



POLICY BRIEFING

Mental health impacts of the Covid-19 pandemic in Scotland on vulnerable groups

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Who is this policy briefing for?

Scottish Government, Cosla, NHS Boards, Health and Social Care Partnerships and third sector organisations who are working in communities responding to the Covid-19 pandemic.

The following have worked on this briefing and the research behind it:

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Background



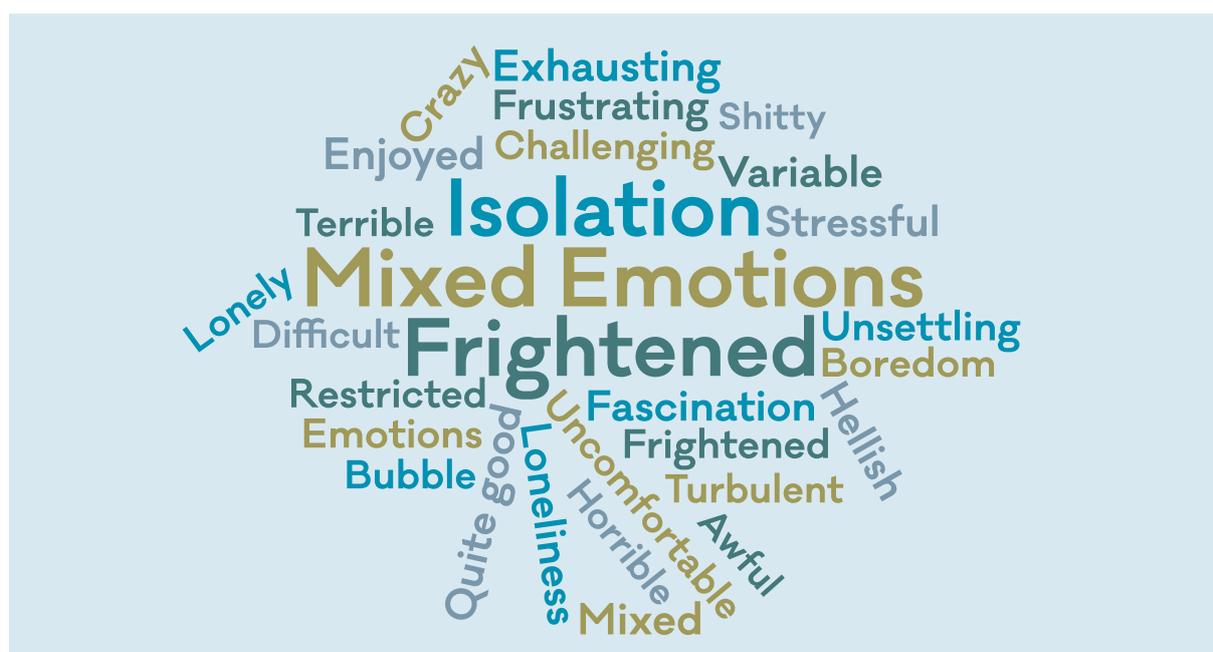
The Covid-19 pandemic has proved itself to be a societal disruption unprecedented in modern times and the rapid global spread of the disease has triggered a range of public health responses to protect the populations of affected countries from infection.

The public health response has not only encompassed specific measures for the physical protection of the population from the virus but increasingly has focused on supporting and protecting the mental health of the population. The focus has intensified as the impact of the response to the pandemic has unfolded. National and localised 'lockdowns' has

led to the closure of services, shops and businesses, schools, colleges and universities and necessitated individuals and family units to 'self-isolate' and socially distance from other family, friends, colleagues and wider social networks. This has removed the social connections and day to day support that significantly contribute to positive mental health and happiness.

Although this has impacted on everyone it is evident that the impact of the pandemic and subsequent response has been experienced very differently by different groups in society and has exacerbated pre-existing inequalities.¹

Words used to describe lockdown by respondents



- <https://www.ifs.org.uk/publications/14879/>
<https://www.health.org.uk/news-and-comment/blogs/inequalities-and-deaths-involving-covid-19/>
<https://www.mentalhealth.org.uk/coronavirus/divergence-mental-health-experiences-during-pandemic>

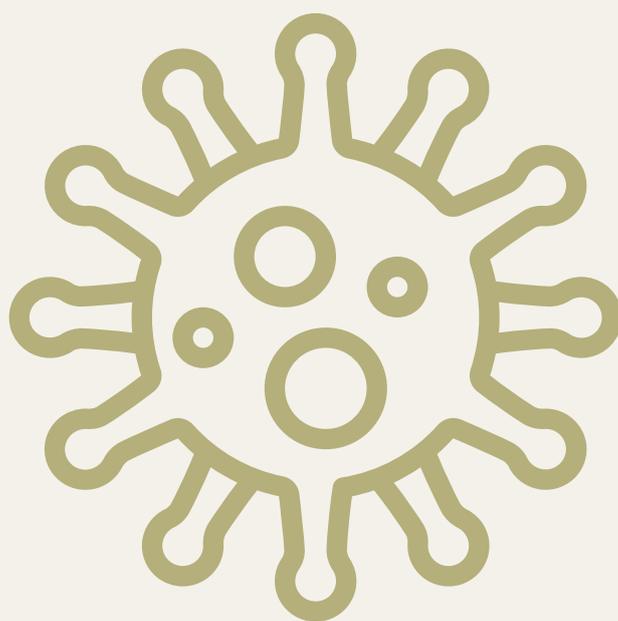
Aim



This policy brief outlines the evidence from the Mental Health Foundation 'Coronavirus': Mental Health in the Pandemic' study and additional qualitative research which explores how the pandemic response has affected the mental health and wellbeing of the Scottish population over time.

This study was a collaboration between the University of Strathclyde and the Mental Health Foundation Scotland. The statistics reported in this briefing come from Waves 4-7 of the larger longitudinal study led and funded by the MHF referenced above where data is being collected from over 2,000 people in every wave across Scotland since March 2020.

The surveys are conducted online by YouGov. Qualitative evidence took the form of 30 in-depth interviews also conducted online to further explore our quantitative findings. This focused upon the impact of the pandemic on three groups of vulnerable people, namely those with long term physical health conditions (LTPHC), mental ill health (LTMH) and low-income single parent families (SPF).



Findings



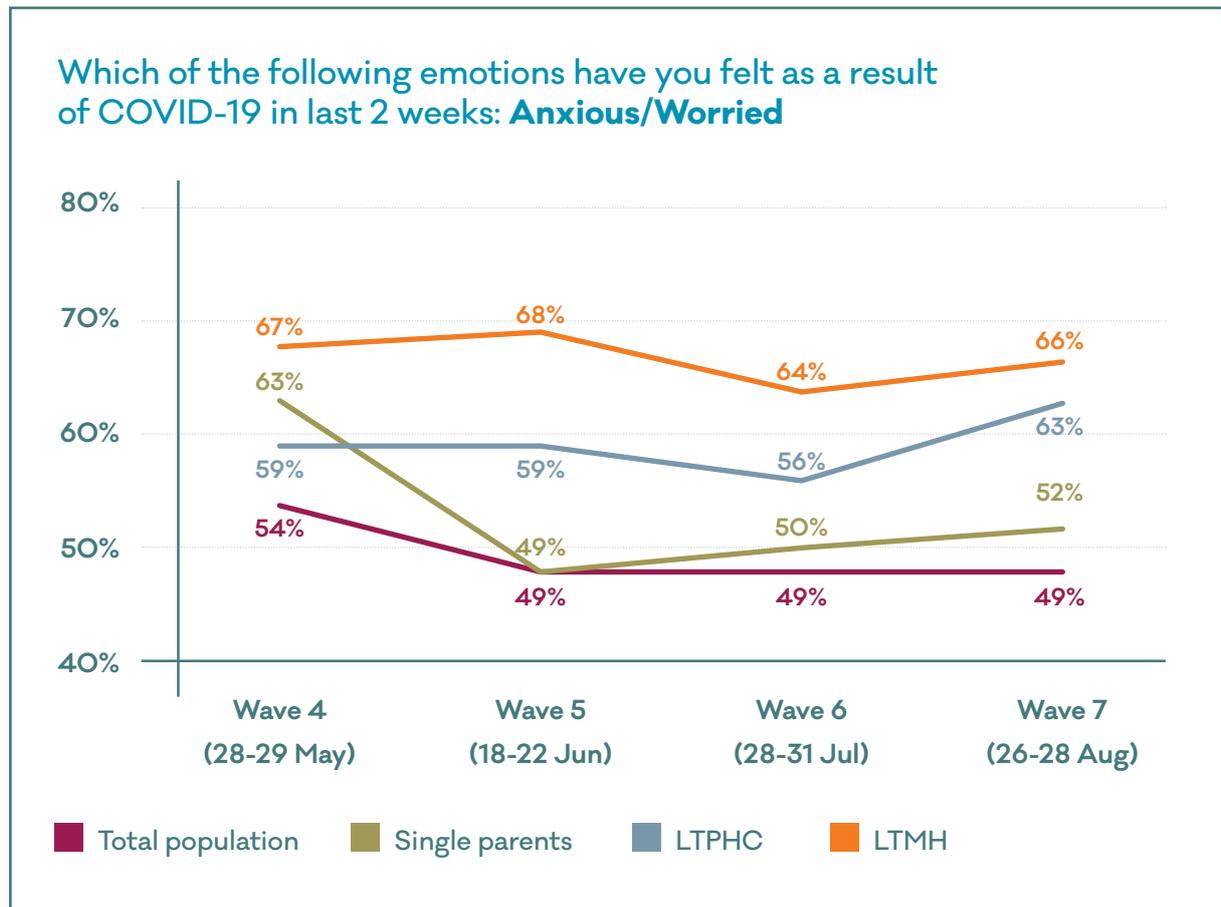
General experiences of COVID-19

Many of those within vulnerable groups in the study were living with complex needs. For example, single parents and those with long-term physical health conditions were also managing mental health challenges. In addition, the lack of homogeneity within the 'shielding' group amongst the respondents surfaced a variety of complex health needs that were not always met. For those with long term mental health problems, ongoing

emotional and practical support from family was important.

Due to pre-lockdown physical or mental health management, many within the vulnerable groups in the study had a store of resilience to draw on when COVID-19 restrictions were imposed. Some commented that they had coped better than originally thought.

For some, less outside pressures; additional time with family; and less requirements for external social





engagements was also a positive side-effect of lockdown. Access to a garden or green space helped many cope with the decline in their wellbeing due to COVID-19 and the resulting apprehension about the future.

“I think I’ve been through a range of emotions... It was just kind of enjoy that freedom that you’d probably never get again in your life. No pressure that way. Just try and relax and enjoy, make the most of it.”

LTPHC respondent

“As the lockdown was going on, and I was started to get more used to it, I was finding it a bit, kind of, more positive because I was getting that quality time with the kids and I mean, it’s a time that we’re never going to have again.” SPF respondent

less developed pre-COVID-19 there was an increase in social isolation and disconnection from society.

Respondents that accessed online or phone-based community support strongly appreciated this support and could see the potential of maintaining some online contact post-COVID-19 i.e. meeting in person monthly with weekly zoom calls.

*“I don’t know what I would have done without it, I would have cracked up altogether without the [*group].”*

LTPHC respondent

“I’ve actually found quite a great deal of support in people through those organisations just pulling together, they’ve been a great source of support for me personally.”

LTMH respondent

Community support

The importance of community support, both practical and emotional, was highlighted strongly. Respondents emphasised the speed at which support from organisations had been moved online, allowing for some continuation of support and social interaction.

However, there was a narrowing of life experiences for all participants as restrictions took hold. The impact of this was influenced by pre-existing social networks that people were part of. Where social networks were well developed, participants remained more connected and were perhaps more open to face-to-face substitutes such as use of social media, online platforms etc. However, where social networks were

Accessing health services

Most respondents had experienced cancellation of routine appointments and/or a move to online consultations. There was understanding for this change, however negative experiences often stemmed from a lack of communication from healthcare professionals on future arrangements and appointments, or challenges due to lack of staff continuity.

People also disliked the move to digital consultation due to difficulty in fully expressing problems over the phone or having low levels of digital confidence or lack of digital access. This was mainly expressed by those with experience of mental health problems.



However, many respondents also reported positive experiences of healthcare citing quick GP response times and flexibility of staff to meet their own /family's needs.

Respondents' experience of community pharmacies was positive with well-established access to regular prescriptions and pharmacies being able to arrange pick-up/delivery services. This was most reported among those with long-term physical health conditions. Access to dental care presented a challenge to several respondents.

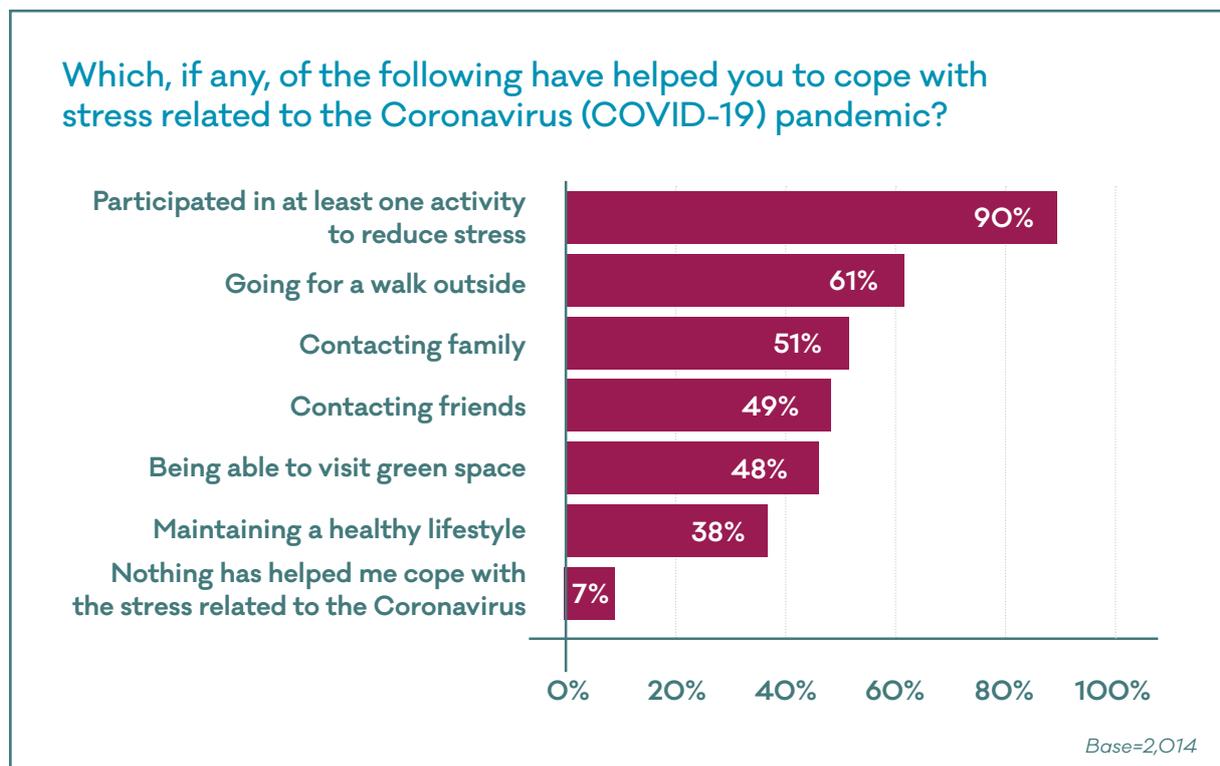
Positive experiences of health service access occurred most often when there was good communication from health service providers, and where there was already a trusted relationship with health care staff.

"It's fairly straightforward now, you can order repeat prescriptions, things like that online, so that works reasonably well." LTMH respondent

"I went to see my haematologist in the oncology department, for my six monthly check-up, and I was to get various scans. So, physically, I'm in limbo... a lot of my physical needs haven't been getting met, which then adds to the anxiety." LTPHC/SPF respondent

Coping mechanisms

Findings from our study show that people are benefiting from activities that help them cope with the stress of the pandemic by helping their mental health and overall wellbeing. The top five positive coping strategies are detailed below:





Access to green space and to a garden was a primary coping mechanism for many of the people we spoke to. All three groups interviewed identified that being able to get outside for a walk or exercise, or simply spend time in the garden had had a positive impact on mental wellbeing and for many, had become an important part of their daily routine during lockdown. The long days and good weather during the spring lockdown was also highlighted as helpful in supporting their wellbeing.

For those living with long term physical and mental health problems, previous experience of managing challenging life circumstances has supported the ability to cope with the challenges of lockdown. Respondents spoke of having established effective coping and self-care strategies to draw on, as well as being able to adopt a positive, 'get on with it' attitude.

Respondents from all three groups adopted positive coping mechanisms during lockdown. Activity based coping mechanisms were recognised as helpful as they offered distraction and purpose. Positive activities mentioned included engaging in arts and crafts, cooking, watching television, playing with children, and keeping in touch with friends and family. Additionally, respondents highlighted protective coping mechanisms such as avoiding social media or the news to control their exposure to overwhelming information.

Some respondents, particularly from the single parent family group, had faced multiple adversities during lockdown, making coping more difficult. Negative coping mechanisms such as overeating, drinking more and starting smoking were acknowledged by a minority of respondents as ways to try to manage the additional pressures that they were facing.

"We had the amazing weather as well, which was great we were able to actually sit out and garden and communicate with other people even though they're across the fence."

LTPHC respondent

"We're actually quite lucky, we've got a skate park across the road and we would cycle round the loch."

SPF respondent

"There's always going to be negatives in life, you know, and I've found if you look at the positives more than the negatives, you know, it, kind of, brings your mood up a bit."

LTMH respondent

"I mean, quite often I might just go to bed, put a movie on, something like that, just so it's a distraction, you know?"

LTPHC respondent

"I just stopped doing the news because it was really freaking me. I had to stop doing it through the lockdown."

SPF respondent

"I'm eating more probably because I'm always in the house."

SPF respondent



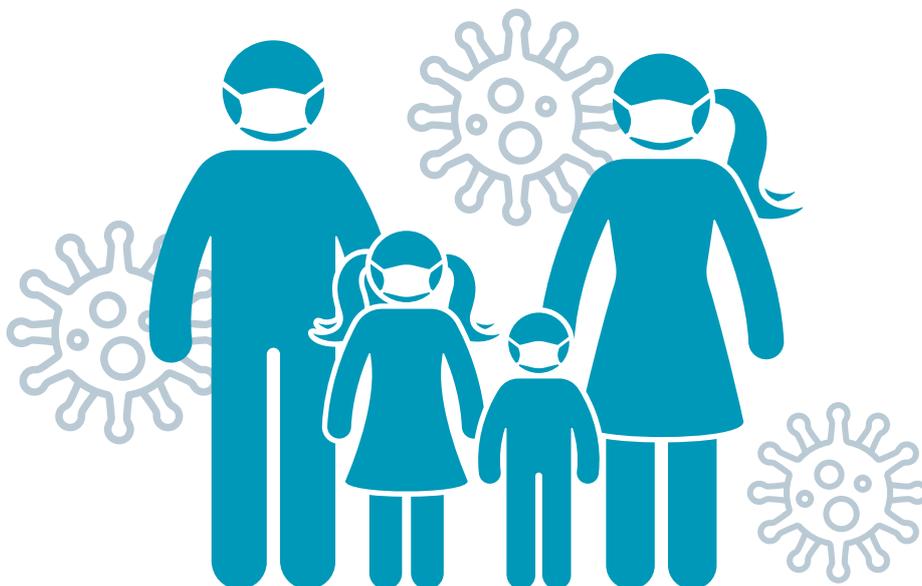
Future needs and expectation

There was a general anxiety around what easing of restrictions would mean for respondent's individual circumstances. This was most acute among those with underlying health conditions. Many still had ongoing concerns regarding the perceived risk to their health of COVID-19 transmission and had continued to limit their face-to-face contact.

Respondents found it difficult to articulate how they envisage the short-term future and what they may need to support their mental health and wellbeing. Most of the discussions focused on a desire to go 'back to normal' which was felt for many to only be possible with the eradication of the virus or an effective vaccine.

Where more specific recommendations and needs were expressed this included the need for positive ongoing communication from health care professionals and other supports. This was often in reference to when routine appointments and consultations would resume.

Single parents expressed a need to maintain normality within childcare and schooling as far as possible in any future restrictions. Previous disruption in this area had resulted in a knock on effect on their own wellbeing.



Conclusions



Climate of uncertainty impacting upon mental health across all groups



Important to recognise that those within more vulnerable groups have differing and complex needs. Therefore a person-centered approach must be taken in understanding experiences, one which recognises the diversity of individual lived experience, rather than attempting to reduce each group into a single homogenous unit captured by terms such as 'shielding'.



Many healthy coping mechanisms reported by the Scottish population were linked to outdoor activities and access to green space.



Contact with friends and family and community support was vital for sustaining wellbeing with huge appreciation for the speed at which local organisations responded and adapted to the pandemic.



Although many were able to access digital platforms for social interactions it is clear that this is not the case for all. Access to broadband, speed of broadband and limited data packages were all barriers to feeling fully digitally connected.



Whilst out-patient appointment cancellations were disappointing the increase in digital and telephone NHS services was welcomed by some. However for others some emotional barriers existed which limited use of such services. This was most commonly experienced when discussing sensitive areas of life such as their own mental health. Previous relationships with professionals and building trust helped remove this barrier.

Policy Recommendations



Public health communications

The findings show elevated levels of anxiety amongst those with long term mental health and physical health conditions compared to the wider population, even when the COVID-19 risk was significantly lower as cases reduced in the summer. This suggests that public health communications efforts have been effective amongst these groups at inducing safety behaviours. There is a need however to understand and communicate how to reduce these anxieties and promote safer social connections when a loosening of restrictions allow. This should recognise and harness the strength and resilience of many vulnerable groups. Furthermore a review of such communications will enable us to examine whether these anxieties do subside once we are over the worst of COVID-19, and if people do indeed return to a good quality of life.

Nature and the environment

A main way of coping during the first wave of the pandemic was outdoor activity, simple things like going for a walk or meeting others outdoors. Going forward it highlights the value of green space for public mental health and wellbeing and the role of Cosla and local authorities in providing parks and safe outdoor play areas across communities that have limited access to outdoor space.

Social networks

This study shows that those with better social connections pre-COVID-19 seemed more resilient and were more likely to uptake and engage with online networks and support. This indicates the need throughout our public policy to

maximise and invest in community based supports to enable social networks to flourish (clubs, societies, neighbourhood schemes and peer supports). Although more research is needed we believe this will enhance individual wellbeing and community cohesion bringing benefits to both mental and physical health.

Digital health and social care

The experience of this pandemic provides an opportunity to harness the positive experiences of digital NHS services and wider online supports. This can be strengthened by embedding a patient-centred approach with digital options provided alongside face-to-face provision. The amplified role of community pharmacies during the pandemic provides a best practice model for this.

Digital exclusion

There is need to ensure that all people in Scotland can be digitally connected through the removal of practical and financial barriers. The current consultation on the new digital strategy for Scotland should lead to practical solutions for the alleviation of digital poverty.

Economic safety

Understandably financial concerns were high early in the pandemic. Although this subsided (potentially due to furlough schemes), there is potential for this anxiety to re-emerge if unemployment rises and businesses struggle. Further research is required to better understand the role of social security and other financial mechanisms in providing greater security across the population but specifically for vulnerable groups.



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