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. Whist 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 COVID-19 variant in London, rise in COVID-19 cases and deaths, and return to national lockdown restriction measures are 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.

There is clear evidence that the impact of COVID-19 has replicated and exacerbated inequality. Following a substantial period of rising case rates in London, leading to an increase in hospital admissions and deaths, it is important to reflect on what we have learned from the first months of the pandemic and about the effects of COVID-19 on health inequalities and what can be done to mitigate them.

Health inequalities are systematic, avoidable and unjust differences in health and wellbeing between different groups of people. They arise because of the conditions in which we are born, grow, live, work and age, which influence our opportunities for good health and how we think, feel and act. These conditions shape our mental health, physical health and wellbeing. They also influence our exposure and vulnerability to SARS-CoV-2 infection, our ability to manage the consequences of the disease, and how the control measures affect us.

Substantial inequalities exist across protected characteristics and socioeconomic position in relation to the impacts of the coronavirus pandemic in London. This is both in terms of risk of COVID-19 infection, complications and mortality, and in terms of the negative economic, social and psychological consequences of Government policies to mitigate the health impacts of the pandemic. These COVID-19 related inequalities have been caused by processes of marginalisation and oppression, which before the pandemic had led to well-documented social and health inequalities, inequalities that have been exacerbated during the coronavirus pandemic. It is also important to acknowledge that years of structural racism and inequality has compounded mistrust, suspicion and fear between marginalised communities and power structures, creating a significant barrier for recovery. Unfair outcomes for population mental health as a result of the COVID-19 crises include: a greater deterioration in their mental health for BAME men, reports of disabled people feeling failed and ignored by the government and single parents having higher levels of stress, depression, and anxiety.

Findings from the community indicate that for many communities across London, the coronavirus pandemic is seen as the latest crisis event in a crisis trend – a steadily worsening series of situations faced by disadvantaged communities across London. This is both a cause and consequence of poor mental health, felt both directly and indirectly.

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 disproportionally 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. A descriptive review of surveillance data available to PHE in August 2020, showed 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] It has not been possible to confirm the impact of further waves of the pandemic and a new variant, but it is likely to have continued to replicate and increase existing racial inequalities.

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.

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. [78]

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. [79] The increased risk for disabled people results in part from their poorer living circumstances and socioeconomic position, associated co-morbidities and vulnerability to ill-health, and increased risks from living in residential facilities. The pandemic has also increased stress and uncertainty for carers, who face increased worry around their financial situation as spending on food and bills increases as a result of lockdowns.

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]

Findings from the Co-Space study following 6,246 parents/carers has shown parental stress and depression were elevated during the first lockdown, when most children were home-schooled, reduced when the lockdown restrictions eased in the summer, but increased again between November and December, when new national restrictions were introduced. Parents/carers from single adult households and low-income families, as well as those who have children with SEN/ND, have reported higher levels of stress, depression, and anxiety reported. On average, 43% were stressed about their children's education and future (in contrast to 32% of those with young children). [70]

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]

LGBTQ+ Londoners

Early findings from the Queerantine 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.

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.

The COVID-19 Social Study [71] has found that since the restrictions began, people with a diagnosed mental health condition have been three times more likely to have suicidal thoughts, self-harm or attempt suicide than those without a mental health diagnosis, even as lockdown was relaxed over the summer. Research produced by the Samaritans based on conversations with callers reporting mental health

concerns has shown restrictions are exacerbating existing mental health conditions, access to mental health services has been disrupted and usual coping strategies such as support from friends, family or local community groups and personal hobbies have been negatively effected how callers usually their mental health conditions. [72]

Asylum seekers
There are currently 6,200 people housed in emergency hotel accommodation across 22 boroughs in London, with some individuals and families accommodated in this way for up to 9 months.

Conditions are cramped, residents have little to no finances/independence (accommodation is full board), limited to no access to the internet or means of communicating with a support network, high prevalence of trauma, limited/disrupted access to health services, high levels of anxiety regarding the outcome of their asylum application - and no foreseeable end point. Healthcare professionals and NGOs have raised serious concerns that the mental health needs of these residents are not being met and the risk of mental health deterioration and crisis is high.

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]

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]

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.

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. 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 (79% and 76% of respondents respectively indicated increases).

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 September with the introduction of stricter restrictions that aim to control the spread of the virus.

Life satisfaction has decreased sharply since a new national lockdown was introduced in January, with levels now comparable to those during lockdown in the spring of 2020. This decrease since August appears to have occurred across all age groups, although adults under the age of 60 have lowest levels of life satisfaction. It is also lower in people living alone, people with lower household income, people with a diagnosed mental health condition, and people living in urban areas. It 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 ethnic minority backgrounds.

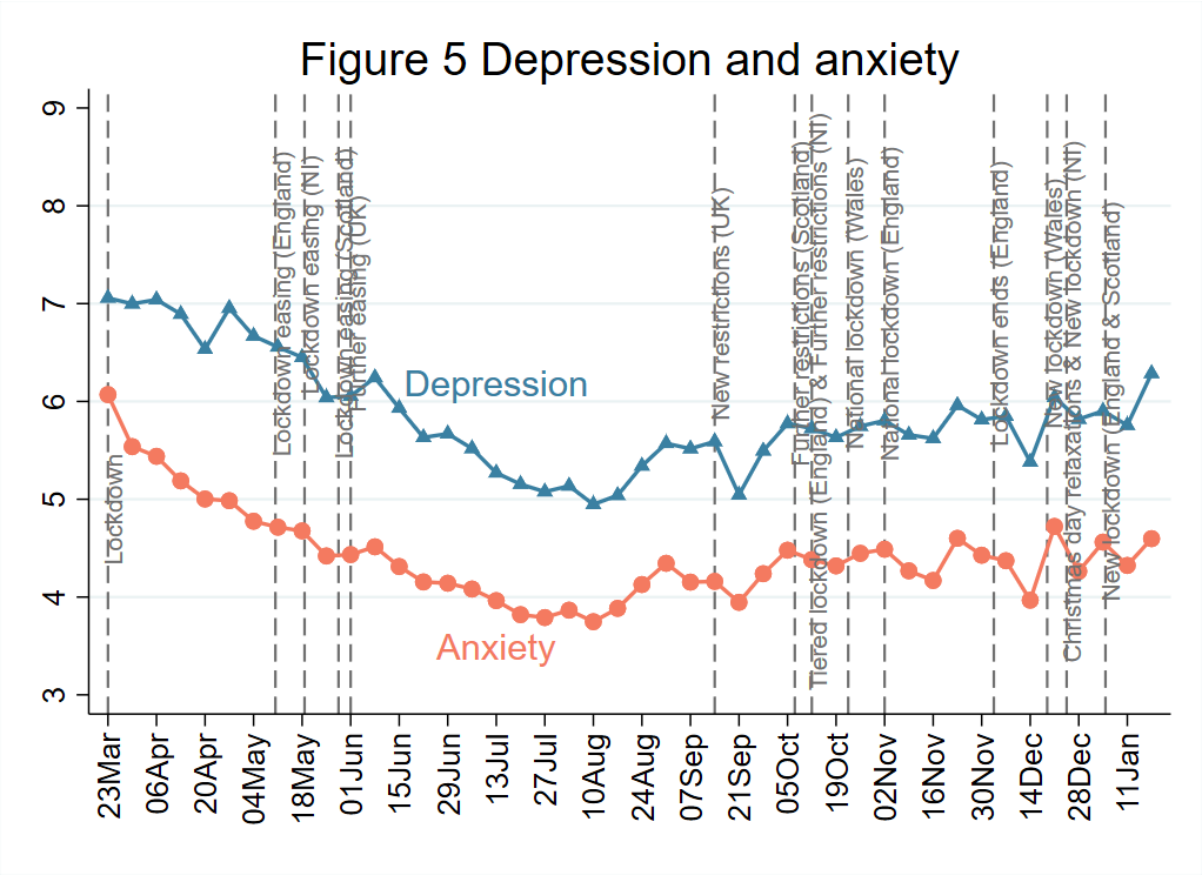
Life satisfaction is still noticeably lower than for the past 12 months, and wellbeing more generally appears to have decreased substantially in the weeks preceding lockdown. [28]

Happiness levels have further decreased in the past month as a full national lockdown has been brought in. They are now at their lowest level since lockdown back in the spring of 2020. The decrease in recent weeks has been particularly evident amongst older adults (although they remain higher in this age group compared to younger adults). Happiness levels are also lower amongst those living alone, those with lower household income, people with a diagnosed mental or physical health condition, people living in urban areas, women, and people from ethnic minority backgrounds. [29]

Self-reported anxiety and depression

Using the latest available data from the COVID-19 Social Study published in January 2021, depression and anxiety levels are at the worst they have been since June 2020, with clear worsening since the summer.
Depression and anxiety remain highest in young adults, women, people living alone, people with lower household income, people with a long-term physical health condition, people with lower educational qualifications, people from ethnic minority backgrounds, people living with children, and people living in urban areas. People with a diagnosed mental illness have still been reporting higher levels of symptoms, but there appears to have been a particular increase in depression and anxiety symptoms amongst this group in recent weeks [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]



Fancourt et al. (2020)

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, attempted suicides, or suicidal callouts a day compared to an average of 22 a day the year before. [36] 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 Database [37] 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. [38] 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. [73]

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 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 pandemic, [27] initial research shows steep declines in the number of people attending their GP or presenting in hospital having self-harmed, raising significant concerns about how young people who self-harm are coping at this time and acuity of need within communities. [81] Further research and insight is 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.

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 1 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 846,900 people within the community population in England who had COVID-19 (reported 5 February 2021) this could suggest that over 42,345 nationally will experience persistent symptoms for weeks and months, implying a significant number of severe cases for Londoners. [82]

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.

The Study also presented findings [61] showing that 3 in 10 UK deaths from COVID-19 happened in people with diabetes. It highlighted that people from some BAME backgrounds are more likely to have type 2 diabetes and are also more at risk from COVID-19. It also emphasised that the latest analysis of symptom data shows no significant differences in COVID-19 symptom type, severity, or duration of the disease caused by the new B.1.1.7 coronavirus variant.

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]

Bereavement

A bereavement from COVID-19 is likely to be a very sudden and challenging kind of bereavement for most people. Provisional data from the ONS shows there have been 14,539 deaths occurring in London between 16 March and 22 January 2021 that involved COVID-19; this represented 26% of all deaths occurring over this period (55,610 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]

Vaccination

Due to the unprecedented scale and speed of the roll out of the COVID-19 vaccination programme, the impact on population mental health and wellbeing, such as health anxiety or stress is not surprising. Whilst it is necessary to address these issues which may present as a barrier to vaccine uptake, it is important not to medicalise human behaviours and Londoners' responses and comprehension of complex advice and information whilst dealing to the ongoing impact of COVID-19 and restrictions as part of our daily lives.

The evidence base and insights available on perception of and hesitancy around vaccination is rapidly expanding. Findings from the UK Household Longitudinal Study published in January 2020 has shown overall intention to be vaccinated was high (82% likely/very likely). Black and Pakistani/Bangladeshi ethnic groups had greater vaccine hesitancy. [74] Within previous national vaccination programmes in the UK, reported vaccine uptake has been lower in areas with a higher proportion of

minority ethnic group populations. There is a significant risk that vaccine uptake for COVID-19 will also be lower among minority ethnic groups.

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, misinformation 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. In particularly, it is important to address the issue of trust for Black communities in London, who may have low trust in healthcare organisations and research findings due to historical issues of unethical healthcare research.

Individuals with schizophrenia or bipolar disorder, or any mental illness that causes severe functional impairment are classed as a high priority group, will be offered the vaccine as part of priority group 6. Ahead of the NHS being ready to offer vaccination to this group it is important to consider individual and system level barriers to Londoners with severe mental illness and ensure this vulnerable group are protected and inequalities are not further perpetuated by the pandemic.

Mental health professionals are uniquely skilled to deliver education about the vaccine, being able to adapt for those with communication difficulties and balance factors influencing decision-making. Individualised and clear messaging is vital for this group while enhancing capacity to consent.

Systemic barriers must also be considered such as access, acceptability, awareness of the vaccine. Potential solutions include running vaccine clinics in parallel to mental health services, providing transport to vaccine appointments, embedding vaccination clinics within mental health services and the upskilling of mental health professionals to administer the vaccine and will support Londoners with severe mental illness to receive the vaccine.

Digital Exclusion

The COVID-19 pandemic has placed greater importance on digital connections due to the rapid transition to online services, however connecting and accessing services online is not an option for all Londoners. Digital exclusion can have many causes including an absence of devices, connectivity limitations and inability to afford data, a lack of digital skills and confidence and a lack of close at hand support.

A 2020 Office of National Statistics study showed that 93% of adults in Great Britain used the internet at least weekly, with 89% of adults using the internet daily or almost daily. [75] However, in the same study, 9% of respondents stated they had not accessed the internet in the past month and in a separate study, 16% of respondents said they were unable to use the internet without assistance.[76]

Londoners who are more likely to be digital excluded include older Londoners, asylum seekers, disabled people, low-income young Londoners and low-income families. The public health crisis and rapid digital transformation risks exacerbating existing healthcare inequalities further, as those who lack the skills, means or confidence to use digital services are more likely to become digitally isolated. This gives rise to inequalities in access to opportunities, services, knowledge and goods which can have a detrimental impact on mental health.

As the ONS points out, digital exclusion means that people are missing out on a wide range of advantages. Services are often ‘digital by default’ and much interaction with public bodies and banks is now online – even more so with the coronavirus restrictions. Regardless of age, disabled people make up a large proportion of internet non-users - 56% in 2018, much higher than the 22% estimated disabled people in the population.

Financial impact

Overview

It is not possible to forecast the precise economic impact of restrictions with confidence, however, 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. In October 2020, the IHS Markit Households Finance Index [49] reflected 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.

Estimates looking across personal and economic wellbeing covering the period from 27 March 2020 to 6 December 2020 as part of the Opinions and Lifestyle Survey have indicated that people's perspectives on their personal household financial situation have improved slightly since summer. [50] Despite the need to borrow more and save less, the proportion of individuals who were unable to afford an unexpected but necessary expense of £850 remained stable but significant throughout the pandemic period, with a weekly average of 31% from 9 April to 20 December 2020.

However, some groups found it easier to afford an unexpected expense than others. From April to October 2020, individuals aged under 30 years were less likely to report being able to afford an unexpected expense (62.9%) than individuals aged 30 to 59 years (72.5%) or those aged 60 years and over (80.7%). Similarly, parents were less able to afford an unexpected expense (62.8%) than non-parents (79.7%).

Financial resilience

UK household financial wellbeing declined faster at the end of 2020 than at any time during the five years prior to the COVID-19 pandemic. This has been felt more by young people and the lowest paid; people aged under 30 years and those with household incomes under £10,000 were around 35% and 60%, respectively, more likely to be furloughed than the general population. Between 11 and 15 November 2020, when restrictions were tightened in some areas of the country, 17% of people with a household income less than £10,000 reported that they had been furloughed. In comparison, only 2.7% of people with a household income of more than £40,000 reported this. [51]

Parents were particularly affected, a greater proportion of employed parents with children in the home also reported reduced income throughout 2020. At the start of the pandemic, parents in work were more than twice as likely to report reduced income than non-parents in work (31.7% and 15.1% respectively). This decreased over the course of the pandemic, with only 17.1% of parents reporting reduced income in the five days to 20 December 2020, compared with 12% of non-parents reporting this over the same period. 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]

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. Research from the Samaritans has shown concerns about benefits and finances were higher among people with pre-existing mental health conditions than other callers. [77]

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 30th November has shown

that over 644,400 people are currently furloughed in London, with provisional estimates for December indicating a decrease to 641,200. London has consistently had the highest proportion of employments furloughed on a full-time basis.[53]

Recent data from the ONS Labour Force Survey has indicated a large increase in the unemployment rate while the employment rate has continued to fall. [56] The number of redundancies reached a record high in September to November 2020, although the weekly data show it has dropped from the September peak. Although decreasing over the year, total hours worked increased from the low levels in the previous quarter, even with the September to November period covering a time when a number of coronavirus lockdown measures were reintroduced. The vacancies recovery has slowed in October to December 2020 and these are still below the levels seen before the impact of the coronavirus 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]

Loans and borrowing money

The latest available data from January 2021 has highlighted that by December 2020, nearly 9 million people had to borrow more money than usual, with the proportion borrowing £1,000 or more increasing since June 2020. [60] As the pandemic progressed, increasing proportions of people reported that they would not be able to save for the year ahead. At the end of March 2020, 31.6% of people said they would be unable to save, increasing to 38.4% in mid-December 2020. Groups that found it harder to save included those on incomes below £20,000, self-employed individuals and people living in rented accommodation.

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]

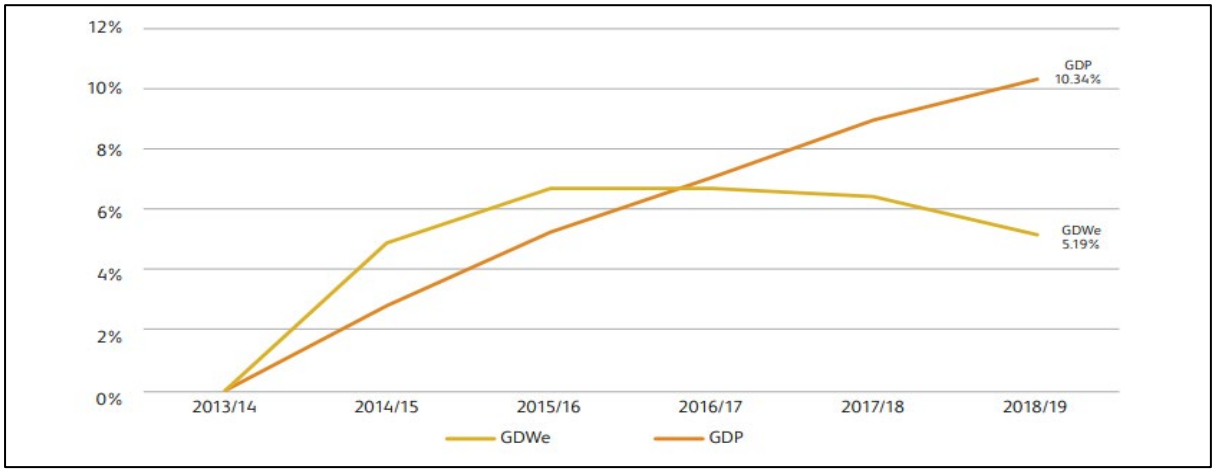
Wellbeing economics

Whilst recent economic forecasts have differed somewhat, they generally point towards a large decline in Gross Domestic Product in 2020. The Bank of England in early November forecast UK GDP growth of -11.00% in 2020 and +7.25% in 2021, with the OBR presenting forecasts of -12.40% in 2020 and +3.70% in 2021 as a base case. The introduction of the most recent lockdown is expected to contribute to a fall in GDP in Q1 of 2021. [63] The reaction of consumers and businesses to the new lockdowns, but also to the rollout of vaccines offering hope that the end of the pandemic is in sight, are also important factors in determining the economy's outlook; even when the economic shock of the pandemic does eventually dissipate, the crisis may result in lasting damage to, and/or structural shifts in, the economy.

The Health Foundation has reported that people living in the UK in 2020 can expect to spend more of their lives in poor health than they could have expected to in 2010. Furthermore, life expectancy improvements, which had been steadily climbing, have slowed for the population as a whole and declined for the poorest 10% of women. Health inequalities linked to income level have increased over the same period. [80]

These observations are corroborated by Carnegie UK's Gross Domestic Wellbeing tool [64] which 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.

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



Carnegie UK (2020)

Future trends and forecasting

National lockdown

England entered into a national lockdown on 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.

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, 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.

Furthermore, just 25% of people are finding this current lockdown alike to the first lockdown in terms of changes to their lives, with 15% finding it very or completely different. This suggests that this lockdown is having a different impact on people's lives or behaviours than the first lockdown. As part of the COVID-19 Social Study, respondents were asked about how they had been spending their time during the

January 2021 lockdown. [27] Volunteering has decreased, with 36% spending less time volunteering while 40% are reporting exercising less than during first lockdown. Activities that have particularly increased include working (34% working more vs just 15% working less), and watching television, streaming films and gaming (19% doing these activities more and just 13% doing them less). These factors combined could likely have an impact on population mental health.

Impact on London businesses and trade

COVID-19 is having a serious impact on all London business sectors and industries. All sectors have been rapidly adjusting to the changing needs of their people, their customers and suppliers, while navigating the financial and operational challenges of the pandemic. Following six consecutive monthly increases, real gross domestic product (GDP) fell by 2.6% in November 2020.

There are acute concerns for the recovery of the hospitality, tourism and arts sectors within London as restriction measures and the economic effects of the pandemic have adversely affected certain types of business.

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.

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. [69]

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)

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:

- 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.

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.

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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