

APRIL 2021

Society Watch 2021

Mental Health

Should we be worried?

NatCen

Social Research that works for society

Introduction

1. The annual Society Watch series provides a snapshot of what life is like for people in Britain today, a picture of people's lives and life opportunities presented from the cradle to the grave.
2. Society Watch 2021 focuses on the public's mental health.
3. Mental wellbeing has risen up the public policy agenda over the last two decades, becoming a key priority for all four countries' health systems within the United Kingdom. Politicians, policy makers, families, educational establishments, health and care providers and employers are all grappling with how best to maintain our mental health and support those of us with mental health difficulties.
4. So what does the evidence tell policy makers and practitioners about the public's mental health and should we be worried about it?
5. This report provides an overview of the public's mental health and how it is affecting people's lives, although it does not aspire to be a comprehensive record because of the scale of research now being undertaken. It also provides new, previously unpublished, analysis by NatCen from the Understanding Society longitudinal study showing the impacts of the COVID-19 pandemic on the public's mental health.
6. The devolved administrations use different sources and approaches to research mental health and wellbeing for the individual countries of the United Kingdom and they are therefore not necessarily comparable. The tables and charts in this report reflect that. The geographical coverage is clearly marked and depends on the source used. Data from the national mental health surveys of adults and children are for England only. Further details on the mental health statistics collected by the devolved administrations can be found in the links provided (Scotland,¹ Wales² & Northern Ireland³).
7. Society Watch 2021 is produced by the National Centre for Social Research (NatCen). NatCen is involved in the collection of many of the most relevant national statistics on mental health for the UK and Scottish Governments.
8. An associated webinar to launch the report is being sponsored by the Economic and Social Research Council (ESRC), one of the UK Research and Innovation (UKRI) Funding Councils.

From the Cradle to the Grave

As Children and Young People ...

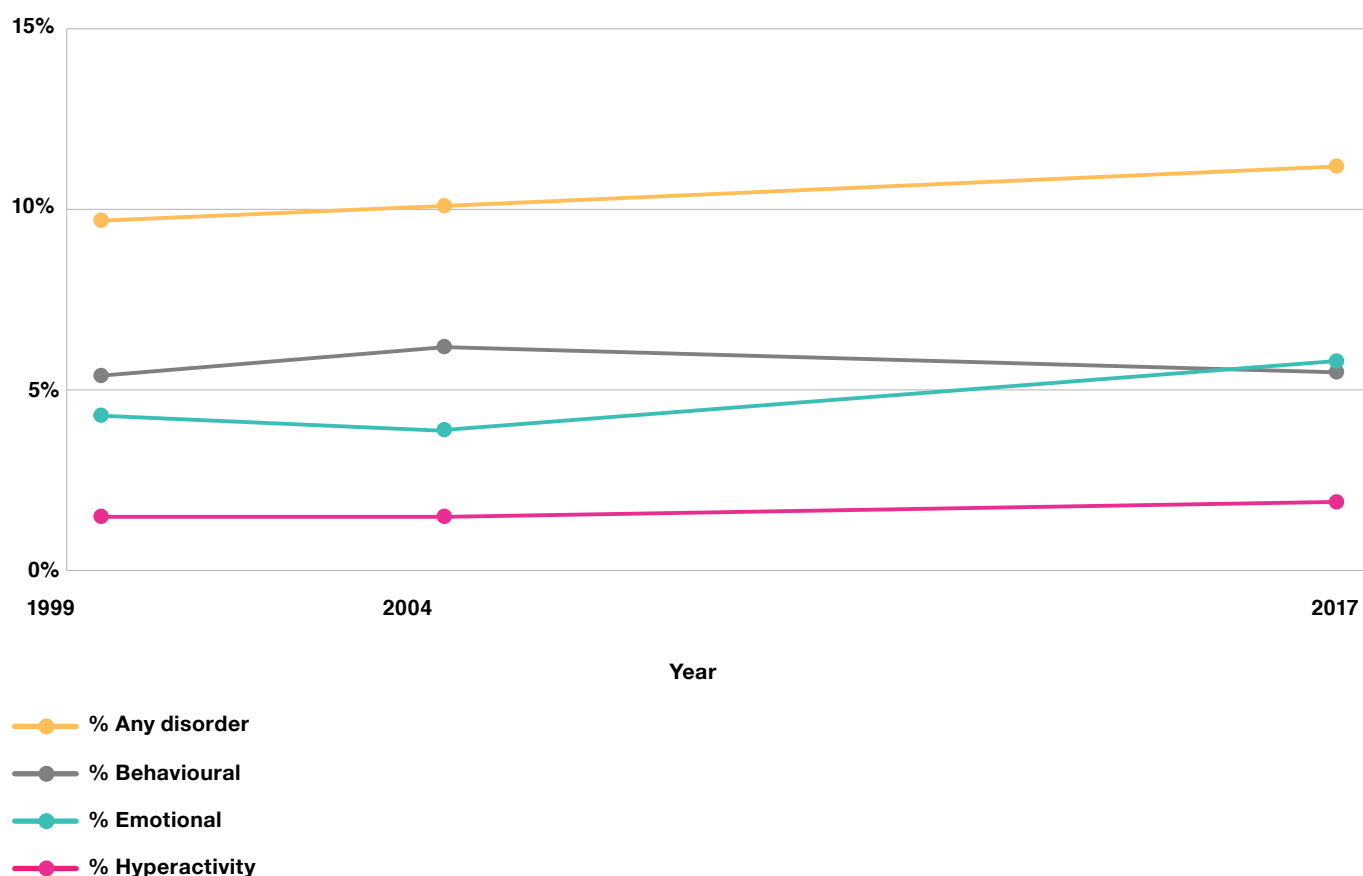
Mental Health in Children and Young People

9. Data from key surveys and longitudinal studies in England and Scotland provide a detailed picture of children and young people's mental health in the years preceding the pandemic.
10. The Mental Health of Children and Young People (MHCYP) survey^{4,5} found that **one in eight (12.8%) of those aged 5 to 19 years in England had at least one mental health disorder^a** in 2017. The same survey estimated for the first time, as “experimental” statistics, the proportion of pre-school children aged 2 to 4 who had a mental disorder (one in eighteen (5.5%)).
11. Data from the survey series reveal **a slight increase over time in the prevalence of mental health disorders in children aged 5 to 15** (the age group covered on all surveys), rising from 9.7% in 1999 and 10.1% in 2004 to 11.2% in 2017. There have been increases for both sexes over that time.

a Assessed using the Development and Well-Being Assessment (DAWBA).

Prevalence of any disorder, emotional disorder, behavioural disorder, and hyperactivity disorder

Base: Age 5–15 in England (1999, 2004 and 2017)



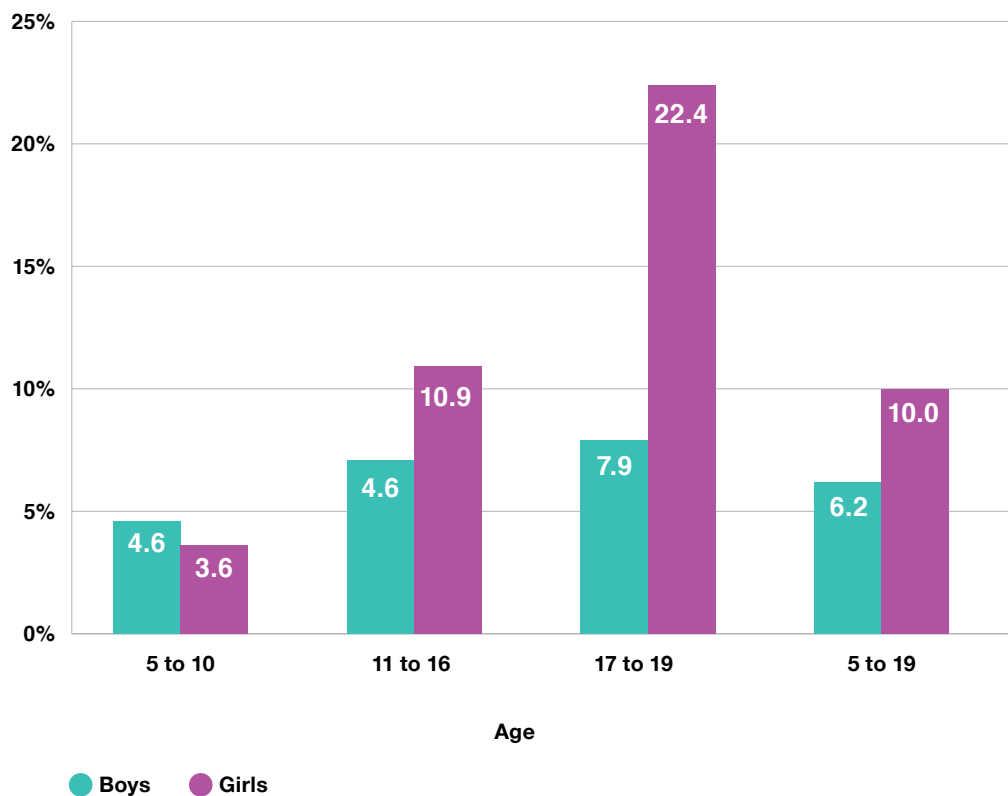
Source: Mental Health of Children and Young People surveys, NHS Digital

12. Specific mental disorders are grouped on the study into four broad categories: emotional disorders (including anxiety, depressive disorders, and mania and bipolar affective disorder), behavioural (or conduct) disorders (repetitive and persistent patterns of disruptive and violent behaviour in which the rights of others, and social norms or rules, are violated), hyperactivity disorders (characterised by inattention, impulsivity and hyperactivity) and other less common disorders (including autism spectrum disorders, tic disorders, and a number of very low prevalence conditions).
13. **Emotional disorders have become more common** over time—going from 4.3% in 1999 and 3.9% in 2004 to 5.8% in 2017 for the 5 to 15 age group. Other types of disorder have remained relatively similar in prevalence for this age group since 1999.

14. **Emotional disorders were the most prevalent type of disorder experienced in England in 2017** (8.1% of children and young people aged 5 to 19). Around one in twenty (4.6%) 5 to 19 year olds had a behavioural disorder, 1.6% had a hyperactivity disorder, and 2.1% had one of the other types of disorder.

Prevalence of emotional disorders by age and sex

Base: Age 5–19 in England (2017)



Source: Mental Health of Children and Young People survey, NHS Digital

15. The 2017 survey highlighted young women aged 17 to 19 as a “high risk” group in relation to poor mental health with nearly **one in four** (23.9%) having a mental health disorder; just over **one in five** (22.4%) had an emotional disorder and **one in two** (52.7%) young women with a disorder reported having self-harmed or made a suicide attempt.
16. Alongside the striking variations by age and sex, the MHCYP survey found that in England in 2017:
- **White British children (aged 5 to 19) were about three times more likely** (14.9%) than Black/Black British (5.6%) or Asian/Asian British (5.2%) children to have a disorder;

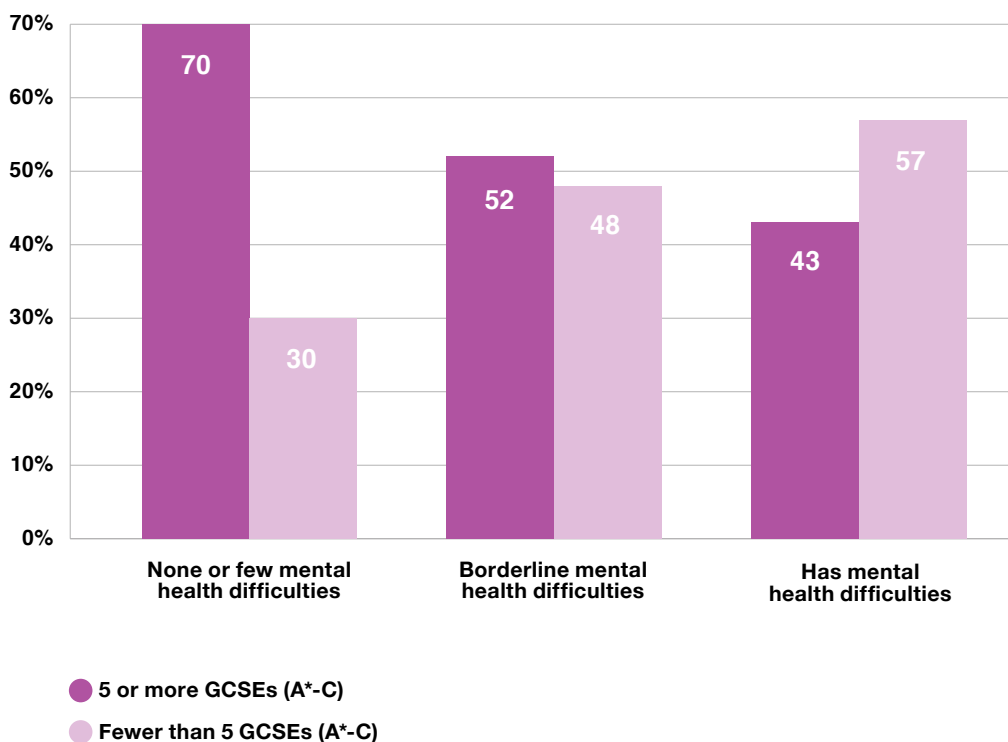
- **Living in a low-income household or with a parent in receipt of income-related benefits was associated with higher rates.** There was no significant association with neighbourhood deprivation area;
 - Children with **poor general health, special educational needs, or children with a parent with poor mental health or in receipt of a disability-related benefit**, were more likely to have a mental health disorder than other children;
 - Those aged 14 to 19 who identified as **lesbian, gay, bisexual or as another non-heterosexual sexual identity were more likely to have a mental health disorder** (34.9%) than those who identified as heterosexual (13.2%).
17. In terms of behaviours, noting the study does not prove causal links, the data showed that **those aged 11 to 19 with a mental health disorder spent more time on social media and were more likely to have been subjected to cyber-bullying.** Those aged 11 to 16 with a mental health disorder were also more likely to have taken illicit drugs, to drink alcohol and have tried a cigarette.
18. In Scotland, the social and emotional wellbeing of children aged 4 to 12 has been measured consistently over the last decade on the Scottish Health Survey using the parent-reported Strengths and Difficulties Questionnaire (SDQ)⁶. The most recent data⁷, for combined 2016–2019 years, show that **9% of children in Scotland had a score of between 17–40 on the total difficulties scale, placing them in the ‘high’ or ‘very high’ range.** A further 7% had scores in the ‘slightly raised’ range. The Scottish figures have remained remarkably consistent between 2012 and 2019. The survey also repeatedly finds variation in the rates of lower social and emotional wellbeing by socio-economic status with children in the lowest income groups typically four times more likely than those in the highest income group to have high or very high difficulties scores.
19. Evidence from the ground-breaking Growing Up in Scotland longitudinal study has shed light on the wide range of factors associated with poorer social and emotional wellbeing and low life satisfaction during this period of middle childhood, aside from lower socio-economic status^{8,9}. **Low life satisfaction is associated with disliking school and difficulty with school work, with a negative parent-child relationship and “poor quality” friendships, and with experiencing a death, illness or accident in the family.** Poorer social and emotional wellbeing is further associated with child characteristics such as poor general health and broken sleep patterns, and family characteristics such as poor maternal health and a negative father-child relationship. Together, these findings demonstrate how the many different elements of children’s lives have a bearing on their wellbeing and the importance of social relationships—with parents, teachers and friends—for positive social and emotional wellbeing.

Impact of Mental Health Disorders in Childhood

20. The main longitudinal studies, maintained by the Centre for Longitudinal Studies (CLS), show a relationship between childhood health, including mental health, and adult lives and life chances over time. For example, analysis of the National Child Development Study 1958–born cohort showed that **mental, as well as physical health problems and low birthweight in childhood, can all have negative effects on future family income**¹⁰ in Great Britain. Indeed, the analysis suggests that the negative effects on family income are greater for childhood mental health problems than for physical health problems.
21. **Poorer mental health in children at earlier years can also be shown to relate to lower performance in GCSE examinations.** Analysis by NatCen showed that seven in ten of those in England with no or few mental health difficulties (measured using the SDQ) at ages 11 to 14 achieved 5 GCSEs (including English and Maths), compared with just over four in ten for those with mental health difficulties.¹¹

Proportion of pupils achieving 5 A*-C GCSEs (including English and Maths) by mental health difficulties at age 11–14

Base: Age 11–14 in England (2009/10 and 2011/12)

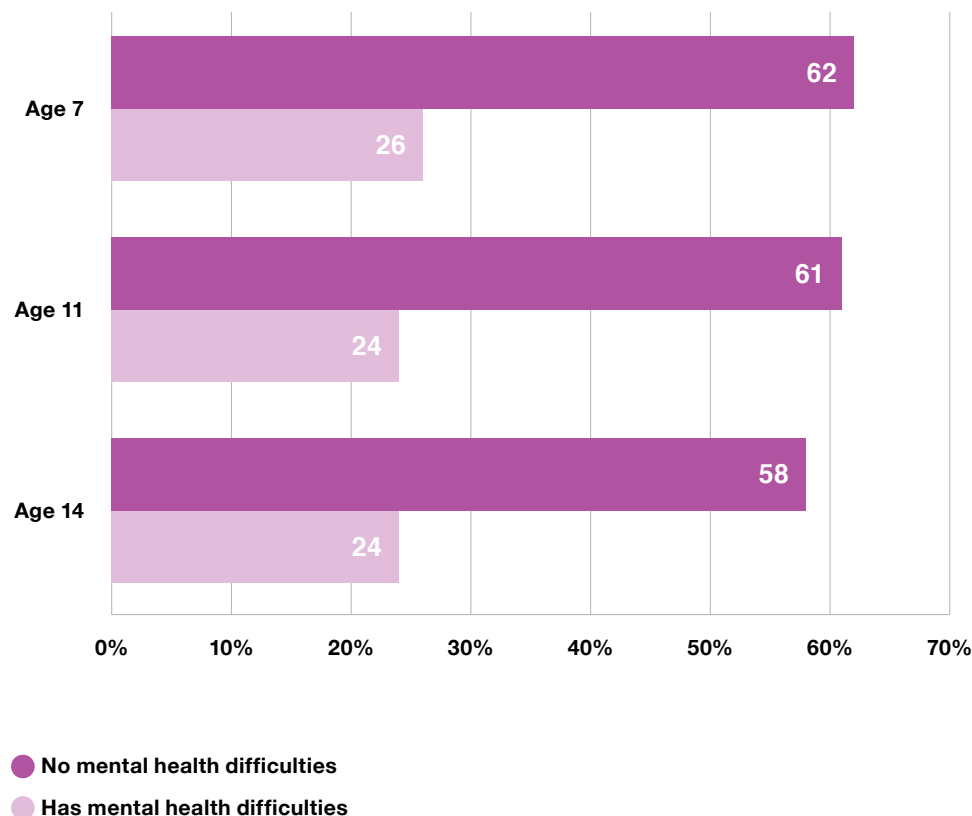


Source: Understanding Society¹² linked to the National Pupil Database¹³

22. Analysis of the Millennium Cohort Study, the cohort of those who were born in 2000, linked to attainment results coded in the National Pupil Database, showed a similar pattern of much lower attainment against the main GCSE benchmark if children had mental health difficulties at ages 7, 11 and 14.

Percentage achieving the benchmark 5 A*-C GCSEs (including English and Maths) by mental health difficulties at ages 7, 11 and 14

Base: Age 7, 11 and 14 in England (2008, 2012 and 2015)



Source: Millennium Cohort Study, Waves 3¹⁴, 4¹⁵ and 5¹⁶ linked to the National Pupil Database¹⁷

23. NatCen concluded in their briefing paper¹¹ that young people at Key Stage 3 with poor mental health scores were 2.7 times more likely not to achieve the GCSE benchmark of 5 GCSE passes at A*-C grades (with English and Maths), even when accounting for other factors. A “one point” increase in a young person’s SDQ score at Key Stage 3 resulted in the equivalent of a dropping of one grade at GCSE¹¹. The briefing paper used data from Understanding Society (Institute for Social and Economic Research, University of Essex) and the Millennium Cohort Study (CLS).

Children and Young People during the Pandemic

24. The COVID–19 pandemic has been a highly unusual time for the population of the United Kingdom, including for children and young people.

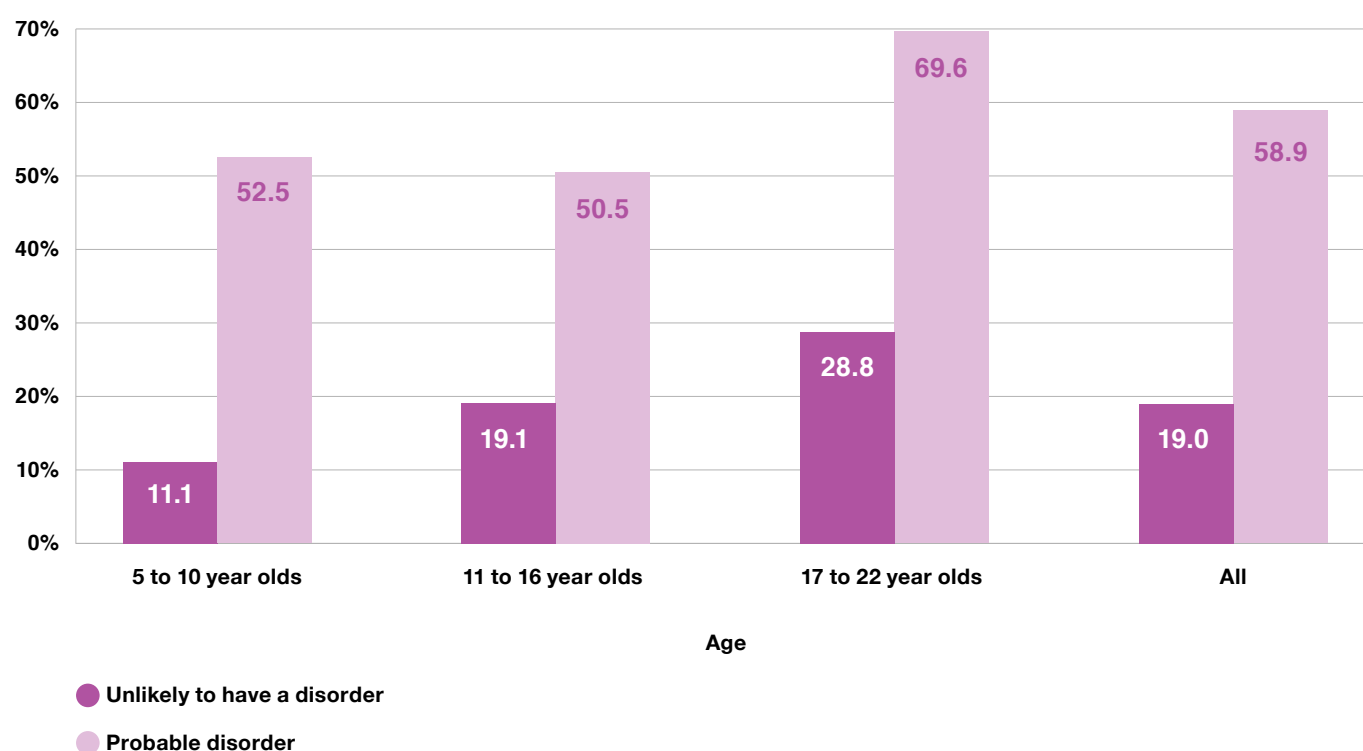
A follow-up of the 2017 MHCYP survey was conducted in England to look at the same sample's mental health in July 2020.¹⁸ Experiences of family life, education and services, and worries and anxieties during the coronavirus pandemic were also examined. The children and young people followed up were now aged 5 to 22. While the 2017 report focused on an assessment of mental health using the DAWBA, comparisons between the 2017 and 2020 surveys are based on the SDQ which was included on both waves.

25. In the 2020 study, **one in six** (16.0%) children aged 5 to 16 had a probable mental disorder during the pandemic, compared with one in nine (10.8%) in 2017. The rates rose for both boys and girls. Young women (aged 17 to 22) had the highest rate with a probable mental disorder rate of 27.2%, compared with 13.3% of young men.

26. The study found that those with a probable mental disorder were more likely to feel the national lockdown had made their lives worse, were much more likely to report 'always' or 'often' feeling lonely and to report having sleep problems.

Prevalence of sleep problems in the past seven days, by mental health and age

Base: Age 5–22 in England (2020)

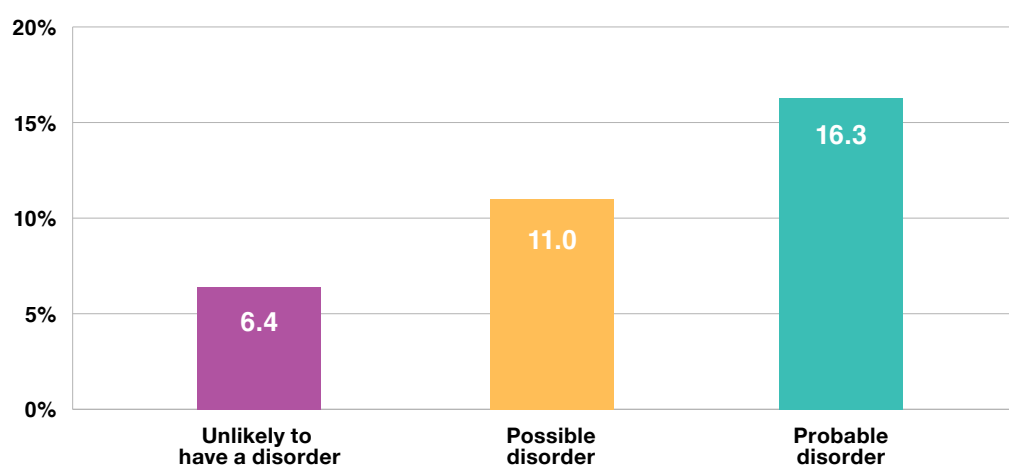


Source: Mental Health of Children and Young People follow up survey, NHS Digital

27. The results from the follow-up study also raise questions around how responsive our social protection systems are to the socioeconomic challenges households have been and are facing during the pandemic.¹⁹ Children (those aged 5 to 16) with a probable mental disorder were more than twice as likely to live in households (16.3%) that have fallen behind with payments during the pandemic than those unlikely to have a mental disorder (6.4%). One in ten of those aged 17 to 22 reported that during the pandemic their household did not have enough to eat or had increased reliance on foodbanks.
28. Difficulties faced by parents and their children were perhaps inevitably enhanced when schools were closed during the pandemic and this highlighted the unequal impact of lockdown on learning. About one child in eight (12.0%), aged 5 to 16, had no reliable internet access at home, a fifth (19.1%) no quiet space to work, and a quarter (26.9%) no desk they could study at. The findings provide crucial context for schools planning pupils' home-based learning and reinforce the need, where possible, to prioritise schools remaining open.

Percentage of children living in a household that fell behind with payments during the pandemic, by mental health of child

Base: Age 5–16 in England (2020)



Source: Mental Health of Children and Young People follow up survey, NHS Digital

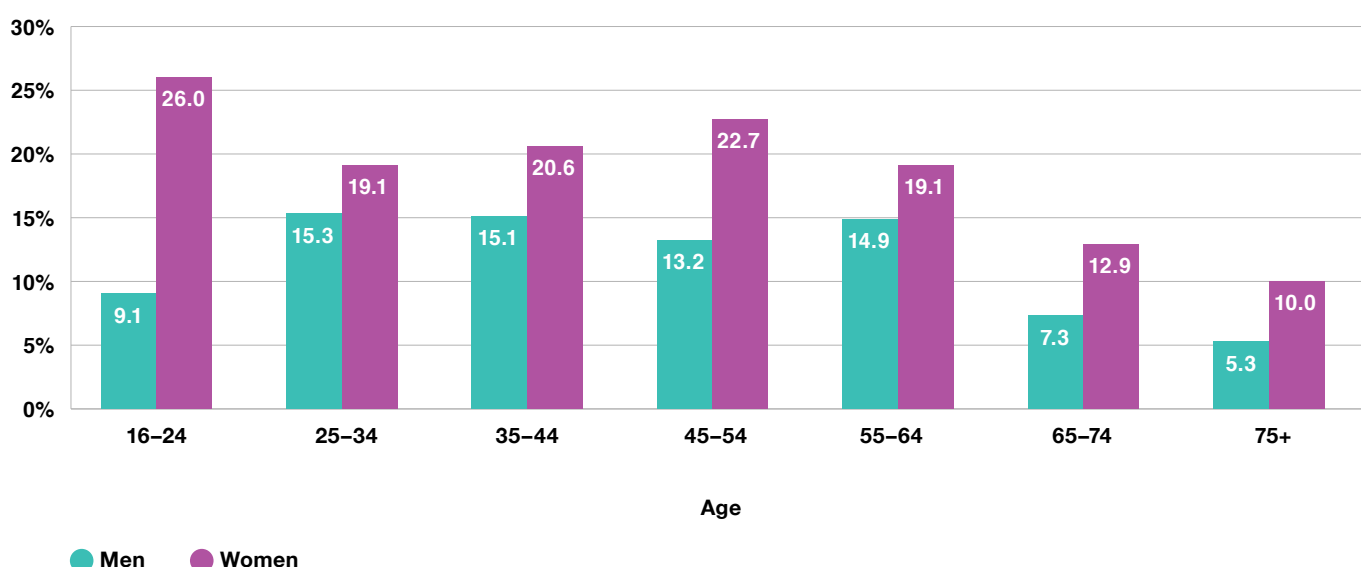
As Adults ...

Mental Health in Adults

29. The Adult Psychiatric Morbidity Survey has been conducted every seven years since the early 1990s. The survey series is funded by the Department of Health and Social Care, commissioned by NHS Digital, and is the main source of trends in treated and untreated mental health conditions in England. The most recent survey was carried out in 2014, with the next survey currently in development.
30. Overall, **one in six adults (17%) in England in 2014^{20,21} met the criteria for a common mental disorder (CMD)^b** using the revised Clinical Interview Schedule (CIS-R). One in five women (19%) reported CMD symptoms, compared with one in eight men (12%). **Reported rates of self-harming had increased in men and women and across age groups since 2007**, although some of this increase in reporting will have been due to greater awareness about the behaviour.²²
31. **Young women have emerged as a high-risk group in relation to mental health, with high rates of CMD, self-harm, and positive screens for post-traumatic stress disorder (PTSD) and bipolar disorder.** The gap between young women and young men has increased over time.

Anxiety and depression symptoms (CIS-R score 12+), by age and sex

Base: Age 16+, England (2014)



Source: Adult Psychiatric Morbidity Survey, NHS Digital

^b CMD include depressive and anxiety related disorders, including generalised anxiety disorder, phobias, and obsessive compulsive disorder.

32. Mental health disorders in England in 2014 were more common in people living alone, in poor physical health and/or not employed. Claimants of Employment and Support Allowance (ESA), a benefit aimed at those unable to work due to poor health or disability, experienced particularly high rates of all the disorders assessed.²⁰
33. In Scotland, adult mental health and wellbeing data are collected annually via the Scottish Health Survey, carried out by ScotGen on behalf of the Scottish Government²³. Mental health measures used for adults in the survey include the General Health Questionnaire (GHQ-12) and the Revised Clinical Interview Schedule (CIS-R). Data on attempted suicide and self-harm are also collected. Figures are reported by age, sex and area deprivation. The survey measures wellbeing using the WEMWBS (Warwick-Edinburgh Mental Wellbeing Scale). From 2008 – 2019, the mean WEMWBS score for adults in Scotland has been between 49.4–50.0 (with a higher score implying better mental health).
34. **Differences in WEMWBS scores have been observed by age and deprivation, both in 2019 and in previous years.** In 2019, similar to previous survey years, mental wellbeing was higher among older adults than younger adults (similar patterns were evident for both men and women with no significant variations by sex in 2019) and there was a linear decrease from a mean of 51.5 among adults in the least deprived quintile to a significantly lower mean of 46.9 among those in the most deprived quintile (again, similar patterns were recorded for men and women).
35. Scottish Government data from the Scottish Health Surveys for 2018 and 2019 also found **lower mental wellbeing for those in Scotland with food insecurity²⁴ and for those who had Adverse Childhood Experiences (ACE count)²⁵**. Rates of depression, anxiety, attempted suicide and self-harm were at their highest levels in 2018/19 (years combined) in Scotland²³ since 2008 with the prevalence highest amongst those living in the most deprived areas.

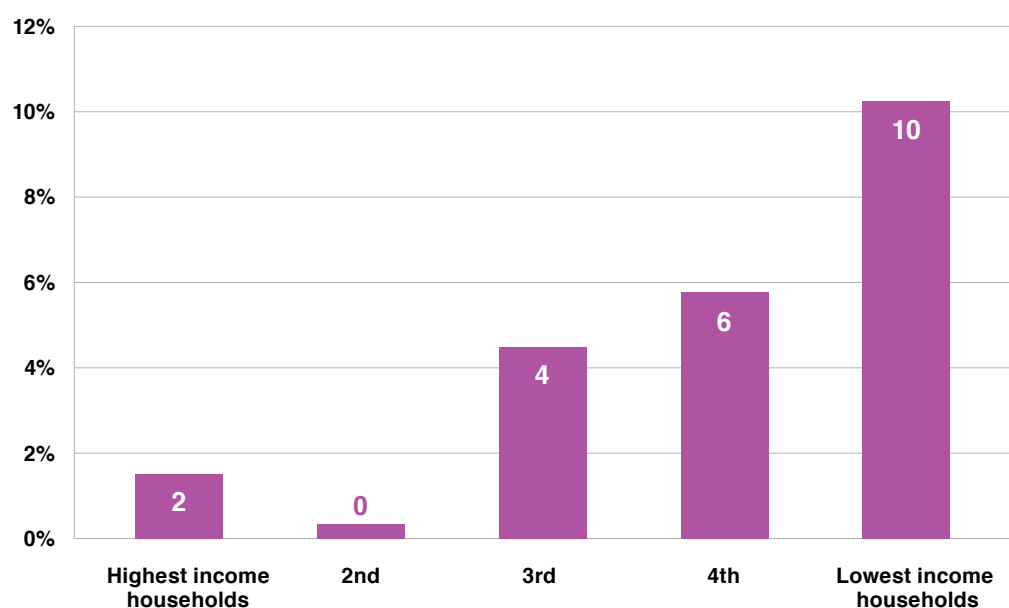
Young Women, Poverty and Self-harm

36. In recent years, there has been an increasing focus on self-harm by young women in England with factors such as exam stress and social media often being mentioned. While it is right to acknowledge that these may play a role, many types of actual or perceived adversity can be associated with having self-harmed and these should also be recognised. In particular, **poverty is recognised as a risk factor for suicide in men, but its role in self-harm behaviours in young women has tended to be overlooked.**
37. An analysis by NatCen and [Agenda](#) of self-harm rates in young women²⁶ found that **the proportion of young women (aged 16 to 34) who had self-harmed in the past year was five times higher among those living in the most deprived households (10%),**

compared with those in the least (2%). This same pattern was also evident in relation to debt: those seriously behind with payments or who have had utilities disconnected were three times more likely to have self-harmed in the past year than other young women.

Self-harm in past year among women aged 16–34, by household income

Base: Women aged 16–34 in England (2014)



Source: Adult Psychiatric Morbidity Survey, NHS Digital

38. This link between self-harm and poverty suggests that professionals that come into contact with those living in poverty should be aware of the increased rate of self-harm among girls and young women on low incomes. This is an area of concern and is relevant to a wide range of agencies beyond health, education and social care, including job centres, debt management agencies and social housing landlords, all of whom will need to be increasingly alert to the risk that women in poverty are more likely to self-harm.

Students

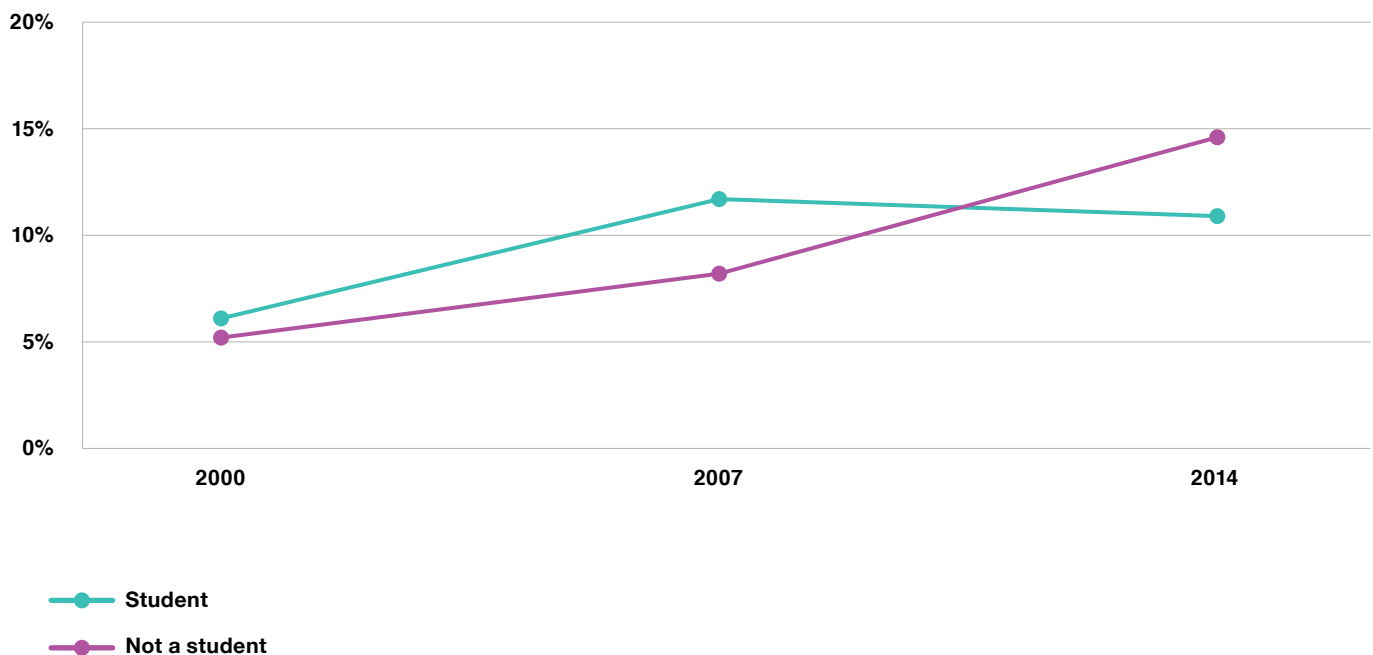
39. Even before the COVID–19 pandemic led to the suspension of face-to-face teaching for extended periods in schools, colleges and higher education, and frustration over exam assessments, there had been growing concerns about mental health among students.

40. Using data on young people (aged 16–24) from three National Psychiatric Morbidity Surveys for England (2000, 2007, and 2014), rates of self-harm were found to be rising in this group.²⁷ However, the analysis showed that this upward trend since 2000 was evident in both students and non-

students, suggesting when addressing young people's mental health that there is a need to focus on young people not in education, as well as students, with services and facilities accessible to both groups.

Proportion of students and non-students who have ever self-harmed

Base: Age 16-24 in England (2000, 2007 and 2014)



Source: Adult Psychiatric Morbidity Surveys, NHS Digital

41. To support further analyses in this area, a collaboration between NatCen and [SMaRteN](#) (an ESRC-funded mental health research network focused on students) established a [guide](#)²⁸ to national surveys intended as a helpful resource for those looking to measure and study mental health for the student population. The surveys in this series have been key to understanding the mental health of many potentially vulnerable subgroups in society, including former prisoners²⁹, people with sensory³⁰ or learning impairments³¹, and those identifying as lesbian, gay, bisexual or another non-heterosexual identity³².

Public Attitudes to Mental Health

42. NatCen's British Social Attitudes Survey (BSA) is the primary vehicle in Britain for looking at public attitudes over time and is based on a random probability sample design. A full module on attitudes towards mental health³³ was last run on the survey by Public Health England in 2015. Reassuringly, it showed that most people are confident they know what it means to have good mental wellbeing. People are aware of the different factors that impact on their mental wellbeing and the things they can do to improve it.

43. While perceptions of workplace prejudice around mental health have improved over time, most people thought that an employee with a history of absence due to depression or schizophrenia were ‘slightly less likely’, or ‘much less likely’, to be promoted (82% for depression and 89% for schizophrenia).
44. When the public was asked what they thought should (‘probably’ or ‘definitely’) happen, over a third (36%) thought that medical history should make a difference where the employee had a history of absence due to depression, and almost half (46%) where the absence was due to schizophrenia. This shows that while people generally felt that there would be workplace discrimination to those who had a history of absence due to mental ill health, that a significant minority of the population felt that medical history should make a difference when it came to decisions around promotions.
45. When broken down into sub-groups, larger proportions of men, those in the oldest age groups, non-white ethnicities and those with no experience of mental health issues themselves were likely to believe that medical history should make a difference when considering promotions.

Adults during the Pandemic

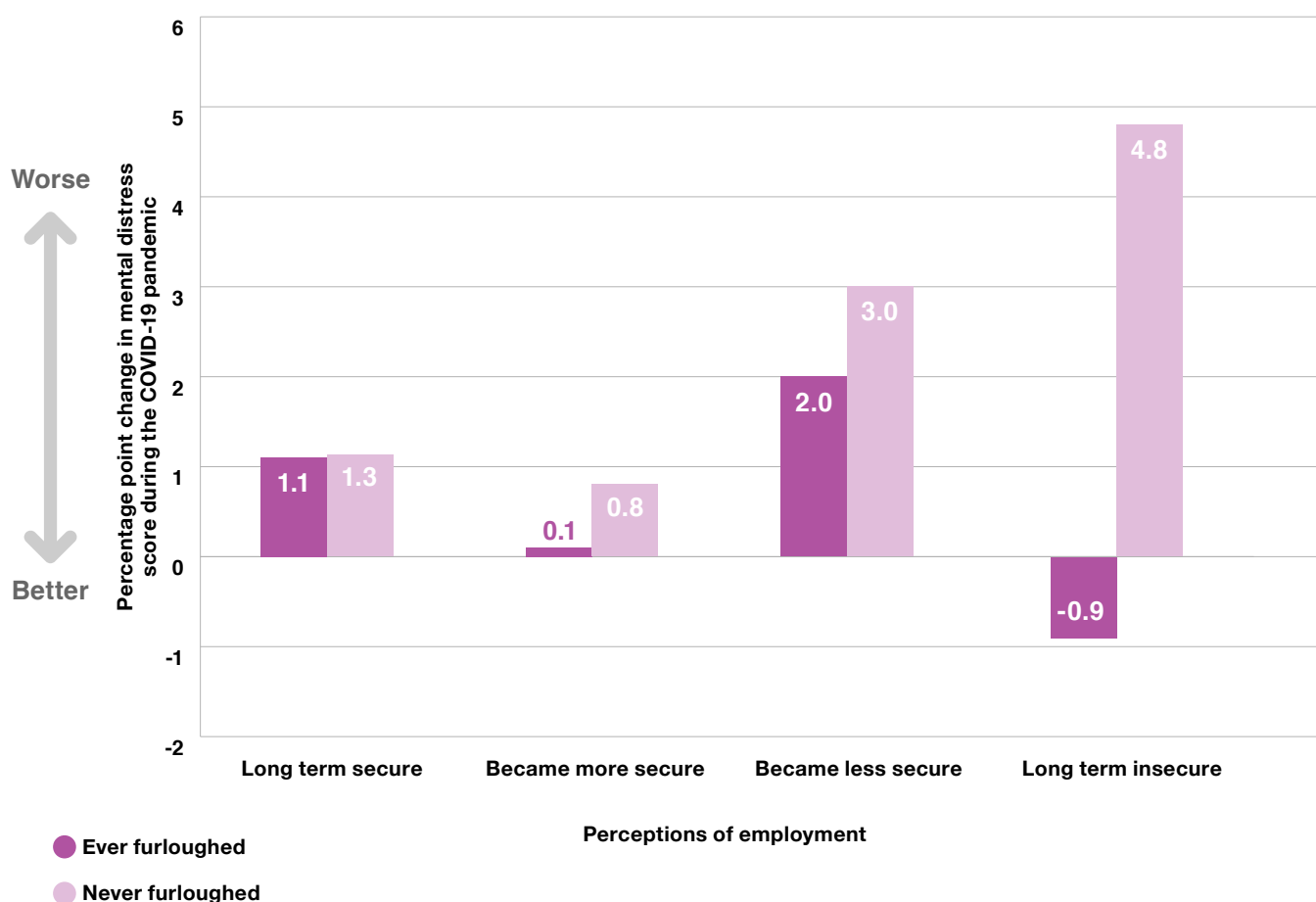
46. There has been much political and public discourse about the effects of the pandemic on the public’s mental health and research in this area is on-going. In August 2020, the Office for National Statistics (ONS) reported³⁴ that almost one in five adults (19.2%) were likely to be experiencing some form of depression during the pandemic as at June 2020; this had almost doubled from around 1 in 10 (9.7%) before the pandemic (July 2019 to March 2020).
47. Understanding Society⁴⁴ was the first dataset to allow the change in UK mental distress attributable to the COVID–19 pandemic to be discerned, adjusting for previous long-term trends and demographic, socioeconomic, and health-related factors. The substantial increase in mental distress in the UK population had not affected all groups equally. Established health inequalities persisted, with prevalence of mental distress higher in people with pre-existing health conditions, those living in low-income homes, and people of Asian ethnicity. Other sources of inequalities had widened, with pronounced increases in younger (but not older) age groups, and in women (but not men). New inequalities in mental distress had emerged, with those living with young children and those in employment at the start of the pandemic being at risk of larger increases in mental distress.³⁵
48. A more recent analysis by ONS (March 2021)³⁶ showed that while more men have died from COVID–19, women’s well-being was more negatively affected than men’s during the first year of the pandemic. In general, men and women’s experiences of life in lockdown tended to differ. Women were more likely to be furloughed, and to spend significantly less time working from home, and more time on unpaid household work and childcare. However, when looking at mortality

from the coronavirus, more men died from COVID-19 than women, even though pre-pandemic annual mortality rates were already higher for men than women in England and Wales.

49. Another area, researched by NatCen, has been the effect of “furloughing” on the mental health of employees as at May 2020³⁷. It showed that those in insecure employment were much more likely to have worsening mental health during the pandemic. However, mental health improved slightly for those in this group who were “furloughed”.

Percentage point change in mental distress score during the COVID-19 pandemic by security of employment

Base: Age 16+ in employment in the United Kingdom (May 2020)



Source: Understanding Society: COVID-19 Study⁴⁴

In Later Years ...

Depression in Later Years

50. As we move into the traditional pension ages, the prevalence of common mental disorders (CMD), as measured by the Adult Psychiatric Morbidity Survey, is reported as being lower than in the younger age groups (see the analysis by age group in the “Adult” section).
51. The data presented in this section of the report have been extracted and analysed by NatCen from the 9th Wave of the English Longitudinal Study of Ageing (ELSA),^{38,39} which covers adults aged 50 and over, carried out in 2018 and 2019. The analysis uses the CES-D scale (Centre for Epidemiological Studies Depression Scale) which measures the presence of symptoms associated with depression. Previous research has shown that depressive symptoms can be a predictor of chronic illness ten years later⁴⁰, a finding that has implications for the treatment of depression in physically healthy older adults.
52. ELSA shows that 21% of people aged 50 and over in England are affected by symptoms of depression as measured in this way. The incidence of depression changes with age. Depression affects 15–20% of people in their late 60s/early 70s but increases with age and affects more than 30% in their late 80s and over 90 years old.

Percentage affected by depression, by age

Base: Age 50+ in England (2018–19)



Source: English Longitudinal Study of Ageing Wave 9

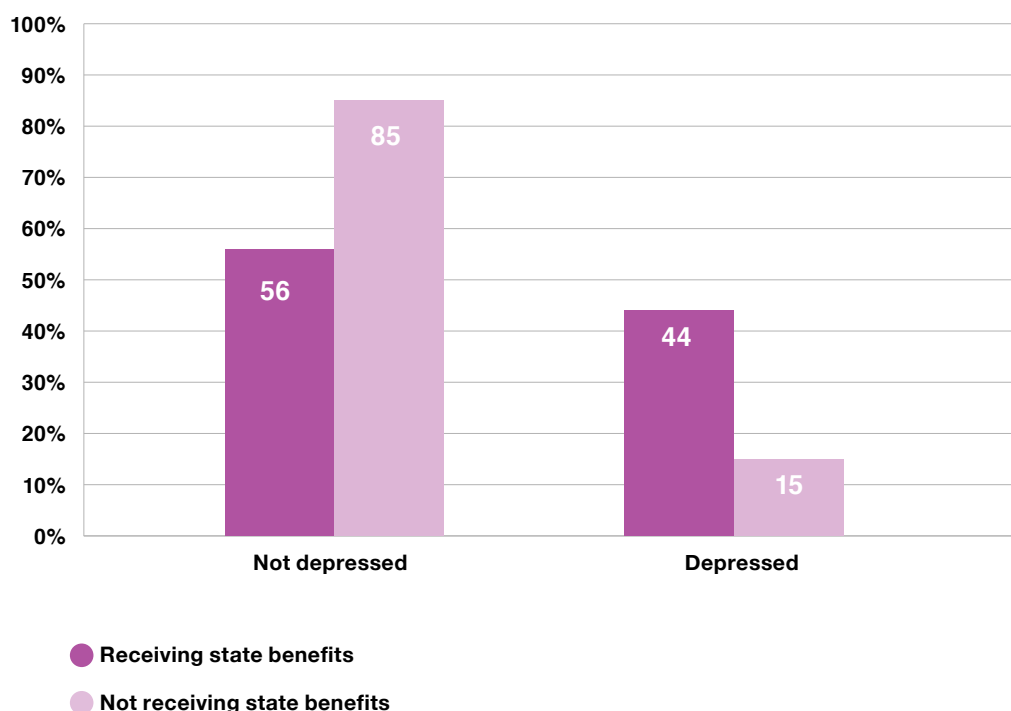
Symptoms of depression are more common in women – reported by 25% of women aged 50 and over in England, compared to 16% of men – and women show higher incidence of depression symptoms at each age compared to men.

Socio-economic Vulnerability and Depression in the 50+ Population

53. Depression is significantly more common in people aged 50 and over in England who are receiving state benefits. 44% of people who receive state benefits met the CES-D scale criteria, versus 15% of those who are not receiving state benefits.

Percentage affected by depression, by receipt of state benefits

Base: Age 50+ in England (2018–19)



Source: English Longitudinal Study of Ageing Wave 9

54. Food insecurity is also associated with depression. The incidence of depression symptoms is higher in people aged 50 and over in England who cannot afford to eat balanced meals ‘often’ (49%) or ‘sometimes’ (56%) compared to those who can ‘always’ afford to eat balanced meals (16%).

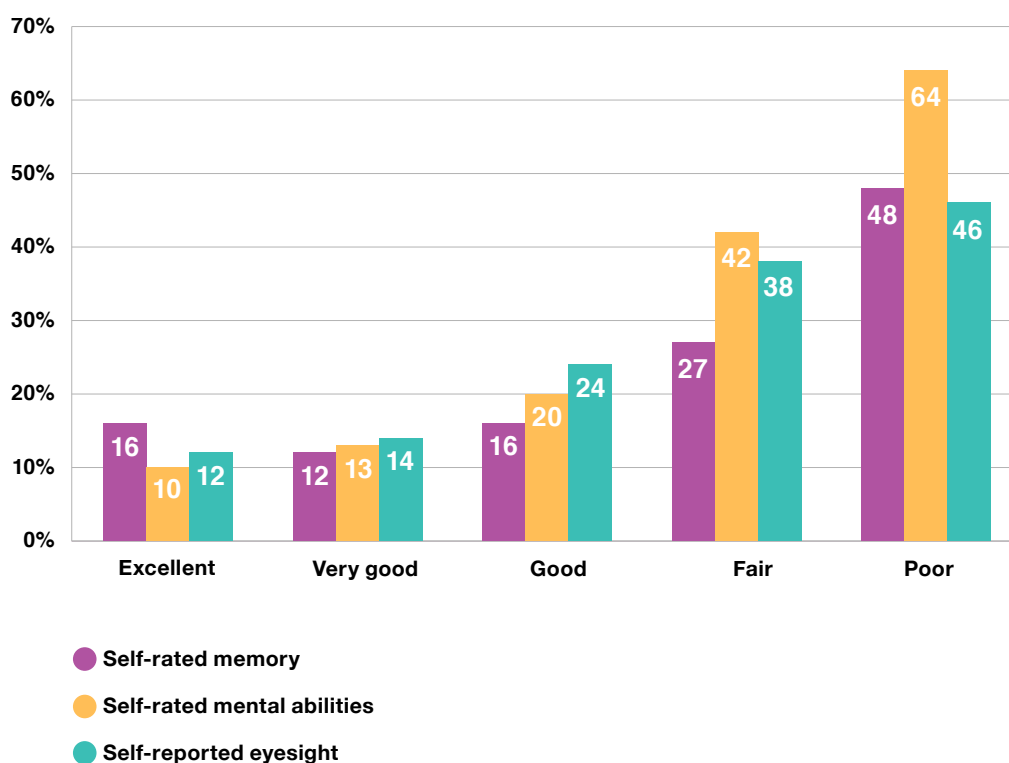
Physical and Mental Ageing and Depression in the 50+ Population

55. Depression is more common among those who experience at least one form of difficulty with activities of daily living (ADL/IADL). It occurred in 44% of the people aged 50 and over who reported at least one ADL/IADL difficulty, compared to 13% of the those who did not report any difficulties.

56. The association between living free of ADL/IADL difficulties and mental health can also be observed looking at the incidence of depression at different levels of self-rated mental abilities, memory and eyesight. People aged 50 and over in England who consider their memory, mental abilities and eyesight ‘fair’ or ‘poor’ show a higher incidence of depression compared to those who report ‘excellent’, ‘very good’ or ‘good’ levels.

Percentage affected by depression, by self-rated memory, mental abilities and eyesight

Base: Age 50+ in England (2018–19)



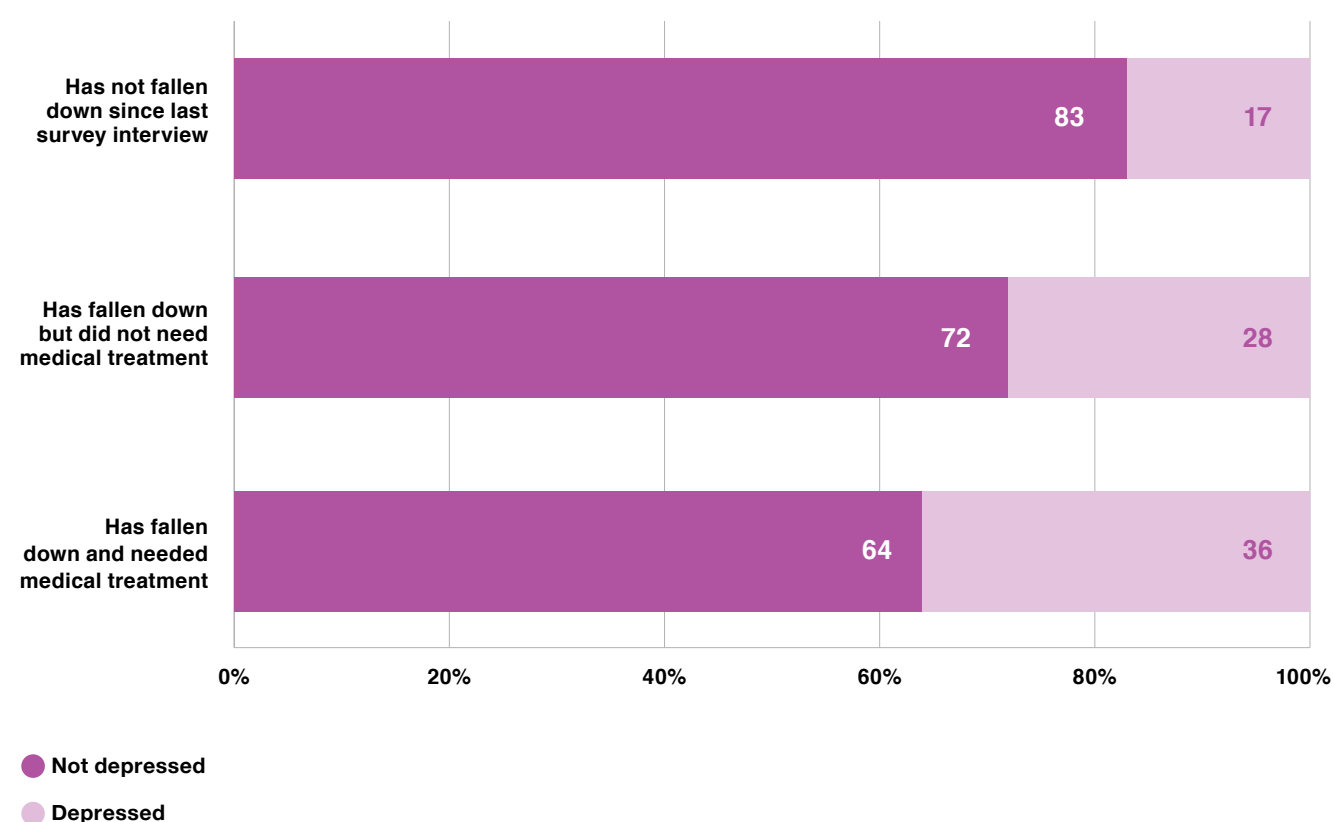
Source: English Longitudinal Study of Ageing Wave 9

57. Experiencing problems with mobility is similarly associated with a higher incidence of depression in the population aged 50 and over in England. The incidence of depression amongst those who report at least one mobility difficulty is 32%, while it is 9% for those who do not have any mobility problem.

58. The higher incidence of depression in people with mobility problems can be further observed looking at those who have had a fall since the last ELSA interview. Depression is more likely to occur in those who have fallen, especially if they needed medical treatment, compared to those who have not had any fall.

Percentage affected by depression, by experience of falls

Base: Age 50+ in England (2018–19)



Source: English Longitudinal Study of Ageing Wave 9

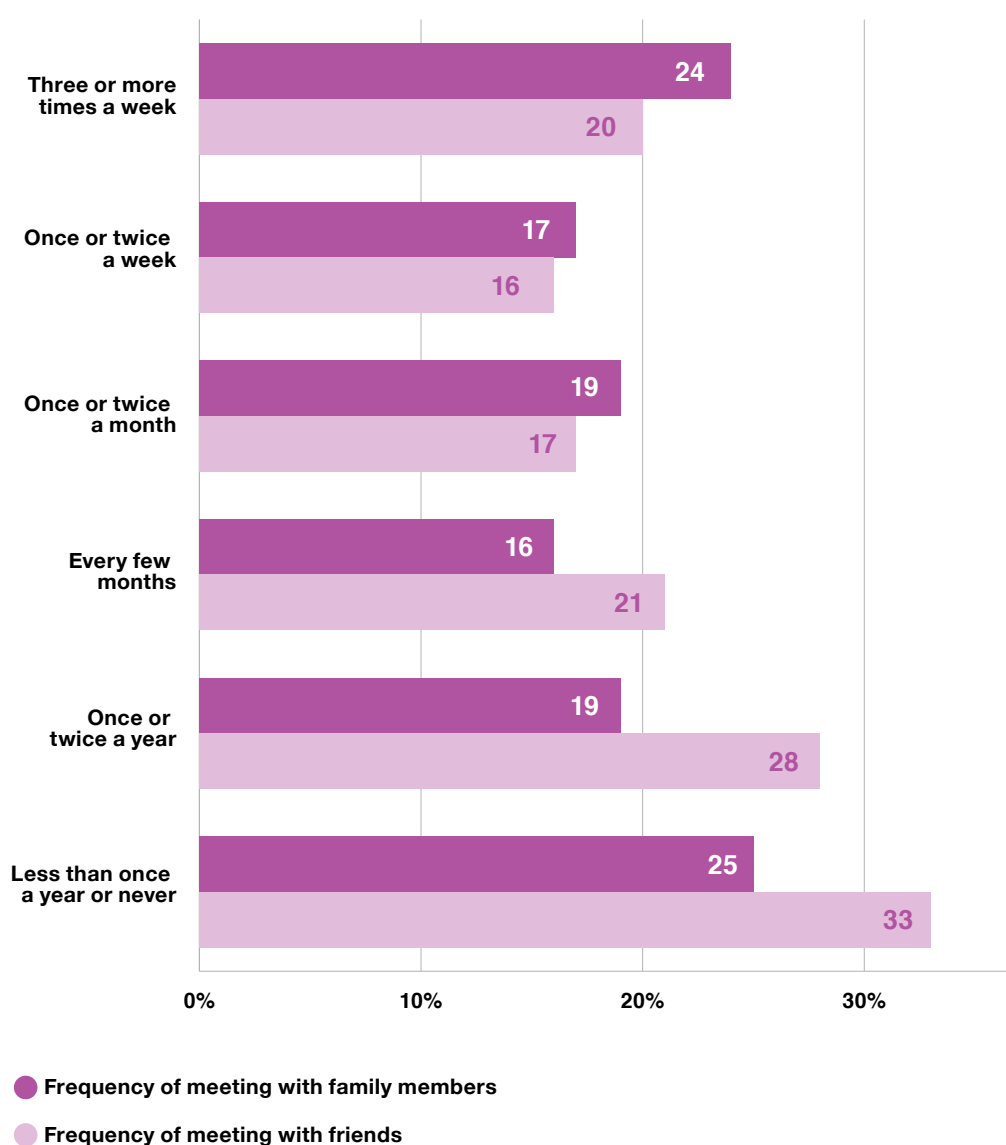
Social Isolation and Depression in the 50+ Population

59. Finally, symptoms of depression in later years are lower amongst those who have frequent interactions with their friends and meet at least once or twice a month or more often (16–20%).

Depression is more common when there are fewer contacts, rising from 21% in those who meet their friends every few months, to 28% when meeting friends once or twice a year, to 33% when meeting their friends less than once a year or never. A similar, yet smaller, trend can be observed when looking at the frequency of meeting family members.

Percentage affected by depression, by frequency of meeting family and friends

Base: Age 50+ in England (2018–19)



Source: English Longitudinal Study of Ageing Wave 9

Later Years during the pandemic

60. The ELSA COVID–19 Substudy⁴¹ collected data on the population aged 50 and over in England since the early phases of the pandemic. Researchers from UCL and University of East Anglia investigated the survey data and found that the incidence of depression, anxiety and loneliness was greater in study participants who were in high-risk groups and self-isolating;⁴² they also showed that depression was more common in those who had multimorbidity (31%), compared to those who did not (21%).⁴³

Conclusions

61. At the beginning of the report, we observed that stakeholders with an interest in mental health – politicians, policy makers, families, educational establishments, health & care providers and employers – are all grappling with how best to support those of us with mental health difficulties. But should we be worried about the public's mental health? The data across the life course point to an association for many people between poor mental health and wellbeing, and their life situation more generally, whether that is with their financial position or their physical health or their relationships and social interactions.
62. The statistics, research and themes in this report suggest that short term, we might expect to see some improvements in mental health and wellbeing as we regain our usual freedoms as the pandemic eases. Longer term, improving the public's mental health and wellbeing, and reversing current trends might be associated with the "levelling up" agenda across the United Kingdom. If we have a strong economy where the economic benefits are more evenly shared across locations, by the various sub-categories of the population, and where fewer people are "left behind" we may begin to see longer term improvements in mental health and wellbeing.

Case Study

The COVID-19 pandemic, finances and mental health

- The COVID-19 pandemic has affected all members of society though some people have been more adversely affected than others. The national and regional restrictions which were brought in to protect the physical health of communities across the UK impacted individuals' ability to do their jobs and to earn money to support themselves and their families. Although the UK government introduced measures to try to alleviate the worst economic consequences for both individuals and businesses, many people across the UK suffered a deep financial shock.
- This case study uses information collected by the Understanding Society COVID-19 survey⁴⁴ to examine whether the financial impact of pandemic control measures to protect physical health was linked to adverse changes in mental health. Financial experiences were measured using a range of questions asking about changes in income, savings, benefits receipts or pandemic-related financial support, and mental health was assessed using the 12-item General Health Questionnaire (GHQ-12).

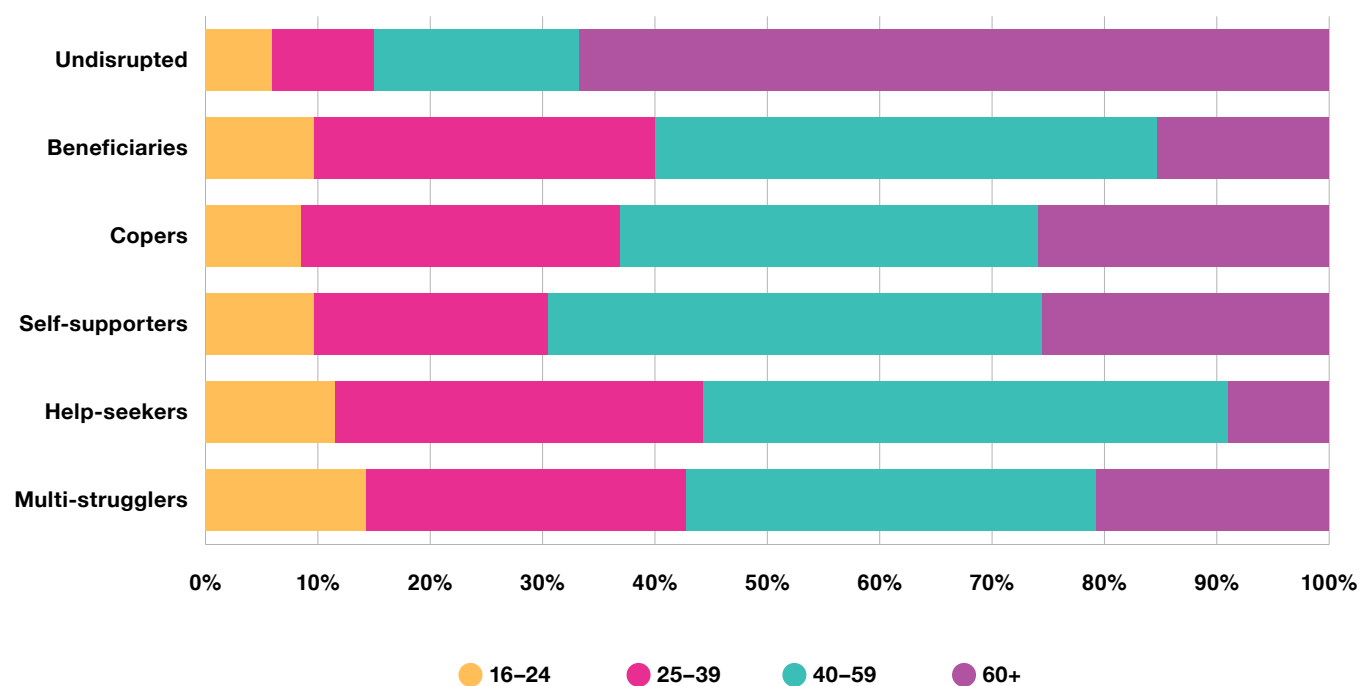
Further information on the data and the methodology used can be found in the briefing paper.⁴⁵

- Our analysis categorised the UK population's financial experiences during the first nine months of the pandemic into six different groups:
 - **Undisrupted (43%)** – little change to individual and/or household income.
 - **Beneficiaries (29%)** – increased individual and/or household income during the pandemic.
 - **Copers (7%)** – took a financial hit but didn't need to change their behaviour much to cover it.
 - **Self-supporters (13%)** – drop in individual and/or household income but used savings or reduced expenditure cover this.
 - **Help-seekers (4%)** – reduced individual and/or household income and looked for external help, such as borrowing, benefits or new employment.
 - **Multi-strugglers (4%)** – people who needed to take advantage of many different types of non-work based financial support.

- People's financial experiences differed by age. People aged 60 and over were much more likely than younger people to have been financially undisrupted, with much of this group being retired and not reliant on work-based income. Meanwhile Help-seekers and the Multi-strugglers tended to be slightly younger than other groups.

Financial experiences of the pandemic by age

Base: Age 16+ in the United Kingdom (2020/21)

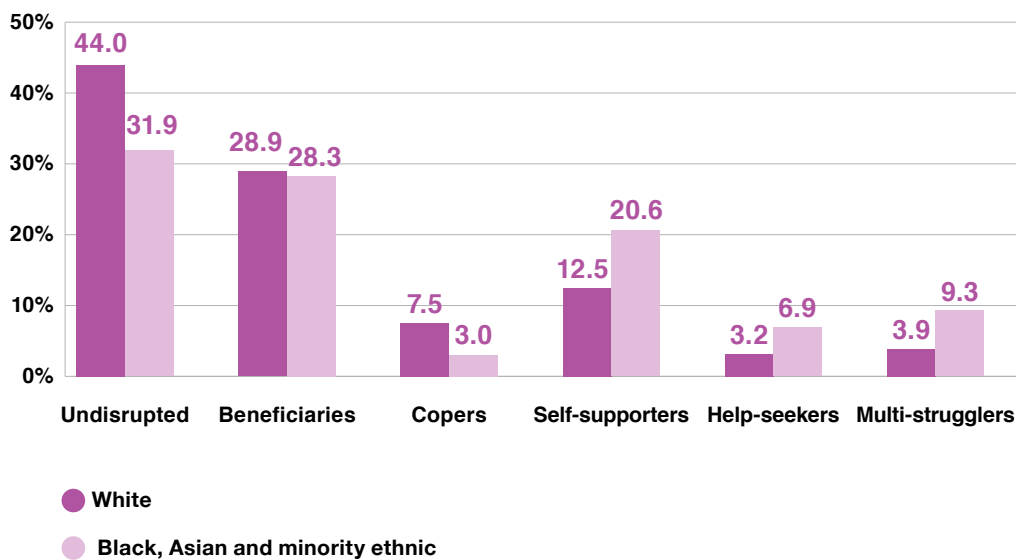


Source: Understanding Society: COVID-19 Study⁴⁴

- People belonging to a Black, Asian or minority ethnic (BAME) group were more likely to be adversely affected financially during the pandemic. While just under a half of White people were financially undisrupted this applied to one third of BAME people. BAME people were also more likely than White people to have struggled with multiple financial issues, sought financial help or self-supported their incomes by using savings or reducing expenditure.

Financial experiences of the pandemic by ethnic group

Base: Age 16+ in the United Kingdom (2020/21)

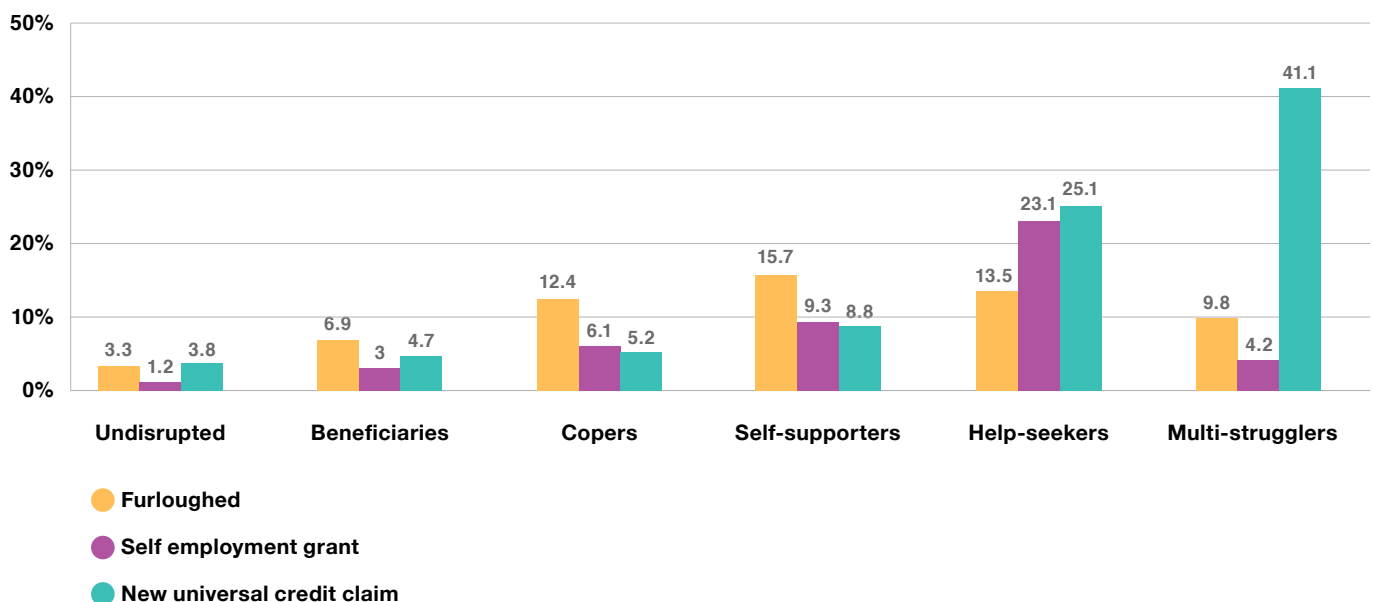


Source: Understanding Society: COVID-19 Study⁴⁴

- A range of government schemes were introduced to support those who were unable to work. The undisrupted group had very low take up of the schemes contrasting with around two out of five (41%) of the Multi-strugglers who applied for Universal Credit following the pandemic onset. Help-seekers were the most likely people to have received a self-employment grant (23%) which was roughly in the same proportion as those who made a new Universal Credit claim (25%).

Proportion receiving financial interventions by financial experiences of the pandemic

Base: Age 16+ in the United Kingdom (2020/21)

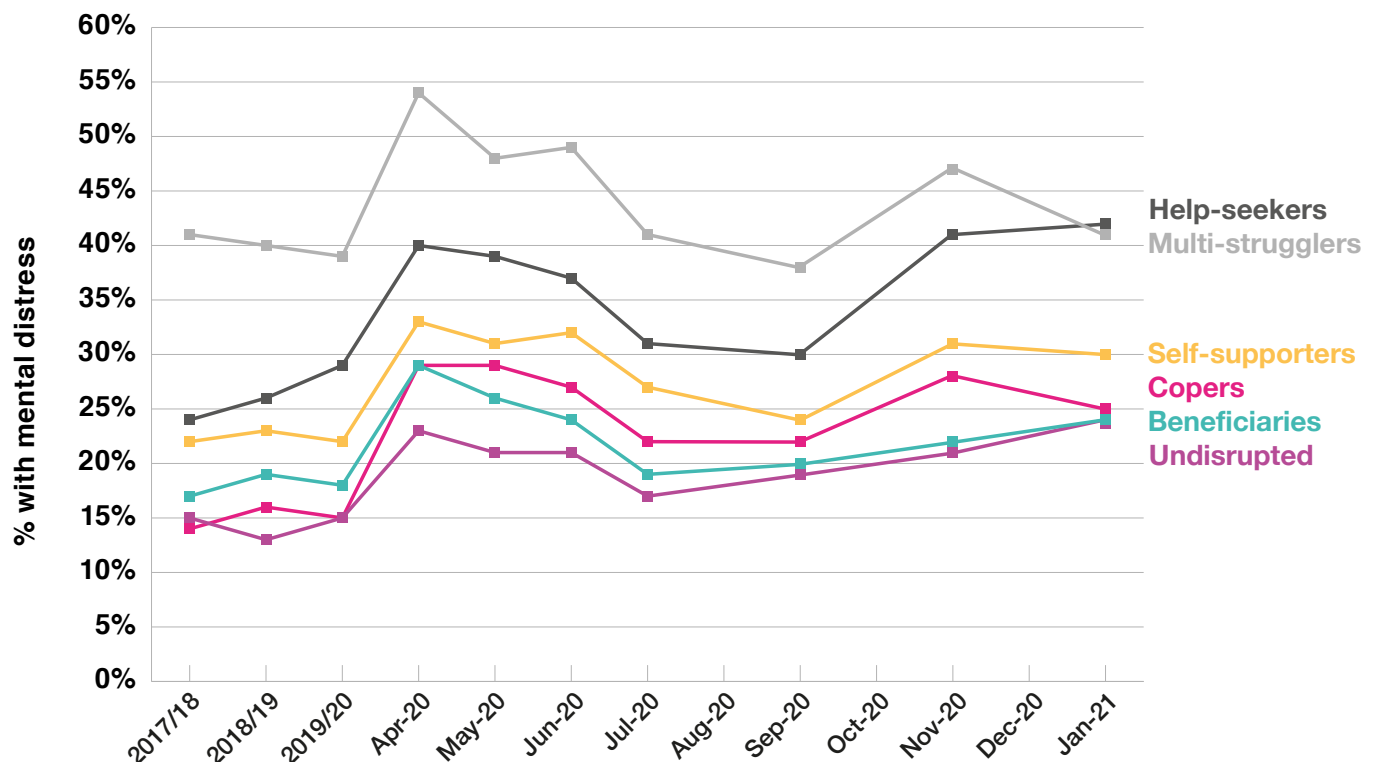


Source: Understanding Society: COVID-19 Study⁴⁴

- An individual's financial experiences during the pandemic were associated with changes in mental distress. Multi-strugglers generally reported the highest levels of distress before the pandemic which increased further throughout 2020, but by January 2021 mental distress in this group had returned to pre-pandemic levels. The high levels of distress pre-pandemic suggests that this group were more vulnerable to the mental health impact of the additional financial strain once the pandemic began.
- The Help-seekers group reported the largest overall increase in mental distress over the course of the pandemic; 42% of this group were experiencing significant mental distress in January 2021, compared to 29% before the pandemic and 30% only two months earlier. As the UK re-entered stricter lockdown restrictions throughout October and November the biggest hit to mental health appears to have been felt by the Help-seekers who were already struggling and seeking financial support from outside their household.

Proportion reporting significant mental distress by financial experience of the pandemic

Base: Age 16+ in the United Kingdom (2016-2020/21)

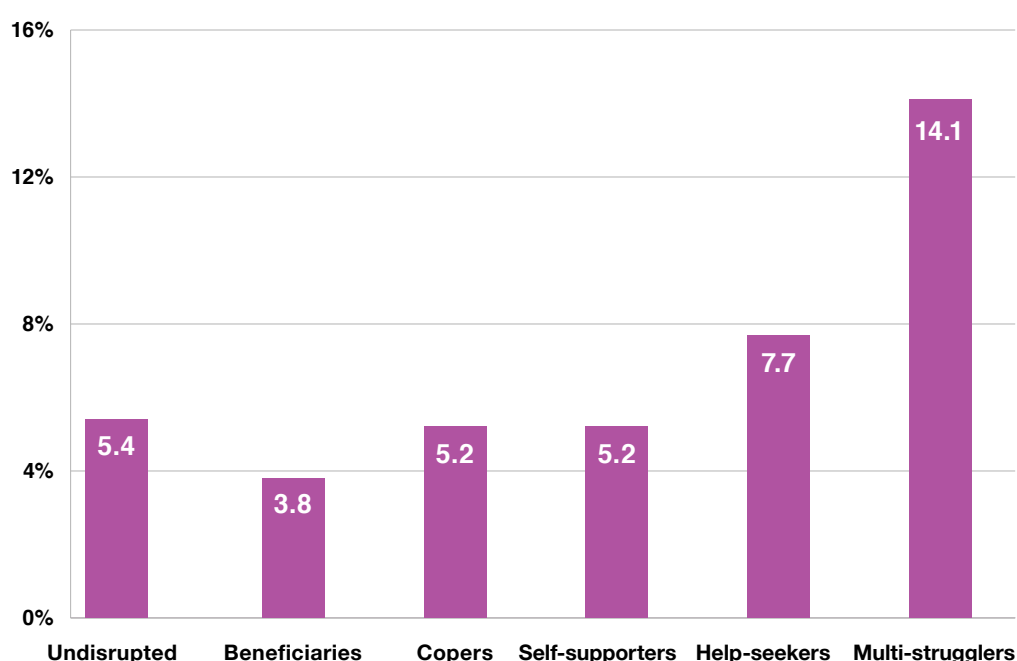


Source: Understanding Society Waves 8-10¹² and COVID-19 Study⁴⁴

- As well as reporting consistently high levels of mental distress, the Multi-strugglers, and to a lesser extent the Help-seekers, were also more likely to report any new diagnosis for a mental illness between May 2020 and January 2021.

Proportion who reported a new mental health diagnosis between May 2020 and January 2021 by financial experience of the pandemic

Base: Age 16+ in the United Kingdom (2020/21)



Source: Understanding Society: COVID-19 Study⁴⁴

Summary

- Levels of mental distress increased in the UK during the strictest lockdowns to curb the spread of COVID-19, but the largest increases have been seen amongst those groups who were in the weakest financial position at the onset of the pandemic and who have required access to greater levels of financial support throughout the pandemic.
- While people struggling with multiple financial issues experienced the highest levels of distress both before and during the pandemic, people newly seeking financial support appear to be particularly vulnerable to the mental health effects of the pandemic.

Measures of mental health and wellbeing

Measuring mental health

The studies referred to in this report draw on five different mental health tools. Two have been used mostly with children and young people: the Strengths and Difficulties Questionnaire (SDQ) and the Development and Well-Being Assessment (DAWBA). Three have been used mostly with adults: the 12 item General Health Questionnaire (GHQ-12), Centre for Epidemiological Studies Depression Scale (CES-D) and the revised Clinical Interview Schedule (CIS-R).

The SDQ, GHQ-12 and the CES-D are screening tools. They aim to identify people who may have mental health needs sufficient to warrant a fuller investigation. In contrast, the DAWBA and CIS-R are much longer and more detailed assessments that seek to operationalise the diagnostic criteria that a clinician uses when deciding on whether or not someone has a particular mental disorder.

Measuring mental wellbeing

While a minority of the population experience mental distress at any one time, mental wellbeing can be thought of a continuum distributed across the population as a whole running from high to low. In the studies referred to in this report, mental wellbeing was assessed using the Warwick Edinburgh Mental Well-Being Scale (WEMWBS), which consists of 14 positively phrased statements and refers to how people have been feeling in the past two weeks.

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