

12 JUNE 2020

KEY POINTS

- Survey data continues to show the impacts of COVID-19 on well-being and anxiety levels. **Nearly half of adults in the UK feel that their well-being has been affected. Anxiety levels have declined and stabilised since the start of the lockdown period but remain high.** There are indications of anxiety about resuming previous activities.
- Reviews of evidence from previous pandemics and emerging evidence on COVID-19 indicate a range of possible risk and protective factors for mental health and well-being.
 - **Possible risk factors** include: having the disease, in particular being admitted to hospital; loss of a family member; being of female gender; poor self-rated health; inadequate essential supplies, including food, clothes, accommodation; inadequate access to information and social contacts; and being a frontline healthcare worker, in particular female nursing staff.
 - **Possible protective factors** include: access to accurate and timely health information and access to disease containment measures.
- There will be both immediate and longer term impacts and the effects of these will not be evenly distributed. **There are similarities between those groups most affected by COVID-19 and the mitigation strategies and those where mental health problems are more prevalent;** including having a long term condition; or living in poverty and deprivation.
- It is important to understand differential impacts for different population groups and that these might shift over time. The evidence base is incomplete and needs to be interpreted with caution, but suggests **there is a need for whole population approaches alongside targeted support for at risk and vulnerable groups.**

SURVEY DATA ON MENTAL HEALTH AND WELLBEING

[Scottish Government: Public Attitudes to Coronavirus: May Summary](#)

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 remain relatively high and stable, although there has been a decrease in worry about Coronavirus specifically. There has also been a slight improvement in happiness levels.

- The majority agreed that they felt worried about the Coronavirus situation and this has remained relatively stable since the end of April. However, as previously reported, the proportion who agreed with this statement at the end of March was higher at 80%.
- Three quarters of respondents agreed that they were coping okay with the current coronavirus situation, which has remained stable throughout the month
- Over the past three survey waves, just under two thirds agreed that they felt anxious about resuming normal activities after the pandemic.

[ONS: Coronavirus and the social impacts on Great Britain](#)

Weekly online survey of a representative sample of approximately 2000 adults in Great Britain (response rates vary). It includes a small number of Scottish respondents (c.200).

Three additional survey waves have been carried out since Evidence Briefing 1 (24 April- 3 May, 14-17 May and 21 -24 May). Overall these indicate that:

- There have been fluctuations in the week to week levels but nearly half of adults say that their **well-being** has been affected with people continuing to feel **worried** about the future.
- **Anxiety** levels have declined from the high levels seen at the start of the pandemic and are now largely stable. Around 1 in 3 people report high levels of anxiety.
- From pooled data of 4 survey waves from 3 April to 3 May 2020 across Great Britain, **8 in 10 adults (80%) said they were somewhat worried or very worried about the effect that the coronavirus (COVID-19) was having on their life.** When asked how their well-being had been affected in the last seven days, **86% of people who said they were somewhat worried or very worried said that they had felt either stressed, anxious or worried about the future or that their mental health had become worse in April.** Both measures were felt fairly uniformly across Great Britain.
- [Data from the period 27 March 2020 to 13 April 2020](#) shows that average well-being ratings (anxiety yesterday, happiness yesterday, feeling that things done in life are worthwhile and life satisfaction) are poorer for disabled adults than for non-disabled adults.

Most recent indicators from 21-24 May:

- Nearly half of adults (47%) said their **well-being** was affected by the coronavirus (COVID-19) in the last week, an increase from 43% the previous week. The proportion of those aged 70 years and over who reported their well-being had been affected (35%) continued to be lower than the general population but for those with an underlying health condition it was similar at 48%.
- The most common issue affecting well-being continues to be **feeling worried** about the future. Amongst all adults (regardless of whether their well-being had been affected), over 1 in 5 people (21%) said they expect it would be more than a year before life returns to normal, and over 1 in 3 (36%) expected the financial position of their household to worsen over the next 12 months
- Following a downward trend through the lockdown period, **anxiety** levels have been stable over the past couple of weeks, with around 1 in 3 people (33%) reporting high levels of anxiety.

Earlier waves also found that:

- Among adults, 40% of men and 46% of women were concerned about **well-being** and the most common issues affecting this well-being are similar to previous weeks. For both men and women who reported that their well-being was being affected, the most common reason given was feeling worried about the future, with 6 in 10 (59%) men and 7 in 10 (71%) women citing this issue .
- Just over half of men (52%) felt **stressed or anxious** compared with nearly 7 in 10 (69%) women. Half (51%) felt bored, with no difference between men and women. Just under 4 in 10 (37%) said not being able to exercise as normal was impacting their well-being, with a greater proportion of men (43%) compared with women (31%) reporting this impact. (14-17 May)

SELECTED NEW RESEARCH PUBLICATIONS

* There are a large volume of new publications on COVID-19 and mental health and a full appraisal and synthesis of these cannot be included within the scope of this paper. Instead, **this section includes key findings from rapid evidence reviews which draw on a range of research publications.** Please note this section includes pre-print publications which have not been peer reviewed and that should not be used to guide clinical practice.

General population:

[Supporting community recovery and resilience in response to the COVID-19 pandemic – a rapid review of evidence. Glasgow Centre for Population Health](#)

Rapid review of the evidence on supporting **resilience and recovery** in relation to the current COVID-19 pandemic, drawing on emerging evidence and evidence from similar coronavirus outbreaks. It considers drivers of vulnerability, mental health and psychological impacts and community recovery and resilience. It notes that the evidence base is complex and still evolving and caution must be applied in making direct comparisons between the current COVID-19 pandemic and evidence of SARS and MERS coronavirus. However, there is a long-established link between infectious disease and adverse impacts to mental health.

- Argues that the concept of **vulnerability** to the disease goes beyond that of clinical risk to encompass those who experience disproportionate direct and indirect adverse impacts of COVID-19. The makeup of vulnerable communities may shift over time.
- **Drivers** include: loss of income; uncertainty; loss of social support and connections; reduced access to essential information goods and services; fear; loneliness, anxiety and stress.
- Potentially vulnerable communities and subgroups (includes but may not be limited to): disadvantaged communities; people with disabilities; BME; homeless; those affected by violence; older people; CYP; frontline health and care staff. In some cases these are groups with **higher rates of pre-existing mental health conditions.**
- The evidence reviewed suggests there are **adverse impacts to mental health** associated with Coronavirus diseases, including depression, anxiety, stress, post-traumatic stress and worry about discrimination.

- Factors reported as **mitigating adverse impacts** to mental health of COVID-19, SARS and MERS include access to accurate and timely health information and access to disease containment measures.
- Factors associated with **worsened impacts** to mental health include:
 - having the disease, in particular being admitted to hospital;
 - having disease symptoms;
 - loss of a family member to the disease;
 - being of female gender;
 - poor self-rated health;
 - inadequate essential supplies, including food, clothes, accommodation;
 - inadequate access to information and social contacts;
 - and being a frontline healthcare worker, in particular female nursing staff.
- Approaches to promote community recovery and resilience in response to COVID-19 must incorporate specific **mental health improvement strategies**. These should be specifically tailored to the vulnerable communities and groups but also accessible to wider community members.

[Rapid review and meta-meta-analysis of self-guided interventions to address anxiety, depression and stress during COVID-19 social distancing. Fischer et al. PREPRINT](#)

- Rapid review and quantitative summary of available meta-analyses that examined **interventions** that can be used by individuals during quarantine and social distancing.
- Indicates a number of evidence-based self-guided interventions that can be used by individuals at home to **manage depression, anxiety, stress, and well-being** during stay-at-home orders, lockdown, and quarantine. Overall, self-guided interventions are better at improving psychological health compared to no interventions (e.g., waitlist controls) and, to some extent, active controls (comparable treatments).
- In particular, **modern clinical psychological therapeutic approaches** (including CBT, ACT, and mindfulness), mindfulness-based practices, positive psychology interventions, and activity-based interventions (e.g., physical exercise, music listening) **appear effective** in reducing anxiety, depression, stress and increasing subjective well-being compared to both active and inactive control groups.
- Dose effects were mainly inconsistent, therefore, specific intervals or durations for any of the intervention categories cannot be recommended.
- These activities are not as effective as in-person and group based therapeutic interventions and they do not replace clinician guided interventions for individuals and groups in need
- The current evidence is clearly geared towards the individual as the focus of the intervention, with little emphasis on social relationships
- The meta-analysis summarises studies that were not specifically geared towards evaluating interventions that are focused on home practices during lockdown. There is a need for better understanding of activities helping individual to live and interact in constrained living conditions.

Healthcare workers

[Prevalence of depression, anxiety, and insomnia among healthcare workers during the COVID-19 pandemic: A systematic review and meta-analysis. Pappa et al.](#)

The aim of this review is to synthesize and analyse existing evidence on the prevalence of depression, anxiety and insomnia among healthcare workers during the Covid-19 outbreak:

- Early evidence suggests that a considerable proportion of healthcare workers experience **mood and sleep disturbances** during this outbreak, stressing the need to establish ways to mitigate mental health risks and adjust interventions under pandemic conditions.
- It appears that the majority of the healthcare workers experienced **mild symptoms** both for depression and anxiety, while moderate and severe symptoms were less common among the participants.
- There are potentially important **gender and occupational differences**. The prevalence rate of anxiety and depression appeared to be higher in females, and among nursing staff (who were mostly female, but who also have closer patient contact).

[Impact of viral epidemic outbreaks on mental health of healthcare workers: a rapid systematic review. Ricci-Cabello et al. PREPRINT](#)

Systematic rapid review that synthesises the existing evidence impact of providing healthcare during or after health emergencies caused by viral epidemic outbreaks on healthcare workers' mental health, and to assess the available evidence base regarding interventions to reduce such impact. Most of the studies were cross-sectional, did not use validated methods to assess mental health, and only a small number assessed the efficacy of interventions to mitigate the impact of health emergencies on mental health of healthcare workers. Based on these limitations the key findings were:

- The **pooled estimations of the prevalence** of the most common mental health problems experienced by healthcare workers during and after viral epidemic outbreaks, namely **anxiety (45%), depression (38%), and acute stress disorder (31%)**, amongst others.
- There are a broad number of factors associated with these conditions, including **sociodemographic factors** such as younger age and female gender, **social factors** such as lack of social support, social rejection or isolation, stigmatization, and **occupational factors** such as working in a high risk environment, specific occupational roles, and having lower levels of specialised training, preparedness and job experience. Although not all these factors can be addressed there are specific modifiable factors such as a lack of specialised training.
- Continuous communication from managers can convey institutional support, and promote acquisition of knowledge and confidence for less experience staff.
- The review suggest that, although educational and multifaceted interventions might mitigate the development of mental health problems, the certainty on the evidence is very low - therefore indicating that further high quality research is urgently needed to inform evidence-based policies for viral pandemics.

Population subgroups:

Pregnant women

[Psychological impact of infectious disease outbreaks on pregnant women: Rapid evidence review. Brooks et al. PREPRINT](#)

This rapid review aimed to summarise existing literature on the psychological impact of infectious disease outbreaks on women who were pregnant at the time of the outbreak

The following **themes** were identified: **negative emotional states** (including anxiety, sadness and fear); **living with uncertainty**; concerns about infection; concerns about and uptake of prophylaxis or treatment; disrupted routines; non-pharmaceutical protective behaviours; **social support**; demands from others; financial and occupational concerns; disrupted expectations of birth, prenatal care and postnatal care, and; sources of information. key points include:

- Being pregnant during a time of the outbreak increases the **vulnerability of pregnant women** to the associated stress. There were indications of high levels of anxiety, and suggestions that pregnancy during an outbreak is a primary source of anxiety. This indicates the importance of **awareness of propensity for anxiety and early identification**.
- **Social support** was protective for mental well-being but also likely to be disrupted. **Peer support** may be beneficial.

Results showed that pregnant women have unique needs during infectious disease outbreaks and could benefit from: up-to-date, **consistent information and guidance**; appropriate **support and advice** from healthcare professionals, particularly with regards to the risks and benefits of prophylaxis and treatment; **virtual support groups**, and; **designating locations or staff** specifically for pregnant women.

COVID-19 patients

[Psychiatric and neuropsychiatric presentations associated with severe coronavirus infections: a systematic review and meta-analysis with comparison to the COVID-19 pandemic.](#) Fischer et al. Lancet Psychiatry 2020 Published Online May 18, 2020

- If infection with SARS-CoV-2 follows a similar course to that with SARS-CoV or MERS-CoV, **most patients should recover without experiencing mental illness**. SARS-CoV-2 might cause delirium in a significant proportion of patients in the acute stage.
- Clinicians should be aware of the **possibility of depression, anxiety, fatigue, post-traumatic stress disorder**, and rarer neuropsychiatric syndromes in the longer term.
- It is hard to separate the effects of the infection from the impact of an epidemic on the population as a whole. However, **survivors of critical illness are at risk of persistent psychiatric impairment** after discharge from hospital. At 1 year, the pooled prevalences of clinically relevant depressive, anxiety, and post-traumatic symptoms were 29% (23–34),⁴ 34% (25–42),⁵ and 34% (22–50),⁶ respectively.

THIRD SECTOR EVIDENCE AND INTELLIGENCE

[Centre for Mental Health: Covid-19 and the nation's mental health. Forecasting needs and risk in the UK: May 2020](#)

Evidence review that aims to make projections about potential impacts and which groups within the population face the highest risks to their mental health as a result of COVID-19. Focuses on previous epidemic research literature and research on longer term whole population crises (specifically responses to the banking crises and policies of austerity).

Research on **previous epidemics** (bearing in mind differences in scale and severity) indicates:

- Both an immediate impact and a longitudinal one. Typical symptoms are those of depression, anxiety, and those associated with PTSD and sleep deprivation.
- Righy and colleagues (2019) conducted a systematic review and meta-analysis of published studies and established that 20% of those in critical care will suffer significant symptoms of PTSD during the 12 months after discharge and the prevalence remains high at the 12-month point.
- There may be a disproportionate impact on **BAME groups**.
- There may be greater numbers of people struggling with **complex and/or prolonged grief** who require interventions and support.
- In terms of the impacts on **health and care workforce** there are indications of long lasting impacts for those who worked with SARS_COV patients. Those providing therapeutic support will also need to be adequately prepared and supported.

Longer term, whole population crises:

- The **economic impacts** of Covid-19 are likely to have a significant effect on the public's mental health in the coming years. The prevalence of mental illness rose between 2009 and 2013, both in the UK and across Europe, during a period that coincided with public spending cuts, increases in debts, and a rise in unemployment in some countries and in some regions within others.
- An [Institute for Fiscal Studies briefing](#) indicates that if the economic downturn is similar to that experienced after the 2008 financial crisis the number of people of working age suffering poor mental health would rise by half a million.
- The financial impact is likely to be **unevenly distributed** with unemployment and personal debt default high on the list of consequences. The focus on mental health should correspond to these areas, and the people who will sustain the greatest impact. There are similarities between those groups most affected by COVID-19 and those where mental health problems are more prevalent; long term conditions; poverty and deprivation.
- **What we don't know:** The longer-term impact of social distancing and isolation are something we know very little about, this includes the closure of schools and the ongoing impact on children and young people.

NEW STUDIES

[NIHR COVID-19 and Mental Health Studies Register](#)

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.

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ANNEX A: KEY POINTS FROM PREVIOUS BRIEFINGS

Briefing 1: 12 May

- 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 SG and PHS to interpret this evidence, and map data to outcomes and identify gaps.