

RAPID RESEARCH IN COVID-19 PROGRAMME

Impact of pandemic response upon public mental health and disparities

AIMS

This research aimed to explore how the pandemic response affects the mental health and wellbeing of the Scottish population. We focus on three groups of vulnerable people, namely people with long term physical and mental health conditions and low-income single parent families.

KEY FINDINGS

1. People in vulnerable groups are suffering more than people in the general population.
2. People are most worried about getting ill with the virus, being away from their friends and family, coping with uncertainty, financial concerns and accessing healthcare.
3. Many people have found digital technologies very helpful in maintaining relationships with friends and family and also being able to access healthcare and support communities, but some people are “digitally excluded” and cannot access these technologies.
4. The outdoors has been very important to people in maintaining their mental health.

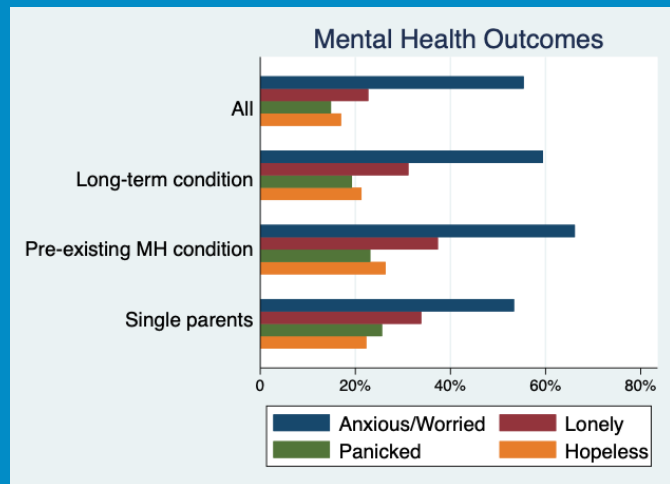
WHAT DID THE STUDY INVOLVE?

We took a mixed-method approach, using both a survey (the “quantitative” or numerical part of the study) and in-depth interviews (the “qualitative” part of the study). The quantitative element of the study utilised data from the Mental Health Foundation’s [‘Coronavirus’: Mental Health in the Pandemic](#) study. This is a repeated cross-sectional online population survey using a quota survey design and a sampling frame allowing recruitment of a national sample of 2,000 respondents. All surveys are administered online by [YouGov](#), a social market research company that recruited participants to form a panel containing 800,000+ individuals from the UK. The qualitative element comprised conducting in-depth one-to-one interviews online with each of the three vulnerable groups identified. Respondents came from both rural and urban areas; had a variety of health conditions and were resident across Scotland. We conducted 30 online qualitative interviews. Interviews were arranged via intermediaries and conducted via Zoom or by telephone.

WHAT WERE THE RESULTS AND WHAT DO THEY MEAN?

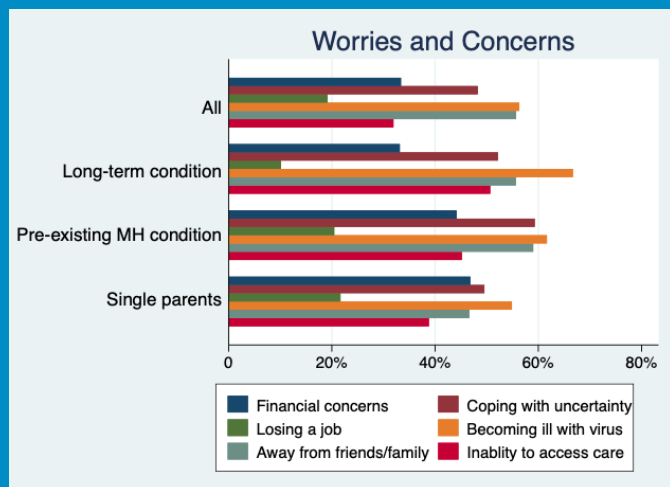
1. People in vulnerable groups are suffering more than people in the general population.

This chart shows the proportion of the population who report various negative emotions. With only one exception (anxious/worried among single parents), for every emotion, a larger proportion of people in the vulnerable groups report feeling that emotion, than people in the general population (“all”).



2. People are most worried about getting ill with the virus, being away from their friends and family, coping with uncertainty, financial concerns and accessing healthcare.

This chart shows the proportion of people who are worried about various things. For the general population, the top three worries are being away from friends and family, becoming ill with the virus, and coping with uncertainty. For the vulnerable groups, financial concerns and access to healthcare are also important.



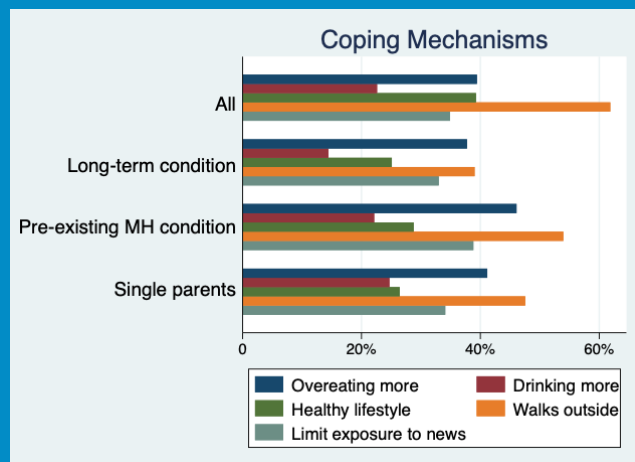
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3. Many people have found digital technologies very helpful in maintaining relationships with friends and family and also being able to access healthcare and support communities, but some people are “digitally excluded” and cannot access or use these technologies.

- *“I caught up with loads of old friends and colleagues, that I haven’t spoken to for ages”*
- *“I was video calling my mum every day. Even now, even though I can jump in the car and go and see her I still video call her every morning”*
- *“I think I’ve found it easier to talk to people on Facebook, like the diabetic Facebook groups...I think you sometimes get a better answer out of them than you do the doctors”*
- *“I’ve seen my psychiatrist a couple of times before COVID, so I would say that I knew who she was...it would have been ideal to see her, but, ...I think the phone was okay as well for me”*
- *“It has been difficult doing the Zoom meetings, because I do get a bad signal here”*
- *““[GP suggested] Beating The Blues, but I couldn’t work out how to get into it...I’m not that ...savvied up with stuff like that, so I never got the chance to ...get into it”*
- *“I would have preferred to see a doctor but they’re not doing that. So you have to speak to them over the phone...I don’t like talking over the phone. I hate it.”*

4. The outdoors has been very important to people in maintaining their mental health.

Both for the general population and for the vulnerable groups, “walks outside” has been the most popular way of coping. Many of the “runner-up” ways of coping, like overeating and drinking, are bad for your health in the longer term, even if they make you feel better in the moment.



- *“Sitting in the garden in the sunshine and it...I mean, that lifts your spirits a bit, doesn't it?”*
- *“I don’t know how I would have coped if I didn’t have my garden. “*
- *“I’ve actually discovered some new green space due to lockdown and just kind of wandering within the five mile radius “*
- *“I’ve also been going on a bike which has been something I’ve not done... the weather was really nice and it’s been a newfound hobby that I’ve realised that I really enjoy”*

WHAT IMPACT COULD THE FINDINGS HAVE?

- Uncertainty is a major source of worry so communications from the NHS and Scottish government must give people clarity, predictability and a sense of control
- Tackling digital exclusion (e.g. via *Connecting Scotland*) is critical to helping people maintain communities and connection as well as access services
- Given the importance of outdoors in maintaining mental health, advice on coping through the second wave of the pandemic must take account of winter weather
- NHS should take a patient-centred approach to using digital in the delivery of NHS services – using digital when clinically appropriate but also ensuring compatibility with patient preferences and circumstances

HOW WILL THE OUTCOMES BE DISSEMINATED?

We will disseminate our results using the following channels:

- Article (currently in draft) to be submitted to a peer-reviewed public health journal in early 2021
- Policy brief has been circulated among stakeholders and to be published early 2021
- Joint dissemination event planned with Michael Roy, PI of CSO funded project “Solidarity in a time of crisis: the role of mutual aid to the COVID-19 pandemic” – scheduled for the 17th February 2021
- Policy article planned for Fraser of Allander Economic Commentary to report more fully on quantitative survey results in first quarter of 2021
- We will input into the Covid-19 resilience resource [How to look after your mental health during the coronavirus outbreak](#) developed and provided by the Mental Health Foundation to provide more targeted and relevant support on an ongoing basis.

CONCLUSION

The Covid-19 pandemic and the affected lockdown has had a range of mental health impacts. Although a majority of the population describe themselves as “coping”, many people have been affected to some degree, and people in groups who are vulnerable have been affected more severely. For some, the mental health impacts will cast a shadow which outlasts the pandemic itself. More than ever, it’s important that we recognise that “it’s OK not to be OK” and, as a society, seek to support each other in protecting and maintaining mental health.

RESEARCH TEAM & CONTACT

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ADDITIONAL INFORMATION

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