

RAPID RESEARCH IN COVID-19 PROGRAMME

Understanding longer-term health impacts of social distancing and behavioural interventions introduced to prevent the spread of infection in the population

AIMS

This proposal aimed to understand the impact of social distancing and other quarantining measures introduced by the Scottish Government on people by: i) identifying the key health and mental health concerns and; ii) examining how people's experiences change over the first four months of social distancing. The findings will inform future Government policy and action to prevent or mitigate any adverse effects.

KEY FINDINGS

- People were increasingly concerned about the risk of getting COVID-19 if they needed to use NHS services. The study also showed that people struggled with looking after their health; many reported snacking more and exercising less than before the lockdown which resulted in weight gain.
- Nearly all people in the study reported being more anxious than before the lockdown. People with existing health conditions in particular felt the negative health effects of movement restrictions, e.g. reduced mobility, and more pain from spending more time sitting at home, and poor sleep.
- People's experiences changed over time, e.g. they started exercising more and eating healthier in the summer to lose weight they had gained during the lockdown, and they reported better mental health as restrictions were eased.

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- The health consequences of social distancing depended on people's characteristics and circumstances, e.g. all participants younger than 30 years or from disadvantaged groups reported being more anxious than before the pandemic.
- Our recommendations include: measures to alleviate young adults' increased feelings of anxiety, promote physical activity and healthy eating at home, and explain how hospitals keep patients safe from COVID-19.

WHAT DID THE STUDY INVOLVE?

We interviewed thirty people in May/June 2020 and again in August 2020. Participants had already filled in a questionnaire about their health and mental health during the pandemic for a related research project. The interview participants were chosen from that research project to represent a range of different people in terms of age, sex, socioeconomic background, ethnicity, and health characteristics. Participants were offered £20 to thank them for the first interview and £40 after the second interview. Twenty-nine interviews were by phone and one interview was by video call. Interviews lasted up to an hour, were audio-recorded, and typed up. We analysed the information by summarising and comparing these written records.

WHAT WERE THE RESULTS AND WHAT DO THEY MEAN?

The study found marked changes in people's lifestyles, use of health care services, physical health and mental health. The findings add to the evidence that lockdown and physical distancing restrictions can be damaging for physical and mental health and shows how people coped with these effects and made positive changes when they could.

Lifestyle changes

Increased snacking and eating high-calorie foods combined with exercising less meant many participants gained weight during the lockdown. Participants said they ate sweets and crisps instead of fruit and vegetables in response to challenging emotions. They ate more often, because staying at home provided more opportunities to snack and eat out of boredom. People explained they exercised less because they were obliged to stay at home. People from disadvantaged groups reported fewer opportunities to exercise at home.

“when I feel rubbish, I eat rubbish. So I've stopped eating fruit and veg, and I'm eating more crisps and stuff, and I can obviously feel... feel the effects on my body” (female participant, 18-29 years, May/June 2020)

As restrictions were lifted more people described exercising more and eating healthier diets to manage the weight they had gained during lockdown. Social drinkers reported drinking less during lockdown, and once they were able to meet others again, they said their alcohol intake increased.

Use of health care services

Most people were willing to use health services but from May/June to August more participants preferred to avoid health services because of the perceived risk of getting infected with Covid-19. Others wanted to avoid health services because they felt health care staff were very busy already and they did not want to add additional burden. About half of the participants had used health services at either interview time point. In May/June most participants had remote appointments, usually by phone. While most participants were happy with their care, they appeared to be less satisfied in August: some felt they needed to get used to phone appointments and others thought they received worse care over the phone than they would have in person.

Participants appeared to be able to use GP services, but a small number of participants were unable to access health care services at either time point. They were unable to get dental treatments for several months, cancer screening had been suspended and specialist appointments had been cancelled, including tests and treatments for lung and breast cancer.

“they stopped my injections. I’ve had my check-ups cancelled. So it’s made me feel worried a bit as well, no’ getting checked up [...] I would’ve liked to have got my mammograms and things done, to make sure everything is okay.” (female participant with breast cancer, 30-69 years, May/June 2020)

Physical health consequences

The number of people reporting no changes to their physical health reduced from 22 to 18 from May/June to August, while the number of participants who said their health had got worse more than doubled from four to ten from May/June to August, especially among men, those aged 70 years or older, those with physical health conditions, and among affluent groups. Two participants who were key workers reported feeling more fatigued and explained how their jobs had become more tiring during the pandemic. Participants with health conditions experienced a general loss of fitness, more pain and reduced mobility from more time spent sitting, and poorer sleep.

In May/June participants reported looking after their health by accessing acute medical care and renewing prescriptions, but also treating illnesses themselves, e.g. with paracetamol or by continuing with prescribed exercises. In August more men, especially those with physical health conditions, described continued exercising and watching their diet to manage conditions like diabetes, COPD, leg pain, and spoke about getting over-the-counter and prescription medicines for allergies, diabetes, osteoarthritis. Respondents from disadvantaged groups reported difficulties looking after their health in these ways: one was unable to manage arthritis pain, while others could not access suitable outdoor spaces for exercise.

“trying to find a nice green space that doesn’t have several other people in it is a bit of a challenge. Even just walking locally, the pavements are quite narrow in places and trying to keep your distance especially with two young kids that don’t really understand the concept of keeping their distance [...] it is a wee bit stressful trying to do that.” (female participant, 30-69 years, May/June 2020)

Mental health and wellbeing

Almost all participants, including all participants under 30 years or from disadvantaged groups, described increased levels of anxiety at both interview time points than before the lockdown. Participants said they felt anxious because of the pandemic itself, but also because the physical distancing restrictions created general uncertainty, from having to live according to the restrictions, from others not following the restrictions, and the effects on the economy.

Many participants said they felt restricted, though slightly fewer people said so in August. They described being unable to make plans, needing something to look forward to or a change of scenery, and they talked about feeling imprisoned or punished by physical distancing measures. Nearly five times as many participants described feeling frustrated in August compared to May/June, because they could not travel or engage in favourite activities, and they were unable to get time away from others in their households.

However, participants very frequently also reported feeling hopeful, especially those aged 70 years and older. In May/June people described feeling hopeful about the future and in August participants talked about things to look forward to and expected long-term restrictions to be lighter. From May/June to August participants increasingly reported improved mental health as restrictions lifted.

“Quite optimistic. I think it’s going to take a wee while longer, but we’re all now getting into the swing o’ things, so I think that the Corona will... it will eventually go away, but it’s going to be a long time. And the economy’s starting to build back, so that’s a bit healthy looking.” (male participant, 70 years+, August 2020)

WHAT IMPACT COULD THE FINDINGS HAVE?

- **For patients:** The study shows that physical distancing restrictions can help as well as hinder healthy behaviours, they have mental health implications especially for young people and may cause poor physical health particularly among men and those with health conditions, whose access to specialist health care may be most negatively affected.
- **For policy:** The findings suggest that future health policies need to consider the pandemic’s propensity to exacerbate existing health inequalities and place even greater emphasis on primary prevention, such as weight management. Policies should also seek to increase support for young people’s mental health and health care provisions for those with existing health conditions.
- **For practice:** The findings show that while people are able to access primary health care, some experience worse quality of care during remote appointments. More support may need to be provided for patients and health care staff who are adjusting to providing and receiving remote care, respectively.

HOW WILL THE OUTCOMES BE DISSEMINATED?

We have written a report of the study findings and submitted for publication in an academic research journal, *BMJOpen*. We have presented the study findings at the UK Society of Behavioural Medicine conference in January 2021. We will produce a public-facing, accessible summary of our research findings to be published on our research group website.

CONCLUSION

Physical distancing restrictions in response to the COVID-19 pandemic reinforce health inequalities by creating further obstacles to healthy behaviours among disadvantaged groups, worsen physical and mental health outcomes for those with existing health conditions through reduced capacity in specialised health care, and increase levels of anxiety among young people.

RESEARCH TEAM & CONTACT

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ADDITIONAL INFORMATION

This research was a six-month project. It received £37,000.00 and was completed on 30 November 2020.