



# Scottish COVID-19 (SCOVID) Mental Health Tracker Study: Wave 1 Report



**HEALTH AND SOCIAL CARE**



# **Scottish COVID-19 (SCOVID) Mental Health Tracker Study: Wave 1 Report**

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# Executive Summary

The objective of this report is to present findings of Wave 1 of the Scottish COVID-19 (SCoVID) Mental Health Tracker Study. These findings are based on questionnaire data collected between 28<sup>th</sup> May and 21<sup>st</sup> June 2020 (a period which coincided with the Phase 1 easing of lockdown measures in Scotland) and draws on a nationally representative sample of 2514 adults. The primary focus of this report is the mental health and wellbeing outcomes as reported by these respondents, as well as other lifestyle factors which describe the circumstances and experiences of these respondents at the time of the questionnaire.

Wave 1 of the SCoVID Mental Health Tracker Study shows that 35.7% of the sample reported high levels of psychological distress and a possible psychiatric disorder (based on responses to the GHQ-12: General Health Questionnaire). Just over a quarter of the sample (25.3%) reported levels of depressive symptoms indicating a possible need for treatment, and nearly a fifth (19.1%) reported anxiety symptoms of a similar level. Furthermore, 10.2% of respondents reported suicidal thoughts within the week prior to the Wave 1 survey, with 3.6% thinking about suicide more than half of the days during that week.

Although there is no directly comparable pre-COVID-19 data available, the findings indicate that participants are reporting higher rates of psychological distress than might have been expected in non-COVID-19 pandemic circumstances. For example, in the Wave 1 SCoVID Mental Health Tracker Study, 35.7% of the sample were found to have high levels of psychological distress based on responses to the GHQ 12: General Health Questionnaire. This compares with only 17% of the 2019 Scottish Health Survey sample (McLean et al., 2019) and 29.2% of participants in the UK-based Understanding Society COVID-19 Study conducted in late April 2020 (Li and Wang, 2020).

It is important to note that this report suggests that particular subgroups within the sample are reporting higher levels of mental health problems and financial concerns during Wave 1 than the sample average. These groups are: young adults (18-29 years), women, individuals with pre-existing mental health conditions, and individuals in the lower socio-economic group (SEG)<sup>1</sup>. Respondents who identified as BAME (Black, Asian and Minority Ethnic) also frequently reported worse mental health indicators, however it must be noted that the sample size for respondents who identified as BAME is quite small, and therefore, the findings should be treated with caution.

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<sup>1</sup> SEG measure categories AB-C1-C2-DE. Higher SEG (i.e., top-half): AB = Higher & intermediate managerial, administrative, professional occupations, C1 = Supervisory, clerical & junior managerial, administrative, professional occupations. Lower SEG (i.e., bottom-half): C2 = Skilled manual occupations, DE = Semi-skilled & unskilled manual occupations, unemployed and lowest grade occupations. (ONS, 2001).

## Key Findings

### Depressive symptoms

- A quarter (25.3%) of the sample met the cut-off for moderate to severe depressive symptoms, which indicates depressive symptoms that may need treatment.
- Women (27.6%) were more likely to meet the cut-off for depressive symptoms indicating moderate to severe depression than men (25.3%).
- Young adults (18-29 years) were more likely to have moderate to severe levels of depressive symptoms (44.7%) than those aged 30-59 years (25.9%) and 60+ years (25.3%).
- Individuals with a pre-existing mental health condition (64.5%) were more likely to report moderate to severe levels of depressive symptoms compared to those without a pre-existing mental health condition (19.6%).<sup>2</sup>
- Higher levels of depressive symptoms were reported by those from the lower SEG (31.2%) compared to those from higher SEG (21.9%).
- Individuals of BAME background (37.4%) reported higher levels of depressive symptoms compared to White (24.9%) respondents.
- Respondents who were in the high-risk for COVID-19 group reported lower levels of depressive symptoms than those not at high risk, and this finding is repeated across the mental health outcomes. A possible explanation is that this age group is primarily made up of those aged 60+ (73.7% aged 60+ compared to 17.8% in the non-high risk group) and this older age group's mental health appears to be more protected.
- Findings in this category were based on responses to questions on the mental health measure called the Patient Health Questionnaire (PHQ-9; Kroenke et al., 2001), which assesses frequency of depressive symptoms over the previous two weeks.

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<sup>2</sup> Please note that of Respondents with a pre-existing health condition, 80.5 % reported Depression and 70.4% reported anxiety as existing prior to COVID-19.

## **Anxiety symptoms**

- Nearly one fifth (19.1%) of respondents met the cut-off for moderate to severe anxiety symptoms, which indicates possible generalised anxiety disorder and a possible need for treatment.
- Women (22.1%) reported higher rates of moderate to severe anxiety symptoms than men (15.8%).
- 18-29 year olds (33.5%) were more likely to report at least moderate to severe anxiety symptoms than 30-59 year olds (19.6%), and 60+ year olds (7.2%).
- Individuals with a pre-existing mental health condition (55.5%) reported higher rates of moderate to severe anxiety symptoms than those without this background (13.8%).
- Those from the lower SEG (23.6%) were more likely to report at least moderate to severe anxiety symptoms than those from the higher SEG (16.4%).
- Anxiety symptoms were assessed using the mental health measure called the Generalised Anxiety Disorder (GAD-7; Spitzer et al., 2006) scale, which asks about frequency of anxiety symptoms in the last 2 weeks.

## **Suicidal thoughts**

- Overall, 10.2% of respondents reported suicidal thoughts within the week prior to the Wave 1 questionnaire, with 3.6% thinking about suicide more than half of the days in that week.
- Young adults (18-29 years) reported the highest levels of suicidal thoughts within that week (21.1%), higher than those aged 30-59 years (10.2%) and 60+ years (2.3%).
- There were no differences between men and women in levels of suicidal thoughts reported.
- Those with a pre-existing mental health conditions were 4.5 times more likely to report suicidal thoughts in the week prior to the questionnaire than those without pre-existing mental health conditions (32.6% vs. 7.1%).
- Individuals from the lower SEG were more likely to report suicidal thoughts in the week prior to responding to the Wave 1 questionnaire compared to those in the higher SEG (12.9% vs. 8.7%).
- People living in urban areas (11.0%) reported higher suicidal thoughts in the week prior to responding to the Wave 1 questionnaire compared to those living in rural areas (7.6%).
- Those of BAME background (17.9%) reported higher suicidal thoughts in the week prior to responding to the Wave 1 questionnaire compared to White study respondents (10.0%).

## General Health Questionnaire (GHQ-12)

- Over one third (35.7%) of the sample scored above the GHQ-12 cut-off score indicating high levels of psychological distress and a possible psychiatric disorder.
- A greater proportion of women reported these high GHQ-12 scores than did men (40.8% vs. 30.3%).
- Over half of 18-29 year olds (51.5%) reported high GHQ-12 scores compared to 38.5% of 30-59 year olds and 16.9% of 60+ year olds.
- Over half of respondents who had pre-existing mental health conditions (67.4%) reported high GHQ-12 scores compared to a third (31.1%) of respondents who did not have any pre-existing mental health condition.
- Respondents from lower SEG were more likely to report a high GHQ-12 score (39.6%) than those from higher SEG (33.4%).

## Mental wellbeing

- Mental wellbeing was measured using the Short Warwick-Edinburgh Mental Well-being Scale: respondents are awarded a wellbeing score by adding together 7 questions (range: very low wellbeing =7, very high wellbeing =35). Scores were adjusted using Rasch transformation. Average scores (means) are used to investigate differences between subgroups.
- The average score for mental wellbeing in the current sample was 21.28, which is lower than the Health Survey for England (2012) which found an average score of 23.61. This suggests that mental wellbeing is lower than would have been expected<sup>3</sup>.
- No differences on mental wellbeing were found between men (average score 21.55) and women (average score 21.07).
- Respondents in the older age group (60+ years old) scored higher on mental wellbeing (average score 23.82) than those aged 30-59 years (average score 20.77), and compared to young adults (18-29 years) who scored the lowest (average score 19.13).
- Respondents in the higher SEG scored significantly higher (average score 21.84) on the mental wellbeing scale than those in the lower SEG (average score 20.40).
- White respondents reported higher mental wellbeing scores (average score 21.36) compared to those in the BAME group (M=19.63).
- Respondents who indicated having no pre-existing mental health conditions scored higher mental wellbeing (average score 22.00) than those with a pre-existing mental health condition (average score 16.50).

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<sup>3</sup> The Health Survey for England was chosen as it offers the best comparability because it also uses the Short Warwick-Edinburgh Mental Well-being Scale, as opposed to the Long Warwick-Edinburgh Mental Well-being Scale, which is more commonly used in other studies.

## **Loneliness and social networks**

- Loneliness was measured using 3 items, with a score of 3 indicating no loneliness and a score of 9 equating to very high loneliness. Respondents were asked to rate perceptions of their loneliness before the COVID-19 pandemic, and their loneliness at the time of the Wave 1 questionnaire. Mean scores were used to compare groups.
- Overall, perceptions of loneliness increased from pre-COVID-19 (average score 4.67) to Wave 1 (5.18).
- The largest increase in loneliness was seen in the 60+ age group, however young adults (18-29 years) reported the highest levels of loneliness pre-COVID-19 and during COVID-19.
- Women reported higher levels of loneliness than men (5.32 vs. 5.02).
- Individuals with a pre-existing mental health condition (6.46) reported higher loneliness and lower levels of social support than those with no pre-existing mental health condition (4.98).
- Those from a lower SEG (5.39) reported higher loneliness and lower levels of social support than those from the higher SEG (5.04).
- Around 43% of individuals reported feeling moderately or extremely connected to their family in the past week, and 36.4% felt a little bit connected to their friends.
- Over half (56%) of individuals felt not at all connected to their colleagues and over 40% not at all connected to their community in the week prior to the Wave 1 questionnaire.
- Family and friends were the most common source of emotional support both prior to (48.7%) and during (46.6%) the COVID-19 pandemic.

## **Distress and stress**

- Respondents were asked 'How distressed have you been in the past week?' on a scale of 0, indicating No distress and 10, indicating Extreme distress.
- Of all the subgroups the highest levels of distress were seen in those with a pre-existing mental health condition; they had more than twice the level of distress than those with no previous mental health condition.
- The second highest was reported in those from a BAME background.
- Across the whole sample key sources of stress were feeling cut-off from friends and family (45.8%) and poor sleep (35.2%).

## **Financial management**

- Respondents were asked to reflect on how well they were managing financially before COVID-19.
- 72% of respondents indicated they were 'doing alright' or 'living comfortably' prior to COVID-19, however reports of these financial circumstance ratings reduced to 65.5% during Wave 1.
- Overall, 19.2% of people felt their financial situation had worsened during the COVID-19 pandemic, and 76.2% reported that it had stayed the same.
- Young adults (18-29 years) were more likely to perceive that their financial situation had worsened (28.7%) compared to those aged 30-59 years (20.8%) and 60+ years (9.1%).

# 1. Background

## 1.1 Study overview and aims

In December 2019, a novel coronavirus was identified in Wuhan, China. Since then the associated disease COVID-19 has affected millions of people worldwide.

In addition to the physical health impact, the effects of COVID-19 on mental health and wellbeing are likely to be profound, long-lasting, and will extend beyond those who have been directly affected by the virus (Holmes, O'Connor et al., 2020). As a result, it is important to monitor population-based health and mental health outcomes to detect groups who may be most affected by COVID-19 and to what extent such effects will generalise across all aspects of mental health. We know from the SARS outbreak in 2003 that anxiety increased, and suicide rates also increased in some groups (e.g. Yip et al., 2010; Gunnell et al., 2020; Tsang et al., 2004). We need to act now, therefore, to understand and mitigate the mental health risk in Scotland following the COVID-19 pandemic.

The Scottish COVID-19 (SCOVID) Mental Health Tracker Study is part of a UK-wide study ('Tracking the impact of the COVID-19 pandemic on mental health and wellbeing (COVID-MH) study') which started on 31<sup>st</sup> March 2020 just after lockdown measures were imposed. In May 2020 the Scottish Government commissioned an additional Scottish sample to allow close to real-time data on the mental health and wellbeing of the Scottish population over a 12-month period. The Scottish survey measures are aligned with the COVID-MH study to allow direct comparisons with other regions of the UK. The findings from the SCOVID Mental Health Tracker Study will help us to understand the impacts of the pandemic on Scottish population mental health and wellbeing, particularly the differential impacts on different population groups.

### **Key research aims for Wave 1 of the SCOVID Mental Health Tracker Study**

1. To describe people's mental health and wellbeing in Scotland in the face of the COVID-19 pandemic between 28th May and 21st June 2020.
2. To gain an overview of the COVID-19 contextual factors, specifically people's experiences of COVID-19 and the impact this has had upon their lives.

## 1.2 Methodology

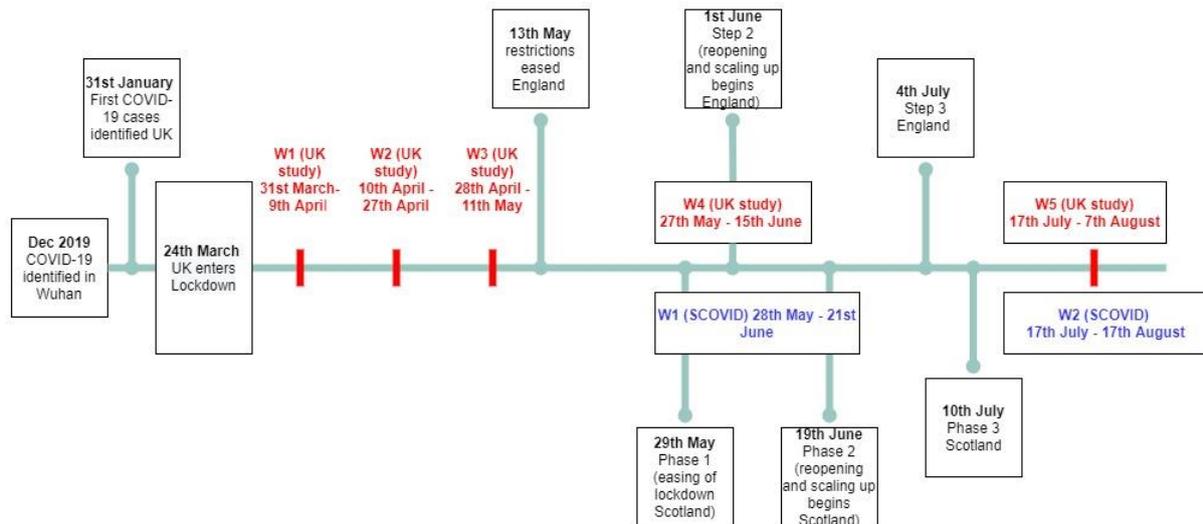
Wave 1 recruitment for the SCOVID Mental Health Tracker Study occurred between 28<sup>th</sup> May and 21<sup>st</sup> June 2020 which coincided with the Phase 1 easing of lockdown measures in Scotland<sup>4</sup>. Recruitment was conducted by Taylor McKenzie, a social

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<sup>4</sup> For further information on how Scotland transitioned out of lockdown see: <https://www.gov.scot/collections/coronavirus-covid-19-scotlands-route-map/#phase1-routemapthroughandoutofthecrisis>

research company. Members of an existing online UK panel (Panelbase.net) were invited by email to take part in an online survey on health and wellbeing. The Wave 1 respondents will be followed up over subsequent waves which will be timed around 6, 12, 24 weeks and 12 months following Wave 1, or in line with important COVID-19 related events. Figure 1.1 provides an overview of key events/policy decisions for Scotland in relation to the COVID-19 tracker studies.

Figure 1.1. Timeline of the COVID-19 Mental Health Tracker Studies in UK and Scotland



Consistent with the UK sample, a quota sampling methodology was employed to recruit a close to nationally representative sample of adults (n= 2,604) from across Scotland. Quotas were based on age, gender, housing tenure, and highest educational qualification. To give insight into the mental health and wellbeing of those living in urban/rural areas and within different NHS Health Boards, further quotas based on location within Scotland were also recruited. The majority of the quotas were met (see annex Tables B-D) however, individuals without educational qualifications are underrepresented in the sample.

Respondents were asked to complete demographic measures such as age, gender, sexual orientation, ethnicity, occupation, and living situation as well as questions related to COVID-19. Additionally, respondents completed mental health and wellbeing questions including measures of anxiety, depression, distress, loneliness, defeat, entrapment, and self-harm as well as measures of mental wellbeing and social support. A range of questions exploring contextual factors such as sources of emotional and social support and lifestyle factors were included along with perceptions, experiences, and the impact of COVID-19 related restrictions.

This report presents weighted data, reflective of the Scottish population. Consequently, although 2604 people took part, the results are adjusted such that the sample reports on 2514 respondents.

Within the report, inferential statistical tests were used to investigate differences between key subgroups. The subgroups were: age, sex, ethnicity, socio-economic grouping, a pre-existing mental health condition, additional responsibilities (dependents, carers), and occupational circumstances (key worker, change in working status). The report focusses on the statistically significant differences<sup>5</sup> between key subgroups rather than discussing findings for each of these subgroups according to each study measure.

The main body of the report focuses on the results of the core mental health outcomes of depressive symptoms, anxiety symptoms, suicidal thoughts, general health, and mental wellbeing for the full range of subgroups outlined above. Contextual measures, such as lifestyle, employment, are reported on more briefly with fewer subgroup analyses. The annex contains more detailed information on contextual factors.

Additionally, it is important to note that there are no pre-COVID-19 findings for the mental health measures for this study's sample. Therefore, we do not know if the rates reported across the mental health indices have actually increased or decreased for respondents from before the COVID-19 lockdown. Wherever possible comparisons are made to other comparable research, such as the Scottish Health Survey (McLean et al., 2019), but it should be noted as these are different samples they are not directly comparable. Further, this report presents findings from Wave 1 of the SCOVID Mental Health Tracker Study, and therefore we cannot yet illustrate trends in respondents' mental health over time. These changes will be covered in future reports with data from further waves.

Ethical approval was obtained on 21<sup>st</sup> May 2020 from the University of Glasgow's Medical, Veterinary and Life Sciences ethics committee to add a Scottish only sample to the existing UK study being led by the University of Glasgow (UK COVID-MH Ethics approval: 200190146).

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<sup>5</sup> The statistical tests used include t-tests and chi-square tests, with p-value equal to or smaller than 0.05 used as a cut-off for statistical significance.

## 2. Sample and Respondent Characteristics

A total of 2604 respondents took part in the Wave 1 SCOVID Mental Health Tracker Study, however as previously stated, the results are weighted to reflect the Scottish population and thus reports on 2514 respondents. See Table 2.1 for weighted sample characteristics. The weighted sample was 51.8% women (sex assigned at birth) and 23.4% were aged 18–29 years, with 46.8% and 29.8% aged 30–59 and 60+ years. The majority of the sample was White (95.1%) and over half of the respondents (57.7%) were married or living with a partner and the majority were heterosexual (89.8%). Around half the sample had a HNC/D or degree level education (48.9%), and over half the sample was in the higher (A, B, C1) socioeconomic groups (SEG) (61.0%). Respondents were recruited from across Scotland providing representation from all of the NHS health boards, and from rural and urban communities (Table E in the annex). Over three quarters of the sample (78.6%) lived in urban areas, which is slightly lower than the 83.0% reported by the Office of National Statistics (ONS, 2018).

Table 2.1. Demographic characteristics of sample, weighted\* (n= 2514)

<b>Characteristic</b>	18-29	30-59	60+	Total
	%	%	%	%
<b>Sex<sup>a</sup></b>				
Men	51.6	46.7	48.2	48.2
Women	48.4	53.3	51.8	51.8
<b>Ethnicity</b>				
White	89.3	95.1	99.6	95.1
Asian	5.1	2.9	0.1	2.6
Black	3.2	0.7	0.0	1.1
Mixed	1.9	0.8	0.1	0.8
Other/prefer not to say	0.5	0.6	0.1	0.4
<b>Relationship status</b>				
Married/living with partner	35.2	64.6	64.9	57.7
Single	60.8	25.7	11.7	29.7
Separated/ divorced/widowed	0.3	9.4	23.3	11.5
Other/prefer not to say	3.7	0.3	0.1	1.1
<b>Sexuality</b>				
Heterosexual	80.1	90.1	96.6	89.8
Gay or bisexual	15.8	8.6	2.7	8.5
Other/prefer not to say	4.1	1.3	0.7	1.7

<b>Highest Qualification</b>				
No Qualifications	8.5	8.3	32.9	15.7
Secondary school education (standard grades/ National 5's/ Highers/ A levels)	38.7	38.3	27.1	35.0
HNC/D or Degree/prof or other	52.5	53.1	39.3	48.9
Other	0.3	0.3	0.7	0.4
<b>Employment status</b>				
Employed	50.8	74.2	20.1	52.6
Unemployed	14.3	12.7	3.9	10.5
Other (retired, education, homemaker)	34.9	13.1	76.0	36.9
Key worker role	24.3	27.8	5.6	20.4
Carer role	15.6	19.3	15.0	17.1
<b>Socioeconomic grouping <sup>c</sup></b>				
High	53.7	64.5	61.1	61.0
Low	46.3	35.5	38.9	39.0
<b>Tenure</b>				
Own (including with mortgage)	35.2	64.7	78.5	61.9
Private rent	31.8	12.1	5.1	14.6
Council rent	18.5	20.6	14.0	18.2
Other	14.5	2.5	2.4	5.3
<b>Property type</b>				
House	60.8	69.1	77.5	69.7
Room in shared house	1.0	0.2	-	0.3
Apartment or flat in block	36.1	29.5	20.1	28.2
Student Halls	1.4	-	-	0.3
Residential home	0.7	0.9	0.5	0.7
Other	-	0.3	1.9	0.7

Note: \*data are weighted to more accurately reflect the Scottish population <sup>a</sup> n=2499, <sup>b</sup> Unpaid caring responsibilities, <sup>c</sup> categories A,B,C1= high socioeconomic; categories C2, D, E= low socioeconomic.

The findings within this report highlight differences in mental health and wellbeing according to different subgroups, which are outlined in Table 2.2. Descriptions of these subgroups are included in section 1 in the annex.

Table 2.2. Breakdown of sample (n=2514) by the different grouping variables used in the main analysis

Grouping variable		%
Gender <sup>a</sup>	Men	48.8
	Women	51.5
Age	18-29 years	23.4
	30-59 years	46.8
	60+ years	29.8
Ethnicity	White	95.1
	BAME <sup>b</sup>	4.9
Socioeconomic group <sup>c</sup>	Lower half	39.0
	Higher half	61.0
Pre-existing mental health condition <sup>d</sup>	No MH	86.9
	Yes MH	13.1
Rural vs. Urban	Rural	21.4
	Urban	78.6
Unpaid carer: any <sup>e</sup>	No	82.4
	Yes	17.0
Unpaid carer: 5+ hours week	No	88.7
	Yes	10.6
Key worker	No	79.6
	Yes	20.4
Change of working status <sup>f</sup>	No	51.4
	Yes	48.6
High risk <sup>g</sup>	No	78.1
	Yes	21.6
Shielding <sup>h</sup>	No	92.8
	Yes	6.6
Live alone	No	77.5
	Yes	22.5
Dependents under 5 years	No	91.2
	Yes	8.8
Dependents under 16 years	No	75.2
	Yes	24.8

<sup>a</sup>Gender= gender assigned at birth, <sup>b</sup>BAME = Black, Asian and Minority Ethnic groups, <sup>c</sup>

Socioeconomic group (SEG) Lower SEG i.e. C2 Skilled manual occupations, DE Semi-skilled & unskilled manual occupations, Unemployed and lowest grade occupations. Higher SEG i.e. AB Higher & intermediate managerial, administrative, professional occupations, C1 Supervisory, clerical & junior managerial, administrative, professional occupations, <sup>d</sup>any pre-existing mental health condition (e.g., depression, anxiety, OCD, PTSD) No MH = no pre-existing mental health condition Yes MH = pre-existing mental health condition, <sup>e</sup>Unpaid caring responsibilities including any regular help or support to family members, friends, neighbours or others because of either long-term physical, mental ill-health, disability, or old age, <sup>f</sup>Working from home, furloughed, reduction in paid employment, <sup>g</sup>Includes aged 70+ and underlying health condition, <sup>h</sup>Received a shielding letter from the government

## 3. Mental Health Outcomes

This section reports on the main mental health outcomes for the study, specifically looking at differences between particular subgroups in the sample (see section 2 for details). The main mental health outcomes focused on included: depressive symptoms, anxiety symptoms, suicidal thoughts, the general health questionnaire (GHQ), and mental wellbeing. The SCOVID Mental Health Tracker Study also included other correlates of mental wellbeing, such as loneliness and social support, and these are reported more briefly.

The findings from the Wave 1 SCOVID Mental Health Tracker Study suggest that a number of key groups report poorer mental health outcomes during the COVID-19 pandemic, including higher depressive and anxiety symptoms. Specifically, subgroups at a higher risk of poorer mental health outcomes include young adults (18-29 years), women (in particular young women), those with pre-existing mental health conditions, and those in the lower SEG. Respondents who identified as BAME (Black, Asian and Minority Ethnic) also frequently reported worse on some mental health indicators, however it must be noted that the sample size for the study respondents who identified as BAME is quite small and so this finding must be considered cautiously.

Respondents were asked to rate their mental health before COVID-19 and currently (during the COVID-19 lockdown). Overall, people felt that their mental health had worsened during the COVID-19 lockdown (see Table H in the annex). The percentage of people reporting their mental health was 'Fair', 'Poor', and 'Very Poor' increased compared to before COVID-19. Correspondingly, the percentage reporting their mental health was 'Very Good' and 'Good' dropped. Approximately 13.6% of the sample shifting from reporting better mental health prior to the COVID-19 pandemic to worse mental health.

### 3.1. Depressive symptoms

Wave 1 of the SCOVID Mental Health Tracker Study shows that approximately a quarter (25.3%) of the overall sample met the cut-off for moderate to severe depressive symptoms. This study's findings on moderate to severe depressive symptoms are based on participants' responses to questions on the mental health measure called the Patient Health Questionnaire (PHQ-9; Kroenke et al., 2001), which assesses frequency of depressive symptoms over the previous two weeks. For the purposes of this report, scores above the cut-off for moderate to severe depression are tracked so as to mirror the most commonly used indicator in mental health research, and which suggests that treatment (psychotherapy or medication) may be recommended. The following groups reported higher rates of moderate to severe depressive symptoms:

- Young adults (age 18-29 years old)
- Young women, in particular (age 18-29 years old)
- BAME groups
- Those with pre-existing mental health conditions

Looking more deeply at the findings shows that there were clear differences in depression scores according to age and sex, illustrated in Table 3.1. For example, in the overall sample, women were more likely to report symptoms that met the cut-off for moderate or severe depressive symptoms (27.6%) than men (22.7%). In addition, young adults (18-29 year olds) reported higher rates of depressive symptoms (44.7%), compared to 25.9% of those in the middle age group (30-59 years) and 9.2% of the oldest age group (60+ years). This means that during Wave 1 of this study, young adults were almost 5 times as likely to report symptoms indicating depression than the oldest age group. Furthermore, young women between 18-29 years old reported higher rates of depressive symptoms at 50.9%, compared to 38.9% of men in the same age group. This indicates that within Scotland, age and sex can have a bearing on a person’s mental health and wellbeing experience during the COVID-19 pandemic, and more young adults and women reported moderate to severe depressive symptoms.

This study also measured how respondents’ experience of depressive symptoms affected other aspects of their lives. For example, 44.3% of individuals who reported any depressive symptoms said these had made it somewhat difficult for them to do work, take care of things at home, or get along with other people, and 12.4% said it made it very or extremely difficult to accomplish these activities.

Table 3.1. Moderate to severe depressive symptoms<sup>6</sup> by age and sex

	<b>18- 29 years % (n=576)</b>	<b>30- 59 years % (n=1174)</b>	<b>60+ years % (n=749)</b>	<b>Total % (n=2499)</b>
<b>All adults</b>	44.7	25.9	9.2	25.3
<b>Men</b>	38.9	22.5	9.7	22.7
<b>Women</b>	50.9	28.9	8.8	27.6

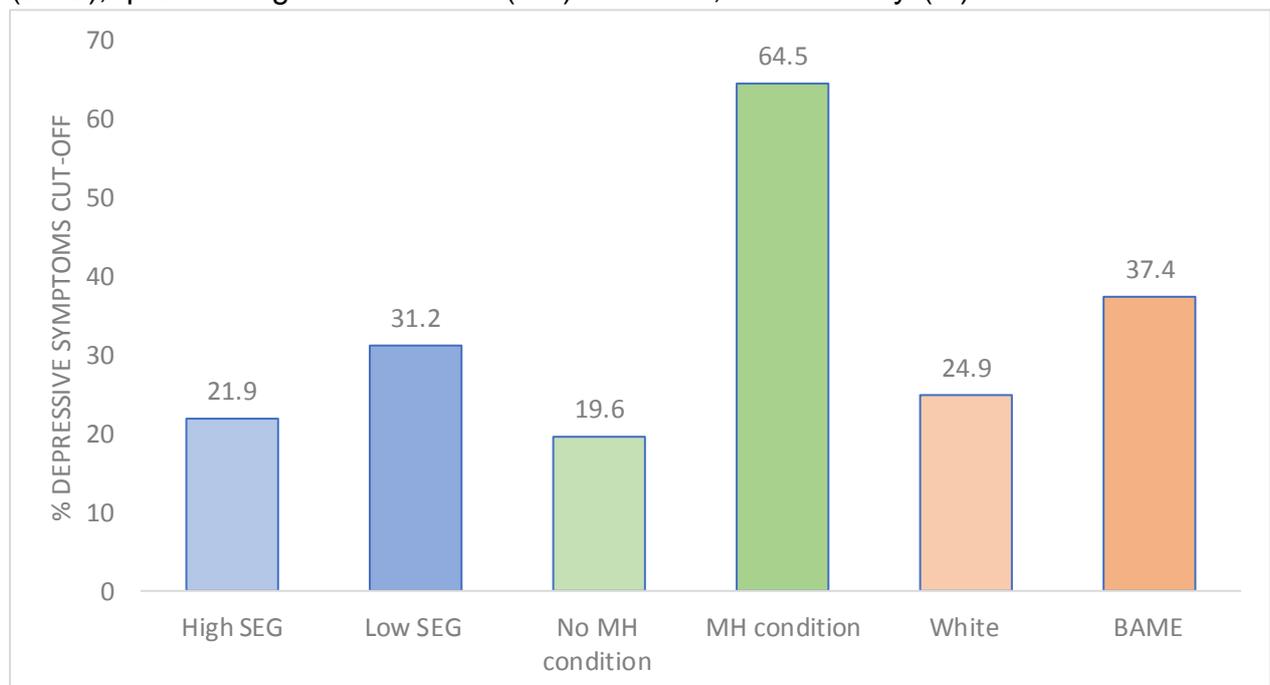
Beyond age and sex, respondents’ backgrounds also had a bearing on the likelihood of reported rates of moderate to severe depression, illustrated in Figure 3.1. Respondents in the lower SEG reported higher rates of depressive symptoms (31.2%) compared to those in the higher SEG (21.9%). In addition, individuals who identified as BAME reported higher rates of depressive symptoms (37.4%) than

<sup>6</sup> Measured using the Patient health questionnaire (PHQ-9) using a cut-off score  $\geq 10$  to indicate moderate to severe depression

those who identified as White (24.9%), although it should be noted that as the BAME group was a small proportion of the sample (4.9%), caution is urged in terms of interpretation.

Differences in occupation, financial, and home life circumstances also appear to correlate with varying rates of depressive symptoms, and indicate that those living with greater financial uncertainty or added responsibilities at home are at a greater risk for depressive symptoms. For example, 32% of respondents fulfilling key worker roles reported higher rates of depressive symptoms, compared to 23.7% of those who were not key workers. Also, respondents who reported a change to their working status (e.g., furloughed, lost job or reduction in pay) experienced higher rates of depressive symptoms (29.5%) than those that had experienced no change in their occupation (21.7%). While there were no differences in rates of moderate to severe depression between those who lived alone and those who lived with others (such as any family, friends or housemates), those with dependents under 5 years old (32.9%) and those that reported any caring responsibilities (34.3%) reported higher rates of depressive symptoms compared to those with no dependents (24.8%) or caring responsibilities (23.9%). The data also suggest that among carers with 5 or more hours of caring responsibility every week, the rate of depressive symptoms was 39.3%, which is 15.4% higher than those without any caring responsibilities.

Figure 3.1. Moderate to severe depressive symptoms, by socio-economic group (SEG), pre-existing mental health (MH) condition, and ethnicity (%)



Finally, this study also offers insight into how an individual's health prior to the pandemic may be associated with their experience of depressive symptoms. For example, over two thirds of respondents with a pre-existing mental health condition reported depressive symptoms (64.5%), compared to just under one fifth of those without a pre-existing condition (19.6%). Respondents in the shielding category reported almost double the rate of depressive symptoms (44.8%) than those who had not been specifically asked to shield (23.9%). Interestingly, those in a high risk group (i.e., aged over 70 years old and/or with an underlying health condition) reported lower rates of depression (18.8%) than those not in a high risk or shielding group (27.3%). One possible explanation for why the 'high risk' group in the study sample might report lower rates is that the 'high risk' group is primarily made up of those aged 60+ years (73.7% aged 60+ compared to 17.8% in the non-high risk group) and overall, this older age group reported lower rates of mental ill-health and appears to be more protected for mental health.

## 3.2. Anxiety symptoms

Wave 1 of the SCOVID Mental Health Tracker Study indicated that nearly one fifth (19.1%) of respondents met the cut-off for moderate to severe anxiety symptoms. Anxiety symptoms were assessed using the mental health measure called the Generalised Anxiety Disorder (GAD-7; Spitzer et al., 2006) scale, which asks about frequency of anxiety symptoms in the last 2 weeks. For the purposes of this report, the clinical cut-off for moderate to severe anxiety was reported, indicating anxiety symptoms that may require further treatment. A number of subgroups reported higher rates of moderate to severe anxiety symptoms, specifically:

- Young adults (18-29 years old)
- Young women (18-29 years old)
- Those with a pre-existing mental health condition
- Those from the lower SEG

Looking more closely at the findings there were differences in moderate to severe anxiety symptoms according to sex and age, displayed in Table 3.2. For example, when comparing sex only, women reported rates of moderate to severe anxiety symptoms (22.1%) that were slightly higher than men (19.1%). There were also differences by age groups: young adults (18-29 year olds) were nearly 5 times more likely to report moderate to severe anxiety symptoms than older adults (60+ years), with 33.5% of young adults (18-29 year olds) reporting moderate to severe anxiety compared to 19.6% of 30-59 year olds and 7.2% of 60+ year olds.

When looking at groups by both gender and sex, further differences in the likelihood for experiencing moderate to severe anxiety arise. For example, young women aged between 18-29 years reported markedly higher rates of moderate to severe anxiety symptoms (43.0%) than younger men (24.6%). Older women reported the lowest

levels of anxiety symptoms (4.9%) of the sample, which was nearly half that of the older men's rate of 9.7%. This suggests that younger women in particular report experiencing anxiety symptoms during the COVID-19 pandemic, and this difference lessens as they get older, and is almost reversed in the oldest age group with older men having higher moderate to severe anxiety rates than older women.

Table 3.2. Moderate to severe anxiety symptoms<sup>7</sup> by age and sex

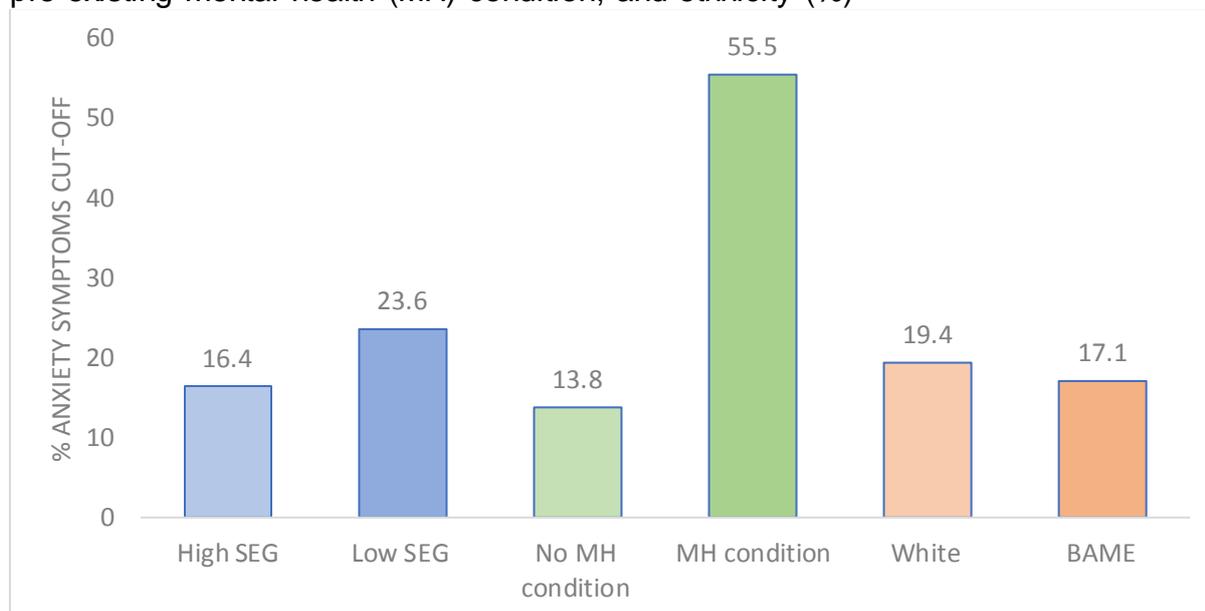
	<b>18- 29</b> <b>years %</b> <b>(n=576)</b>	<b>30- 59</b> <b>years %</b> <b>(n=1174)</b>	<b>60+</b> <b>years %</b> <b>(n=749)</b>	<b>Total %</b> <b>(n=2499)</b>
<b>All adults</b>	33.5	19.6	7.2	19.1
<b>Men</b>	24.6	15.1	9.7	15.8
<b>Women</b>	43.0	23.5	4.9	22.1

Beyond age and sex, respondents' backgrounds and financial circumstances also had a bearing on the likelihood of reported rates of moderate to severe anxiety, illustrated in Figure 3.2. About 7% more respondents in the lower SEG (23.6%) experienced moderate to severe anxiety symptoms than those in the higher SEG (16.4%). A marginal 2.3% difference in rates of moderate to severe anxiety was found between those who identified as BAME and those who identified as White, although this was not statistically significant.

Differences in working life, home life, and carer circumstances appeared to correlate with rates of moderate to severe anxiety symptoms. For example, in terms of occupational circumstances, nearly a quarter of key workers (i.e., those who were working essential jobs) reported moderate to severe anxiety, which is higher than those who were not fulfilling key roles (17.9%). In addition, respondents whose working situation had changed during the pandemic (e.g., furloughed, lost job) reported higher anxiety rates (22.7%) than those with no change (16.0%). Shifting focus to home-life circumstances, respondents living in households with dependents under 16 years old reported 5% higher rates of moderate to severe anxiety (23.0%) compared to those who had no dependents under 16 years (18.0%). Additionally, respondents who had caring responsibilities had almost a 10% higher likelihood of anxiety symptoms (26.9%) than those who did not have any caring responsibilities (17.7%). Further, reports of moderate to severe anxiety symptoms rose to a third (33.3%) for people who had caring responsibilities for more than 5 hours per week.

<sup>7</sup> Measured using the Generalised Anxiety Disorder (GAD-7) scale, using a cut-off score  $\geq 10$  to indicate moderate to severe anxiety

Figure 3.2. Moderate to severe anxiety symptoms, by socio-economic group (SEG), pre-existing mental health (MH) condition, and ethnicity (%)



Finally, this study also offers insight into how an individual’s health prior to the pandemic may be associated with their experience of anxiety symptoms. For example, over half of those with a pre-existing mental health condition (55.5%) met the cut-off for moderate to severe anxiety, compared to only 13.8% of those with no mental health condition. Additionally, respondents in the shielding group experienced higher rates of moderate to severe anxiety symptoms (29.1%) than those not asked to shield (18.5%). Interestingly, the high risk group (i.e., over aged 70 years old and /or underlying health condition) reported lower rates of moderate to severe anxiety (14.7%) than those who were not high risk or shielding (20.7%). One possible explanation for why the ‘high risk’ group in the study sample might report lower rates is that the ‘high risk’ group is primarily made up of those aged 60+ (73.7% aged 60+ compared to 17.8% in the non-high risk group). Overall, this older age group reported lower rates of mental ill-health and appears to be more protected for mental health.

### 3.3. Suicidal thoughts, suicide attempts, and self-harm

The Wave 1 data from the SCOVID Mental Health Tracker Study found that over one tenth of respondents experienced suicidal thoughts within the week prior to completing the survey. Respondents were asked: ‘how often have you thought about taking your life in the last week?’, and were provided with options that ranged from “Never”, “One day”, “Several days”, “More than half the days”, “Nearly every day”, and “I would rather not answer”. For the purposes of this report, respondents who

experienced any suicidal thoughts in the week prior to the Wave 1 questionnaire (i.e., one day or more) were included in the suicidal thoughts findings. Respondents were also asked about their experiences of suicide attempts and self-harm in the prior week, however it must be noted that numbers for these measures were quite small and therefore comparison between groups was not possible.

The subgroups which reported higher rates of suicidal thoughts were:

- Young adults (age 18-29 years)
- Younger women
- BAME groups
- Those with pre-existing mental health conditions

There were some differences in rates of suicidal thoughts and self-harm by age and sex, illustrated in Table 3.3. In the overall sample, there were no differences between men (10.0%) and women (10.3%) in rates of suicidal thoughts in week prior to responding to the Wave 1 questionnaire. However, women reported more self-harm in the last week (2.1%) compared to men (0.5%), and this was highest for women aged 18-29 years old (5.3%).

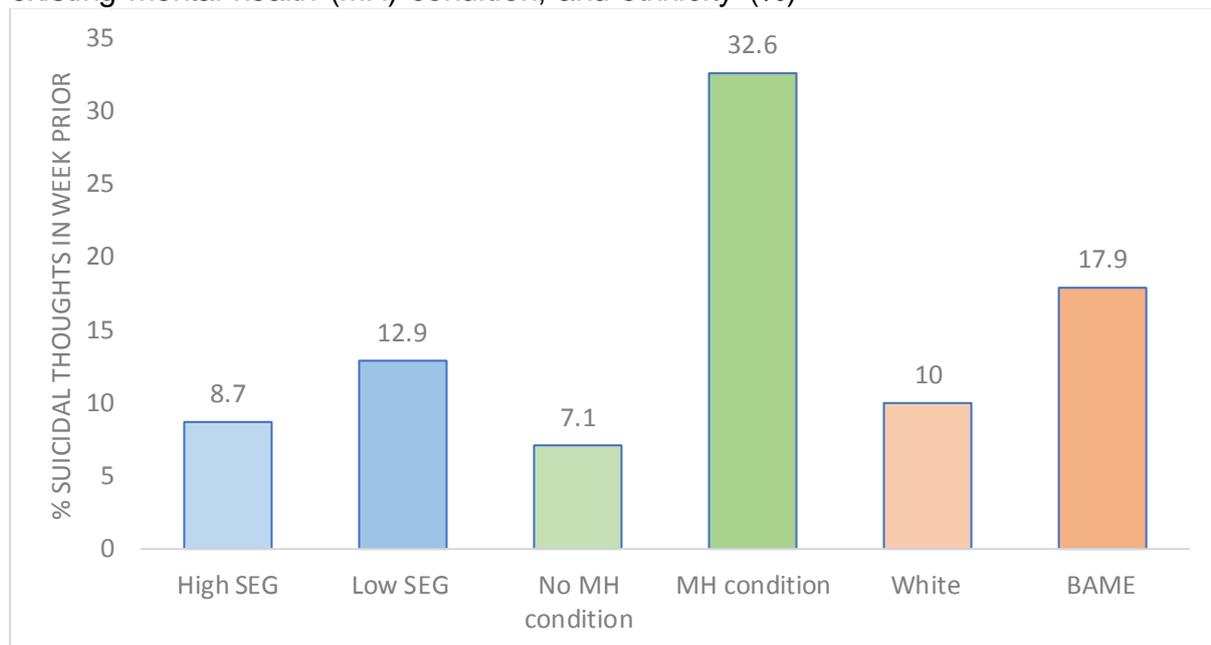
The oldest age group (60+ years) consistently reported the lowest rates of suicidal thoughts, and this age group also reported no suicide attempts or self-harm in the prior week. In contrast, one fifth (21.1%) of young adults (18-29 years) reported suicidal thoughts, which was twice as high as those aged 30-59 years (10.2%) and 9 times higher than those aged 60+ years (2.3%). Young women reported the highest rates of suicidal thoughts in the past week (24.3%), higher than that of young men (18.1%). Similarly, young adults (18-29 years) reported the highest rates of suicide attempts (0.7%) and self-harm (3.0%) in the last week, compared to other age groups.

Table 3.3. Suicidal thoughts, suicide attempts, and self-harm in the last week, by age and sex

	<b>18- 29 years % (n=576)</b>	<b>30- 59 years % (n=1174)</b>	<b>60+ years % (n=749)</b>	<b>Total % (n=2499)</b>
<b>Men</b>				
Suicidal thoughts last week	18.1	10.9	2.5	10.0
Suicide attempt last week	1.1	0	0	0.3
Self- harm last week	0.7	0.8	0	0.5
<b>Women</b>				
Suicidal thoughts last week	24.3	9.6	2.1	10.3
Suicide attempt last week	0.4	0.5	0	0.3
Self- harm last week	5.3	2.1	0	2.1
<b>All adults</b>				
Suicidal thoughts last week	21.1	10.2	2.3	10.3
Suicide attempt last week	0.7	0.3	0	0.3
Self- harm last week	3.0	1.5	0	1.4

Respondents' backgrounds also had a bearing on the levels of suicidal thoughts reported, and some of these are displayed in Figure 3.3. For example, individuals from the lower SEG reported higher levels of suicidal thoughts in the last week (12.9%) compared to those from the higher SEG (8.7%). Additionally, individuals from a BAME background reported higher levels of suicidal thoughts (17.9%) compared to those of a White background (10.0%), although it should be noted that the BAME group made up a very small proportion of the sample (4.9%) so these findings must be considered carefully. There were also differences in reports of suicidal thoughts by area lived, with 11% of people living in urban areas (city, small or large town) reporting suicidal thoughts in the last week, which is higher than the 7.6% of those from more rural areas (isolated, hamlet, village) who reported suicidal thoughts.

Figure 3.3. Suicidal thoughts in the last week by socio-economic group (SEG), pre-existing mental health (MH) condition, and ethnicity (%)



Differences in occupation, financial, and home life circumstances also appear to correlate with varying rates of suicidal thoughts. Respondents who reported fulfilling a key worker role reported higher rates of suicidal thoughts (15.6%) compared to those who were not in key worker roles (9.0%). Further, respondents who had experienced a change in working status (e.g., working from home, lost job or furloughed) reported higher rates of suicidal thoughts (12.1%) compared to those respondents who had not experienced a change (8.6%).

Having dependents and caring responsibilities also correlated with higher rates of suicidal thoughts. For example, people who had dependents under 5 years old were more likely to report suicidal thoughts (15.4%) compared to those who had no dependents under 5 (9.8%). In addition, people with dependents under 16 years also reported higher rates of suicidal thoughts in the last week (12.7%) compared to those without any dependents under 16 years (9.5%). There were differences reported in rates of suicidal thoughts in carers, as individuals with caring responsibilities (17.2%) were almost twice as likely to report suicidal thoughts than those with no caring responsibilities (8.9%). Differences in rates of suicidal thoughts also arose according to whether caring responsibilities were less than, or more than 5 hours per week: those whose caring responsibilities were over five hours per week (23.2%) were 2.5 times as likely to report suicidal thoughts compared to those with none or less than five hours per week (8.8%).

This study also offers insight into a person's health prior to the pandemic and their likelihood of experiencing suicidal thoughts. For example, as shown in Figure 3.3, there was a stark difference in the reporting of suicidal thoughts in those with or

without a pre-existing mental health condition. Those with a pre-existing condition reported nearly 5 times more suicidal thoughts (32.6%) than those without a pre-existing mental health condition (7.1%). Additionally, respondents in the shielding category reported higher levels of suicidal thoughts (21.3%) compared to those who had not been sent a letter asking them to shield (9.5%). In contrast, respondents who were in the high-risk group for COVID-19 (i.e., aged 70+ and/or had an underlying health problem) reported lower levels of suicidal thoughts (6.8%) compared to those not in a high-risk group (11.3%). One possible explanation for why the 'high risk' group in the study sample might report lower rates is that the 'high risk' group is primarily made up of those aged 60+ (73.7% are aged 60+ compared to 17.8% in the non-high risk group) and overall, this older age group reported lower rates of mental ill-health indicators and appears to be more protected for mental health.

### **3.4. General Health Questionnaire**

The General Health Questionnaire (GHQ-12) is a psychological measure that assesses mental distress and mental ill-health in the previous two weeks, including sleep, self-esteem, stress, despair, depression, and confidence. In this report, as consistent with other mental health research studies (McLean et al., 2018), GHQ-12 scores of four or more are reported because this cut-off is deemed a high GHQ-12 score and indicates the presence of a possible psychiatric disorder. In the Wave 1 SCOVID Mental Health Tracker Study, over one third (35.7%) of the sample recorded this high GHQ-12 score. Although there is no pre-COVID-19 comparison for this sample, the most recent Scottish Health Survey (2019) found that around one fifth (17%) of individuals out of a 4000 adult sample across Scotland had a high GHQ-12 score. This suggests that indicators of poorer mental health and the likelihood of possible psychiatric disorders are elevated during the pandemic. These groups had elevated rates of high GHQ-12 scores:

- Young adults (age 18-29 years)
- Younger women (age 18-29 years)
- Those with pre-existing mental health conditions

There were clear differences in GHQ-12 scores by sex and age, as presented in Table 3.4. Specifically, women were 10% more likely to have a high GHQ-12 score (40.8%) than men (30.3%). Additionally, over half (51.5%) of the younger age group (18-29 year olds) reported a high GHQ-12 score, compared to 38.5% of 30-59 year olds and 16.9% of 60+ year olds. Indeed, this may be the case more generally, the Scottish Health Survey (2019) data shows that 23% of those aged 16-24 years recorded a high GHQ-12, compared to 11% among those aged 75 or over. In the SCOVID Mental Health Tracker study, young women were also more likely to have a high GHQ-12 score (58.5%) compared to young men (45%).

Table 3.4. High levels of psychological distress (high GHQ-12 score) by age and gender

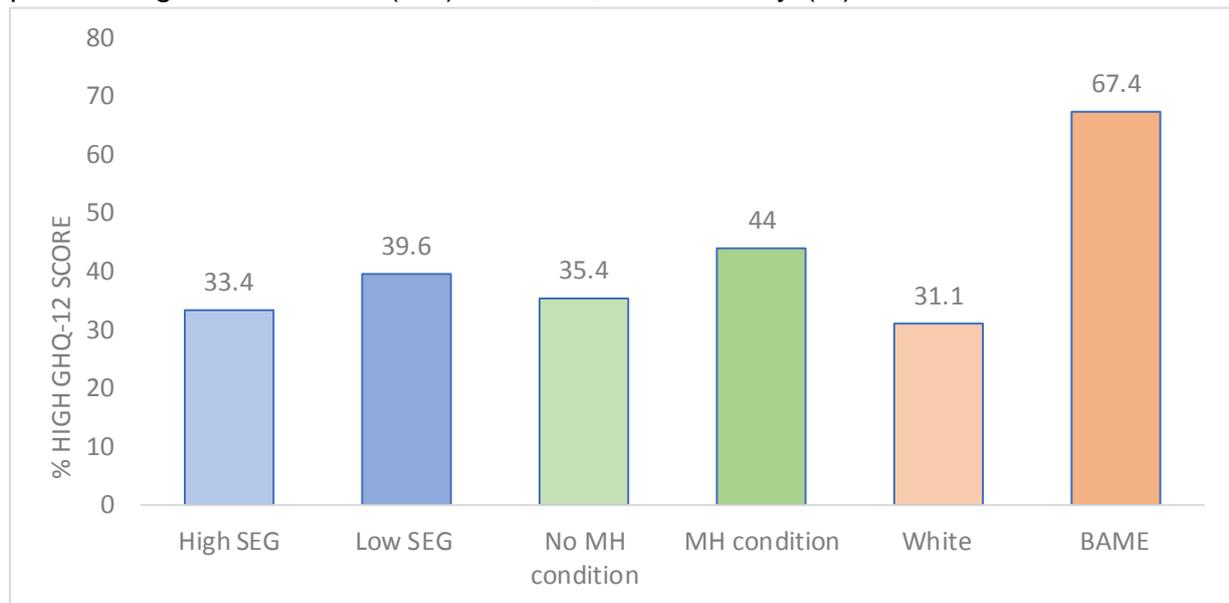
	<b>18- 29 years % (n=576)</b>	<b>30- 59 years % (n=1174)</b>	<b>60+ years % (n=749)</b>	<b>Total % (n=2499)</b>
<b>All adults</b>	51.5	38.5	16.9	35.7
<b>Men</b>	45.0	31.4	16.9	30.3
<b>Women</b>	58.4	44.7	22.1	40.8

Beyond age and sex, respondents' backgrounds also had a bearing on the likelihood of reporting a high GHQ-12 score, thus suggesting a possible psychiatric disorder, as illustrated in Figure 3.4. Specifically, individuals in the lower SEG were more likely to report a high GHQ-12 score (39.6%) than those from the higher SEG (33.4%). Those identifying as BAME were also more likely to have high GHQ-12 scores (44%) compared to White respondents (35.4%), although it should be noted that BAME group made up a very small proportion of the sample (4.9%), so this finding should be considered carefully.

Differences in home life and carer circumstances also appear to correlate with varying rates of high GHQ-12 scores, which may indicate that those living with added responsibilities at home are at a greater risk for a psychiatric disorder. For example, respondents whose household had dependents under 5 years old were more likely to have high GHQ-12 scores (41.1%) than those with none under 5 years (35.4%), and households with dependents under 16 years old were even more likely to have a high score (43.5%). In addition, nearly half (47.2%) of respondents with caring responsibilities recorded a high score, which was 13.7% higher than those with no caring responsibilities (33.5%), and those who cared for more than 5 hours per week had a still higher likelihood (52.0%).

Differences in occupation and financial circumstances were associated with different rates of high GHQ-12 scores. For example, a similar number of people whose work status had changed during the pandemic (e.g., furloughed or lost job) (42.5%) and key workers (42.7%) met the threshold for a possible psychiatric disorder. This was on average about 10% higher than those whose work status had not changed (29.5%) and those not fulfilling a key worker role (34.1%).

Figure 3.4. High levels of psychological distress by socio-economic group (SEG), pre-existing mental health (MH) condition, and ethnicity (%)



Finally, this study also offers insight into the relationship between a person’s health prior to the pandemic and their likelihood of meeting the cut-off for a possible psychiatric disorder, as indicated by a high GHQ-12 score. Two thirds (67.4%) of those with a pre-existing mental health condition recorded a high score, which was twice as many as those with no mental health condition (31.1%). Additionally, nearly half (47.5%) of those shielding had a high GHQ-12 score, which was over 12% more respondents than those not shielding (34.9%). Interestingly, the high-risk group (i.e., aged 70+ and/or an underlying health condition) reported lower rates of high GHQ-12 scores for a possible psychiatric disorder (27.9%) compared to those not in a high risk group (37.9%). One possible explanation for why the ‘high-risk’ group in the study sample might report lower rates is that the ‘high risk’ group is primarily made up of those aged 60+ (73.7% aged 60+ compared to 17.8% in the non-high risk group) and overall, this older age group reported lower rates of mental ill-health indicators and appears to be more protected for mental health.

### 3.5. Mental wellbeing

Mental wellbeing is an important indicator of mental health and can indicate how protected an individual may be from mental health problems such as depression and anxiety. Wave 1 of the SCOVID Mental Health Tracker Study measured a respondent’s mental wellbeing using the Short Warwick-Edinburgh Mental Well-being Scale (SWEMWBS). This scale measures the frequency of thoughts and feelings of mental wellbeing over the past two weeks; includes items such as feelings of optimism, feelings of being useful, and feeling that one is thinking clearly.

For the Short Warwick-Edinburgh Mental Well-being Scale (SWEMWBS)<sup>8</sup>, a score is created for each individual by adding together their responses to each question. The scores range from 7 (indicating very low wellbeing) to 35 (indicating very high wellbeing), therefore a higher score suggests better mental wellbeing. The scale was not designed to identify individuals with exceptionally high or low levels of mental wellbeing so cut off points have not been developed. Therefore, throughout this section average mean scores are reported for each of the subgroups to compare levels of mental wellbeing between groups.

Although there are no pre-COVID-19 average SWEMWBS scores for comparison in this sample, the Health Survey for England (2012), which drew on a sample of over 7,000 adults, found an average score of 23.61. This score is higher than the average mean score of 21.28 reported by the respondents in the Wave 1 SCOVID Mental Health Tracker Study. This suggests that in comparison to previous studies, mental wellbeing was lower during Wave 1.

In looking more closely at the data, some differences on mental wellbeing by age and sex emerge (see Table 3.5). The data suggests that older adults reported higher mental wellbeing than young adults. More specifically, respondents in the older age group (60+ years old) reported a higher mental wellbeing mean (23.82) than those aged 30-59 years (20.77), and compared to the younger age group (18-29 years), who scored the lowest (19.13). Further, although the mean mental wellbeing score among men was slightly higher (21.55) than women (21.07), this difference was not statistically significant.

Table 3.5 Mean mental wellbeing scores by age and sex

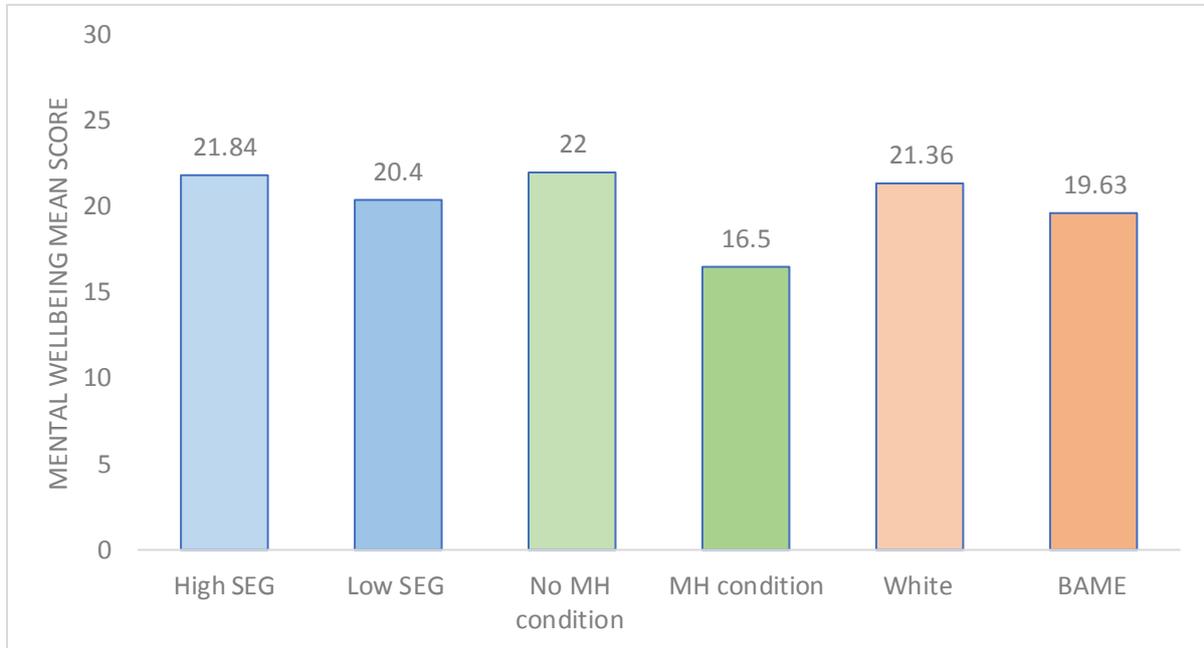
	<b>18- 29 years (n=576)</b>	<b>30- 59 years (n=1174)</b>	<b>60+ years (n=749)</b>	<b>Total (n=2499)</b>
<b>All adults</b>	19.13	20.77	23.82	21.31
<b>Men</b>	19.66	21.23	23.60	21.55
<b>Women</b>	18.56	20.37	24.02	21.07

Beyond age and sex, differences in respondents' backgrounds correlated with different mean SWEMWBS scores, as illustrated in Figure 3.5. For example, respondents in the higher SEG scored significantly higher (21.84) on the mental wellbeing scale than those in the lower SEG (20.40). Among different ethnicities, White people scored higher mean mental wellbeing scores (21.36) in comparison to those of BAME backgrounds (19.63), although it should be noted that the BAME group made up a very small proportion of the sample (4.9%) and therefore this

<sup>8</sup> Short Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS) © NHS Health Scotland, University of Warwick and University of Edinburgh, 2008, all rights reserved. As suggested by the scale authors, the scores underwent a Rasch transformation.

findings should be considered carefully.

Figure 3.5. Mean mental wellbeing scores for SEG, ethnicity, and pre-existing mental health (MH) diagnosis.



Differences in occupation, financial, and home life circumstances also appear to correlate with mental wellbeing scores and indicate that those who have less responsibilities and more financial security have higher mental wellbeing. For example, respondents who do not have a dependent under 16 years old in the household scored significantly higher on the mental wellbeing scale (21.51) than those who do have a dependent under 16 years old (including under 5 years) (20.55). Additionally, non-carers or respondents who were a carer for less than 5 hours per week had significantly higher mean mental wellbeing scores (21.41) than those who are carers for 5 hours or more per week (20.30). From an occupational perspective, non-key workers reported significantly higher mean mental wellbeing scores (21.46) than key workers (20.54). Furthermore, those who did not experience any change in their working status reported higher mental wellbeing (21.75) than those who did experience change in their working status, such as being furloughed or losing one's job (22.77).

From a health perspective, there were also differences in mental wellbeing suggesting different subgroups may be more protected from mental health problems. Specifically, respondents who indicated having no pre-existing mental health conditions scored much higher on average on the mental wellbeing scale (22.00) than those with a pre-existing mental health condition (16.50), who scored the lowest of all the subgroups. Additionally, those identifying as high-risk (i.e., aged 70+ and/or having an underlying health condition) recorded higher mental wellbeing scores

(22.87) than those not identifying as high risk (20.84). One possible explanation for why the 'high risk' group in the study sample might report higher rates is that the 'high risk' group is primarily made up of those aged 60+ (73.7% aged 60+ compared to 17.8% in the non-high risk group) and overall, this older age group reported lower rates of mental ill-health indicators and appears to be more protected for mental health.

### **3.6. Other mental wellbeing indicators**

Wave 1 of the SCOVID Mental Health Tracker Study assessed a range of other indicators and correlates of mental health and wellbeing. These included feelings of defeat, entrapment, loneliness, resilience, social support, life satisfaction, and distress. This section provides a brief overview of these measures, and findings suggest that the subgroups most at risk of poor mental health and wellbeing are:

- Young adults (18-29 years)
- Women
- Those with a pre-existing mental health condition
- Those in the lower SEG

#### **3.6.1 Defeat and entrapment**

Feelings of defeat and entrapment are important indicators of mental health, and have been associated with depression, anxiety, and suicidal thoughts. Defeat is a feeling of powerlessness in life and entrapment is a feeling of being trapped by circumstances or your own thoughts. In the Wave 1 SCOVID Mental Health Tracker Study, we assessed defeat using the short form of the Defeat Scale (Gilbert & Allan, 1998; Griffiths et al., 2015) and entrapment using the short form of the Entrapment Scale (Gilbert & Allan, 1998; De Beurs et al., 2020). All respondents are given a score for each measure by adding together each question response, with 0 indicating no feelings of defeat or entrapment and 16 indicating a very high level of feelings of defeat and entrapment.

There are no cut-off scores for defeat and entrapment measures to demarcate high or low levels of defeat and entrapment, therefore an average mean score is used to compare differences between the subgroups. Investigating the subgroups, there were some differences in relation to age and sex on feelings of defeat and entrapment. For example, young adults' (18-29 years) mean scores on defeat (5.40) were more than twice as high as the 60+ age group (2.27), and those aged 30-59 years had a defeat score (4.45) nearly twice as high as those aged 60+ years. Similarly, for feelings of entrapment, young adults (18-29 years) scored higher on entrapment (5.30) than those aged 30-59 years (4.16), which was nearly 3 times as high as those aged 60+ years (1.84). Regarding the differences by sex, women

reported higher mean scores on defeat (4.42) than men (3.55), and women reported higher levels of feeling entrapped (4.01) than men (3.38). This suggests that young adults and women were at higher risk for feeling defeated and entrapped during the COVID-19 pandemic and lockdown.

Other background and health factors appear to correlate with differences in feelings of defeat and entrapment. Respondents in the lower SEG felt more defeated (4.63) than those in the higher SEG (3.44). In addition, those in the lower SEG scored higher on entrapment (4.42) than those in the higher SEG (3.30). Moreover, respondents who indicated having a pre-existing mental health condition scored over 2.5 times higher on defeat (8.78) than those with no pre-existing mental health condition (3.31). Similarly, the entrapment mean score among those with a pre-existing mental health condition was over 3 times higher (8.88) than of those with no pre-existing mental health diagnosis (2.69).

### **3.6.2 Loneliness**

Loneliness has been associated with poorer physical and mental health, and was a particular concern during the COVID-19 lockdown as people became physically isolated from friends and family. In Wave 1 of the SCOVID Mental Health Tracker Study, we measured loneliness using the UCLA Loneliness Scale (Hughes et al., 2014), which assesses 3 aspects of loneliness; namely lacking companionship, feeling left out, and feeling isolated from others. We asked people how often they felt each of these aspects of loneliness before the COVID-19 lockdown and during the 7 days prior to responding to the Wave 1 questionnaire.

A total loneliness score was created by adding the responses to each question together, creating a score between 3, indicating no loneliness and 9, indicating high levels of loneliness. As there is no cut-off score demarcating high and low loneliness, mean scores were reported when comparing the different subgroups in terms of perceived levels of loneliness pre-COVID-19 and reported levels of loneliness in the week preceding respondents' participation in the study, referred to as 'Wave 1' loneliness, or 'during lockdown'. The mean score for loneliness for the whole sample pre-COVID-19 was 4.67 and the mean loneliness score increased to 5.18 for Wave 1. This suggests that overall, people felt more lonely during the COVID-19 lockdown compared to before COVID-19.

There were a number of clear differences in terms of levels of loneliness by age and sex. For example, loneliness increased for both men and women from pre-COVID-19 to the Wave 1 period, however loneliness was higher for women than men both before and during the lockdown. Additionally, all age groups reported an increase in perceptions of loneliness from pre-COVID-19 to during lockdown, however this increase was higher for those in the older age group (aged 60+ years). Despite this,

young adults had the highest levels of loneliness at both pre- and during COVID-19 lockdown.

Subgroup analyses indicated that respondents' background and health may also correlate with higher levels of loneliness. Overall, all groups felt that their loneliness levels had increased from pre lockdown levels. During Wave 1, respondents in the lower SEG reported higher mean loneliness scores (5.44) than those in the higher SEG (5.02). Additionally, those who identified as BAME reported more loneliness during the lockdown (5.68) compared to White respondents (5.16). Finally, individuals with pre-existing mental health conditions reported much higher loneliness during Wave 1 (6.43) compared to those with no pre-existing mental health conditions (4.99). This suggests that those with a pre-existing mental health condition were at particular risk of experiencing loneliness during the lockdown.

### **3.6.3 Resilience**

How resilient a person is can be important for understanding their capacity to cope with difficulties and recover from hardship and stress. Being resilient can be protective for mental health problems, including depression, anxiety, and suicidal thoughts. This may be particularly important during the COVID-19 lockdown period as individuals will have experienced much more stress and uncertainty than normal, and those who are resilient may have greater capacity to recover from this stress. In Wave 1 of the SCOVID Mental Health Tracker Study, resilience was assessed using 4 questions from the Brief Resilience Scale (BRS; Smith et al., 2008).

Respondents received a total score by summing the responses to each question, and this ranges from 4, indicating very low resilience to 20, indicating very high resilience. As there are no cut-off scores to demarcate high and low resilience, mean scores were used to compare the different subgroups on resilience average. Respondents were asked to rate their perceptions of their resilience pre-COVID-19 lockdown and in the 7 days prior to responding to the Wave 1 questionnaire, referred to as Wave 1 resilience, or during lockdown. Across the whole sample, respondents felt their resilience had reduced marginally during the COVID-19 lockdown, as the mean resilience score decreased from 10.82 to 10.30.

The subgroup analyses reveal some differences in mean resilience scores by age and sex. Both women and men felt their resilience had decreased during lockdown, although women reported lower mean resilience than men overall. Specifically, mean resilience scores for women were 10.72 pre-COVID-19 and 9.95 during Wave 1, and men's mean resilience scores were 11.19 pre-COVID-19 and 10.73 during the lockdown. Similarly, levels of resilience decreased significantly over time for each of the age groups, with the older age group (60+ years) reporting the highest levels of resilience than both pre-COVID-19 and during Wave 1.

Respondents' perceptions of their resilience and ability to cope with stress varied by background and health status. All groups reported that their perceived resilience had reduced a little from pre-COVID-19 levels. In addition, resilience was higher for those in a higher SEG (10.71), compared to the lower SEG (9.91) during lockdown. Individuals with a pre-existing mental health condition also reported significantly less resilience during Wave 1 (6.41) compared to those with no mental health condition (11.0).

### **3.6.4 Social support**

Questions in the Wave 1 SCOVID Mental Health Tracker Study assessed sources of emotional and physical support and feelings of connection to those around you. Good support networks are important to protect against poor mental health, including against depression, anxiety, and suicidal thoughts. Social support was measured using four questions from the ENRICH Social Support Instrument (ESSI; Mitchel et al., 2003) that assess how often an individual feels they currently have emotional and physical support.

Responses are summed into a total score, with a potential range from 4, indicating low social support to 20, indicating very high social support. Therefore, higher scores represent higher levels of social support. There were some differences in perceptions of social support by age and sex. For example, individuals aged 60+ years reported the highest levels of social support (15.14), followed by those aged 30-59 years (14.03) and those aged 18-29 years (13.74). In contrast, there were no significant differences in social support between men (14.30) and women (14.32).

Respondents' background and health status also correlated with different levels of social support, with those most at risk of negative outcomes such as depression and anxiety reporting lower social support. Specifically, individuals in the higher SEG reported more social support (14.68) than those in the lower SEG (13.63).

Additionally, those from a BAME background (13.46) reported lower mean levels of social support than people of a White (14.34) background. Finally, individuals with pre-existing mental health conditions reported the lowest levels of social support (12.25) compared to any subgroup, and much lower than those with no pre-existing mental health condition (14.6). This suggests that those with a pre-existing mental health condition, in particular, have less sources of social support, a key protective factor for poor mental health.

### **3.6.5 Distress and stress**

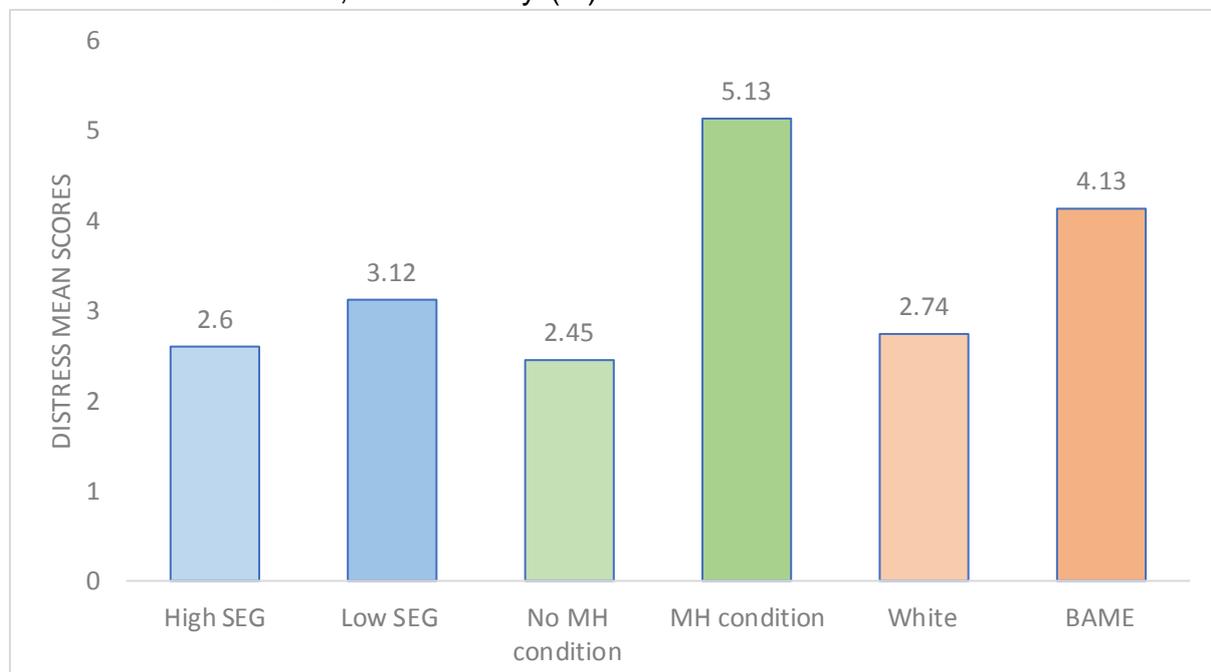
Distress is a feeling of acute anxiety and pain, and it is a correlate of current and future mental wellbeing. To measure levels of distress, we asked respondents to indicate on a 10-point scale how distressed they had felt in the past week, on a range of 0, indicating feeling no distress, to 10, indicating feeling extreme distress.

For the whole sample the average level of distress was 3.81, which suggests mild levels of distress on average. As there is no cut-off for high and low distress, the subgroups are compared on their average mean scores.

Different levels of distress were found for age and sex. Specifically, women reported higher levels of distress in the week prior to the Wave 1 questionnaire (3.19) than men (2.36). Additionally, levels of distress varied across the different age groups, with young adults (18-29 year olds) reporting the highest levels of distress (3.97), followed by 30-59 year olds (3.13). The lowest levels of distress were reported by the 60+ group (1.38), whose levels of distress were half that of the younger age groups.

Levels of distress varied according to respondents' background and health. For example, as shown in Figure 3.6 those from lower SEG reported a significantly higher mean distress score (3.12) than those in the higher SEG (2.60). Individuals from BAME groups reported higher levels of distress (4.13) than those from the White ethnic group (2.74), although the BAME group made up a very small proportion of the sample (4.9%). Of all the subgroups, the highest levels of distress were seen in those with a pre-existing mental health condition (5.13), which was more than twice the level of distress in those with no previous mental health diagnosis (2.45).

Figure 3.6. Distress mean scores by socio-economic group (SEG), pre-existing mental health condition, and ethnicity (%)



## Sources and outlets for stress

Experiences and outlets for stress for all respondents are summarised in Table 3.6. Looking at sources of stress, around a quarter of respondents reported worrying about money (25.2%) and almost half of respondents felt cut-off from their friends and family at the time of the Wave 1 questionnaire (45.8%). Additionally, just over 10% felt that they did not have enough space in their home (12.2%) and were arguing more with people they live with (12.8%). Some outlets for stress were reported, with a quarter of people feeling able to connect with nature (27.5%) and being able to enjoy spending time with family (25.1%). The findings suggest that individuals were not experiencing only stressors, or only outlets for stress, but instead experienced an overlap of these factors.

Table 3.6. Percentage of respondents affected by each source of stress and outlets for stress (base n= 2514)

Item	%
I feel cut off from my friends and family at the moment	45.8
I have been sleeping badly	35.2
I have less of a sense of purpose at the moment	30.1
I am able to find ways of connecting with nature	27.5
I am worrying about money	25.2
I am enjoying spending more time with my family	25.1
I am finding the current restrictions on socialising difficult to cope with	23.1
None of these	15.1
There is not enough space in my home	12.2
I have been having more arguments with the people I live with	12.8
Husband/wife/partner	8.7
Child (including stepchildren)	2.9
Parent	2.2
Other family	1.2
House/flatmate or lodger	0.3

The reporting of sources of stress varied by respondents' age and sex. Overall, the older age group (60+ years) reported fewer sources of stress than the younger age groups (18-19 years and 30-59 years). For instance, 45.1% of 18-29 year olds said they had been sleeping badly compared to around a quarter (26.5%) of the 60+ group, and both the younger age groups were more likely to report worrying about money (35.6% of 18-29 year olds and 31.0% of 30-59 year olds) than the 60+ group (8.1%). Around a fifth of 18-29 year olds felt there was not enough space in their home (22.1%) and had been arguing more with those they lived with (22.1%), at rates higher in comparison to older groups. Additionally, women were slightly more likely to report feeling cut off from friends and family (48.7%) compared to men (42.7%). Women felt that they were struggling with the restrictions on socialising (25.7%) more than men (20.3%). Additionally, women were also more likely to report poor sleep (40.9%) compared to men (29.2%) as well as having less of a sense of purpose (35.7%) compared to men (24.5%). Further, women were more likely to report feeling there was not enough space in the home (14.1%) compared to men (10.1%) and an increase in arguments with those they lived with (16.4%) compared to men (8.8%).

### **3.6.6. Life satisfaction, worry and rumination**

In the Wave 1 SCOVID Mental Health Tracker Study, respondents were asked about their current life satisfaction with the question 'All things considered, how satisfied are you with your life as a whole nowadays?' They were asked to rate their life satisfaction on a scale from 0, indicating extremely dissatisfied to 10, indicating extremely satisfied. The average mean life satisfaction for the sample was 6.3, which suggests that overall respondents were moderately satisfied with life. Although there is no pre-COVID-19 data on this scale, the Scottish Health Survey (2018) found that people reported an average mean score of 7.7 overall, which is higher than the mean score reported in Wave 1.

In the wave 1 SCOVID Mental Health Tracker Study, the highest level of life satisfaction was reported by the 60+ group. The lowest levels of life satisfaction were reported by respondents with pre-existing mental health conditions.

Respondents were asked about their worry and rumination about COVID-19, as this is likely to have an impact upon their mental health and wellbeing. Worry is defined as negative, repetitive thoughts about future events which have the potential to be stressful or upsetting, and rumination is defined as negative, repetitive thoughts about upsetting emotions or events which have happened in the past (including today).

Respondents were asked how often, in the past two weeks, they worried or focused on COVID-19-related things that may happen in the future. COVID-19-related worry was measured on a scale ranging from 1, indicating never to 7, indicating very often,

meaning that the higher the score, the more often respondents tended to be worried about COVID-19-related issues. Overall, respondents scored an average of 3, which indicates mild worry about COVID-19. Older respondents (60+) had lower worry than the younger respondents (18- 29 and 30-59 year olds). Women scored slightly higher than men, those in the BAME group scored higher than White respondents, and respondents with a mental health condition also scored significantly higher than those without a mental health condition. No differences were found between socioeconomic groups.

To measure COVID-19 rumination, respondents were asked how often, in the two weeks prior to the Wave 1 questionnaire, they ruminated over COVID-19-related things that had happened to them or upset them in the past. COVID-19-related rumination was measured in frequency through a scale ranging from 1, indicating never to 7, indicating very often, meaning that the higher the score, more often respondents tended to ruminate about COVID-19-related issues. Overall, respondents scored an average of 3, suggesting mild rumination. Older adults scored significantly lower than middle-aged and younger adults. Women scored slightly higher than men, those in the BAME group scored higher than White respondents, and respondents with a mental health diagnosis also scored significantly higher than those without a mental health condition. No differences were found between SEGs.

## 4. COVID-19 Contextual Factors

This section provides an overview of respondents' experiences of, and views on, COVID-19 containment measures during the lockdown period from the 28<sup>th</sup> May to 21<sup>st</sup> June 2020. Questions in the Wave 1 SCOVID Mental Health Tracker Study questionnaire assessed people's experiences during this lockdown period in order to provide an understanding of the context within which respondents were living while they responded to the mental health and wellbeing focussed questions at the centre of this report. Tracking these contextual factors may be useful in understanding whether particular factors are correlated with certain mental health outcomes as findings from subsequent waves of this tracker study are gathered. These 'context' questions included queries such as whether respondents had contracted COVID-19 or knew someone who had COVID-19, sample respondents' concerns about COVID-19 and the emotional impact caused by COVID-19, as well as their lifestyle circumstances, and activities. The following sections provide an overview of the findings, however more detailed data on these items can be found in the annex of this report.

### 4.1 COVID-19 related experiences

In the whole sample, less than 1% (0.8%) of respondents reported that they had been diagnosed with COVID-19, and 6.8% reported that they were not diagnosed but suspected they had had COVID-19. The majority of this group (85.5%) reported self-isolating as a result of their symptoms. 12.0% of respondents reported that they knew someone diagnosed with COVID-19 and 2.6% of respondents reported having lost friends or family members to COVID-19.

#### 4.1.1 Views of COVID-19

Respondents were asked a series of questions about their views, experiences, and behaviours during lockdown, and responses for each question were recorded on a scale of 0 to 10 for how much they endorsed each question, with 0 indicating no endorsement of the statement, and 10 indicating strong endorsement.

#### Effects of COVID-19

Respondents were asked:

- How much does Covid-19 affect your life? (On a scale from No affect at all to Severely affects my life);
- How much does COVID-19 affect you emotionally? e.g. does it make you angry, scared, upset or depressed? (On a scale from Not at all affected emotionally to Extremely affected emotionally)

- The older age group (60+ years) reported that COVID-19 affected their life less severely and they were less emotionally affected compared to the younger age groups.
- Women reported feeling that their life had been more severely affected by COVID-19 than men did, as well as reporting higher levels of emotional affect than men did.
- Respondents in higher SEG reported that their lives had been more affected by COVID-19 than did respondents in the lower SEG. No differences were found for emotional affect by SEG.
- Respondents from BAME groups and those with a pre-existing mental health condition reported significantly higher emotional impact of COVID-19 than those who identified as White and those with no pre-existing mental health condition.

### **Concerns about COVID-19**

- Respondents were asked: How concerned are you about COVID-19? (on a scale from Not concerned at all to Extremely concerned)
- Older adults (60+ years) were most concerned about COVID-19 followed by the age group of 30-59 year olds. Young adults (18-29 year olds) were least concerned about COVID-19.
- Women were more concerned about COVID-19 than men.
- Respondents with a pre-existing mental health condition were more concerned about COVID-19 than those with no mental health condition.

### **Understanding of COVID-19**

- Respondents were asked: How well do you feel you understand COVID-19? (On a scale from Don't understand at all to Understand very clearly)
- Rates of reported understanding of COVID-19 increased with age, as older adults indicated higher scores than middle-aged adults, who, in turn, scored higher than younger adults.
- Women reported higher rates of feeling they had clear understanding of COVID-19 than men did.
- Respondents in the higher SEG and those who identified as White were more likely to report clear understanding of COVID-19 compared to those in the lower SEG and those in the BAME group, respectively.
- Most respondents indicated they were seeking information on COVID-19, 'less than once a day' (46.6%) or '1-5 times a day' (45.7%).

### **Control over COVID-19**

- Respondents were asked: How much control do you feel we have over COVID-19? (On a scale from Absolutely no control to Extreme amount of control)

- More older adults (60+ years) reported feeling that they had lower control over COVID-19 than did younger age groups.
- More respondents with a pre-existing mental health condition reported feeling that they had lower control over COVID-19 than did those with no pre-existing mental health condition.
- Respondents were also asked what they felt their chances of getting COVID-19 were compared to others of the same sex and age. Roughly half of respondents (54.5%) felt they had an 'average' chance of contracting COVID-19, just over a fifth felt they had a lower than average (21.0%) chance, and almost a fifth of respondents felt they had a greater than average chance (19.6%).

### **Necessity of social distancing/lockdown as preventative measures**

- Respondents were asked: How necessary do you think social distancing/lockdown are to help prevent the spread of COVID-19? (On a scale from Not at all necessary to Absolutely essential)
- Older respondents (60+ years) were more likely to think that the social distancing/lock-down measures were necessary than younger respondents. 18-29 years olds were the least likely to feel that these measures were necessary.
- Women, respondents in the higher SEG, and those who identified as White, were more likely to report that social distancing and lockdown measures were necessary compared to men, people in the lower SEG, and BAME groups, respectively.

### **Willingness to contact GP for a non-COVID-19 related health concern**

- Respondents were asked: How willing would you be to contact your GP about a non-COVID-19 related health concern e.g. a new or changing symptom, if you felt you needed it right now? (On a scale from Not willing at all to Extremely willing)
- The following groups were less likely to contact their GP about a non-COVID-19 related symptom than the sample average:
  - Young adults (aged 18-29 years);
  - Respondents from the lower SEG;
  - Respondents who identified as BAME;
  - Respondents with a pre-existing mental health condition
- Men and women were equally likely to contact their GP about a non-COVID-19 related symptom.

## Willingness to seek help from a mental health professional

- Respondents were asked: How willing would you be to seek professional help for your mental health, if you felt you needed it right now? (On a scale from Not willing at all to Extremely willing)
- Young adults (18-29 year olds), respondents in the lower SEG, and those who identified as BAME indicated they would be less likely to seek professional help for their mental health than those in other age groups, the higher SEG bracket, and White respondents, respectively.

### 4.1.2 Adherence to Guidelines

Respondents were asked how often they had been following guidelines regarding social distancing and lockdown measures in the two weeks prior to their completion of the Wave 1 questionnaire. These findings are illustrated in Table 4.1. The majority of respondents reported following the restrictions at all times or often. There were no significant differences between subgroups regarding adherence to the government guidelines.

Table 4.1. How often respondents followed Government guidelines

<b>In the past two weeks:</b>	<b>Always or often (%)</b>	<b>Sometimes (%)</b>	<b>Rarely or never (%)</b>
I only went outside for food, health reasons or essential work	72.2	15.4	12.4
If I went out, I always stayed 2 metres (6 feet) away from other people at all times	86.3	7.7	6.0
I always washed my hands as soon as I got home.	85.1	8.9	6.0
I never met others (who were not members of my household), even friends and family.	64.7	15.8	19.4

## 4.2 General health and lifestyle factors during COVID-19

In order to contextualise the mental health and wellbeing indicators presented in this report, survey respondents were asked several questions about their health, health behaviours, and lifestyle prior to and during the pandemic. This section presents a brief breakdown of these measures, focussing on physical health, sleep, activity levels, and other lifestyle factors. Findings from Wave 1 of the SCOVID Mental Health Tracker Study suggest that respondents felt that their overall health had worsened during the COVID-19 lockdown. The subgroups that appeared to be most impacted were young adults (18-29 years) and those from BAME backgrounds, as

they reported worse perceptions of their health compared to the other age groups and those who identified as White.

#### **4.2.1 Perceptions of overall health**

As shown in Table G in the annex, almost half (47.2%) of respondents felt that their general health prior to the COVID-19 pandemic was 'good', and nearly a quarter (22.9%) of respondents reported their health was either 'very good' or 'fair' before COVID-19. Most respondents reported that their health was also 'very good' or 'good' after the onset of the COVID-19 pandemic, however there was a slight decrease in these categories and an increase across the categories of 'fair', 'poor' or 'very poor'.

Looking more closely at the data, there were some differences in reports on perceived health according to groups categorised by background factors. Respondents in the youngest age group (18-29 years) (13.1%) were more likely to report feeling their health had worsened compared to 30-59 year olds (9.5%) and the 60+ years group (3.9%). However, a higher percentage of 18-29 year olds (6.0%) also reported that their health had slightly improved from pre-COVID-19 compared to 30-59 year olds (2.6%) and 60+ year olds (1.2%). This suggests that those in the youngest age group have the widest spread of perceptions of their overall health, whereas the older age groups were more likely to stay the same (around 'good'). Additionally, just under a fifth (18.2%) of respondents from BAME backgrounds reported feeling that their health was at least slightly worse during the COVID-19 lockdown compared to 9.4% of those from White backgrounds.

#### **4.2.2 Sleep**

Sleep is an important factor associated with mental health and wellbeing. Respondents were asked how they felt their sleep quality had been in the week prior to the Wave 1 questionnaire, and this information is illustrated in Figure 4.1. The data indicates that the highest proportion of respondents (36.7%) rated their sleep as 'average', a fifth of respondents rated their sleep as either good (20.7%) or poor (23.3%), and close to a tenth rated their sleep as either very good (9.6%) or very poor (9.6%).

Figure 4.1. Sleep quality in the past week for all respondents.



A more detailed analysis of the sleep data shows that there were some subgroup differences by background. Specifically, the 60+ years age group were most likely to report having good (25.0%) or very good (12.9%) sleep quality compared to those aged 18-29 years (good 15.3%, very good 7.8%) and those aged 30-59 years (good 20.7%, very good 8.5%). Additionally, respondents in the 60+ years age group were less likely to report poor (20.6%) or very poor sleep (4.5%) compared to the 30-59 year old group (poor 23.1%, very poor 10.1%) and compared to young adults (poor 27.0%, very poor 15.0%).

In addition, as shown in Table I in the annex, sleep quality differed quite starkly among respondents with or without pre-existing mental health conditions. Respondents with pre-existing conditions reported much higher rates of poor sleep than those without a condition. For example, over half (55.2%) of respondents with a pre-existing mental health condition reported having poor or very poor sleep in the past week, compared to 29% of those with no mental health condition. Additionally, only 3% of those with a pre-existing mental health condition reported very good sleep compared to 10.6% of those with no condition.

#### 4.2.3 Lifestyle factors

Lifestyle factors can have a significant impact upon an individual's mental and physical wellbeing. In Wave 1 of the SCOVID Mental Health Tracker Study respondents were asked about changes in their lifestyle during the COVID-19 lockdown. These lifestyle factors and behaviours included alcohol use, smoking, drug use (other than prescription or over the counter medicines), online gambling,

and physical activity over the week prior to answering the Wave 1 questionnaire. Although we do not have pre-Wave 1 data on these lifestyle factors, respondents were asked to indicate whether they felt that they had done these things 'Less than usual', 'About the same' or 'More than usual' in the week prior to the questionnaire, compared to prior to COVID-19. The following section provides a brief overview of these lifestyle factors, noting significant differences by subgroups.

### **Alcohol**

Over a third of the sample (35.6%) reported not drinking alcohol in the past week. Another third (32.7%) said that there had been no change in their drinking in the week prior, while 16.9% reported drinking less than usual and 14.9% of respondents felt they had drunk more than usual.

### **Smoking**

Three quarters (78.6%) of the sample reported not smoking in the week prior. Thirty eight percent (38.2%) of respondents aged 18-29 years old said they had smoked more than usual in the past week compared to 31.9% of 30-59 year olds and 13.2% of the 60+ group. A higher proportion of those in the 18-29 year old group reported smoking less in the past week (15.2%) than either the 30-59 year olds (7.4%) or the 60+ year group (4.4%). Further, more than half of respondents (54.6%) who had pre-existing mental health conditions reported smoking more than usual compared to a quarter (25.3%) of those without pre-existing mental health conditions.

### **Drugs**

The majority of the sample (88.8%) reported not using drugs. 2.5% of the sample reported increased drug use in the week prior compared to their usual usage, while 7.6% reported no change and 1.2% reported decreased use.

### **Gambling**

Most of the sample reported not taking part in online gambling (79.9%). Of respondents who did gamble online, over half (52.3%) reported no change in their gambling in the week prior compared to their usual pattern. Around one third (31.7%) reported gambling less than usual and 16.0% reported gambling more than usual. There were no differences between any of the subgroups on these changes.

### **Physical Activity**

Finally, respondents were asked how many days in a typical week before COVID-19 and in the last week they had engaged in moderate or vigorous physical activity for 15 minutes or more. Overall, respondents reported that their physical activity increased during the COVID-19 lockdown. Specifically, reports of moderate or vigorous activity levels in the week prior increased from a typical pre-COVID-19 levels of just over 2 days per week (mean= 2.2) on average, to just under 3 days per week (mean= 2.78). Men reported engaging in significantly more vigorous physical activity than women did. Additionally, those without a pre-existing mental health

condition reported more vigorous activity than those with a pre-existing mental health condition.

### **4.3 Support network and emotional support**

With the COVID-19 lockdown, there was a possibility that people would be isolated from their usual support networks. Wave 1 of the SCOVID Mental Health Tracker Study asked respondents how connected they felt to friends, family, colleagues, and their community during the COVID-19 lockdown. For the purposes of this report, those who reported being quite a bit, moderately or extremely connected were grouped in the category of 'Connected', and those who reported feeling not or a little bit connected were grouped as being 'Not connected'.

Overall, people felt more connected to family and friends, compared to colleagues and community. Those that felt the most connected included:

- 60+ year olds felt more connected to family, 30-59 year olds felt more connected to colleagues, and young adults (18-29 years) felt more connected to friends.
- Women felt more connected to family and friends than men did.
- BAME felt more connected to friends compared to White respondents.
- Those in the higher SEG felt more connected to friends and colleagues than those in the lower SEG

#### **4.3.1 Support Network**

##### **Family and Friends**

Looking at the sample as a whole, two thirds of respondents (67.6%) reported feeling connected to their family in the last week and 44.3% said they felt connected to friends. Some differences in feelings of social connectedness to family and friends were found for different groups based on age and sex. Similar levels of feeling connected to family were reported between the age groups, with older people (60+ years) reporting the highest (70.7%), then 18-29 year olds (69.4%) and 30-59 year olds feeling the least connected to family (64.7%). The 30-59 year old group also reported feeling least connected to their friends (40.9%) compared to both young adults, who felt the most connected (53.6%), and older people (42.3%). Further, women were slightly more likely to feel connected to family (70.1%) than men (65.1%), and more women also reported feeling more connected to friends (47.8%) than men (40.3%).

Other background and health factors were related to varying levels of feeling connected to family and friends. For example, respondents from BAME backgrounds were more likely to feel connected to friends (52.8%) than those from White backgrounds (43.8%). Further, those from the lower SEG were less likely to feel

connected to friends (41.6%) than those from a higher SEG (46.0%). Finally, respondents with pre-existing mental health conditions were much less likely to feel connected to family (52.1%) compared to respondents with no pre-existing mental health condition (69.9%), and were nearly half as likely to feel connected to friends (28.8% vs. 53.4%).

### **Colleagues**

Across the whole sample, over one fifth (23.4%) felt connected to their colleagues, although this included people who may not work or had been furloughed. Looking at age groups, the 30-59 year olds reported feeling most connected to their colleagues (31.8%) compared to the younger (24.8%) and older (9.3%) age groups. Additionally, men were more likely to feel connected to colleagues (26.7%) than women (20.4%). Looking at connectedness by other background characteristics, those from the higher SEG were more likely to feel connected to colleagues (27.2%) than those from the lower SEG (17.6%), and those with a pre-existing mental health condition felt less connected to colleagues than those without a pre-existing condition (11.8% vs. 25.2%).

### **Community**

Overall, only 18.7% of the sample felt connected to their community. The levels of connection to their community was similar across age groups, with approximately one fifth reporting feeling connected to the community in each age group (18-29 year olds = 17.5%, 30-59 year olds = 19.8% and 60+ year olds = 18.1%). Men and women reported similar levels of feeling connected to their community (women = 18.0%, men = 19.7%). Further, those from the lower SEG were less likely to feel connected to their community (16.7%) than those from the higher SEG (20.1%). Additionally, compared to respondents with no pre-existing mental health condition, respondents with mental health conditions were much less likely to report feeling connected to their community (10.3% v. 20.1%).

#### **4.3.2 Emotional support**

To measure sources of emotional support in the Wave 1 SCOVID Mental Health Tracker Study, respondents were asked how frequently in the 6 months prior and how often since the onset of COVID-19 they had sought emotional support from various sources such as family, counsellors, GP, and NHS services. The findings for the whole sample are displayed in Table 4.2 below, with the percentage of people who had made contact with a particular source prior to COVID-19, and during or before the Wave 1 period of this study. Both before and after COVID-19, friends and family were the most used source of support and these levels did not change significantly. Access to a number of sources of support reduced during the COVID-19 lockdown, in particular half as many respondents reported accessing a GP or community health worker for emotional support. Additionally, fewer respondents reported using counselling and therapy services. This suggests that professional and

health care sources of emotional support reduced during COVID-19 lockdown, while informal sources of support, such as family and friends, remained about the same.

Table 4.2. Percentage of respondents who used sources of emotional support at least once before and during the COVID-19 lockdown

<b>Source of support</b>	<b>6 months before COVID-19 (%)</b>	<b>During COVID-19 (%)</b>
Friends or family	48.7	46.6
Professional counselling or therapy (via telephone, online or face-to-face)	13.7	9.8
GP or community health worker (e.g. health visitor, midwife, pharmacist)	22.6	11.3
NHS 24 111 telephone service	8.1	6.3
NHS Inform website self-help guides	9.8	8.3
Shielding support telephone line	-	5.0

Looking at emotional support across groupings by age and sex, there were some differences noted. Two thirds of young adults (66.5%) reported using friends and family for emotional support during COVID-19, followed by 30-59 year olds at nearly half (48.1%). Those aged 60+ reported the lowest rates (28.7%) of using family and friend as support during COVID-19. Additionally, over half of women (54.8%) reported accessing emotional support from family and friends during COVID-19, at a higher rate than men (37.8%). Overall, 18-29 year olds were significantly more likely to have used any of the sources of support, compared to those in the 60+ year group. For example, during COVID-19, 15.2% of young adults accessed NHS 24, compared to 0.9% of the older age group.

Unsurprisingly, respondents with a pre-existing mental health condition were most likely of any of the groups to have been in contact with professional counselling services. Over one-third (35.2%) accessed counselling or therapy in the 6 months before COVID-19, however during the period of the Wave 1 questionnaire this number dropped to 21%. Interestingly, during COVID-19 the shielding group were more likely to have had contact with professional counselling services, with a quarter accessing counselling for emotional support.

In the 6 months before COVID-19, respondents from the BAME group were twice as likely to report having been in contact with professional counselling services (26.8%) than those from White backgrounds (13.0%). Those from the BAME group were also more likely to have been in contact with a GP or community health worker (30.9%) than those from White backgrounds (22.2%), and to use NHS 24 (16.3%) than those from White backgrounds (7.7%). Although the proportion of those in contact with a GP or community health worker decreased during COVID-19 for both BAME (18.7%)

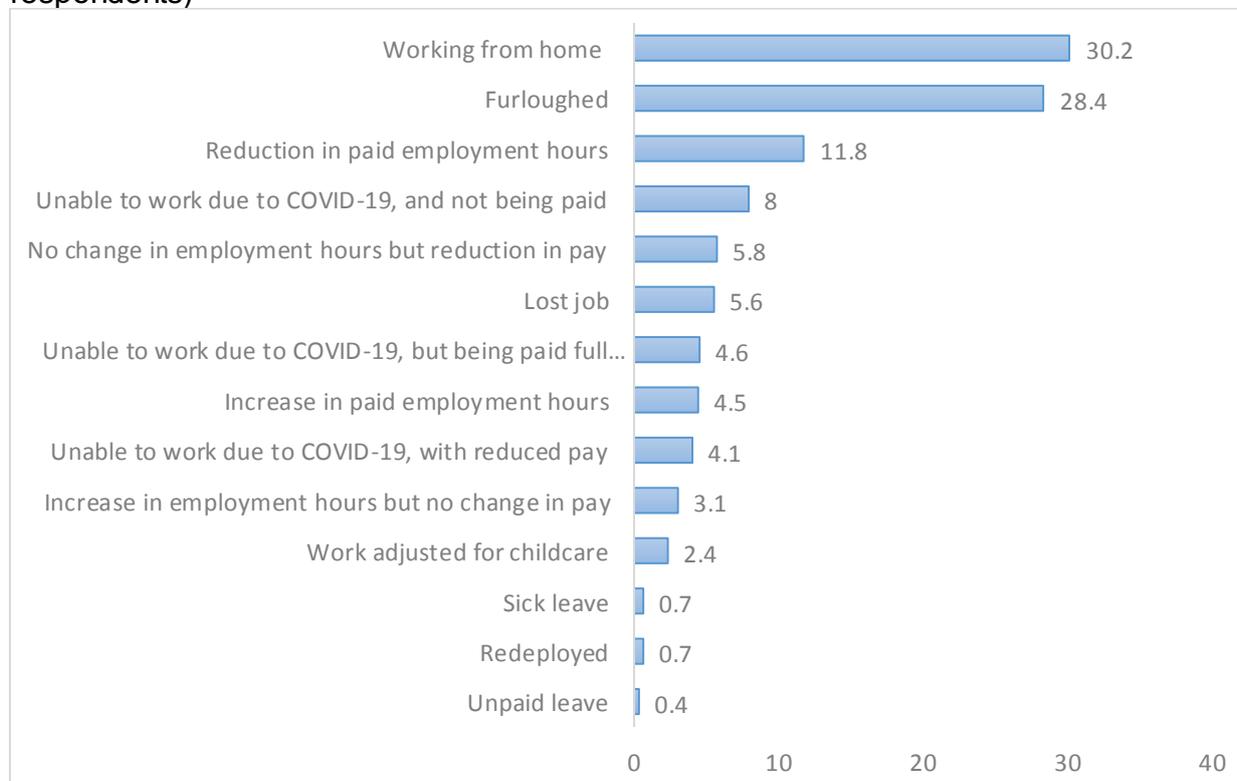
and White (11.0%) groups, there was no change in use of NHS 24 for the BAME group (16.2%), whereas use in the White group dropped to 5.8%. It is important to note that the sample size for BAME respondents is quite small, so these findings must be considered carefully.

#### 4.4. Finances pre and during COVID-19

To understand changes in work status and financial security during the COVID-19 pandemic, respondents were asked questions about changes that might have occurred to their employment situation since the COVID-19 pandemic, as well as respondents' perceptions of their financial coping pre COVID-19, and during Wave 1. These factors are being tracked as understanding respondents' financial circumstances over the waves of this study will lend insight into how changes in financial circumstances might correlate with changing mental health indicators.

Of the entire sample, just under half of respondents (48.6%) reported that their job had changed in some way during the COVID-19 pandemic. As displayed in Figure 4.2, working from home (30.2%) or being furloughed (28.4%), and a reduction in paid employment hours (11.8%) were the most commonly reported changes.

Figure 4.2 Changes to job role experienced during COVID-19 pandemic (% of respondents)



To assess perceived financial coping before and during COVID-19 in Wave 1 of the SCOVID Mental Health Tracker Study, respondents were asked the following two questions regarding their perceived financial situation: “Thinking about before COVID-19, how well would you say you were managing financially?”; “How well would you say you are managing financially these days?” Responses ranged from ‘living comfortably’ to ‘doing alright’, to ‘just about getting by’, to ‘finding it quite difficult’ to ‘finding it very difficult’.

Pre COVID-19, older people felt more financially secure than other age groups. More specifically, those 60+ were nearly twice as likely to report living comfortably (40.7%) than 18-29 year olds (23.6%) and 30-59 year olds (22.9%), and this older age group was less likely to report finding their financial circumstances quite difficult or very difficult (1.9%) compared to 18-29 year olds (11.4%) and 30-59 year olds (8.5%). During COVID-19, the proportion of people in all age groups who considered themselves to be living comfortably reduced, with 18-29 year olds reducing by 6.4%, 30-59 year olds by 5.6%, and 60+ year olds by 3.6%. Additionally, the proportion of respondents reporting they were finding their financial circumstances quite or very difficult increased for every age group, with those aged 60+ years increasing by 1.3%, those aged 30-59 years by 9.6% and 18-29 year olds by 6.8%. Overall, the younger age groups appeared to experience the most financial impact from the COVID-19 lockdown.

## **4.5 Trust in others and authorities**

Wave 1 of the SCOVID Mental Health Tracker Study assessed perceptions of trust towards others (people and strangers) and the authorities (police, NHS, UK and Scottish governments). Trust is an important indicator of how confident people are in society more widely.

### **4.5.1 Trust in others**

Trust in others was assessed with two statements which respondents were asked to rate their agreement with: ‘In general one can trust people’ and ‘When dealing with strangers it is better to be careful before you trust them’. Response options were ‘strongly disagree’, ‘disagree’, ‘agree’ and ‘strongly agree’. Two thirds of the sample (66.8%) agreed or strongly agreed that on the whole, people could be trusted.

There were some differences in trust in others by background. For example, just over three quarters (79.8%) of respondents in the 60+ year age group reported feeling that people were generally trustworthy compared to two thirds (66.8%) of 30-59 year olds and 59% of 18-29 year olds. Respondents with no pre-existing mental health conditions were more likely to report feeling that people were generally trustworthy (72.4%) compared to respondents with pre-existing mental health conditions (45.4%).

Just over four fifths of respondents (85.9%) agreed that it was better to be careful when dealing with strangers. Just under one fifth (16.1%) of the young adult respondents (18-29 year olds) disagreed with the sentiment that it is better to be careful of strangers before you trust them, compared to 10.1% of the 30-59 year olds and 7.0% of the 60+ years age groups. More respondents with no pre-existing mental health conditions (11.2%) disagreed with this sentiment compared to 6.9% of respondents with pre-existing mental health conditions.

#### **4.5.2. Trust in authorities**

Respondents were asked to indicate the extent to which they felt members of the police, NHS, UK Government, and Scottish Government could be trusted.

##### **Police**

Over two thirds of respondents (67.7%) said that they trusted the police to some extent and around a third of these respondents reported trusting the police completely. Women were more likely to report trusting the police (72.3%) than men (63.2%). Over three quarters of respondents in the 60+ year old group felt the police were at least somewhat trustworthy (82.4%) compared to 67.1% of 30-59 year olds and half (50.0%) of the 18-29 year olds. Over a third of the youngest age group endorsed not trusting the police very much or at all (36.1%). Respondents with pre-existing mental health conditions were more likely to report not trusting the police (37.6%) than those without pre-existing mental health conditions (20.1%).

##### **NHS**

The majority of respondents (89.3%) reported trusting the NHS to some extent and over half (56.7%) of these respondents endorsed trusting the NHS completely. Respondents from the higher SEG groupings were more likely to trust the NHS (91.2%) than those from lower SEGs (86.4%). Over ninety percent (95.2%) of the 60+ year group reported trusting the NHS to some extent compared to 88.9% of 30-59 year olds, and 82.5% of 18-29 year olds. The latter were more likely to report not trusting the NHS (12.1%) than either the 30-59 year old (5.8%) or 60+ age group (2.7%). 12.3% of respondents from BAME backgrounds reported not trusting the NHS very much compared to 6.0% of those from White backgrounds.

##### **UK Government**

In terms of trusting the UK government, just under a third of respondents (28.2%) said that they felt the UK government could be trusted to some extent and 60% said they did not trust it at all or did not trust it very much. There were some differences in levels of trust reported by background factors. The 60+ age group were more likely to report trusting the UK government to some extent (37.7%) than respondents in either of the other age groups (30-59 year olds: 25.7%; 18-29 year olds: 21.3%). Young adults (18-29 years) were more likely to report not trusting the UK government to some extent (62.6%) than respondents in the 30-59 year old (62.2%)

or 60+ age group (55.2%). Additionally, respondents from BAME backgrounds were more likely to report trusting the UK government to some extent (40.7%) than those from White backgrounds (27.6%). Respondents with pre-existing mental health conditions were more likely to report not trusting the UK government (74.0%) than those without pre-existing mental health conditions (58.2%).

### **Scottish Government**

In terms of trusting the Scottish Government, the pattern was reversed compared to that of the UK government, with nearly two thirds of respondents (63.4%) trusting the Scottish Government to some extent. Approximately a quarter of respondents in the 60+ group, 30-59 year olds (24.9%), and 18-29 year olds (23.8%) reported having little or no trust in the Scottish government (28.2%). Men were slightly more likely to report little or no trust in the Scottish Government (28.8%) compared to women (22.6%). Similarly, women were more likely to report trusting the Scottish Government to some extent (66.4%) compared to men (60.9%). Respondents from BAME backgrounds were more likely to report trusting the Scottish Government at least somewhat (66.1%) than those from White backgrounds (63.3%).

## **4.6 Interpersonal harm**

An area of concern during the COVID-19 lockdown was for individuals who may be at risk of interpersonal harm or abuse. This section gives a brief overview of the findings for questions respondents were asked about their recent experiences of physical harm and bullying or psychological harm in the 2 weeks prior to responding to the Wave 1 questionnaire. Overall, 8% of respondents reported that they had been physically harmed by another person in the prior 2 weeks. Additionally, 11.4% of respondents reported experiences of being bullied, controlled, intimidated or psychologically hurt by somebody else. Particular groups within the sample reported higher rates of interpersonal harm than the sample average:

- Males reported more physical harm
- Young adults (18-29 years) reported more physical and psychological harm
- BAME groups reported higher physical and psychological harm
- Those in the lower SEG reported higher rates of physical harm
- Those with a pre-existing mental health condition reported higher psychological harm

Looking at the subgroups, there were some differences in reports of interpersonal harm according to age and sex. Males reported higher rates of physical harm (10%) than females (5.4%). Additionally, a higher proportion of young adults (18-29 years) reported interpersonal harm, with nearly one fifth reporting physical harm (17.9%) and over one fifth reporting psychological harm (21.4%) compared with the older age groups. Indeed, respondents aged 30-59 years still reported roughly 3 times as

much physical (6.7%) and psychological (11.6%) harm than those aged 60+ years, who reported the lowest rates of physical (2.3%) or psychological (3.2%) harm. These findings indicated that being male and young increased the likelihood of physical harm, and being young was a risk for psychological harm.

Other background factors were associated with differing rates of physical and psychological harm. For example, over a fifth of respondents from BAME backgrounds reported being physically harmed (22.8%) or psychologically harmed (23%) by someone in the prior 2 weeks, compared to those from White backgrounds of which 7.2% reported physical harm and 10.8% reported psychological harm. Additionally, respondents from the lower SEG reported higher rates of physical harm (9.9%) compared to those from the higher SEG (6.8%). Finally, those with a pre-existing mental health condition reported higher rates of psychological harm (18.5%) than those with no mental health condition (10.3%).

## 5. Conclusions

The COVID-19 pandemic and lockdown may have wide reaching implications for the mental health and wellbeing of populations beyond those who have been directly affected by the virus. This report outlines the findings from Wave 1 of the Scottish COVID-19 Tracker Study, which is the first wave in a longitudinal study spanning one year and a total of 5 waves. The aim of the study was to better understand experiences of the Scottish population during the COVID-19 pandemic and lockdown, and their mental health and wellbeing during COVID-19 lockdown. It should be noted that as only one wave of data is yet available, it is not yet possible to report whether the rates of various mental health indices have increased or decreased for respondents from before the COVID-19 lockdown.

The Wave 1 findings suggest there are particular groups within society that may be at an elevated risk for more negative mental health and wellbeing outcomes such as depressive symptoms, anxiety symptoms, suicidal thoughts, and mental wellbeing. The highest rates of negative mental health outcomes in Wave 1 are among young adults and women. Examining other background and health factors, respondents with a pre-existing mental health condition and those from a lower SEG also reported the poorest mental health outcomes in the SCOVID Mental Health Tracker Study. To a slightly lesser extent, individuals who identified as BAME also reported elevated levels of depressive symptoms and suicidal thoughts, although this finding must be considered cautiously as they made up a very small proportion of the sample.

The survey waves which will follow will be especially important in monitoring the population-based mental health outcomes and detecting groups who are most vulnerable to negative outcomes related to the COVID-19 pandemic. In particular, this longitudinal study aims to lend insight into the mental health impacts of the easing and tightening of lockdown restrictions across the Scottish population. Overall, the findings thus far suggest that rates of mental health outcomes may be more elevated than would be expected, and that particular groups within society are more at risk.

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# ANNEX

## 1. Description of subgroups

This report presents the top level results from the survey, as well as a description of which subgroups, as summarised in Table 2.2, have been most impacted by the COVID-19 pandemic. The following outlines how the groups are defined:

- Sex is reported as men and women in this report. The numbers reporting other gender identities were too small to be robust in the analysis. Sex was based upon sex assigned at birth.
- Age was grouped into three age groups to reflect different stages across the life span; young adults (18-29 years), a middle age group (30-59 years) and an older age group (60+ years).
- Ethnicity was grouped into White and BAME (Black, Asian and Minority Ethnic) groups, and includes those who have identified as Mixed.
- Socioeconomic grouping (SEG) variable was created by grouping the higher SEG occupational groups (Higher SEG=A, B, C1) and the lower SEG groups (Lower SEG=C2, D, E). Higher SEG included AB = Higher & intermediate managerial, administrative, professional occupations, C1 = Supervisory, clerical & junior managerial, administrative, professional occupations. Lower SEG included C2 = Skilled manual occupations, DE = Semi-skilled & unskilled manual occupations, unemployed and lowest grade occupations.
- Pre-existing mental health condition included all respondents who reported a mental health problem. Depression (80.5%) and anxiety (70.4%) were the mental health conditions most commonly reported. Table A in the annex provides an overview of respondents' pre-existing physical and mental health conditions.
- Urban areas included city, large towns and small towns, and rural included isolated dwellings, hamlets, and villages.
- Respondents were asked if they looked after or gave regular help or support to family members, friends, neighbours or others because of either long-term physical, mental ill-health, disability; or problems related to old age, separate from paid employment. Those who had unpaid caring responsibilities were divided into two groups; those with any caring responsibilities and those with more than 5 hours per week of caring responsibilities.
- Key workers were defined as those in posts which ensure delivery of essential services covering tasks within the local community which support the vulnerable and aid community resilience. This includes health and care workers, emergency/critical welfare services, emergency/critical welfare services, food producers, supermarket workers, public transport, and delivery drivers.

- Change of working status included respondents whose working status had changed during the COVID-19 lockdown, including working from home (30.2%), furloughed (28.4%) or had a reduction in paid employment (11.8%).
- The high-risk group designation was self-selecting and made up of those who were aged 70+ and/or had an underlying health condition that may place them at higher risk from COVID-19.
- Those in the shielding group were identified as such if they reported having received a letter from the Government asking them to shield during lockdown.
- Other household factors including living alone compared to not living alone, and having dependents (under 5 or under 16 years old) in the household.

## 2. Sample and respondent characteristics

Table A. General physical health and mental health of sample

Items	Yes %
Belong to the high-risk group <sup>1</sup>	21.6
Pregnant	0.9
Belong to the shielding group <sup>2</sup>	6.6
Long-standing physical or mental impairment, illness or disability <sup>3</sup>	28.3
Health Conditions <sup>4</sup> (n = 711)	
High blood pressure	30.9
Diabetes	17.6
Heart disease	9.2
Stroke	4.3
Lung disease (e.g. asthma or COPD)	16.4
Cancer	3.8
Another chronic physical health condition	17.5
Depression	37.4
Anxiety	32.7
Attention Def. Disord. & Attention Def. Hyper. Disord.	0.3
Autism or Asperger's	3.0
Obsessive Compulsive Disorder	3.7
Post-traumatic Stress Disorder	4.4
Alcohol or drug problems	3.7
Another mental health problem	6.0
A disability that affects my ability to leave the house	8.8
Any other disability	16.9
Other	12.4
None of the above	1.6
Have ever donated blood	39.5
Have signed on the organ donor registry	47.9
Have ever donated money to charity	90.3
Have ever given time to volunteer for charity work	49.1

<sup>1</sup> (e.g., aged 70+, underlying health condition such as cancer, severe chest conditions, organ transplant recipient, etc). <sup>2</sup> Respondent has received a letter from NHS Scotland advising them to begin a complete quarantine and not to leave home at all for 12 weeks. <sup>3</sup> 'Long-standing' is understood as anything that has troubled the respondent over a period of at least 12 months or that is likely to trouble them over a period of at least 12 months. <sup>4</sup> Respondents selected all that apply to them.

### 3. Quota sampling

Wave 1 SCOVID Tracker study quotas and sample breakdown.

Table B. Sample in each age by sex quota

<b>Age</b>	<b>Target</b>	<b>Achieved</b>
18 to 24 male	200	176
18 to 24 female	200	221
25 to 34 male	200	186
25 to 34 female	200	226
35 to 54 male	374	373
35 to 54 female	395	399
55 to 69 male	264	305
55 to 69 female	280	290
70+ male	168	235
70+ female	219	193
<b>Total</b>	<b>2,500</b>	<b>2604</b>

Table C. Sample in each tenure quota

<b>Tenure</b>	<b>Target</b>	<b>Achieved</b>
Owned Outright or Mortgaged	1553	1651
Social Rent	585	525
Private Rent	362	428

Table D. Sample in each highest qualification quota

<b>Highest Qualification</b>	<b>Target</b>	<b>Achieved</b>
No Qualifications	388	144
Level 1 Standards or 2 Highers	877	900
Level 3 HNC/D or Level 4	1235	1560
Degree/prof or other		

Table E. Breakdown of respondents by soft quotas (local NHS board and Urban/Rural location)

NHS board	Age group, years			Total %
	18-29 %	30-59 %	60+ %	
Ayrshire and Arran	9.2	6.4	8.3	7.6
Borders	2.4	1.9	3.1	2.4
Dumfries and Galloway	2.6	2.4	4.8	3.1
Fife	7.5	6.4	8.4	7.3
Forth Valley	3.9	6.1	4.7	5.2
Grampian	11.4	12.4	9.7	11.4
Greater Glasgow and Clyde	22.9	24.3	18.0	22.1
Highland	6.7	4.3	7.9	5.9
Lanarkshire	8.9	8.9	8.4	8.7
Lothian	16.2	18.1	16.1	17.1
Orkney	0.2	0.2	0.1	0.2
Shetland	0.7	0.1	0.8	0.4
Tayside	7.2	8.0	9.3	8.1
Western Isles	0.3	0.6	0.5	0.5
<b>Rurality</b>				
Urban <sup>a</sup>	83.5	81.0	71.2	78.6
Rural <sup>b</sup>	16.5	19.0	28.8	21.4

Note: <sup>a</sup> Includes city, large and small towns. <sup>b</sup> Includes Isolated dwellings, hamlets and villages

## 4. COVID-19 Contextual factors

Table F(1). Respondents' own experiences of COVID-19 and family/friends' experiences of COVID-19

<b>Response</b>	<b>Respondent (%)</b>	<b>Family or friends (%)</b>
Yes, diagnosed and recovered	0.4	8.5
Yes, diagnosed and still ill	0.4	0.9
Yes, diagnosed and died (family/friends)	—	2.6
Not formally diagnosed but suspected and recovered	6.0	10.0
Not formally diagnosed but suspected and still ill	0.8	0.8
Don't know	14.2	10.6
No	78.2	66.7

Table F(2). Perceptions on the chances of getting COVID-19 compared to others of the same sex and age, split by sociodemographic groups

	<b>Much below average (%)</b>	<b>Below average (%)</b>	<b>Average (%)</b>	<b>Above average (%)</b>	<b>Much above average (%)</b>	<b>Don't know (%)</b>
All respondents	4.5	16.5	51.5	14.8	4.8	8.0
<b>Socioeconomic group</b>						
Low	4.2	14.5	49.8	15.1	6.8	10.2
High	4.6	17.7	53.0	14.6	3.5	6.5
<b>Age group</b>						
18-29	7.7	21.6	46.3	9.0	3.2	12.2
30-59	3.9	14.2	56.9	12.8	4.2	8.0
60+	2.9	16.0	47.0	22.5	7.1	4.5
<b>Ethnicity</b>						
White	4.3	16.2	51.6	15.3	4.9	7.6
BAME	6.5	22.0	48.8	4.9	2.4	15.4
<b>Mental health condition</b>						
No MH	4.9	16.9	52.8	13.5	4.6	7.4
Yes MH	2.1	13.6	42.6	23.6	6.3	11.8
<b>Gender</b>						
Female	3.5	13.7	54.9	14.9	4.8	8.2
Male	5.4	19.2	47.8	14.9	4.8	7.8

## 5. General health during COVID-19

Table G. Respondents' perceptions of their general health before and at Wave 1

	General health pre COVID-19 (%) (n= 2514)	General health Wave 1 (%) (n= 2514)
Very good	22.8	20.2
Good	47.0	46.2
Fair	22.8	24.6
Poor	5.6	6.6
Very poor	1.5	1.9
Don't know	0.4	0.4

Table H. Respondents' perceptions of their mental health before and at Wave 1

	Mental health pre COVID-19 (%) (n= 2514)	Mental health Wave 1 (%) (n= 2514)
Very good	28.8	22.6
Good	40.7	33.4
Fair	20.0	26.6
Poor	7.4	10.7
Very poor	2.7	6.5
Don't know	0.4	0.3

Table I. Sleep quality in the past week for respondents with or without pre-existing mental health conditions

	No MH (%) (n= 2183)	Yes MH (%) (n= 330)
Very good	10.6	3.0
Good	22.1	11.5
Fair	37.7	30.3
Poor	22.4	29.1
Very poor	7.1	26.1

## 6. Support network

Table J. Percentage (%) of respondents feeling connected or not to family, friends, colleagues and community during COVID-19 lockdown, by group

Group	Family %		Friends %		Colleagues %		Community %	
	Not connected (n=816)	Connected (n= 1699)	Not connected (n= 1402)	Connected (n= 1113)	Not connected (n= 1924)	Connected (n= 590)	Not connected (n= 2043)	Connected (n= 472)
<b>Age groups</b>								
18-29	30.6	69.4	46.4	53.6	75.2	24.8	82.5	17.5
30-59	35.3	64.7	59.1	40.9	68.2	31.8	80.2	19.8
60+	29.3	70.7	57.7	42.3	90.7	9.3	81.9	18.1
<b>Gender</b>								
Female	29.9	70.1	52.2	47.8	76.6	20.4	82.0	18.0
Male	34.9	65.1	59.7	40.3	73.3	26.7	80.3	19.7
<b>Socio-economic group</b>								
Low	34.4	65.6	58.4	41.6	82.4	17.6	83.3	16.7
High	31.2	68.8	54.0	46.0	72.8	27.2	79.9	20.1
<b>Carers</b>								
Not a carer/ <5hours	32.5	67.5	55.4	44.6	76.7	23.3	81.6	18.4
Carer 5hrs+	31.0	69.0	58.1	41.9	75.4	24.6	78.4	21.6
<b>Households</b>								
No under 16	34.8	65.2	56.4	43.6	79.3	20.7	82.9	17.1
Under 16	25.2	74.8	53.6	46.4	68.3	31.7	76.2	23.8

Live with others	<b>29.3</b>	<b>70.7</b>	<b>56.0</b>	<b>44.0</b>	<b>75.4</b>	<b>24.6</b>	<b>81.7</b>	<b>18.3</b>
Living alone	43.1	56.9	54.9	45.1	80.6	19.4	79.9	20.1
<b>Key workers</b>								
No	31.9	68.1	56.1	43.9	83.9	16.1	82.7	17.3
Yes	34.7	65.3	54.3	45.7	48.0	52.0	75.4	24.6
<b>Ethnicity</b>								
White	32.8	67.2	56.2	43.8	76.7	23.3	81.5	18.5
BAME	26.0	74.0	47.2	52.8	73.8	26.2	76.4	23.6
<b>Residential area</b>								
Rural	33.1	66.9	57.9	42.1	80.3	19.7	79.9	20.1
Urban	32.3	67.7	55.1	44.9	75.5	24.5	81.6	18.4
<b>Pre-existing mental health condition</b>								
No MH	30.1	69.9	53.4	46.6	74.8	25.2	79.9	20.1
Yes MH	47.9	52.1	71.2	28.8	88.2	11.8	89.7	10.3
<b>Shielding or high risk</b>								
Not shielding	32.6	67.4	55.9	44.1	76.4	23.6	81.5	18.5
Shielding	29.1	70.9	52.7	47.3	77.4	22.6	76.4	23.6
Not High risk	33.6	66.4	56.0	44.0	73.3	26.7	81.3	18.7
High risk	28.2	71.8	54.8	45.2	88.4	11.6	81.0	19.0
<b>Working status</b>								
No change	34.4	65.6	58.5	41.5	84.4	15.6	83.8	16.2
Change	30.4	69.6	52.9	47.1	68.2	31.8	78.6	21.4

\* note, there was no 'not applicable option' which could impact the proportion of people who feel unconnected to colleagues in cases where the individual isn't working (e.g. the 60+ group and those who are unemployed). The sample size was 2514 for all these measures.

## 7. Perceived financial coping pre and during COVID-19

Table K. Percentage (%) of respondents perceiving a change to their financial circumstances, by group

Group	Pre COVID-19 %		Wave 1 %		Self-perceived changes in finance		
	Managing well/ok (n= 2334)	Not managing well (n= 181)	Managing well/ok (n= 2201)	Not managing well (n= 313)	Better (n= 116)	No change (n= 1916)	Worse (n= 482)
<b>Age groups</b>							
18-29	88.6	11.4	81.8	18.2	9.7	61.6	28.7
30-59	91.5	8.5	84.5	15.5	3.7	75.4	20.8
60+	98.1	1.9	96.8	3.2	2.0	88.9	9.1
<b>Gender</b>							
Female	94.0	6.0	86.8	13.2	4.5	74.3	21.3
Male	91.9	8.1	88.6	11.4	4.8	78.2	17.0
<b>SEG</b>							
Low	88.8	11.2	82.4	17.6	5.4	73.8	20.8
High	95.4	4.6	90.8	9.2	4.1	77.2	18.3
<b>Carers</b>							
Not a carer/ <5hours	93.5	6.5	88.3	11.7	4.4	77.5	18.0
Carer 5hrs+	87.3	12.7	80.9	19.1	5.2	5.6	67.2
<b>Households</b>							
No under 16	93.2	6.8	88.5	11.5	4.1	78.6	17.3
Under 16	91.7	8.3	84.5	15.5	6.3	68.8	25.0
Live with others	93.5	6.5	88.1	11.9	5.1	74.8	20.2

Living alone	90.5	9.5	85.3	14.7	3.0	81.1	15.9
<b>Key workers</b>							
No	92.8	7.2	87.0	13.0	3.5	77.0	19.5
Yes	93.0	7.0	89.5	10.5	9.2	72.9	18.0
<b>Ethnicity</b>							
White	93.0	7.0	87.8	12.2	4.5	76.9	18.6
BAME	90.2	9.8	82.1	17.9	6.6	63.1	30.3
<b>Residential area</b>							
Rural	93.3	6.7	87.5	12.5	5.2	73.5	21.3
Urban	92.7	7.3	87.5	12.5	4.5	76.9	18.6
<b>Pre-existing mental health condition</b>							
No MH	94.4	5.6	89.7	10.3	4.7	76.4	19.0
Yes MH	82.4	17.6	73.0	27.0	4.2	74.9	20.8
<b>Shielding or high risk</b>							
Not shielding	93.1	6.9	87.8	12.3	4.4	76.6	19.0
Shielding	89.1	10.9	87.3	12.7	7.9	70.9	21.2
Not High risk	91.9	8.1	86.3	13.7	5.2	74.1	20.7
High risk	95.9	4.1	92.3	7.7	2.6	84.0	13.4
<b>Working status</b>							
No change	92.7	7.3	89.8	10.2	2.9	86.1	11.0
Change	92.9	7.1	85.2	14.8	6.5	65.7	27.9

## 8. Interpersonal harm

Table L. Percentage (%) of respondents reporting physical and psychological harm in the past 2 weeks.

<b>Group</b>	<b>% respondents reporting physical harm (n= 2514)</b>	<b>% respondents reporting psychological harm (n= 2514)</b>
<b>Age groups</b>		
18-29	17.9	21.4
30-59	6.7	11.6
60+	2.3	3.2
<b>Gender</b>		
Female	5.4	10.2
Male	10.0	12.4
<b>SEG</b>		
Low	9.9	12.4
High	6.8	10.7
<b>Ethnicity</b>		
White	7.2	10.8
BAME	22.8	23.0
<b>Pre-existing mental health condition</b>		
No MH	7.6	10.3
Yes MH	10.6	18.5



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