughout the COVID-19 pandemic are time-limited to one year. Early evidence of increasing economic inequality and deteriorations in people's financial situations have been noted through measures of financial stress such as the doubling in the number of food parcels distributed by foodbanks and rising food insecurity, the sharp increases in non-payment of bills such as rent and mortgages and 3 million applications for Universal Credit. [\[62\]](#)

“I think the main impact was work, so one of my flatmates, she had her job for the first month then got fired, and because of that she didn't have any support. She was on her own and had to apply for benefits, so Universal Credit. My other flatmate, she works in the hospitality industry and so she obviously saw a reduction in her hours and then eventually got furloughed.”



Financial impact

Wellbeing economics

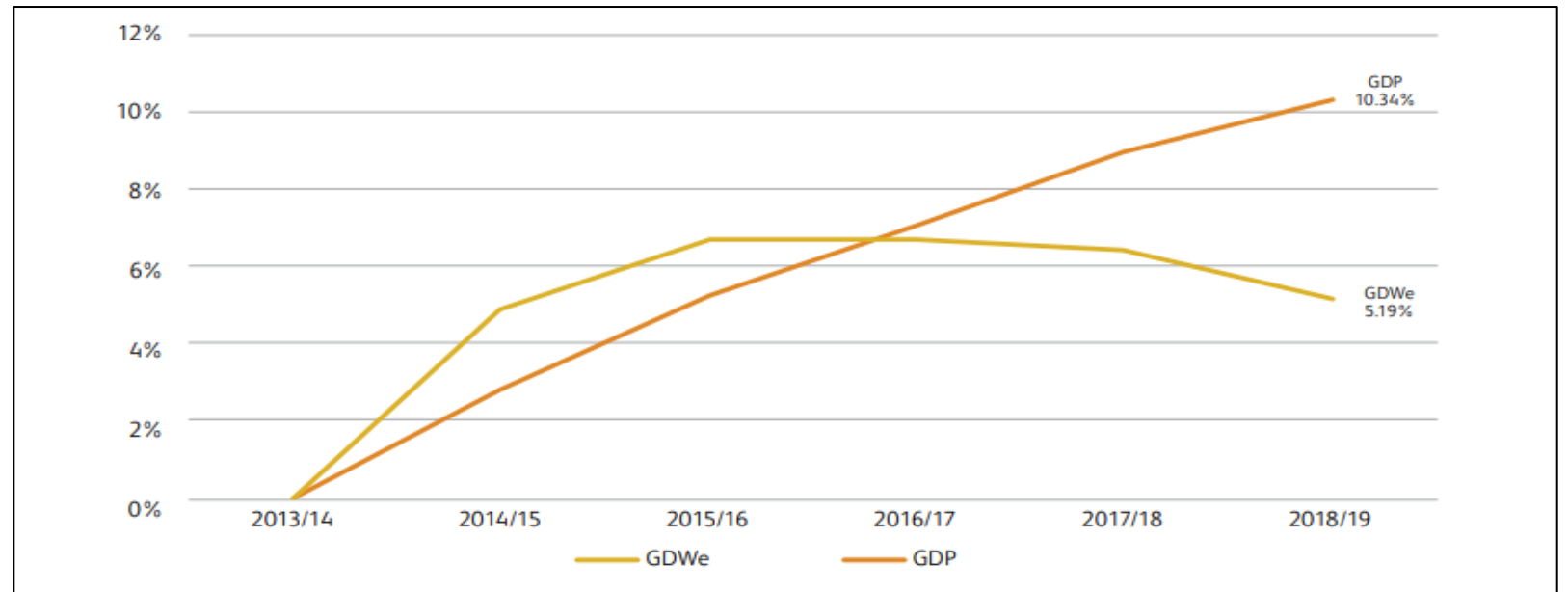
The Office for Budget Responsibility (OBR) has estimated that due to the impact of regional and national restrictions, real Gross Domestic Product will have fallen by 11.3% in 2020 and will reach its pre-virus peak by Q4 2022. [63] Furthermore, unemployment will reach 7.5% in the second quarter of 2021. If lockdown measures were to remain in place in the UK, the short-term economic costs are likely to be greater, and vice versa.

Using a more holistic framework to measure social progress and understand more about societal wellbeing through social, economic, environmental, and democratic measures, Carnegie UK's Gross Domestic Wellbeing tool [64] uses data collected and published by the ONS for the Measures of National Wellbeing Dashboard. GDWe in England is declining and was doing so even before the COVID-19 pandemic began. Whilst GDP during the period 2013-2019 appears to have steadily increased, Gross Domestic Wellbeing has slowed and has begun to move in the opposite direction. Whilst it is too early to see the impact of the

COVID-19 pandemic on the GDWe score, the most recent data suggests that bereavement, isolation and loss of income are triggering new mental health conditions or exacerbating existing ones.

There has been a large reduction in the amount of time travelling (walking or driving) – which could affect access to nature and health and consequently have a negative impact on societal wellbeing.

Growth of GDWe and GDP as a percentage from baseline in 2013/14



Future trends and forecasting

National lockdown

England entered into a national lockdown on the 4 January 2021. It remains impossible to produce a roadmap for Londoners' mental health and wellbeing as the national lockdown continues.

It is necessary to recognise that the nuances of how uncertainty surrounding COVID-19 and the restrictions in place affect Londoners' mental health and wellbeing in a way that is not necessarily straightforward or always obvious. In some cases, feelings of anxiety and sadness are entirely normal reactions to difficult circumstances, not symptoms of poor mental health and we need to be careful not to over-pathologise the natural process of how people are adapting to and coping with change.

However, as the pandemic evolves and elongates, the effects become more nuanced and the needs of Londoners become more severe and complex requiring a multi-agency approach. Reflecting on trends from previous lockdowns, it is likely that Londoners will experience an increase in feelings of anxiety (both general and health related), cumulative stress and social isolation, all of which may be exacerbated by seasonal variation of winter months and crisis fatigue.

In addition, the UK leaving the EU on 31 December 2020 will likely have an impact on the mental health and wellbeing of Londoners, particularly for the 1 million EU Londoners directly affected. Key policies which are likely to impact Londoners opportunity for good mental health and wellbeing include the operation of the new migration regime, new border procedures and their effects on the economy, as well as the uncertainty for the short-term future and the ramifications of the newly formed agreement with the EU on our future relationship.

Lastly, 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. There is speculation and anecdotal evidence which suggests that the wellbeing and resilience of voluntary organisations and community groups has been worn down over time. That, along with changing public mood, 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 most.



Future trends and forecasting

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. [\[65\]](#) 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 [\[66\]](#) have shown 34% of people nationally have had to use 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.

Predicting who will get long Covid

The COVID-19 Symptom Study [\[67\]](#) 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.



Future trends and forecasting

Forecasting

In England, the Centre for Mental Health 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 crisis. This equates to almost 2 million Londoners who will need support for the mental health in the coming months and years. [\[67\]](#)

The Centre for Mental Health [\[68\]](#) 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.

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)
- 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)



Future trends and forecasting

Health & social care workers

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

- 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 44,000 (approx. 8,903 deaths x 5) Londoners are bereaved by COVID-19 or experiencing persistent symptoms for weeks and months:

- 4,312 Londoners will experience prolonged grief disorder, with 25% requiring access services (1,078 people)
- 6,160 Londoners will experience post traumatic stress disorder, with 25% requiring access services (1,540 people)
- 8,096 will experience depressive symptoms, with 25% requiring access services (2,024 people)



Suggested actions

Research and Community Insights

- Undertake and support community participatory research and engagement to understand more about how COVID-19 has impacted the mental health and wellbeing of Londoners, how they have used their assets and systems to withstand, adapt to and recover from adversity, and what support they need going forward to strengthen their mental health and wellbeing.
- Undertake scenario planning to understand more about how future trends may impact Londoners' mental health and wellbeing.

Communications

- Communicate clear and consistent public mental health messages that: (1) Speak to now; (2) Promote resilience; (3) Promote community / neighbourliness; (4) Promote universal mental health support offers, particularly support available to manage anxiety and (5) Promote that mental health services are still open.
- Utilising the opportunities for mental health signposting within non-mental health services and settings, such as testing clinics and ward discharge.

Advancing equality

- Develop targeted communications, campaigns and activities to address language, cultural and structural barriers that impede upon Londoners' equitable access to information, advice and support.
- In co-production with target communities, develop and implement more culturally competent public mental health education and prevention campaigns, and public mental health programmes.



Suggested actions

Resilience

- Develop and implement universal and selective resilience promotion programmes, including settings-based approaches, parenting programmes, digital technology programmes and physical activity promotion.
- Provide further free training, development support and grants to voluntary and community sector organisations, particularly micro-organisations, to build the resilience of wider support systems.
- Utilise neighbourhood and community assets to improve social cohesion and social support and develop more safe places for social connection and interaction via. community and peer support.

Enhanced support

- Improve bereavement referral pathways, being mindful of the different ways individuals might seek support for a bereavement, and develop targeted bereavement support signposting toolkits and campaigns for different vulnerable groups at varied levels of intensity.
- Undertake targeted outreach to people who are unemployed, struggling with debt and/ or at risk of eviction and ensure accessible mental health and suicide prevention support is available.
- Develop targeted mental health and suicide prevention support offers for disproportionately at risk groups. Namely, those with pre-existing mental health issues, Black, Asian and minority ethnic communities, Deaf and disabled Londoners, Families with children and single parents, LGBTQ+ Londoners, Older Londoners, Women and Young Londoners.



Thrive LDN's response

We will continue to deliver Thrive LDN's programmes and projects and, as much as possible, increase the scale and pace of delivery to support a greater number of Londoners sooner.

Coordination

Thrive LDN are supporting the Strategic Coordination Group and associated sub-groups to implement mechanisms for embedding mental health and wellbeing into pandemic response structures by conducting mental health and wellbeing impact assessments to identify risks and mitigating actions relevant to each group's remit.

It is expected that work will provide cross cutting support at the regional level and that the work will lay strong foundations for ongoing recovery work (which Thrive LDN are also supporting the development of) and for a mental health in all policies approach.

Research, community insights and development

Thrive LDN will continue to work with Public Health England London to undertake research and community engagement projects to understand more about the impact of COVID-19 on Londoners' mental health and wellbeing and to develop mitigating actions.

Communications and campaigns

Thrive LDN will continue to work with partners to regularly develop and distribute a Public Mental Health Communications Toolkit. In addition, we will continue to develop targeted, culturally-competent communications projects to support disproportionately at risk groups to access mental health information, advice and support.



Thrive LDN's response

Young Londoners and parents

We will continue to deliver and scale up our Young Londoners' mental health projects, namely Youth MHFA training, to support young people through the latest lockdown. In addition, we have started a new Parental Mental Health programme.

Right to Thrive

Right to Thrive is our ongoing commitment to celebrate and protect diversity in London, especially for those at higher risk of unfair treatment based on their identity, beliefs or social class. We are currently expanding our Right to Thrive programme to offer additional support, training and development opportunities to grassroots groups and take further action to advance equality.

Resilience

Evidence shows a clear relationship between resilience and coping during the pandemic in areas such as anxiety and bereavement. Thrive LDN has mobilised a new Resilience programme across London. This includes a resilience and social connectedness promotion campaign, a new series of open-access, clinically-led Wellbeing Webinars, an emotional resilience programme and several targeted resilience promotion projects.

Enhanced support for disproportionately at risk groups

In response to the rising number of Londoners over-indebted, in October 2020 we started a new partnership programme to develop enhanced mental health and suicide prevention support for those struggling financially. We will take a similar developmental approach to develop enhanced support for other disproportionately at risk groups.

Suicide Prevention

We will continue our work to develop and promote additional support for those bereaved by suicide, expand the Suicide Prevention Information Sharing Hub and deliver Suicide Prevention Education Training for schools, colleges and universities online.



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