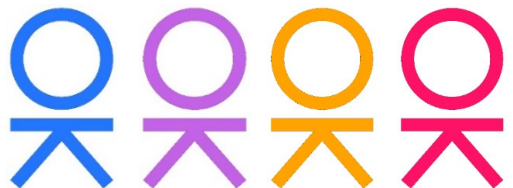


The impact of COVID-19 on Londoners' mental health and wellbeing:

What are the risks to Londoners' mental health and wellbeing in the short and medium term? What can we do to offset the effects?

Executive Summary

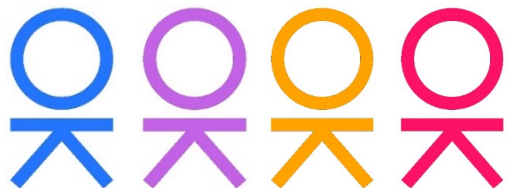
V13 (19 March 2021)



Thrive LDN
towards happier, healthier lives

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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. There are also some data and information sources that we know will become available in the coming weeks. 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 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.



Overview

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, 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 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 communities**, who experienced the highest proportion of people in their communities dying as a result of COVID-19.
- **Deaf and disabled Londoners**, who report feeling failed and ignored by the government after being re-classified as 'vulnerable', therefore lessening their legislative support.
- **Families with children and single parents**, who have had to cope with huge additional demands on their time to care for and educate their children from home.
- **LGBTQ+ Londoners**, who report experiencing high levels of stress and depressive symptoms, especially amongst those who have experienced homophobic or transphobic harassment.
- **Older Londoners**, who are more likely to be clinically shielding and experiencing long periods of isolation.
- **People with mental health problems pre-crisis**, who are experiencing the largest deterioration in mental health since the initial lockdown.
- **Asylum seekers**, who are living in cramped emergency hotel accommodation with limited access to the internet or means of communicating with a support network.
- **Women**, who experienced a rise in domestic abuse and gender-based violence as well as mothers who are more likely to have lost their job since March 2020.
- **Young Londoners**, who have had to endure the substantial impact of the closure of schools, colleges and universities.



Population mental health

Research has shown that the pandemic has had a detrimental effect on life satisfaction and happiness, self-reported anxiety and depression and suicidal thoughts, however a fundamental part of the public mental health response to tiered restrictions needs to be continuing to normalise what Londoners are experiencing and supporting them to build on the strength and resilience they already have.

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. 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, being unable to provide for their families and making 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, 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 significance of family and support structures as well as the support offered by the wider community and faith groups.

Findings from the London Community Response Survey show a clear relationship between community resilience and coping with uncertainty, and the power of regular contact, collectivising, and social networks.

There is a clear need to examine these assets further and explore how they can be reinforced to protect Londoners' mental health and build strength and resilience in the long-term.

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



Direct impacts of COVID-19

Current evidence suggests there is a direct mental health impact of COVID-19. A proportion of people (5%) will experience persistent symptoms of the virus for weeks and months, and this has serious implications for people's physical and mental health. Those who have contracted COVID-19 are twice as likely as the general population to develop a mood or anxiety disorder for the first time.

The 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 due to an absence of devices, connectivity limitations and other factors. People who are digitally isolated miss out on a wide range of advantages including access to services, knowledge and goods, and this risks exacerbating existing health and other inequalities.

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 have influenced experiences of grief and mourning for deaths of all causes during this period.

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 an increased prevalence of risk factors associated with complicated grief, for example, sudden/unexpected death and low levels of social support.

Due to the unprecedented scale and

speed of the roll out of the COVID-19 vaccination it is likely there will be an impact on population mental health and wellbeing, such as health anxiety or stress.

Insights gathered from community research activities with Toynbee Hall 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.

Findings from the UK Household Longitudinal Study published in January 2020 has shown overall intention to be vaccinated was high (82% likely/very likely) but reported that Black, Pakistani and Bangladeshi ethnic groups had greater vaccine hesitancy.

“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.”



Financial impact

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.

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.

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 has shown 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 incomes reporting reduced income in the household. Furthermore, they are working fewer hours and are less able to save for the future, while fewer people with higher incomes have been impacted 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 for Londoners in this group.

Despite continued and unprecedented government support, financial wellbeing has deteriorated drastically. The latest IHS Markit Households Finance Index 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 again, with savings declining at the quickest rate for seven years. Household income from employment remains low, however the year ahead outlook for the 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 that cover the period from 27th March to 6th December 2020 as part of the Opinions and Lifestyle Survey have indicated a slight improvement in people's perspectives of their personal household financial situation since the summer. Throughout the pandemic, the percentage of people reporting that they were unable to pay for an unexpected but necessary expense of £850 has remained stable but significant, with a weekly average of 31% from 9th April to 20th December 2020.



Future trends and forecasting

National lockdown and roadmap towards lifting restrictions

England entered into a third national lockdown on the 4th 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's departure from the EU on 31 December 2020 is already having an impact on the mental health and wellbeing of Londoners, particularly for the 1 million EU Londoners directly affected. One in three adults has reported worrying about the impact of Brexit, a rate only slightly lower than health anxiety surrounding COVID-19. The stress of Brexit is particularly marked in young people, with nearly half reporting it as a source of stress.

Lastly, the London response during the

first national lockdown was largely rooted in voluntary community action, with swift and heroic efforts in March and April 2020 resulting in innovation and transformation at an unprecedented scale and speed. Anecdotal insights suggest that the wellbeing and resilience of voluntary organisations and community groups has been worn down over time, evidenced by a 36% decrease in time spent volunteering nationally. 75% of people are finding the current lockdown different to the first, with a 40% decrease in exercise, a 34% increase in working and a marked increase in people relying on watching television, streaming films and gaming as their main recreational activity. This changing public mood signifies a decline in healthy coping mechanisms, in turn threatening population mental health, whilst a reduction in voluntary action in comparison to the first lockdown will likely impact the most vulnerable Londoners more than any other group.



Future trends and forecasting

Furthermore, while the U.K. government's announcement on 22nd February of a 'roadmap' towards eventually lifting coronavirus restrictions over the coming weeks and months has overall prompted great optimism amongst the population, it is equally a source of anxiety for many, with rising infection rates, hospitals becoming overwhelmed and high unemployment rates being three key concerns that impact upon population mental health as we move towards a return to pre-pandemic normality.

Impact on London businesses / 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 financial and operational challenges. Following six consecutive monthly increases, real 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 has 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 threefold. The FCA 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 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%, this means that 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 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 consequence of the virus.



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.

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

demographics of communities and to determine the services that may be required.

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)



Future trends and forecasting

Health & social care workers

Of the estimated half a million health and social care workers in London, 75% of whom have reported worsening mental health throughout the pandemic:

- 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, for

example 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

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.

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 and to develop targeted, culturally-competent communications projects to support disproportionately at risk groups.

Young Londoners and parents

We will continue to deliver and scale up our Young Londoners' mental health projects, namely Youth MHFA training, and we have started a new Parental Mental Health programme.

Right to Thrive

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

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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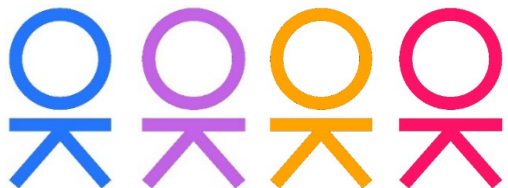
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