



**Understanding the Impact of COVID-19  
on Mental Health and Wellbeing**  
November 2020

## **Introduction**

In response to COVID-19, Healthwatch City of London (HWCoL) decided, in April, to run a series of surveys to obtain the views and experiences of City residents in the provision of Health and Social care during the pandemic. This report covers the results of the fourth survey in the series, which concerns Mental Health and Wellbeing. The data received was collected between 13 September and 26 September 2020.

## **Purpose**

HWCoL's objective with this survey is to understand the impact of COVID-19 on City residents' mental health and wellbeing, as well as their experiences using and accessing the relevant support services. This information can be used to help inform policy and identify changes that need to be made to better support the local population.

## **Survey Design and Methodology**

HWCoL used SurveyMonkey for the questionnaires. Questions were designed to be clear, straightforward, and relevant to the subject of the questionnaire. They were a mixture of simple yes/no questions, multi-choice and open-ended/free text questions that respondents could use to expand on their experience. Respondents were also asked about their Gender, Age, and Ethnicity.

There were a total of 15 questions asked in the survey. The last two comment sections facilitated the ability for respondents to sign-up for an online focus group on 6 November 2020, as well as the ability to sign-up for the Healthwatch City of London newsletter.

The survey was held online-only, and was made accessible through our website, newsletters, and bulletins. It was designed to be completed within a short amount of time – approximately 5 minutes.

## **Healthwatch City of London's Level of Confidence in Response**

The results from the survey provide insight into the individual experience. Due to the small sample size, the quantitative data collected cannot be generalized to the population and thus cannot be seen as representative of the City population; nevertheless, looking at data points individually has great value in understanding the effects of the pandemic on mental health and wellbeing.

## **Cohort Characteristics**

In total, we received responses from 15 individuals.

The demographic profile of respondents is as follows: 13.33% of respondents were male, 73.33% of respondents were female, and 13.33% preferred not to say; 26.67% of individuals who partook were 40-49 in age, 53.33% 60 or over, and 20.00% preferred not to specify; 76.92% of respondents identified as white, while the other 23.08% identified as Asian/Asian American.

Eleven respondents identified themselves as female, two as male, and two chose to not provide this information. Both male respondents self-identified as 60 and over and white. Six females self-identified as 60 and over and white, three females as Asian/Asian British (two being 40–49 and one not specifying age), and two as 40–49 and white.

Concerning the demographics of the City, the percentage of white respondents was 66.7%, which is just below the proportion of white residents in the City’s population (approximately 70.0%). The percentage of Asian/Asian British respondents was 20.0%, which is higher than the approximately 13% of Asian residents on the City’s population. There were no respondents from any other ethnicity who chose to provide this information.

## Data

### 1) Do you think that the COVID-19 pandemic has had a negative effect on your mental health and wellbeing?

Answer Choices	Response Percentage (%)	Numeric Responses
Yes	73.33	11
No	13.33	2
Not sure	0.00	0
Quite the opposite	13.33	2

### 2) To what degree would you say the effect [of the COVID-19 pandemic on your mental health and well-being] is?

Answer Choices	Response Percentage (%)	Numeric Responses
A great deal	13.33	2
A lot	13.33	2
A moderate amount	33.33	5
A little	33.33	5
None at all	6.67	1

### 3) Have you sought help for your mental health and well-being during the COVID-19 pandemic?

Answer Choices	Response Percentage (%)	Numeric Responses
Yes	13.33	2
No	60.00	9

I've looked into it but not taken any action	26.67	4
N/A	0.00	0

**4) Have you received support during the COVID-19 pandemic?**

Answer Choices	Response Percentage (%)	Numeric Responses
Yes	26.67	4
No	60.00	9
Some	13.33	2
Awaiting support	0.00	0

**5) From whom did you receive the support during the COVID-19 pandemic? Please tell us the name of the organization/GP/Service provider.**

Answer Choices	Response Percentage (%)	Numeric Responses
Family or friends	55.56	5
Voluntary or charitable organization	11.11	1
GP referral	11.11	1
Mental health service (e.g. Talk changes, IAPT service)	11.11	1
Other	11.11	1

*Waitrose, City of London Police, Anchor Hanover, City Food Bank*

*Age UK, City Connections, Pets Against Loneliness*

**6) Were you receiving support for your mental health and well-being before the COVID-19 pandemic?**

Answer Choices	Response Percentage (%)	Numeric Responses
Yes	26.67	4
No	73.33	11
I was on a waiting list	0.00	0
N/A	0.00	0

**7) If yes [to using support before the pandemic], has the service/support you receive changed since the COVID-19 pandemic? Please let us know how.**

*No, I have a therapist and I pay privately, nothing has changed.*

*Psychotherapist via GP*

Yes

*It was stopped before lockdown*

**8) Were you shielding during lockdown?**

Answer Choices	Response Percentage (%)	Numeric Responses
Yes – GP advised at-risk group	13.33	2
Yes – Non-GP advised at-risk group	20.00	3
Yes – Personal choice	20.00	3
No	46.67	7

**9) Did you work from home during the COVID-19 pandemic?**

Answer Choices	Response Percentage (%)	Numeric Responses
Yes	26.67	11
No	33.33	2
Occasionally	0.00	0
Not an option for me	0.00	2
Not working – furlough	6.67	1
Not working – unemployed	0.00	0
Not working – retired	26.67	4
Do not work	6.67	1

**10) Do you feel that lockdown has had a positive effect on your mental health and well-being?**

Answer Choices	Response Percentage (%)	Numeric Responses
No	73.33	11
Yes	13.33	2
Yes, please tell us why?	13.33	2

**Yes, please tell us why?**

*Less pressure, more time for myself, reconnecting with creativity, exercising more.*

*The peace and quiet that cam with it on the streets of the city.*

**11) Please let us know any other comments you'd like to make.**

*I was able to develop an affordable and practical daily routine with much less pressure to take part in external events.*

*Having told over 65s they MUST exercise to keep well, they then stop all exercise and communication with COVID hit.*

*I am a Carer to my son who has Autism. His mental health was not good. He needed to go out daily for his mental health.*

*I have two teenagers. Whilst I enjoyed the peace and quiet, having been born and bred in central London, my children did not. They suffered immensely, this added to the challenge/pressure for myself as a single parent.*

**12) Do you know anyone else whose mental health has been affected by the COVID-19 pandemic?**

Answer Choices	Response Percentage (%)	Numeric Responses
Yes – a family member	20.00	3
Yes – a cared for person	6.67	1
Yes – a friend	40.00	6
No	33.33	5

**13) About you: What is your gender?**

Answer Choices	Response Percentage (%)	Numeric Responses
Male	13.33	2
Female	73.33	11
Non-Binary	0.00	0
Rather not say	13.33	2

**14) What is your age profile?**

Answer Choices	Response Percentage (%)	Numeric Responses
17 or younger	0.00	0
18–20	0.00	0
21–29	0.00	0
30–39	0.00	0
40–49	26.67	4
50–59	0.00	0
60 or over	53.33	8
Rather not say	20.00	3

**15) Choose one option that best describes your ethnic group or background.**

<b>Answer Choices</b>	<b>Response Percentage (%)</b>	<b>Numeric Responses</b>
White	76.92	10
Mixed	0.00	0
Asian/Asian British	23.08	3
Black/African/Caribbean/Black British	0.00	0
Other (please specify)	0.00	0

## **Results**

### **Mental Health Status**

The majority (72.22%) of respondents recorded that the pandemic has hurt their mental health and wellbeing. Contrastingly, 13.33% of individuals stated that the pandemic has had a positive effect on their mental health and wellbeing; another 13.33% remained neutral, citing no positive or negative effect. Two individuals who cited their mental health and wellbeing as being positively affected suggested these reasonings:

*“Less pressure, more time for myself, reconnecting with creativity, exercising more.”*

*“The Peace and quiet that came with it on the streets of the city.”*

### **Mental Health Support**

63.64% of respondents who said that the pandemic has hurt their mental health and wellbeing did not seek support, and a further 27.27% of respondents looked into it but did not take any further action. Only 9.09% of those citing a negative effect on their mental health and well-being sought help, which took the form of GP referrals.

The main source of support utilized was family and friends – both respondents who cited having experienced positive mental health and well-being changes during the pandemic listed family and friends as their source of support. Moreover, three others used family and friends as their main support system, one respondent made use of Mental Health Services, and one other respondent found support through a Voluntary or Charitable Organization. Specific services listed by two respondents include:

*“Waitrose, City of London Police, Anchor Hanover, City Food Bank.”*

*“Age UK, City Connections, Pets Against Loneliness.”*

### **Affected Family & Friends**

81% of those who said their mental health and wellbeing were negatively affected knew others who were also negatively affected, while 75% of respondents who stated that their mental health and wellbeing was not negatively affected did not know anyone else who had been negatively affected. Two respondents who cited negative effects on their mental health and wellbeing added that their children experienced negative mental health effects as a result of the pandemic:

*“I am a Carer to my son who has Autism. His mental health was not good. He needed to go out daily for his mental health.”*

*“I have two teenagers. Whilst I enjoyed the peace and quiet, having been born and bred in central London, my children did not. They suffered immensely, this added to the challenge/pressure for myself as a single parent.”*

### **Work & Home**

The two respondents who were working from home had either no negative effect on their mental health and wellbeing or a positive effect. As for those who were continuing to go to work regularly, there was no clear pattern as to whether this factor had a certain effect on mental health and well-being.

Additionally, there was no correlation between shielding and the effect of the pandemic on mental health and well-being.

### **Pre-Existing Mental Health Support**

26.67% of respondents were receiving support for their mental health and wellbeing before the COVID-19 pandemic, while the other 73.33% were not. Of the four respondents who were receiving such support, two provided additional information about whether the service has changed as a result of the pandemic:

*“No, I have a therapist and I pay privately, nothing has changed.”*

*“It was stopped before lockdown.”*

### **Discussion**

This survey produced varying responses regarding different topics. Although certain trends can be suggested, such as between the state of mental health and wellbeing of respondents and those around them, as well as between working from home and a neutral/positive effect on



mental wellbeing, causation cannot be proven. Furthermore, due to the small sample-size of the survey, the quantitative data collected cannot be generalized to the population and thus, cannot be deemed representative of the City demographic. Therefore, it is important to look at each topic in isolation, as well as the individual respondents' personal circumstances, to better understand the experiences of our community members.

A key issue to further investigate is the low rate of support received. Only 9.09% of individuals who cited negative effects on mental health and wellbeing sought and received support; the other 90.89% of individuals either did not try to seek help or tried and failed to receive it for unknown reasons. It will be important in future research to explore what barriers exist in being able to access support when it is beneficial or needed for the individual.

A small number of respondents were positive about their mental health and wellbeing in the pandemic, detailing how the situation allowed them to rest, have more time for themselves, and do more of the things that they have not had the chance to do previously. Contrarily, other individual respondents spoke of the negative effect of the pandemic on their children's mental health, one being a single-parent and one being a parent of an Autistic child. This data speaks to the diversity and range of experience in our population, and reinforces the notion that more support and services must be advertised and directed towards vulnerable populations, including single parents and carers, who may have more difficulty adjusting to and living in the 'new normal'.

Two respondents commented on the mental health support they had received before the pandemic – one mentioned that their private therapy sessions had continued as per usual, while another stated that their support was stopped because of the pandemic. Although it is unknown whether the latter was receiving public support, research into the relationship between public & private mental health support and continuity of service through the pandemic could provide insight into reasons why some important support systems have been temporarily discontinued while others have not.

There was a comment about the disconnect between government recommendation and action; however, there is no further data to facilitate more significant analysis.

Overall, the survey reinforces the common conception that most individuals have experienced a negative impact on their mental health and well-being during the pandemic. What is notable, however, is the small percentage of respondents who have received support. The reasoning behind this phenomenon must be explained and addressed to ensure that those who could benefit from services know of their existence, have the option to use them, and can access them. Furthermore, special attention must be given to vulnerable individuals, who are carrying extra burdens during this extraordinary time.