

12 MAY 2020

### KEY POINTS

- Surveys indicate that levels of anxiety have declined from the very high levels seen at the end of March, and are fairly stable. Financial impacts remain a concern and are linked to the impacts of COVID on mental health and well-being.
- Younger people tend to report more worry and anxiety.
- Rapid reviews indicate the negative psychological effects on the general population, and for the health and social care workforce. The evidence is stronger on impacts than on effective prevention and intervention. However, clear information, tackling stigma, screening and targeted support, and additional support for healthcare workers (including pro-active support for mental health and practical support) are all thought to be beneficial.
- There are a large number of studies in both Scotland and UK that will provide data on the short and medium term mental health impacts. There is ongoing work by Scottish Government and Public Health Scotland (PHS) to interpret this evidence, and to map data to outcomes and identify gaps.

### SURVEY DATA ON MENTAL HEALTH AND WELLBEING

#### Regular Government Polling

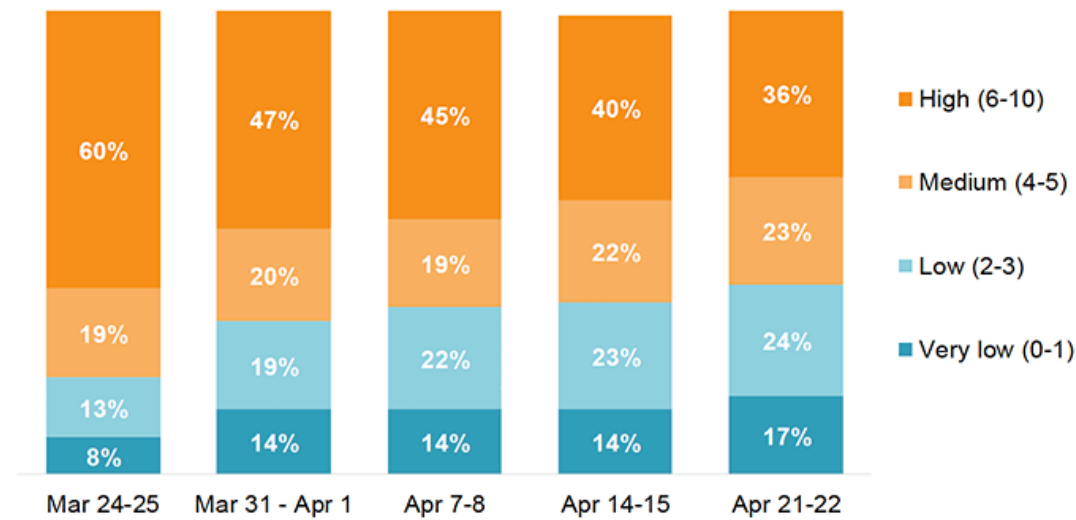
#### Public Attitudes to Coronavirus April Summary: Scottish Government

Based on the Ipsos MORI Global Advisor multi-country survey (with a Scottish Government commissioned Scottish boost to the UK sample) and YouGov weekly surveys of respondents in Scotland. The Ipsos MORI data contains a Scotland sample of approximately 600 adults weighted to reflect the age and gender profile of the Scottish population aged 16-74. The YouGov survey is a bespoke commission by Scottish Government and has an online sample of approximately 1000 adults weighted to match the Scottish population profile. Both surveys collect data in relation to wellbeing:

- Levels of **anxiety and worry** associated with Coronavirus were high at the end of March but have fallen in April (while still remaining relatively high).
- Concerns about the **potential financial impacts** of Coronavirus appear to be slightly higher than concerns about the health impacts, although the latter was taken increasingly seriously in April.
- **Anxiety** levels were very high towards the start of the lockdown period, but appear to have decreased throughout April (Figure 1).
- Similarly, respondents were most likely to be **unhappy** (rating of 0-4) and least likely to be happy (rating of 7-8) at the end of March. Unhappiness levels fell at the start of April and remained stable throughout the remainder of the month; happiness increased in early April and has also stayed stable since then.
- In the most recent wave (Apr 16-19), an increase is seen in the proportion who felt '**impatient to get back to normal life**' (37%), as well as small increases in the proportions

who felt '**worried about their job or financial security**' (26%), '**happy to have time to spend with family**' (25%), and '**lonely**' (20%).

[Figure 1: How anxious respondents felt yesterday on a scale of 0-10](#)



Source: YouGov weekly Scotland survey. Base (n=912-1042)

**ONS: Coronavirus and the Social Impacts on Great Britain Opinions and Lifestyle Survey (fieldwork 17-27 April)**

Online survey of a representative sample of approximately 2000 adults in Great Britain. It includes a small number of Scottish respondents (c.200).

- The proportion of adults who said their **well-being was affected** increased this week (48%) compared with last week (46%) after a downward trend for several weeks. The proportion remained higher for those with an underlying health condition, at 51%, and lower for those aged 70 years and over, at 39% (Figure 7). A similar proportion of key workers (46%) to all adults said their well-being was affected.
- The most common issues affecting people’s well-being are similar to previous weeks. About 3 in 4 (75%) of those who said their well-being was being affected said they were feeling **worried** about the future, with over 6 in 10 (63%) feeling **stressed or anxious** and over half (53%) **feeling bored**. Over 4 in 10 (43%) also said **not being able to exercise** as normal was impacting their well-being.
- Although it is not known how many people who said their well-being was affected had mental health issues prior to the coronavirus pandemic, over 3 in 10 (31%) of those whose well-being has been affected said it was **making their mental health worse**, an increase from 21% last week.

**Other UK and Scotland Surveys**

**Initial research findings on the impact of COVID-19 on the well-being of young people aged 13 to 24 in the UK : University of Sheffield.**

Survey of UK representative group of 2,000 13-24-year-olds (Scottish sample unknown) to examine the impact of the pandemic on young people at different stages of development:

- Their initial findings show 40-50% of young people are feeling significantly more **anxious** than they did before the outbreak. The youngest teenagers showed the highest rates of anxiety, while older groups showed lower levels of overall wellbeing.
- More than half of young people said they are now more **worried about their parents or family** than usual. Those whose parents are key workers demonstrated significantly higher levels of COVID-19 related anxiety and trauma and worse overall wellbeing.
- Levels of **anxiety and depression** were up to 10% higher for black and mixed race survey participants than white and Asian groups.

**The Wellbeing Costs of COVID-19 in the UK An Independent Research Report by Simetrica-Jacobs and the London School of Economics and Political Science.**

Estimates the wellbeing costs of COVID-19 and social distancing measures by looking at the impacts of the pandemic on the mental health and wellbeing of people in the UK between 9 and 19 April 2020 using an online survey with nationally representative quotas.

- Across a range of indicators, levels of **wellbeing and psychological distress** are substantially worse in the April 2020 survey period than they were during March/April in 2019. This pattern is consistent across all regions in the UK, between men and women, across all age groups and across different ethnic groups.
- The survey suggests the UK population is suffering from high levels of psychological distress and the nation as a whole is just under the threshold for psychiatric morbidity as measured by the GHQ-12 (General Health Questionnaire) instrument. Psychological distress is particularly high for women, ethnic minority groups and key workers.
- **Key workers** are currently reporting higher levels of life satisfaction, but also higher levels of anxiety than other workers.
- The negative association between COVID-19 and wellbeing is worse for women than for men, and for ethnic minority groups on some measures.
- The effect size is around twice the magnitude of the impact of redundancy (in normal times) on wellbeing.
- The study calculates an indicative monetary value for the **total wellbeing cost** to adults in the UK to be around £2.25bn per day, or around £43 per adult per day. One-third of this figure represents the health related costs and two-thirds represents the economic and social impacts on people from the social distancing measures.

It is possible that certain types of people are more likely to complete these types of surveys during national crises and that these types of people are different in their levels of wellbeing. The statistics on wellbeing during the COVID-19 period are benchmarked with findings released by the ONS from the Opinions and Lifestyle Survey (COVID-19 module) between the 3 and 13 of April.

#### SELECTED NEW RESEARCH PUBLICATIONS

\* There are a large volume of new publications on COVID-19 and mental health. A fuller appraisal and synthesis of the evidence will be provided by the Rapid Evidence Review, undertaken by Public Health Scotland, available in early June.

This section includes key findings from rapid evidence reviews which draw on a range of research publications.

### **General population:**

#### **The psychological impact of quarantine and how to reduce it: rapid review of the evidence.**

Samantha K Brooks, Rebecca K Webster, Louise E Smith, Lisa Woodland, Simon Wessely, Neil Greenberg, Gideon James Rubin. *Lancet* 2020; 395: 912–20 (26 February 2020)

Most reviewed studies reported negative psychological effects including post-traumatic stress symptoms, confusion, and anger. Stressors included longer quarantine duration, infection fears, frustration, boredom, inadequate supplies, inadequate information, financial loss, and stigma. Some researchers have suggested long-lasting effects. In situations where quarantine is deemed necessary, officials should quarantine individuals for no longer than required, provide clear rationale for quarantine and information about protocols, and ensure sufficient supplies are provided. Appeals to altruism by reminding the public about the benefits of quarantine to wider society can be favourable

There was mixed evidence for whether participant characteristics and demographics were predictors of the psychological impact of quarantine.

- Information is key; people who are quarantined need to understand the situation
- Effective and rapid communication is essential
- Supplies (both general and medical) need to be provided
- The quarantine period should be short and the duration should not be changed unless in extreme circumstances
- Most of the adverse effects come from the imposition of a restriction of liberty; voluntary quarantine is associated with less distress and fewer long-term complications
- Public health officials should emphasise the altruistic choice of self-isolating

The impacts of quarantine as opposed to other public health measures (such as social distancing, cancellation of mass gatherings, and school closures) is not known.

#### **The potential impact of COVID-19 on mental health outcomes and the implications for service solutions.** NIHR and the University of Bristol. Dr. James Nobles, Dr. Faith Martin, Dr Sarah Dawson, Professor Paul Moran and Dr. Jelena Savovic (15 April 2020)

Rapid evidence review drawing on systematic reviews and primary data and focused on two research questions. The evidence base is mostly focused on short-term impacts and there is a lack of baseline, and longer term follow up data. There is a relative lack of evidence on prevention approaches to community and population mental health outcomes. The suggestions below are drawn from commentary and systematic review recommendations.

1. What is the impact of such outbreaks on the prevalence of mental health conditions within the general population and across healthcare workers?

- The evidence suggests that an increase in the prevalence of mental health conditions is likely during, and immediately after, the COVID-19 outbreak. However, amongst the general population, this increase subsided after quarantine measures are lifted.

- Healthcare workers are at greater risk of adverse mental health outcomes, particularly those who are frontline staff, who are in “high-risk” units, or have been re-deployed to “high-risk” units from other departments.
- Several other groups also appear at risk: 1) those with chronic physical and mental health conditions, 2) children and parents, 3) those who have lost a family member, 4) those with lower levels of education, 5) those who perceive themselves to be at risk, and 6) those who live in outbreak hotspots.
- Additional factors which appear to influence mental health status are the duration of the quarantine period and associated financial losses incurred as a result of government “lockdowns”.

2. What community and population level approaches have been taken to prevent and address the increased levels of mental health conditions following such outbreaks?

- The general public may automatically adopt behaviours which are protective of their mental health. For example, seeking peer, family and community support.
- Efforts should be taken to avoid / reduce COVID-related stigma – for those who have contracted the virus and for healthcare workers.
- Screening should be used, initially targeted at groups thought to be at greater risk, to determine the tier of support required.
- Most recommendations point towards the use of online, or remote, services and resources (e.g. hotlines, apps, accurate and up-to-date information) to support at-risk groups and the general population.
- A specific set of recommendations are provided for the prevention and treatment of mental health conditions in healthcare workers.
- Healthcare workers appear to be at greatest risk, and in particular, those directly working in patient care, those working in “high-risk” units (especially nurses), and those re-deployed to help in “high-risk” units (i.e. those who do not have formal training or experience of critical care units). Psychological impacts on healthcare workers may be more severe than general public and persist over longer durations (up to 3 years reported).
- Preventative measures for healthcare workers may include: 1) online courses, 2) group stress relieving activities, 3) the provision of rest space, 4) brief advice on moral injury, 5) proactive support, role modelling, and gratitude from leadership, 6) regular screening of staff mental health, and 7) work to reduce the stigma around mental health amongst healthcare workers.

### **Health and Social care Workforce:**

**What is effective to support the mental wellbeing of healthcare staff during times of extreme pressure / crisis? (such as that expected to be experienced during the current COVID-19 pandemic)**

Public Health Wales Observatory

Identifies a series of possible recommendations from one systematic review of psychological wellbeing of healthcare workers dealing with SARS) and six guidelines (for COVID and generally for emergency situations) but notes that evidence base is not always clear and there is a need for further assessment of the effectiveness of interventions:

1. Regular communication and accurate updates to staff
2. Encourage supportive peer and team relationships
3. Normalise psychological responses
4. Psychological first aid and other education or training
5. Ensure staff are aware of psychological and wellbeing services available and how to access them

**Mental Health of Clinical Staff Working in High-Risk Epidemic and Pandemic Health Emergencies: A Rapid Review of the Evidence and Meta-Analysis** (pre-print article) Vaughan Bell (Research Department of Clinical, Educational and Health Psychology, University College London and South London and Maudsley NHS Foundation Trust), Dorothy Wade (2 May 2020)

A rapid review to estimate the additional mental health burden of working directly with infected patients during epidemic and pandemic health emergencies. Findings indicated that levels of self-reported depression, anxiety and posttraumatic stress disorder (PTSD) related symptoms were high, and somewhat higher in clinical staff working in high exposure roles (although the difference was small and there is a moderate risk of bias in the studies included).

Risk factors identified were: being a nurse, seeing colleagues infected, experiencing quarantine, non-voluntary role assignment, and experiencing stigma, as associated with particularly poor mental health outcomes. Protective factors included team and institutional support, use and faith in infection prevention measures, and a sense of professional duty and altruistic acceptance of risk. Formal psychological support services were valued by frontline staff, although those with the highest burden of mental health difficulties were the least likely to request or receive support.

**Occurrence, prevention, and management of the psychological effects of emerging virus outbreaks on healthcare workers: rapid review and meta-analysis** Steve Kisely, Nicola Warren, 3 Laura McMahon, Christine Dalais, Irene Henry, Dan Siskind *BMJ* 2020; 369: m1642 (5 May 2020)

Compared with lower risk control groups, staff in contact with affected patients had greater levels of both acute or post-traumatic stress and psychological distress. Risk factors for psychological distress included being younger, more junior, parents of dependent children, and in quarantine, having an infected family member, lack of practical support, and stigma. Clear communication, access to adequate personal protection, adequate rest, and both practical and psychological support were associated with reduced morbidity. These interventions were similar despite the wide range of settings and types of outbreaks covered in the review, and thus could be applicable to the current COVID-19 outbreak.

## THIRD SECTOR EVIDENCE AND INTELLIGENCE

### Emerging evidence

**The Mental Health Foundation** are undertaking a study in collaboration with the University of Cambridge, Swansea University, the University of Strathclyde and Queen's University Belfast. Since mid-March 2020, the project has undertaken regular, repeated surveys of more than 4,000 adults who are representative of people aged 18+ and living in the UK conducted online by YouGov.

Their emerging evidence indicates the impact of financial inequalities on mental health during the pandemic:

- One in five people surveyed (21%) – and more than one third (34%) in full-time work – are concerned about losing their job.
- One fifth (20%) of people surveyed who identified as unemployed have had suicidal thoughts and feelings in the last two weeks this is compared to 9% of people in employment.
- Twice as many unemployed people (26%) surveyed say they are not coping well with the stress of the pandemic compared to people in employment (12%).
- Over one in 10 (11%) unemployed people surveyed say nothing has helped them cope with the stress of the pandemic.

## New studies

**HomeStart in partnership with Best Beginnings, Home-Start UK, the Parent Infant Foundation and the Maternal Mental Health Alliance** are launching a UK wide parenting survey on 6 May to assess the impact of COVID-19 and associated restrictions on expecting parents and parents with young children. It is not a sample based survey and HomeStart Scotland are promoting this to get as much Scottish data as possible. The aim is to release top line findings in Infant Mental Health Awareness Week in June.

## NEW STUDIES

**Public Health Scotland** are planning a repeated survey of the health and well-being of Scottish children aged 2-7 years old, the **COVID-19 Early Years Resilience and Impact Survey (CEYRIS)**. The main areas covered in the survey are anticipated to be:

- Demographics of child, parent and household composition
- Parent and child health and wellbeing (general and mental)
- Activities undertaken by child during outbreak
- Relationships and social support during outbreak
- Access to and use of services during outbreak

**Understanding Society**, a UK wide longitudinal study is now running a **monthly COVID-19 survey**. From April 2020 participants from the main Understanding Society sample have been asked to complete a short web-survey. This survey covers the changing impact of the pandemic on the welfare of UK individuals, families and wider communities. Participants complete one survey a month, which includes core content designed to track changes, alongside variable content adapted each month as the coronavirus situation develops. For participants who do not use the internet, a telephone version of the questionnaire may be used in some of the months. Understanding Society includes a Scottish sample of approx. 3000 adults and data from the first wave will be available late May.

**The Chief Scientist Office** are funding **Scottish Led Rapid COVID-19 Studies** and reporting within the next 3-6 months. Funded studies include several which explicitly focus on the mental health of both the general population and specific sub groups, and of the health and social care workforce. A selection of those directly referencing mental health in their titles are listed below, other studies are also likely to include a mental health aspect. These studies are listed at Annex A

**The Nuffield Foundation** also announced 1.6 million for research on the social implications of the COVID-19 emergency as they emerge in real time. These studies are listed at Annex A

## Notes

This briefing document is intended for information and awareness on current and emerging evidence on the mental health impacts of COVID-19. It is not an exhaustive overview or a critical appraisal or endorsement of the quality of research included.

**For queries or suggestions please contact Alix Rosenberg, Health and Social Care Analysis Hub**  
(Alexandra.Rosenberg@gov.scot)



**Chief Scientist Office** funded projects:

- Protecting population physical and mental health during the Coronavirus pandemic: a representative national weekly survey to understand changes (University of Aberdeen, Professor Diana Dixon)
- Understanding and reducing the psychosocial impact of Coronavirus social distancing and behavioural changes on families in care home residents in Scotland (University of Edinburgh, Dr George Palattiyil)
- How has COVID-19 social distancing amplified the mental health vulnerabilities of gay, bisexual and other men who have sex with men (Glasgow Caledonian University, Dr Jamie Frankis)
- Understanding longer term impact of social distancing and behavioural interventions introduced to prevent the spread of infection in the population (University of Glasgow, Dr Kate Robb)
- Impact of pandemic response upon public mental health and disparities (University of Strathclyde, Prof Alex Morton)
- COVID-19 social distancing effects on social engagement, loneliness, well-being and physical activity in Scottish Older Adults and an exploration of potential ameliorating strategies (Prof Anna Whittaker)
- The ABC (Anxiety, health behaviour and cognition) of social distancing and isolation: evaluating the role of technology in remote support (Prof Nick Sculthorpe, University of West of Scotland)
- Develop evidence based interventions to support doctors' well-being and promote resilience during COVID-19 related transitions and beyond (University of Aberdeen, Dr Kim Walker)
- Effective interventions to support the resilience and mental health of front line health and social care staff during a global health crisis and following de-escalation (GCU, Dr Alex Pollock)
- Online de-briefings with care home staff after a resident's death: improving coping mechanisms, team cohesion and communication with relatives (Edinburgh Napier, Lucy Johnstone)
- Avoiding burnout of the care home workforce: sharing national learning and local initiatives that support resilience and retention during the COVID-19 pandemic (Edinburgh Napier, Lucy Johnstone)
- Qualitative investigation of health and social care early entrant experiences and coping strategies during rapid transition into professional practice (Robert Gordon University, Dr Flora Douglas)
- Sustaining the well-being and resilience of frontline community based care and support workers to vulnerable older people during a time of crisis (University of Stirling, Dr Grant Gibson)
- Using participatory digital platforms to enhance resilience and mental health of Scotland's frontline health and care staff during COVID-19 (Uni of Highlands and Islands, Dr Joannes de Kock)
- In Isolation instead of School (INISS): Vulnerable children's experiences of COVID-19 and effects on mental health and education (University of Edinburgh, Professor Gillean McClusky )
- Protecting the safety and well-being of vulnerable children and young people in Scotland during the COVID-19 pandemic (University of Stirling Prof Jane Callaghan)

**Nuffield Foundation** funded studies announced 23 April:

- [Psychological and social experiences of adults in the UK during the pandemic](#) led by Dr Daisy Fancourt (UCL). Awarded £333,302 over two years.

This project is exploring the psychological and social experiences of adults, capturing changes as people enter self-isolation, across the period of self-isolation, and as measures are relaxed. Over 50,000 adult volunteers are providing weekly responses to the UCL COVID-19 survey, which began as the lockdown was announced (23 March) and will run for at least six months.

The survey will be complemented by interviews with 150 people from specific subgroups: young adults, healthy adults, adults with a long-term physical health condition, adults with a mental health condition, older adults, freelance workers, front-line healthcare workers, and other key workers. The team are part of the committee advising government when to lift the lockdown.

- [The effect of the COVID-19 pandemic on families' time-use and child development](#), led by Dr Sarah Cattan (Institute of Fiscal Studies). Awarded £180,835 over two and a half years.

The team will survey 6,000 families with children aged under 17 early and later in the summer term, to explore economic circumstances, time-use, and socio-emotional well-being during the pandemic.

- [Growing up under COVID-19](#), led by Laurie Day (Ecorys UK Ltd). Awarded £249,380 over 18 months.

Researchers will document the lived experiences of young people aged 14-18 in seven countries: the four nations of the UK, Italy, Singapore and Lebanon, at different stages of the crisis to explore how differing social, political and economic contexts affect young people's experiences. Seventy young people will take part in interviews and focus groups, combined with analysis of their social media and blog data. It is intended that this evidence-base will ensure policy responses consider impacts on children and young people.