healthwatch
Liverpool

The Covid-19 Pandemic and Mental Health in Liverpool

"Surviving rather than thriving" -
Key Findings

Contents

Introduction

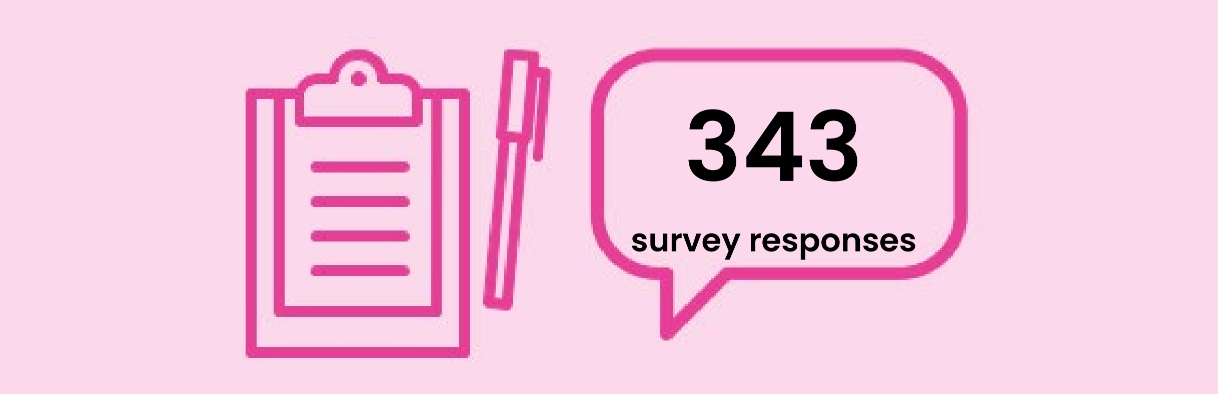
In March 2020, Liverpool, along with most of the world, went into lockdown as a response to the Covid-19 pandemic.

The impact was felt in many ways and will continue to be felt for many years to come – economically, socially, politically, personally, physically and mentally.

Healthwatch Liverpool was already planning to focus on mental health in 2020 – in response to local people telling us that this was their top priority for themselves and their loved ones.

As the reality of lockdown became clear, Healthwatch Liverpool decided to ask people about how the changes to their lives were affecting their mental health. And, over several months, we continued to ask people about the longer-term mental health impacts of Covid-19, and their concerns for the future.

We developed an online survey based on feedback from local people of all ages, and we ran it from June 2021 to January 2022. In total we received input from 343 individuals, via the survey and a range of interviews and workshops.



We have grouped what people told us into a series of reports covering:

- ‘Executive Summary and Recommendations’
- ‘Key Findings’
- ‘Children and Young People’
- ‘Disabled People’
- ‘Case Studies’
- ‘Additional Data’

all of which can be found on our website *www.healthwatchliverpool.co.uk/Covid-MH-Report*.

This report’s aim is to add value to existing work to help Liverpool residents recover from the impact of the Covid-19 pandemic.

The feedback we received from local people indicates that the pandemic has affected them in a range of ways and, in many cases, has not only made existing difficulties worse but has created new problems.

A minority of people found that living a quieter life during lockdown was actually beneficial to their mental health, and these benefits should not be discounted.

Some people who had already felt isolated pre-Covid (because of disabilities, age or other reasons) told us that their situation had not changed very much and that in some cases their access to support services and networks had improved when services went online.

However, for most people the last two and a half years have been stressful, anxiety-filled and confusing.

An Executive Summary and Recommendations based on the findings in this report can be found at www.healthwatchliverpool.co.uk/Covid-MH-Report-Exec-Summary

Methodology: How we asked the questions

We developed a survey based on things that local people had told us in an earlier survey about the immediate impact of lockdown on access to health and social care services.[1,2] We also produced a version of the survey aimed at children and young people, which we used at in-person workshops as well as online and as hard copies.

We also worked closely with a Masters student from the University of Glasgow who developed questions aimed at disabled people, and conducted telephone or Zoom interviews with participants.

The Covid and Mental Health survey was publicised via social media (Healthwatch Liverpool website, Twitter, Facebook, Instagram), video (including BSL), partner organisations (e.g. members of our Community Engagement Board, NHS Liverpool CCG, local health and social care providers, social housing providers) and at any 'in person' events we were able to attend during the period, including the Mental Health Market which we co-ordinated in Liverpool ONE (Mon 11th Oct 2021) and workshops with young people at two local schools.

The online survey ran from June 2021 until Jan 2022, and we received responses from 223 people, 4 of whom we spoke to in more detail via Zoom (see the 'Case Studies' report). We also engaged with 112 children/young people (see the 'Children and Young People' report) and we heard in-depth feedback from 8 disabled people (see the 'Disabled People' report), making a total of 343 contributors. A full Equality, Diversity and Inclusion breakdown of who we received information from (where they chose to share this information with us) is included in Section 5 below.

We hope that the insights we received will influence policy development, service commissioning and service delivery in the coming years. As the city recovers from the acute crisis of the pandemic, and addresses its long-term, chronic, implications, it is important that those with lived experience of the current, ongoing and emergent issues have their voices heard.

The need to hear and respond to people's mental health support needs at a local ('place'-based) level remains particularly important as health service commissioning goes through substantial restructuring at the same time as

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[1] www.healthwatchliverpool.co.uk/report/2020-07-22/coronavirus-survey-interim-report-april-may-2020

[2] www.healthwatchliverpool.co.uk/report/2020-11-25/coronavirus-survey-interim-report-may-august-2020

commissioners and providers deal with the impact of the pandemic across all aspects of health and social care provision. It is vital that patients and service users are not left out of these discussions but are included as key partners.

At the time of writing, members of the public continue to contact us about their increasing frustration at the lack of access to dental care, primary health care, secondary care, and specialist services. The negative impact on their mental wellbeing is mentioned regularly. Healthwatch Liverpool's NHS Complaints Advocacy service is handling increasingly distressing cases, raised by patients who feel desperate about the lack of support they're receiving. For example:

- One patient feels they are always "bounced back" to their GP by secondary/specialist care services, and that this feels "life ending". They have no confidence in the emergency services, crisis team or urgent care and say they would not contact them in a crisis as, in their view, "it is a waste of time" and they're not getting the help they need. They have been referred for therapy, but this keeps getting delayed and they are still waiting.
- Another patient has been feeling suicidal due to the stress of complaining over the last 2 years. They feel that patient advice and support staff have ignored them and their health concerns.
- A third patient is concerned that they have not been seen by a psychiatrist in 2 years and feels that they urgently need to see someone soon. The Urgent Mental Health Team saw them recently, and an appointment was made in two months' time. However, they continue to have suicidal thoughts and have spoken about previous attempts to end their life. They feel their case should be brought forward as their condition/symptoms are getting worse and they have had no specialist support in the past 2 years.

Whilst these individuals' experiences are examples of the more concerning feedback that we receive from the public, the experience of over two years living in a pandemic has had an impact on almost all of us, as the responses to our survey indicate.

Throughout the period covered by this report, Healthwatch Liverpool has attended meetings of Liverpool's multi-agency All Ages Mental Health Steering Group, multi-agency Self-Harm and Suicide Prevention Group, Health and Wellbeing Board, Social Care and Health Select Committee, and Health Protection Board, amongst others. We have also continued to co-ordinate our Community Engagement Board and Student Health Group. These, alongside the feedback that we continue to receive from patients, service users and their families, have allowed us to maintain a good overview not only of local experiences and opinions but also of the ways in which these are being addressed by commissioners and service providers across all sectors.

The findings of this report add to this bigger picture by highlighting the experiences and concerns of a cross-section of Liverpool residents as they adjusted to life in a pandemic. We would have wished this cross-section to be more representative – particularly in relation to ethnicity and gender – but it is hoped that the information they have shared with us will help to guide short- and medium-term mental health strategy and commissioning in the city, through the strategic groups listed above.

Key Findings: What people told us

1. How has the Covid-19 pandemic affected people's mental health?

As might be expected, the overwhelming response of the people who shared their experiences with us was that the Covid-19 pandemic has had a significant impact on their mental health. The impact has mostly been negative. People of all ages have experienced loneliness, anxiety about social contacts, fear of becoming ill (both in the short and longer-term) and of passing the virus to their loved ones or to vulnerable people. Many have also been unable to access nature and green spaces or to get enough exercise, which has also had negative impacts on their mental wellbeing.

Some of those who have had to work from home have found it particularly difficult to juggle work responsibilities with caring for others and, in many cases, providing home schooling for long periods. Lack of contact with colleagues, family members and friends has also been hard.

People who worked as key workers across a range of occupations, including health and care workers, were often under extreme stress and feared for their mental and physical health. Many felt that they were not given enough support by employers.

Some disabled people felt that very little had changed for them. They had previously felt isolated and excluded, and they continued to do so.

Young people told us about their concern for the health and financial situations of their parents and carers. They also missed the opportunity to connect with their peer groups and to take part in social activities.

However, some people found it was helpful to their mental health, during lockdowns in particular, not to have to interact with people or situations which had previously made them anxious or caused them stress. This included people who found it easier to work from home and not have to use public transport for commuting. Others, including some disabled people, found that accessing support and social engagement online had improved their lives and mental wellbeing, and helped them to feel more included.

Some young people also welcomed a chance to spend time alone and felt their anxiety was reduced by not having to attend school.

2. How has the pandemic affected people's access to support services?

People's ability to access support services during the height of the pandemic was mixed. Some people knew, or had a clear idea of, how to contact the support services they needed. Others did not or were unsure of which sources of information to trust. This was particularly true for people without access to the internet. Some people told us that services they had previously relied on were no longer available, or could not be reached. Others felt that telephone or video access to services had been helpful, although not as useful as in-person contact. However, others preferred telephone or video appointments and hoped that these could continue long-term. Lack of access to GPs was a source of frustration to many, and delays in access to secondary health care for e.g. planned surgeries added to many people's feelings of anxiety and/or depression. This was also true of dentistry, with people reporting severe pain which had an impact on their mental wellbeing.

Voluntary and community services were important to many people and filled gaps left by statutory services, although changes to the support they were able to offer also sometimes made it difficult for the people to access them.

When people were able to access support services, their experiences of the quality of the support they received was also mixed. Whilst some people praised the dedication and professionalism of staff and volunteers, others felt they had been fobbed off, not listened to, or seen as a burden. Waiting lists had increased and some people, including some with disabilities, said they felt less valued by support services than others.

Some people, including those working in health and care services, felt that their employers had not taken sufficient account of their mental health support needs.

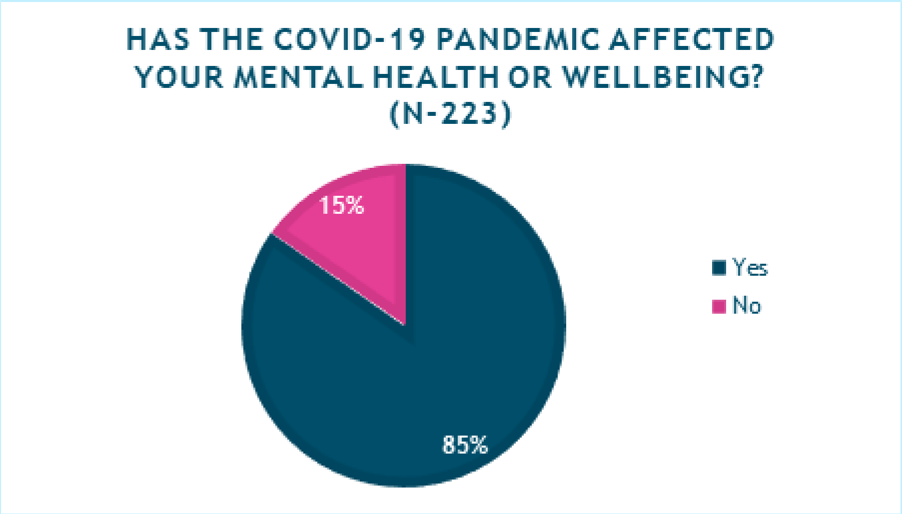
Many people of all ages told us that their main support had come from family and friends or peer-groups, but this was not true for the most isolated people.

The rest of this report looks at these findings in more detail.

Section 1 – Mental Health Impacts of the Covid-19 Pandemic

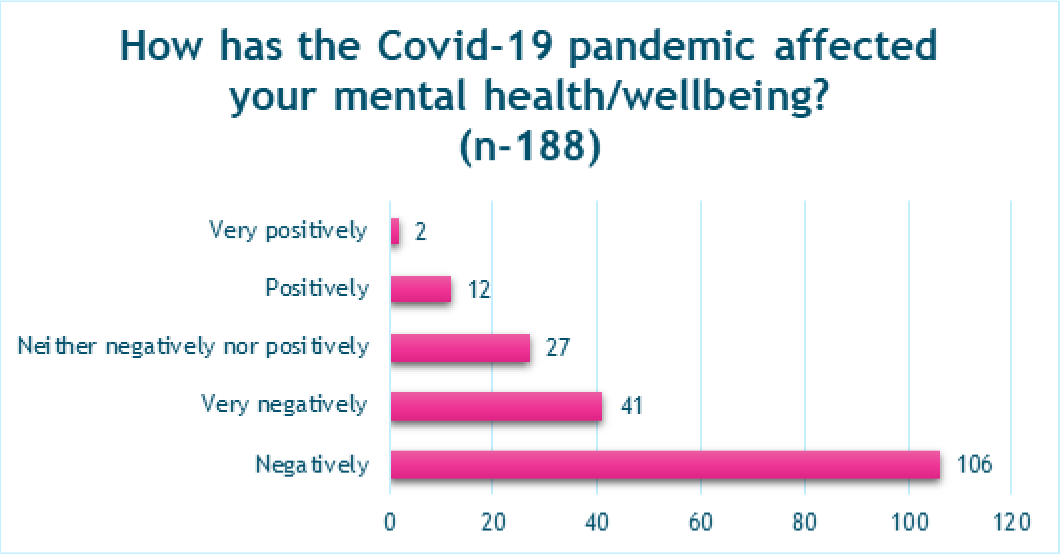
In this section we look at whether people felt the pandemic had affected their mental health or wellbeing and, if so, what the impact had been. We also look at what people told us about their coping strategies and the things they weren't able to do but would have liked to. Finally, we report what people told us about their worries in the immediate term and in the future.

Q1. Has the Covid-19 pandemic affected your mental health or wellbeing?



As might be expected, 85% of survey respondents felt that the pandemic had had an impact on their mental health or wellbeing. Only 15% felt they had been unaffected.

Q1a. If yes, how has the Covid-19 pandemic affected your mental health/wellbeing?



Over three quarters (78%) of those who answered this question said their mental health/wellbeing had declined since the start of the pandemic. Over half (56%) said that their mental health/wellbeing had been affected, with close to a quarter (22%) saying the impact had been very negative. However, 14% said there had been no change in their mental wellbeing and 7% felt their mental health had improved, with 1% saying the change had been very positive.

Further analysis of the data showed that men were more likely to report 'very negative' mental health experiences with 30% reporting this compared with 21% of females. However, overall, men and women reported similar levels of negative experiences (women 80%, males 79%).

The majority of people of all ages reported an overall negative impact on their mental health, whilst those with a disability (34%) were almost twice as likely as those without (18%) to report 'very negative' mental health effects.

Likewise, those with a long-term health condition were twice as likely (32%) as those without (16%) to report 'very negative' mental health impacts during this period.

Q2. What have you been doing that has helped you maintain your mental and emotional wellbeing throughout the pandemic?

We asked respondents what they had done throughout the pandemic to support their mental health and wellbeing. There were 621 unique responses to this question which fell within 45 categories. The Top 10 have been displayed in the infographic below.

Top Ten Wellbeing Activities

Social Contact – Socialising and communicating with friends and family was the most helpful activity, mentioned by almost half of respondents

Walking – Many people enjoyed walking around their local areas and valued the opportunity to get away from home during lockdowns

Hobbies – People enjoyed spending time on a variety of hobbies, including taking up new ones

Exercise & Sport – Individual sports, online sessions and running were mentioned most frequently

Technology – Tech was useful for engaging in social activities and particularly for maintaining social contact with those outside the household

Outdoors/Nature – People enjoyed being outdoors whenever possible

Family Time – Spending time with family in the home or visiting family when restrictions allowed was important to many people

Garden(ing) – Many people enjoyed spending time in their own gardens or allotments and found gardening relaxing. Of course, this was not an activity which was available to all (see Q4 below).

Pets – Walking, adopting and spending time with pets were mentioned frequently

Professional Mental Health Support – Both those who used mental health services before the pandemic, and those who began using them during this period found it largely beneficial, although changes to service delivery could be difficult (see Q10 below)

Beyond the Top 10, the responses related to engaging in a range of self-care activities, maintaining structure and, where possible, variety to the day.

Many respondents spent time improving their home environment. Professional and other support services, family support, support bubbles, support groups, employer support and wellbeing sessions are all mentioned as being helpful and, in some cases, essential.

"…I reached out to the Carers Centre at Liverpool and they helped me a lot…"

"I have been seeing a counsellor to help deal with issues that have arisen as a result of working at home and being isolated."

"Support services such as Mental Health First Aid course provided by my Trust, MyMindPal App and VIVUP."

"I've also used PSS's Upbeat Blog and found that interesting and useful."

"I have done an anxiety management course and joined support groups."

"I have attended activities and Mental Health Awareness sessions provided by Kaalmo Youth Development."

Some respondents said that sleeping more, drinking alcohol, smoking, or comfort-eating had helped them cope, at least in the short-term:

"Eating but now I've got to diet to lose 2 stone…"

"Writing, drinking and catastrophising."

We also received responses in which people shared challenges they faced when trying to engage in activities, or barriers preventing them from engaging:

"Socialising? Fat chance! I'd moved to a new part of the country for work just before C19, and all my avenues for meeting people were taken away from me."

"…having moved to a completely new city during the restrictions and not being able to meet anyone resulting in extreme, debilitating loneliness…"
"…as technology was used more in work, I found it difficult to phone/zoom for socializing."

"I was not able to go outdoors while lockdown restrictions were in place as I am clinically vulnerable which had a massive effect on my mental health."

“Sometimes just getting out of bed is all I can do during the day. I have tried to keep active but have struggled because I have got post-Covid fatigue. I have got an allotment, done some open water swimming and spoken to friends and family as well as doing lots of knitting. I very much feel though as if I have been treading water and just surviving rather than thriving.”

Some respondents mentioned they did not have the time to do anything that would support mental health and wellbeing; others suffered due to the lack of childcare facilities, and some experienced an increased workload allowing less time for wellbeing activities:

“My work pressures have increased dramatically so anything potentially related to enabling well-being was non-existent.”

“Working on the frontline during the pandemic was challenging and sometimes I felt completely 'burnt out'… I kept myself well by taking advantage of having the family all at home/enjoying the weather/cycling and walking the dog.”

“Not a lot as so busy at work.”

More positively, some respondents felt that they had increased access to social groups and activities because of the shift to online meetings/communications, and others appreciated the time it allowed them to adjust to their new circumstances:

“Joining groups that were previously inaccessible to me because of my physical health because they have met online.”

“Discharged from prolonged hospital stay just before pandemic restrictions came into force. I have thus had time to adjust to and re-engage with my usual life activities, but at a slower pace, supporting my reconnection with my community.”

“Began transitioning; the isolation of working from home and not being able to go anywhere else made those worries about how it would change others' perceptions of me less pressing, as they weren’t perceiving me. It also found me a peer group I had been sorely lacking, socialising was easier, especially as there's a bizarre phenomenon of Trans women in computing fields, online socialisation also comes more naturally.”

Others did not feel the need to engage in activities to support their mental health and wellbeing as the pandemic and lockdown were not harmful to their mental health:

"I am a bit of an introvert. The people I feel most comfortable with are my family. So, I was quite happy during lockdown. Not going outside did make me a little stir crazy, but nothing too bad."

"I didn't need to do anything to maintain my mental and emotional well-being! On waking up on the first morning of lockdown a wonderful feeling of relaxation washed over me. Weeks of welcome unstructured time lay ahead to do with whatever I wanted…"

Q3. Is there anything you haven't been able to do/would have liked to do, during the pandemic to maintain your mental health and wellbeing?

We asked if there was anything people would have liked to have done to maintain their mental health and wellbeing during the pandemic but were unable to. We grouped 404 unique responses into 35 categories, the Top 10 are shown in the infographic below.

Top 10 'Missing' Wellbeing Activities

Visiting Family/Friends – Face to face visits with family and friends were the most common activity that respondents missed; the absence of which had a negative impact on their mental health. This includes visits to family and friends in health/residential care settings and non-local family and friends.

Socialising In-Person – Many people had been unable to socialise in-person at all or lived alone and had little, if any, contact with others.

Exercise and Sport – Though some respondents had managed to do some exercise and sport they wished to do more; in particular, group activities, team sports and attending the gym.

Entertainment/Leisure – People missed being able to leave the home and have fun through various entertainment and leisure activities within safe spaces.

Travelling – We heard that people felt highly restricted by only being able to stay local and wished to leave the local area more to travel nationally and internationally.

(Remote) Social Contact - Not everyone was able to access or maintain social contact remotely and would like to have done more of this.

Hobbies – Not everyone was able to maintain/find time for hobbies remotely and felt that they had missed out on this side of things.

Group Activities – From singing in a choir to playing football, group activities were seen as something that would have helped maintain wellbeing but were inaccessible.

Work Normality – Working from home, working increased hours, additional work pressures, communicating online, no chance for social interactions with colleagues; people were frustrated by the lack of 'normality' at work.

Healthcare Access – The lack of access and changes to both primary and secondary health care services had a negative effect on mental health and wellbeing and affected the ability to seek mental health support.

A selection of comments from respondents includes:

"Lack of appointments for clinical services was also extremely detrimental."

"Access (to) the GP on behalf of my parents though I understand they were told to shut off the premises. I find the staff not very well trained and had to work really hard to work with their very strict inflexible attitude in order to get the help my mum needed."

"My dad didn't get the support he needed for his cancer."

Throughout the responses, access to support services and improvements in the delivery/quality of support (professional, community, employer, peer support) were mentioned frequently:

"I would have liked to of gotten involved with some form of mutual support activities online or done a regular activity to promote wellbeing with others."

"Accessing face to face support services for mental health."

"Accessing support whilst I was on mat leave…"

"…struggled to access services for support as all over phone…"

Key workers felt this was particularly important for them:

"I wish I'd felt able to discuss my worries with colleagues and managers. However working for the NHS I felt I had to show strength and leadership and hide vulnerability."

"More support for social care/mental health staff working through the pandemic…trying to support vulnerable people throughout as well as support family and yourself…"

Others mentioned things that would have allowed them and others more time and opportunity to engage in activities e.g. childcare, less work, more space, motivation, free time, children's activities:

"Would have liked to have had more time to develop new hobbies but was difficult with a key worker's job!"

"I would have liked to focus more on healthy eating/exercise but not able due to increased anxiety/lack of motivation/fatigue … due to working from home and general isolation."

"Going for a walk was fine during the first lockdown when the weather was nice but no motivation during the last lockdown after Christmas 2020. Living alone I could go all week without meeting anyone in person which was really difficult. It impacted my confidence in going out even when we could meet up."

"Go outside more/relax. School work took a priority as I was in Year 11 in lockdown therefore revised for my GCSEs (that didn't end up happening!)"

For those with babies and young children, limits on the activities and social events available for both parent and child were difficult:

"...unable to do anything with my new-born baby last year."

"Struggled with anything other than walks as exercise due to lack of childcare due to pandemic, unable to keep in touch with friends as easily and no support in the early years of my child's life due to it..."

"Keeping in touch with friends and not being able to socialise my 2-year-old has negatively impacted his development."

"Keep my children active in the places they enjoyed. Tried it once after 2 years and we all got Covid19."

Some people suffered due to their vulnerable status, experienced accessibility issues or developed limitations as a result of Covid and its long-term impact on physical health:

"I have post Covid symptoms so almost all the things I enjoyed doing I cannot do currently such as exercise, football etc."
"Being told I was considered vulnerable and needed to shield was detrimental to my mental health and not seeing my daughters for 18 months."

"I haven't been able to run and exercise at anywhere near the level I was at prior to getting Covid and doing anything that potentially involves conflict has been difficult/impossible."

"Exercise - access to local park restricted for disabled users."

Respondents also commented on the limitations the pandemic has imposed on maintaining and building relationships; something that would have supported mental health and wellbeing throughout the pandemic:

"Get to know new colleagues after moving job and city."

"I would have liked to have been in touch with friends more but I find it very difficult to connect with people when not in person and many of my friends will not communicate over the phone."

We also heard about the difficulties involved in seeking employment, or returning to work:

"Husband hasn't been able to get a new job as planned - we had planned he would be going back to work in September 2020 after being a stay-at-home dad..."

"Unable to access any hobbies or enjoy last part of mat leave, unable to engage in keeping in touch days for a reintroduction to work, return to work did not feel fluid and was difficult due to this."

"I have struggled a bit with access to work and work resources."

For those with pre-existing mental health conditions or concerns, feedback was mixed. However, many found life in lockdown particularly challenging:

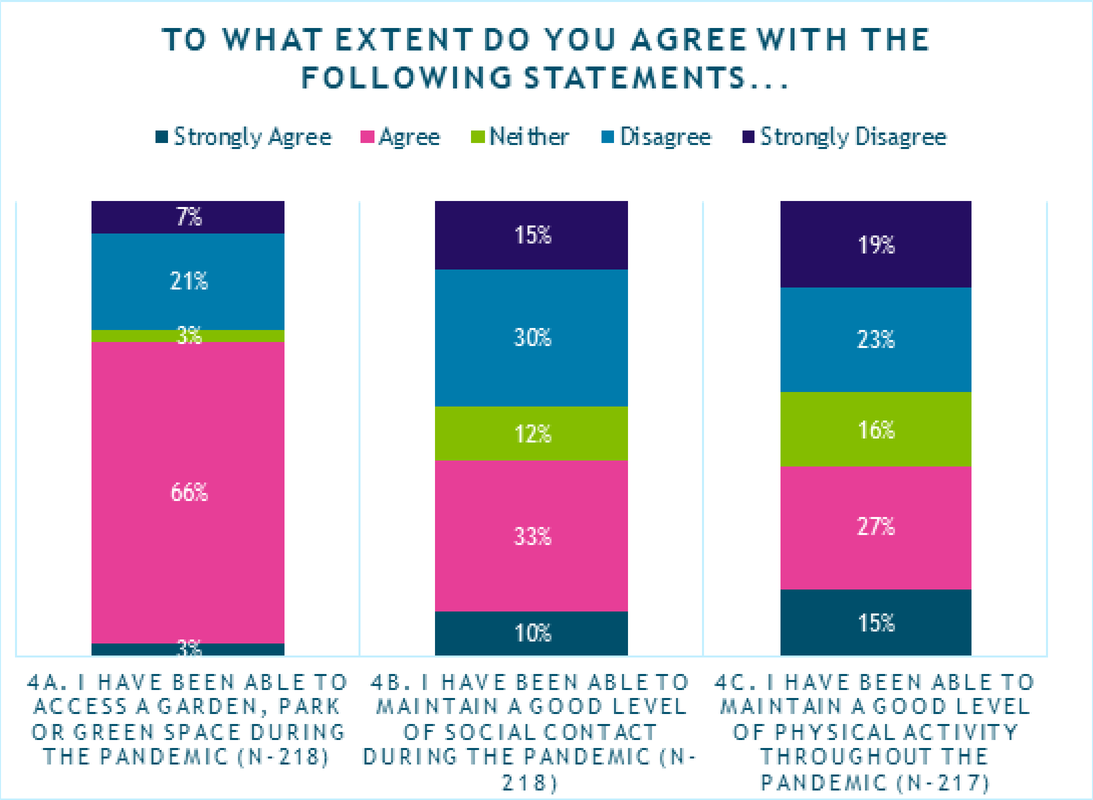
"Pretty much everything that is ESSENTIAL to my mental health - all my coping strategies involve getting out of the house, being with other people, doing meaningful activities to give me hope that it is worth continuing my life... Everything that I had put in place to keep myself mentally healthy, all the work I had spent years doing to figure out a way I could live to help myself and overcome and manage my mental health issues (which were all far more effective than any medication or most therapy ever was) were utterly obliterated by the restrictions. I had previously gone from being detained under section 136, overdosing every day for weeks and living with severe PTSD symptoms 5 years ago to finally living a life that was worth living, mentally healthy and fulfilling before the restrictions. I can barely put into words how important not sitting around the house all day with my own thoughts and living an empty meaningless existence is for my mental health."

Many respondents also experienced a personal bereavement during this period, and being with loved ones in their final days, or grieving together with family members, would have been helpful to them but was difficult to do:

"I have suffered loss of friends and family and not being able to have the usual funeral, wake etc was really tough, especially in the height of the pandemic. Not being able to support loved ones and be supported as we usually would."

"I couldn't visit my mother before she passed away last year."

Q4 To what extent do you agree with the following statements? I have been able to A) access a garden, park or green space during the pandemic B) maintain a good level of social contact during the pandemic C) maintain a good level of physical activity throughout the pandemic



We wanted to know a little more about people's quality of life over the last couple of years, particularly in relation to some of the things which are thought to improve wellbeing.

Whilst a clear majority of survey respondents (69%) had been able to access some green space, over a quarter (28%) hadn't been able to – with 7% feeling the absence of such space particularly strongly.

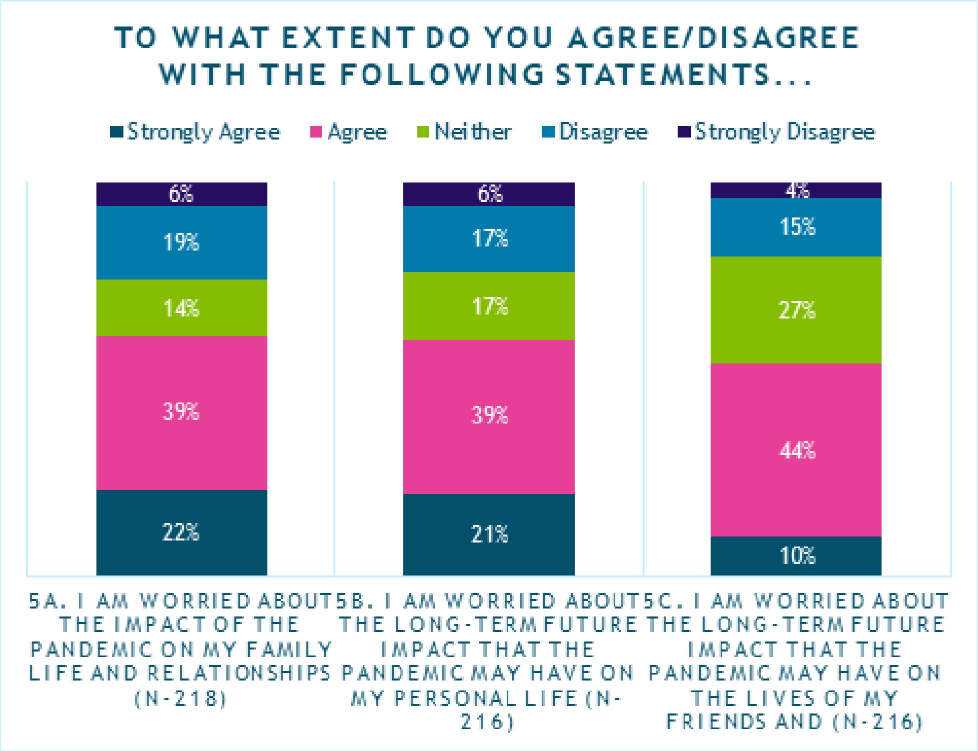
Fewer than half our respondents (43%) felt they had been able to maintain good levels of social contact during the pandemic – with only a fifth (10%) feeling that their social contacts had remained particularly strong. Almost half (45%) did not feel that their levels of social contact had been adequate for their needs, with 15% feeling this very strongly.

Under half (42%) said they had been able to maintain good levels of physical activity throughout the pandemic, with the same percentage (42%) saying that they had not been able to be as physically active as they would have liked. Almost a fifth (19%) were particularly concerned about this.

More detailed analysis of the survey data showed that:

- those with less access to parks and green spaces experienced more negative mental health effects than those who had greater access to parks and green spaces;
- those who had not been able to maintain good levels of social contact experienced more negative mental health effects than those who had maintained a greater level of social contact;
- those who had not been able to maintain good levels of physical activity experienced more negative mental health effects than those who had maintained a greater level of physical activity.

Q5 To what extent do you agree/disagree with the following statements? I am worried about A) the impact of the pandemic on my family life and relationships B) the long-term future impact that the pandemic may have on my personal life C) the long-term future impact that the pandemic may have on the lives of my friends and family?



61% agreed or agreed strongly (22%) that they were worried about the impact of the pandemic on their family life and relationships, with 25% feeling less concerned or hardly concerned at all (6%) about longer term impacts.

The figures were very similar in relation to concerns about the future impact of the pandemic on themselves, with 60% being concerned or very concerned (21%) and 23% being less worried.

Looking at their wider social circles, 54% agreed or strongly agreed that they were worried the pandemic may have a long-term impact on their friends and families, with 19% having little or no concern about this possibility.

Q5d. If there's anything specific you'd like to tell us more about your worries for the future (e.g. Finances? Impact of Long Covid? Increased anxiety? Relationship(s)/family life?), please do so below:

60 respondents reported a negative impact on their mental health with the majority reporting increased and ongoing levels of anxiety.

"I feel negative about the future and I never have before. I feel really sad most days and don't know how to feel positive."

Some respondents described experiencing social anxiety as the result of prolonged social distancing measures or having had to shield due to the pandemic.

"I was on the shielding list and lived in daily fear of death and leaving my kids. I can't switch off from it."

"Finding it more draining to speak to others, being anxious about a loss of social skills."

Low mood/depression, increased alcohol consumption and unhealthy eating habits were also reported by a few respondents. 2 respondents said that the pandemic had exacerbated existing mental health conditions. Only 3 respondents reported a positive impact on their mental health.

"Had a positive impact – looking after myself more and taking time out to do what is important/makes me happy."

Fear of contracting Covid or losing a loved one as the result of contracting Covid also exacerbated levels of anxiety.

44 respondents described future uncertainties as a source of worry and concern. These uncertainties included a range of themes such as finances, debt, homelessness/risk of homelessness, employment, education, and the impact of the pandemic on their family/loved ones. 11 people mentioned concerns about health inequalities and 7 expressed concern about the future of the NHS and health and care services in general.

"My partner has lost his job which has decreased our finances"

"Worried about how not doing GCSEs will affect future jobs"

31 respondents expressed concern about the impact of the pandemic on others (children, parents, partners, friends, colleagues).

28 respondents mentioned concerns about children and young people in their answers. Many of these anxieties were raised by parents who were worried about the impact of social distancing measures on the mental health, wellbeing, and social development of their children. Missing long periods of school, not being able to see friends and family due to social distancing and travel restrictions, and the impact on educational attainment and access to opportunities in the long term were also common themes. Parents also told us about feeling stressed and worried about trying to home school their children, and were concerned about whether they were doing a good enough job.

25 respondents directly referenced concerns about their families due to the impact of the pandemic. Family concerns included worries about financial and job insecurity, the impact of long periods of isolation on loved ones, the impact of travel restrictions on family life, deterioration of mental and physical health of loved ones, bereavement and grief, caring responsibilities and access to health and social care services required by loved ones. A lack/change of routine and having no sense of stability also had a negative impact on family life.

20 respondents expressed concerns about the impact of isolation (as the result of social distancing, shielding, travel restrictions) on themselves and/or their friends and family members. Fear of contracting Covid or inadvertently infecting someone else, using public transport, and the indifferent behaviour and attitudes of other people towards Covid and restrictions in place were common themes amongst those who experienced isolation. Isolation was more prevalent amongst the old and infirm, housebound, disabled, clinically vulnerable, caregivers and people working from home as the result of Covid restrictions. One respondent reported how a dramatic reduction in their finances meant they were no longer able to afford to access social activities. Another, who was isolating due to being clinically vulnerable, described feeling ‘cast adrift’.

“Continued feelings of isolation and portraying an image that I am coping when really I am not. But colleagues don’t want to hear that, as long as you say everything is ok then they don’t have to deal with anything else.”

15 respondents provided feedback in relation to social distancing and reported that having to wear a mask increased anxiety and that constantly changing social distancing guidance/policies and fear of renewed lockdown measures increased stress levels. A few respondents expressed distress about being denied ‘normal’ human experiences such as forming new relationships and not being able to have human contact. Other social distancing measures including a ban on the mixing of households, forming social bubbles, having to constantly readjust behaviours, not being able to visit relatives and not being able to use public transport also impacted on the daily lives of respondents. One person described having a panic attack and developing a fear of crowded places due to the daily stress of trying to adapt to the ‘new normal.’

13 respondents expressed concern about the impact of the pandemic on education. These concerns were voiced by parents and children and young people themselves. They included: the loss of opportunity to socialise at school, disruption to education and uncertainty about exams, having to self-isolate due to a Covid positive test, working on a computer all day, educational attainment, not being able to go to the university of choice, falling behind in studies and the long-term impact on employment prospects.

"My children have really suffered this year with being out of school and kept away from their friends. I don't know what longer term impact this will have on them. I hate the polarisation in society created by this."

13 respondents expressed concerns about financial insecurity. Those impacted the most included the self-employed and those who had been affected by a reduction in income due to furlough/loss of employment. Other themes also included the impact of the pandemic/social distancing measures on businesses and the economy and taxation.

12 respondents reported concerns about employment: job loss, being furloughed, being self-employed, a reduction in working hours, the effect of social distancing on the hospitality industry, working from home, employer support, having to return to office-based working.

"I worry that my employer is pushing me to go back to the workplace and that I might end up on capabilities or disciplinary."

"I have a lot of increased anxiety about using public transport and travelling to work in the future. I have enjoyed working from home and feel secure in my bubble."

12 respondents referred to the government's response to the Covid-19 pandemic. Some felt that the response had been too extreme and infringed on people's civil liberties and rights, while others felt that restrictions and Coronavirus legislation did not go far enough. One respondent talked about the power of the government to introduce bills that seemed 'draconian' and expressed concern about the future rights of employees in the workplace. Another respondent felt that vaccinations should be mandatory for all care workers. Others said that the government response was divisive, confusing and under-resourced.

12 respondents referred to accessibility in their responses. Changes in healthcare service delivery had made them more accessible for some people but it was also observed that remote appointments were not suitable for everyone and that there was a need for different types of care and treatment. There was concern about using public transport to get to and from work or appointments and mention of purposefully avoiding busy and crowded areas. Travel restrictions were mentioned by a few respondents and one person noted there were fewer opportunities to volunteer in some sectors.

8 respondents mentioned Long Covid in their survey responses. The main concerns of those living with Long Covid included: long-term ill health and the effect on their ability to maintain relationships, poor follow-up and dismissive GPs, worries about long-term health, lack of research, inability to plan for the future, and life not being as it was before Covid.

“Following contracting Covid and the lasting issues, I’m worried what long term effect it will have on me and my partner. Poor follow up and dismissive GPs due to minimal research and knowledge of Long Covid.”

Other concerns mentioned by respondents are included: employer support (2 positive, 7 negative); travel restrictions (6); keyworker status (5 - burn out, reduced resilience); building/maintaining relationships (5); care givers (4 - concern for loved ones/impact of prolonged isolation); clinical vulnerability/shielding (4); bereavement (4); GP care/treatment (3); positive mental health (3); vaccine concerns (3); working from home (1 positive, 2 negative); returning to office (2); delayed care (2); recurrence of mental health issues (2); perinatal care (1); care interruptions (1); self-employment (1); media coverage (1); safety/risk concerns (1); furlough (1 – negative); financial security (1); maternity status (1 - fear of being vaccinated while pregnant); care negligence (1); unhealthy eating habits (1); alcohol consumption (1).

More detailed analysis of responses to question 5 showed that:

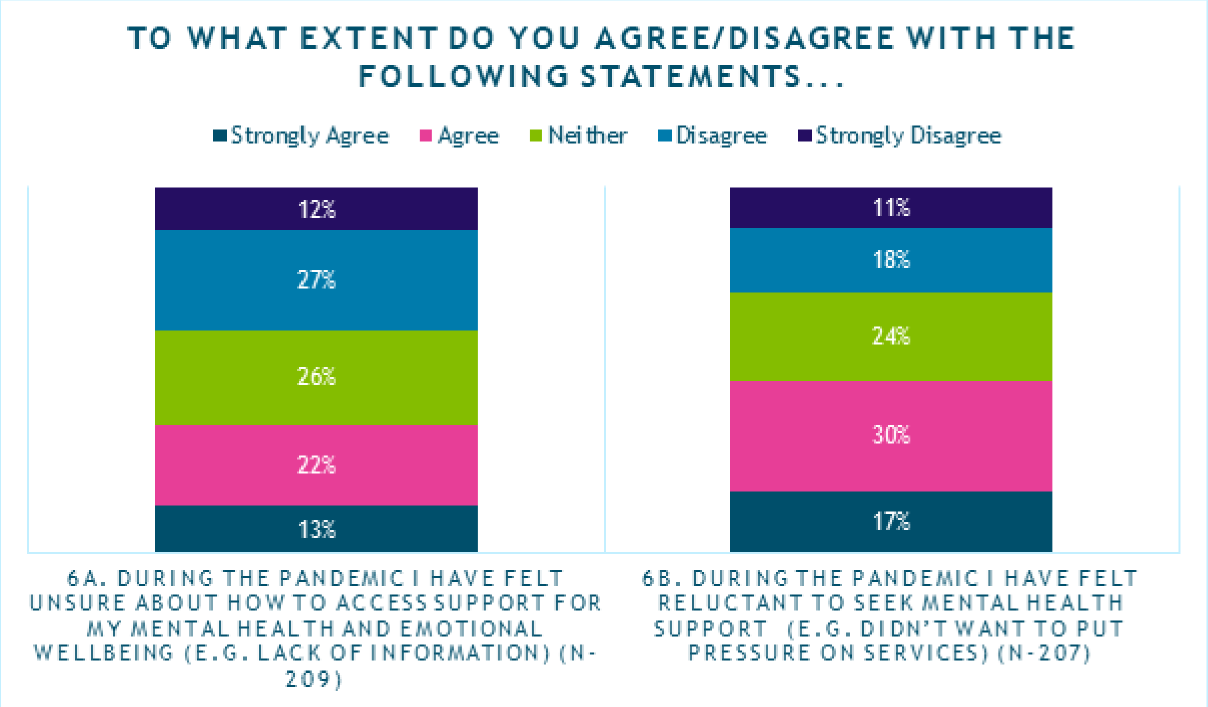
- those who reported greater levels of concern for the impact on family and relationships experienced more negative mental health effects than those who expressed less concern;
- those who reported greater levels of concern about the long-term future impact on their personal life experienced more negative mental health effects than those who expressed less concern;
- those who reported greater levels of concern about the long-term future impact on the lives of family and friends experienced more negative mental health effects than those who expressed less concern.

Section 2 – Access to Support Services and Wellbeing Activities

In this section, we set out what people told us about whether they were able to find the support they needed for their mental health or wellbeing during the period covered by the report (June 2021 – January 2022). By 'support' we mean things like: GPs; counselling; Cognitive Behavioural Therapy (CBT); Community Mental Health Team (CMHT); peer support groups; community groups; other health and wellbeing support services.

We look at whether finding, and accessing, the right support was easy for people who had never tried to find it before as well as for people who had already used support services before the pandemic. We also look at how accessing services changed during this period.

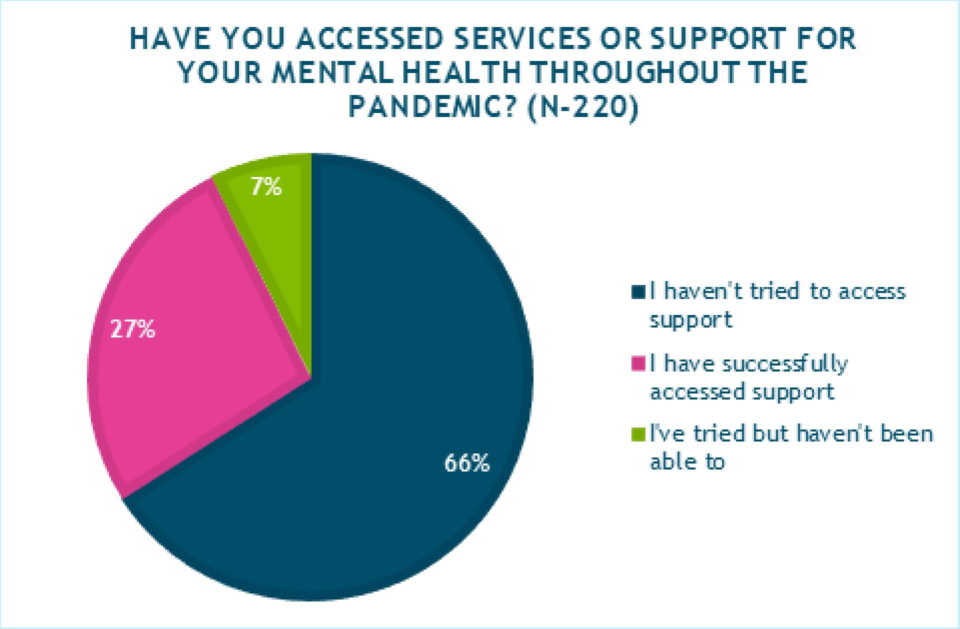
Q6) Please indicate how strongly you agree/disagree with the following statements: During the pandemic I have felt a) unsure about how to access support for my mental health and emotional wellbeing (e.g. lack of information) b) reluctant to seek mental health support (e.g. didn't want to put pressure on services)



Whilst 35% of those who answered this question had felt unsure or very unsure about how to access support for their mental health or wellbeing, 39% felt reasonably or very sure that they had the necessary information on how to access the support they needed/might need. Approximately a quarter (26%) had no strong feelings about this – possibly because they had not felt it necessary to look for mental health support during this period.

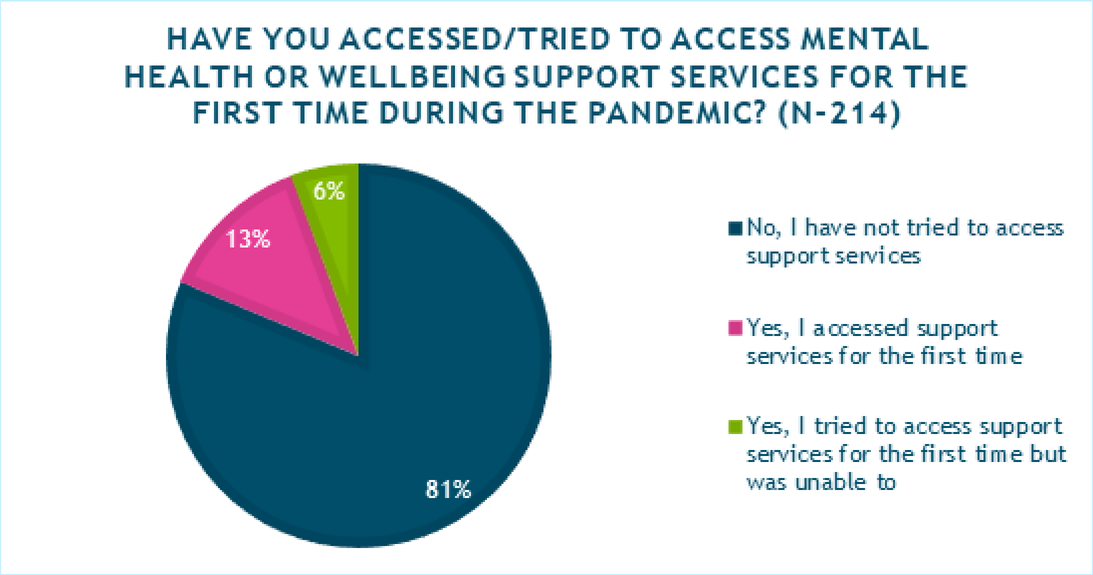
However, almost half the people (47%) who responded to the second part of this question said they had felt either very reluctant (17%) or reluctant (30%) to seek mental health support during the pandemic, for reasons including not wanting to put pressure on services. This is concerning, as any delay in seeking support could potentially increase the severity of need. Over a quarter (29%) had not been put off in seeking support. Again, approximately a quarter (24%) had no strong feelings either way.

Q7. Have you accessed services or support for your mental health throughout the pandemic?



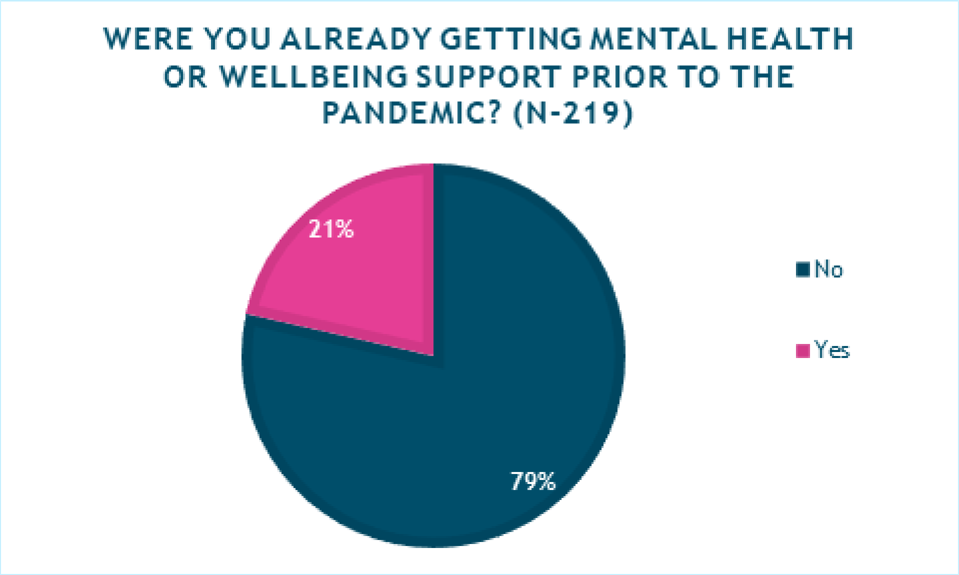
Of the 220 people who responded to this question, a clear majority (66%) had not tried to access mental health support in this period. However, over a quarter (27%) had successfully accessed support, whilst 15 people (7%) had been unable to access the support they needed. Whilst the latter number is relatively low, it remains concerning that anyone should have been unable to find the support they required – whether due to lack of information/appropriate signposting, waiting lists or not meeting service thresholds.

Q8. Have you accessed/tried to access mental health or wellbeing support services for the first time during the pandemic?



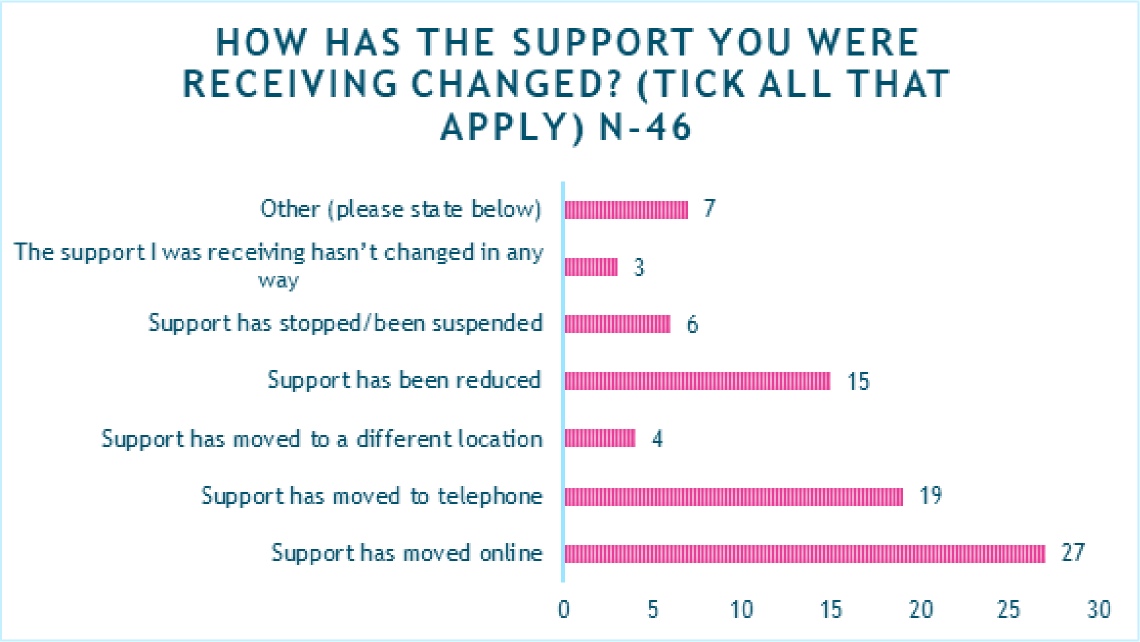
214 people answered this question, and whilst a significant majority (81%) had not tried to access mental health support for the first time during the pandemic, approximately a fifth (19%) were either new service users (13%) or had been unable to access services for the first time despite trying to (6%). If these figures can be extrapolated more broadly, we may be looking at close to a 20% rise in demand for mental health support across the Liverpool city council area.

Q9. Were you already getting mental health or wellbeing support prior to the pandemic?



Of the 219 people who answered this question, 46 (21%) had already been accessing mental health/wellbeing services before the start of the pandemic. Just over a fifth of the total respondents.

Q10. If you answered yes to the previous question, has the support changed in the following ways? (Tick all that apply)



Where people had already been receiving mental health support, pre-pandemic, the biggest single change had been a move to online services, followed by a change to telephone support. 15 people mentioned that levels of support had been reduced and 6 said support had either ceased or been put on hold. Other responses included mentions of services struggling to provide support and note that these issues were sometimes present prior to the pandemic:

"I have a CPN, psychiatrist and support worker that help me."

"The service I go to for support seem to have struggled to keep afloat as I've had no contact in spite of asking for help."

"The support I received was already awful before the pandemic. Never saw a therapist or counsellor, months to even contact me."

"Haven't physically seen anyone and had telephone appointments cancelled."

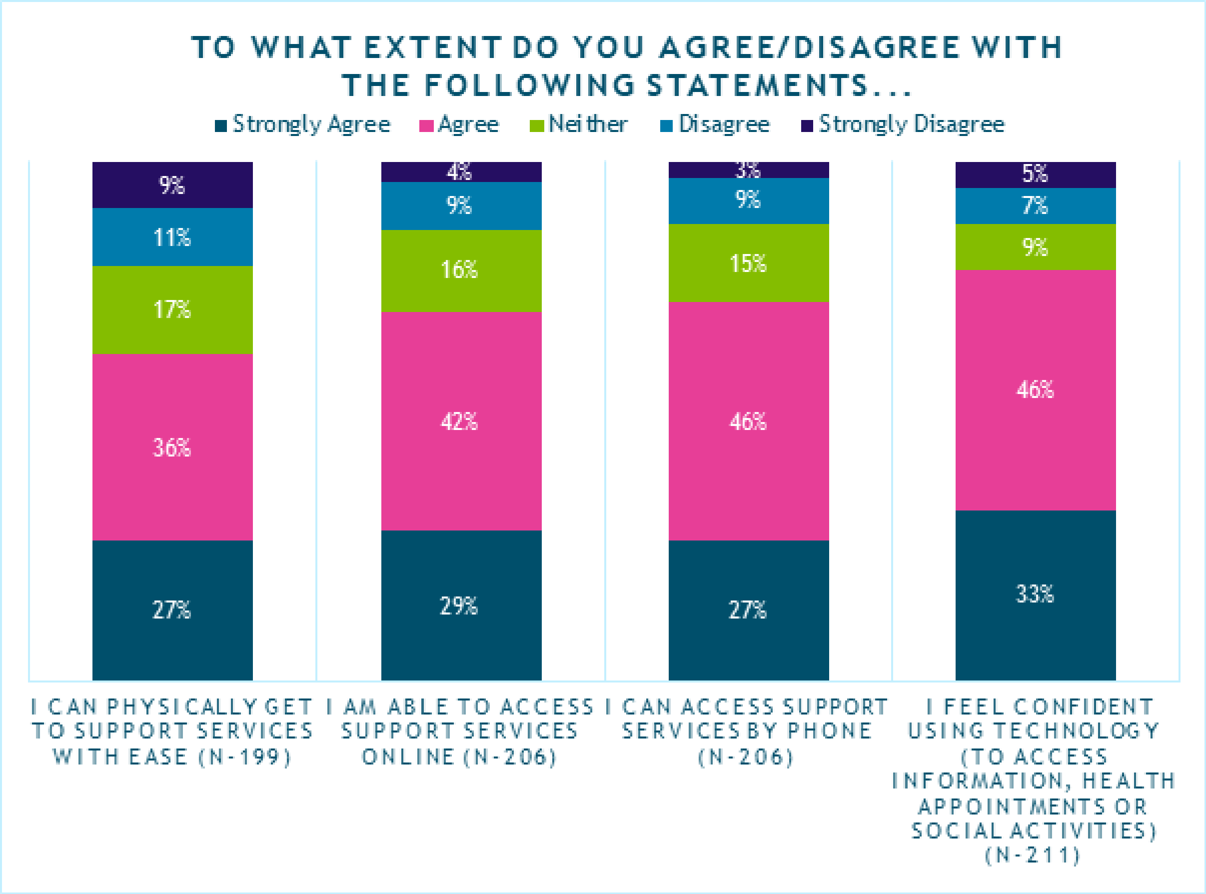
Opinions on remote services were mixed. They provided greater access for some but for others it was difficult to communicate effectively and to receive help using this method:

"I was only able to access support because it was made available by telephone."

"I was lucky enough to get some in person sessions, but most was telephone or online."

"I stopped attending counselling sessions because I didn't want to do it online."

Q11) Please indicate how strongly you agree/disagree with the following statements: Q11 a,b,c,d. I can physically get to support services with ease/I am able to access support services online/I can access support services by phone/I feel confident using technology (to access information, health appointments or social activities)



71% were able to access online support relatively easy but 13% of our respondents were digitally excluded. Since most of our survey responses were received online, we must speculate that the percentage of digitally excluded people in the wider community is likely to be considerably higher than that shown by our sample.

Almost 3/4 of respondents (73%) were able to access services by telephone but 12% did not have easy access to telephone support.

79% of those who responded to the survey said they felt very or reasonably confident using technology to access support services but, again, 12% had little or no confidence.

In all these instances the largest portion of respondents neither agreed nor disagreed with the statements. This may be because they hadn't tried to access services in one or more of these ways, or simply because they had no strong opinion either way.

Q11 e) If you would like to, please tell us a bit more about your experience of accessing support services for your mental health or emotional wellbeing:

A total of 89 people provided further comments on this question, of which 39 answers mentioned remote access. Approximately half of these answers (20) specifically noted that remote access was harder, poor, not suitable, problematic, or a negative experience, compared to face-to-face support.

"I can access online and telephone, but I do not like it or feel comfortable with it. I accessed telephone support (from a specific national counselling service) during the pandemic as I experienced some trauma during this time and needed someone to talk to, I didn't find it as useful or supportive as if I could have been in a therapeutic space face-to-face and I found that leaving the session (i.e. ending the call) and just sitting in my own home was really difficult. I would worry about people more vulnerable than me also experiencing this."

"I don't feel comfortable using online support at all. The phone is better, but I'm still worried about confidentiality and the quality of support. Video calls make me extremely uncomfortable (I don't want to look at myself while discussing very personal and upsetting things from my past). There was also a service in Liverpool called 'Liverpool Light' which would have been perfect for my needs when in crisis, but it was closed. I also benefit a huge amount from peer support and group services (hearing from others who are experiencing the same things is so helpful and reassuring), but these were all moved online or outright cancelled."

Access to GPs was mentioned by 16 people, of whom 5 specifically said this had been problematic. The varied approaches by GPs were clearly outlined by one family:

"I have had to access support on behalf of my elderly parents, the GP surgery was the hardest to work with and that makes me fear for the other chronically ill pensioners that don't have a family to help them navigate the systems. My GP surgery embraced technology advances and I have had total ongoing support at the right level and help from them, they are amazing there."

8 people mentioned delayed care or treatment whilst a further 7 said that their care had ceased, been interrupted, transferred inappropriately, or lost completely.

"Constant telephone calls to GP. Referral to CMHT in May. Still not heard anything. Contacted GP twice with no avail. Just keep getting fobbed off and told to call back in 4 weeks' time. I have now come off my medication completely as a result as I can no

longer wait any longer as the medication, I was on was not agreeing with me. I am now at risk of a relapse due to this delay."

Lack of access or inaccessibility more generally was also mentioned by several people, as was the impact of shielding due to clinical vulnerability. Another concern was the lack of safe or confidential space.

Sources of support included Talk Liverpool, CBT and GPs.

"I accessed remote CBT through my University counselling services. Without this option I don't think I would have been able to access therapy without paying privately. The NHS waitlist is impossibly long and I wouldn't be able to afford to pay privately."

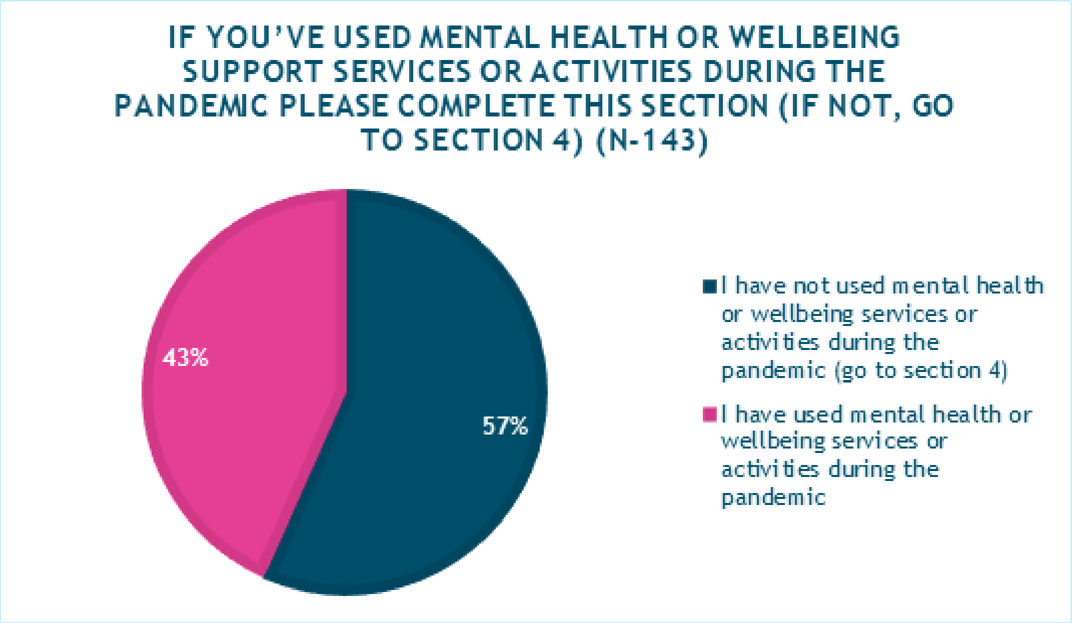
Sources of support mentioned less frequently included: peer support, private counselling/therapy/treatment or care, PSS Wellbeing Centres, psychiatrist, bereavement support service, CAMHS, ChildLine, community mental health team (CMHT), community psychiatric nurse (CPN), mental health crisis support, self-help and YPAS. One person was concerned to have been given anxiety medication without additional support, another mention that their alcohol use had increased.

One person referred to suicidal ideation in relation to lack of access to support. Three people mentioned that they were reluctant to seek support or feared being a burden.

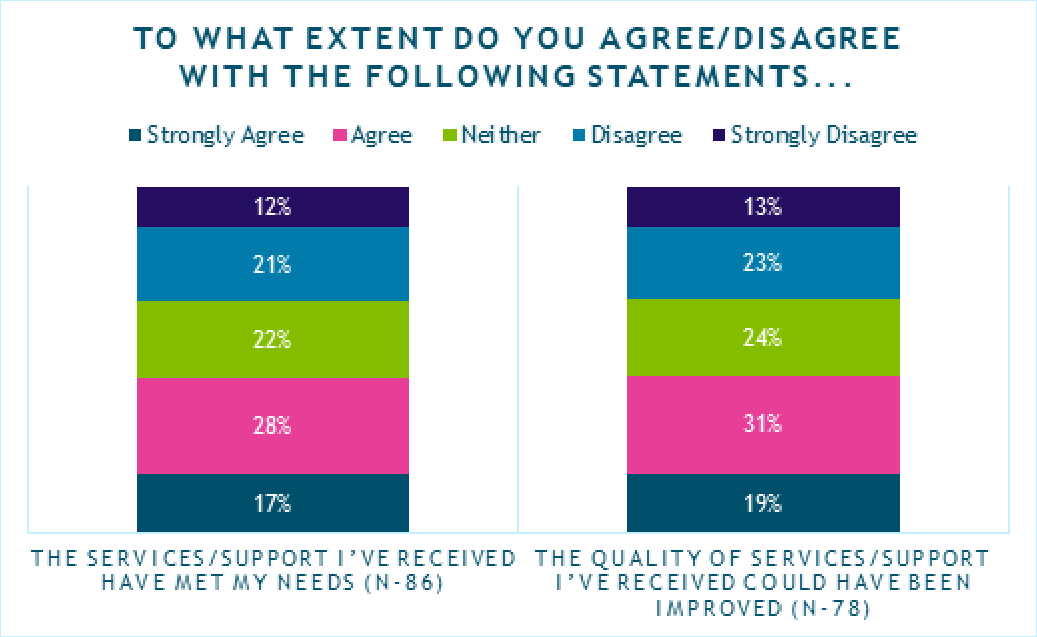
"I have not wanted to acknowledge my own suffering. I have kept going and been there for others. I am worn out and a bit burnt out. I could probably do with talking to someone about how I'm feeling. I have been wanting to do this but reluctant also."

Section 3 – Quality of Services/Support

Where people told us that they had used support services during the pandemic, we asked them to tell us more about the quality of mental health support they'd received. Of the 143 people who responded to our prompt, a sizeable minority (43%) indicated that they had used mental health or wellbeing services or activities during the pandemic. 57% had not.



Q12 a) The services/support I've received have met my needs b) The quality of services/support I've received could have been improved



Of those who had used some form of mental health/wellbeing services, just under half (45%) said that their support needs had been met or well met. However, a third (33%) said their needs had not been met – with 12% feeling particularly strongly about this.

Where services had been received, half the respondents (50%) said the support they received could have been improved – which is, perhaps, unsurprising given the constraints that services were having to operate under. However, just over a third (36%) felt that services could not have been improved. It would be useful to know whether or not the latter respondents were taking the circumstances into account when giving this answer.

Q12c. If you can, please tell us a bit more about this

We received 44 responses to this question. The majority of respondents fed back about **care/treatment**, mentioning both positive and negative experiences. Thirteen people mentioned having had positive experiences, while 20 said their experience had not been so good. Respondents mentioned accessing (or trying to access) different types of support, including CBT, EMDR, the Sleepio app, counselling, GP support, the Samaritans, PSS, and support from employers. Some respondents had used more than one type of support.

Some of the less positive feedback included feeling that the process was impersonal/not person-centred:
"I always feel like they are going through the motions, quickly throwing a diagnosis on it and putting me though CBT. Which never helps me personally… and is never likely to!"

“I felt like I was a number in a queue to be dealt with quickly and with no real care.”

“I had a phone call from talking therapy that was insensitive and terrible.”

More positive feedback included:

“My therapist was great, I love her.”

“I asked for help and was talked to within a few days.”

“I was seen fairly quickly considering the pressure on services and currently still engaged with service which is meeting my needs.”

Two people mentioned that it was very difficult to get appointments at their GP practice, while a third mentioned having expected more support:

“The support I received through my work was excellent. I feel that my GP should have offered more support to me, all they did was sign me off work and whenever I phoned to extend my sick note, I did not speak to a GP and the GP never contacted me to see if I needed support, bearing in mind that I was already suffering with Mental Health pre pandemic.”

The Samaritans were mentioned by 2 respondents with different experiences, one mentioning a lack of empathy, and the other very positive:

“The Samaritans have been phenomenal and kept me from acting on suicidal thoughts on so many occasions, I can hardly put my gratitude into words.”

One person mentioned a lack of availability of free support. Two people had accessed private treatment, but this is unlikely to be an option for people on low incomes due to the cost:

“I accessed an online CBT treatment, and completed the modules, I was informed that I had improved but when completing the questionnaire, there had been little change throughout the 6 weeks, I just felt, as it was online, I have been discharged back to my GP (who won't follow-it up) therefore I remain with a private counsellor with the option to move to group therapy later in the year.”

Having **services provided via the internet or by phone** (remote access) was mentioned by 14 people. Eleven respondents said that it had a negative impact on their experience of care and/or treatment:

“I don't want to do online courses on their own. To have no contact with a human being didn't help me. Online courses shouldn't replace face to face contact”

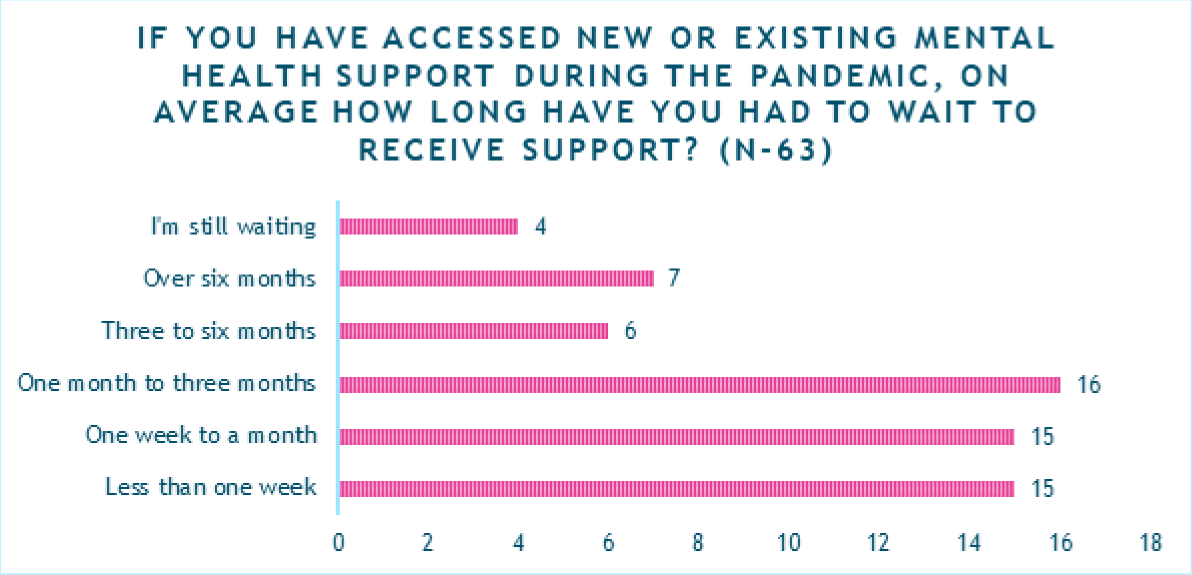
"The support I received in the form of face-to-face EMDR sessions was fantastic and I will forever be grateful for that, but everything else (all remote) was not helpful at all"

"PPE enabled me to work in a hospital throughout the pandemic with patients (…) which worked satisfactorily, so I was not impressed that accessing both physical and mental health services face to face were almost impossible. These were limited to telephone calls due to working from home."

Three people mentioned more positive experiences when accessing support online, including:

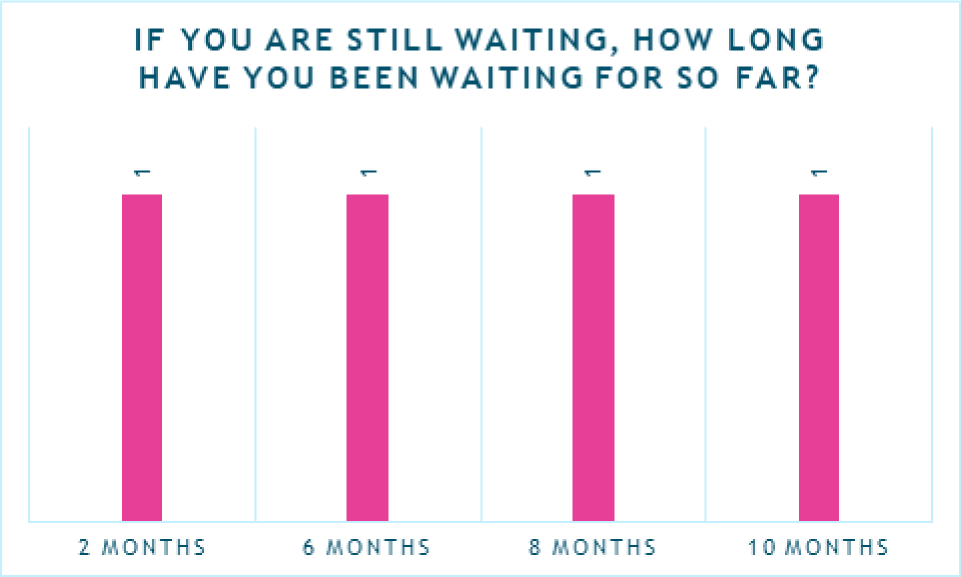
"I have been very happy with the service that the PSS Wellbeing Centres provide. They haven't been able to operate a "normal" service as such but they've continued throughout the pandemic and I have always been able to reach someone whenever I've had a problem. Much of the work they do now is online. It's not my ideal but I do understand the need for this and the value to the wider community of this support. As well as online sessions they have the Upbeat Blog which I've used and found helpful"

Q13a. If you have accessed new or existing mental health support during the pandemic, on average how long have you had to wait to receive support?



Of the 63 people who told us they had accessed new or existing mental health support during the period, 15 had waited less than a week, with a further 15 waiting less than a month, meaning that almost half (48%) had accessed services relatively quickly. However, 7 (11%) people had waited over 6 months, with 4 people (6%) still waiting for support at the time they completed the survey.

Q13b. If you're still waiting how long have you waited for so far?



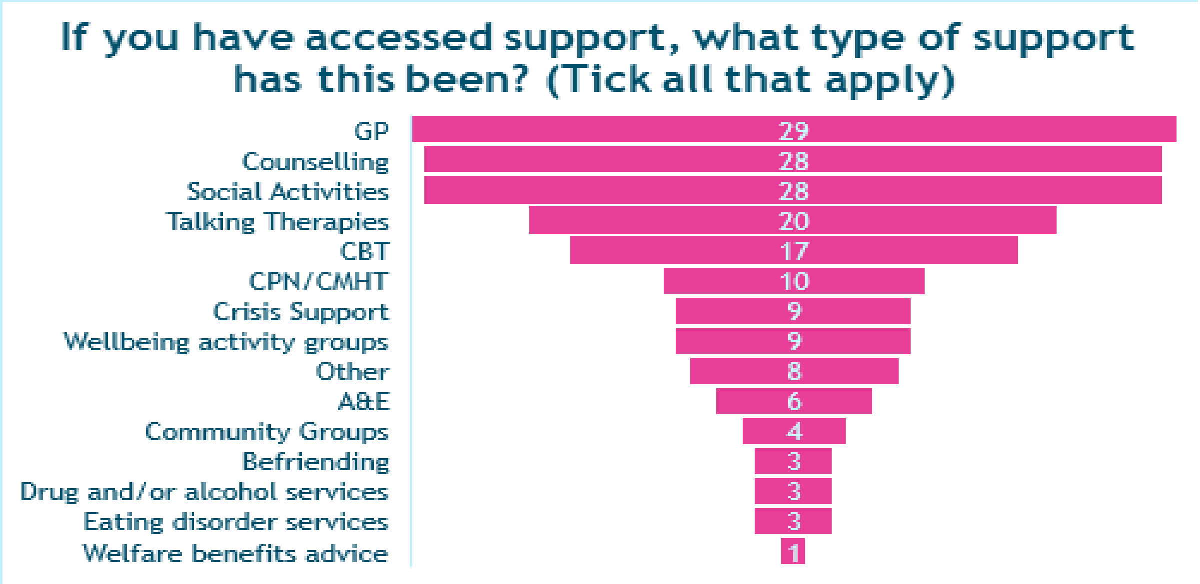
Of those who were still waiting for mental health support at the time they completed the survey, the average waiting time was 6.5 months, with waits ranging from 2 to 10 months.

48% of respondents accessing new or existing mental health support during the pandemic were seen within 1 month

Most commonly, people were seen within one - three months of accessing new or existing support

The average wait time for those still waiting for support is 6.5 months with wait times ranging from 2 - 10 months

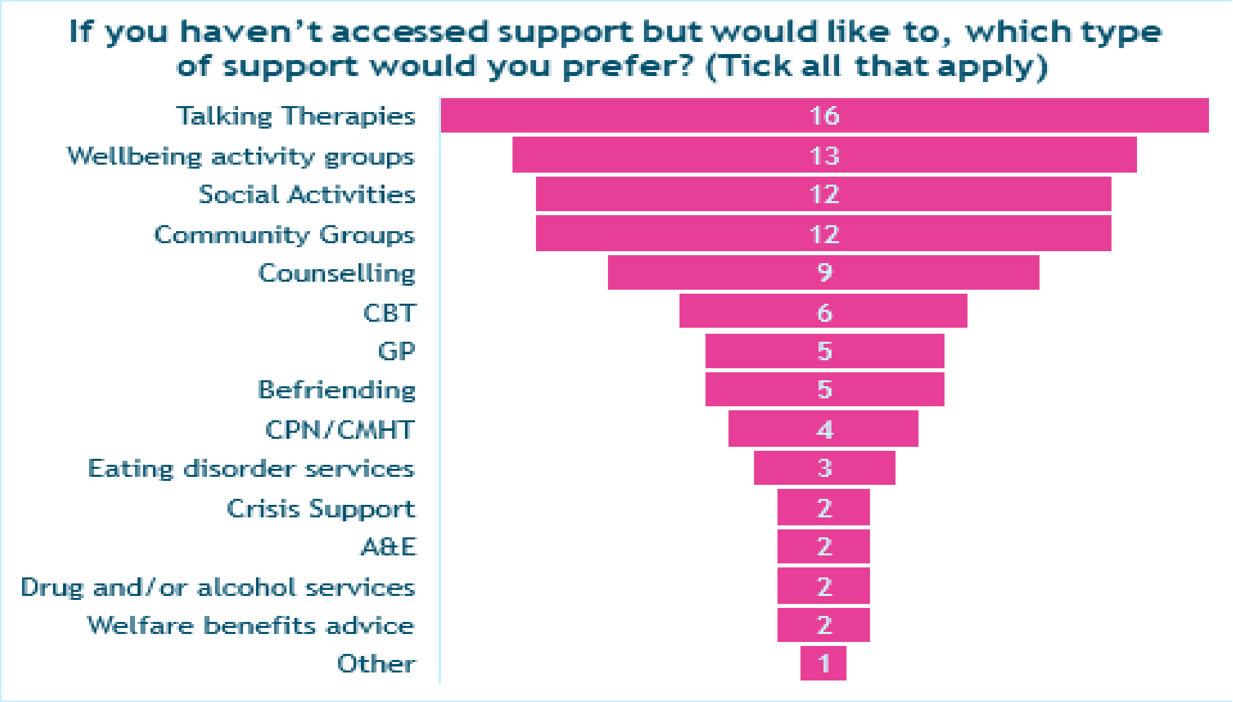
Q14. If you have accessed support, what type of support has this been? (Tick all that apply)



As might be anticipated, GPs were top of the list for those seeking support for mental health and emotional wellbeing. However, if Counselling, Talking Therapies and Cognitive Behavioural Therapy (CBT) are grouped together they account for the largest source of professional support throughout the period. This suggests that there is a clear demand for support for 'Mild to Moderate' mental health issues. However, Social Activities also rank highly, and if grouped with Wellbeing Activity Groups, Community Groups and Befriending, indicate the importance of the voluntary and community sector in providing support and preventative approaches which are likely to reduce pressures on statutory health services. Nevertheless, it's clear that some people required 'higher level' support or interventions from e.g. Community Psychiatric Nurses (CPNs)/Community Mental Health Teams (CMHTs), A&E, Drug and Alcohol Services or Eating Disorder Services. When grouped together, these services were accessed by as many people as accessed their GPs.

People who answered 'Other' mentioned work-based support, telephone support services, online services, mutual/peer-support, physiotherapy and specialist support services (e.g. RASA – Rape and Sexual Abuse Support) as well as their work occupational health team, and the Samaritans.

Q15. If you haven't accessed support but would like to, which type of support would you prefer? (Tick all that apply)



Where people had not yet sought support but felt that it may be helpful, the biggest single wish was for Talking Therapies, and this number can, again, be increased if we group it with Counselling and CBT. A clear suggestion that there is significant demand for this type of support/therapy.

However, clinical support is, again, just one side of the coin in respect of people's support needs. Wellbeing Activity Groups, Social Activities and Community Groups were also very high on people's 'wish lists', indicating that social contacts and activities are as important to staying mentally 'well', as more formal approaches. Befriending would also fall within this category.

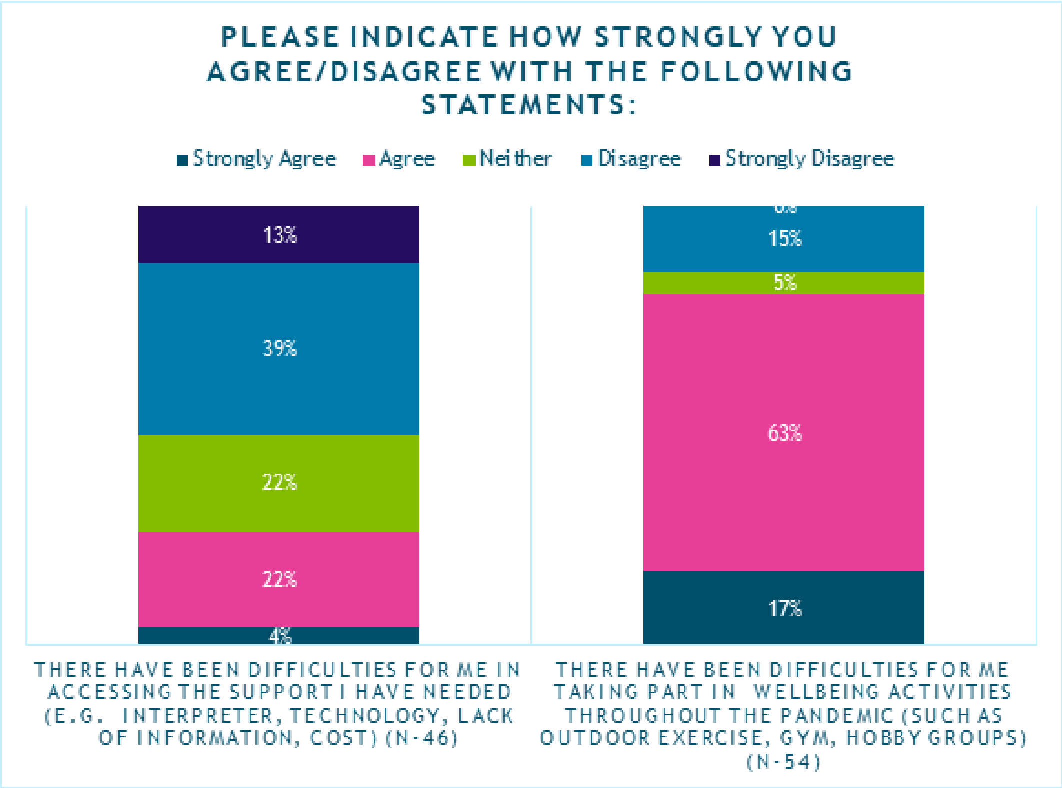
Again, more specialised support such as crisis services, eating disorders services and drug and alcohol services were mentioned by fewer people, as was welfare benefits advice.

The 'Other' response asked for support to help with isolation/support that is 'private' (i.e. can't be overheard/feels secure) but online.

Section 4 – Inequalities in outcomes and access to services

In this section we look at any factors which may have made it particularly difficult for people to find the support they needed, and which might, therefore, continue to prevent them from finding appropriate support in the future without additional help. We wanted to learn whether respondents felt that existing inequalities may have played a part in their pandemic experiences.

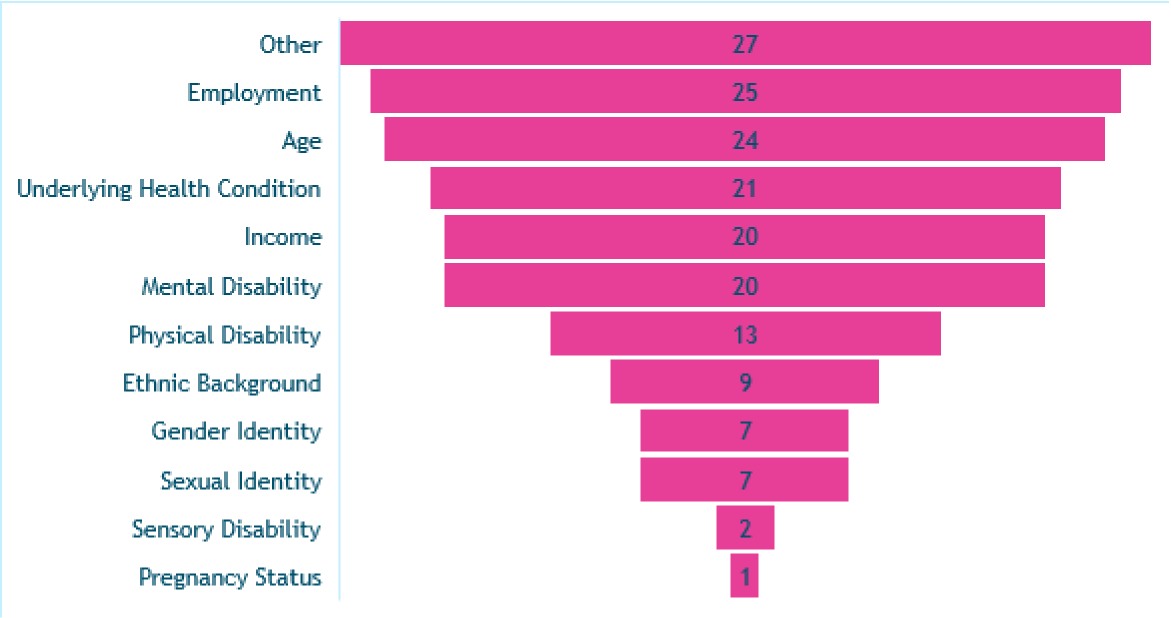
Q16) Please indicate how strongly you agree/disagree with the following statements: a) There have been difficulties for me in accessing the support I have needed (e.g. Interpreter, technology, lack of information, cost b) There have been difficulties for me taking part in wellbeing activities throughout the pandemic (such as outdoor exercise, gym, hobby groups)



Of the 46 people who responded to the first part of this question, approximately a quarter (26%) agreed or agreed strongly that there had been practical/structural factors which made accessing support more difficult, whilst just over half (52%) did not think that this was a factor in their case.

Of the 54 people who answered part two of the question, an overwhelming 80% agreed or agreed strongly that there had been additional factors preventing their participation in wellbeing activities. Only 15% felt they had not been impacted in this regard.

Q17. Do you feel that any of the following factors may have affected your ability to access mental health and wellbeing support services throughout the pandemic?



The biggest single factor affecting people's ability to access mental health support and wellbeing activities was employment, perhaps suggesting that services and activity providers should look at how they can offer more 'wrap-around'/'out-of-hours' provision. Likewise, a continuation of a more flexible approach by employers to 'blended' working in the workplace and/or from home (perhaps one of the more positive outcomes of the pandemic), would enable employees to get the support they need, which would have a knock-on benefit for the employer. Age was another significant factor as were Underlying Health Conditions, Income and Mental Health Conditions. Physical Disabilities were also a factor *(see our report on how the Covid-19 pandemic impacted on the mental health of disabled people for further details)*

Fewer respondents mentioned factors such as their ethnicity, gender identity or sexual identity as causing additional difficulties when accessing support – perhaps because we had not adequately engaged with the relevant groups. However, it is disappointing that anyone should be hindered or prevented from getting the support they need for these reasons, or for reasons of sensory difference or pregnancy. Services across all sectors must work harder to be pro-actively inclusive – including at all levels of staff/volunteers and in their governing boards – as well as at policy and strategic level.

People who answered 'Other' focused on the barriers to accessing support for mental health and physical conditions. 2 people specifically mentioned that language barriers prevented them from accessing support.

Several people felt that healthcare staff had not believed them or taken their requests for support seriously:

"GP not taking me seriously or listening to my request for help."

"GP and hospital refused to acknowledge severe illnesses so no support."

"GP refused to give us support we should have been expected to receive due to severity of illnesses/disabilities"

"I can't get a GP appointment or dentist appt this is impacting my health."

"They think I'm lying"

Others felt that the support offered using remote access was unsuitable:

"What support? Going on a zoom is not supportive when you've spent the day on zoom."

"almost all services still having no face to face contact and/or working from home - calls are so impersonal"

Although the situation has changed somewhat since the survey took place, there are still some face-to-face services which have been lost or reduced. Whilst the introduction of online services was a lifeline or improved inclusion, for some, it was clearly stressful or exclusive for others. Ideally, services should offer both options in the future.

As noted elsewhere in this report, there was also a reluctance to be a further burden on services:

"mental health services are inundated with calls for help during the pandemic"

Several respondents referred to not having enough time to access any support services or focus on their own mental health and emotional well-being due to work and caring responsibilities:

"far too tired"

"I have been so busy at work and trying to hold it together for my team I have neglected myself"

"Work being so busy"

"Time"

"Childcare"

"Caring for my dad who had stage 4 oesophageal cancer."

Access issues are also mentioned in terms of feeling nowhere was open, restrictions on travel and concerns about the cost or safety of attending sessions:

"Many services offered are only free for people on benefits. If you earn a normal wage you can't access nor afford it."

"just the sense that nothing was open."

"Worry about getting covid or loved ones getting covid."

"No access to a car."

Respondents also feared what others may think if they accessed support, felt they were not ready, or that anxiety and isolation was making this harder. Sometimes, the biggest barrier was themselves:

"reluctance, fear of stigma, fear of it not being the right support, unknown, opening up, acknowledging my own situation."

"The decline in my own mental health at the start of the pandemic resulted in my isolating myself and dropping out of activities."

"Concentrating on what my parents would think if I needed therapy."

"Anxiety"

"Myself"

"Too much time at home as I have been working from home since the onset."

“The huge increase in cyclists on pavements and likewise e-scooters were/are terrifying. I'm elderly & disabled.”

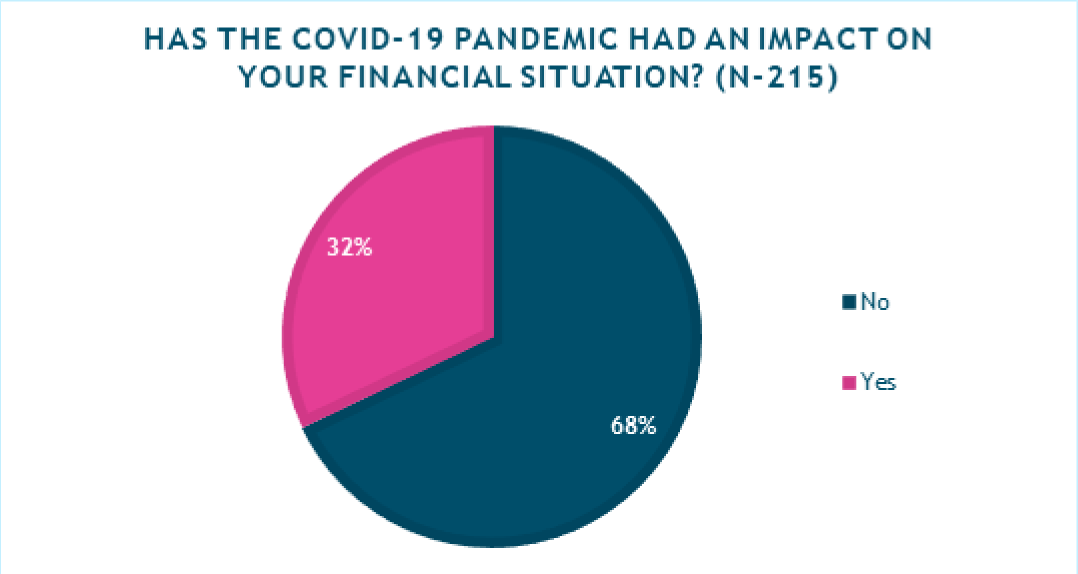
“being in shape”

Q18. Do you have access to...? (Tick all that apply)

We wanted to look at digital inclusion as a potential issue. However, given that most survey responses were submitted online, it is unsurprising that the majority of respondents - 191 people (86%) – told us they had access to a smart phone or tablet, and that 182 (82%) were able to use a PC or laptop. However, broadband access was less widespread (176 people, 79%). Whilst 175 (78%) people had access to a mobile phone (as distinct from a smart phone) and 171 (77%) had access to phone data. Of course, some people had access to more than one of these options but, given how important digital access was already becoming pre-Covid, and how much more reliant the world has been on it since the start of the pandemic, there is still some digital deficit to be made up, even amongst the more ‘connected’ demographics.

We would need to do further work to gather the views of people without digital access to sources of information and support.

Q19. Has the Covid-19 pandemic had an impact on your financial situation?



Of the 215 people who answered this question, almost a third (32%) had experienced some financial impact as a result of the pandemic.

Q19a. Please provide further information

54 people took the opportunity to provide further information about this. The majority told us they had not been impacted financially, or that their financial situation had improved, and they had been able to save:

"Myself and my partner have been fortunate enough to be able to continue to work throughout the pandemic with minimal need to furlough. If anything our financial situation has improved as we saved money on child care, travel, kids clubs etc."

"In a positive way as have been able to pick up overtime at work and set up some solid savings for the first time in years."

"I'm very, very lucky to have not been impacted financially myself by the restrictions."

"It has felt like I have more money as I haven't been spending money on socialising"

"I found that luckily I saved money as I was employed throughout."

"I have actually profited from Covid due to lack of socialising, holidays etc. With this I've been able to save a deposit and purchase my first house."

"Yes, a positive impact, I saved money because wasn't spending on travel to/from work and couldn't go out or shopping. More money going on gas/electricity bills."

"I feel very fortunate to still have my job and my husband the same."

"Lost my job so negatively first but then managed to save some money when reemployed"

Of those who experienced a negative financial impact, some people experienced a minor impact from furlough and reduced income whereas others faced more extreme circumstances as a result of job loss and redundancy:

"Lost job before pandemic and couldn't get a job during so had to apply for Universal Credit, had to move out of shared house into parents."

"I was already on a low wage but was furloughed so lost 20% of it, then my partner missed the furlough cut-off date by 3 days besides having always worked full-time for the past 8 years, so she had to go on UC and that left us in financial trouble. I had to seek a support grant from the University, without this I don't know what I would have done."

"partner was furloughed then made unemployed."

"...husband lost income (hospitality sector) and wasn't eligible for any support grants."

In some circumstances Universal Credit (UC) was not enough:

"My boyfriend lost his job and could not get furlough. We applied for UC for him, firstly it was a nightmare to try to apply with the identity verification service not working at all. Then as UC counted my earnings (furlough), even though we are not married, they made me financially responsible for my boyfriend as they did not even give him enough money to pay half of the rent. I was supporting two people paying a 600 pound rent with a furloughed salary of about 1000 pounds."

Self-employed people experienced loss of income and difficulties accessing financial support:

"I was newly self-employed. Almost all my work fell away and I was ineligible for government support."

"My husband is self-employed and there has been many weeks I wondered if we would be able to pay bills or go food shopping for the family, and had to use credit card and

overdraft facilities at times which with the cost of living going up wonder how we will be able to repay them."

For others, financial issues within their sector have meant they have experienced hardship prior to the pandemic:

"The Government's lack of ability to see the NHS's worth and give NHS workers a decent pay rise in accordance with the increase in cost of living has impacted my finances. Years of austerity and pay freezes have impacted my finances and therefore my mental health."

People supported others who had been impacted financially:

"I have had to support my daughter and her family with my salary - fortunately my earnings have not changed but her business has been affected so as she does not qualify for any meaningful support, I have helped with rental etc. so anxious for her and her anxiety with grandchildren and watching my money."

Some young people who completed our survey were unsure about finances as their parents were handling this, however other young people felt the pressure their parent(s) were under. It is notable that those young people who specifically said they were aware that their parents were under financial pressure also told us that they came from single parent/single income households.

"I'm lucky that both my parents have financially stable jobs"

"I live with a single, self-employed mother who normally travels around the country but could not. We were unsure of how we would make ends meet"

"Mum is single parent, dad doesn't pay child support"

Some people commented on limitations to finding new employment or improving their position:

"I cannot access overtime to boost my income whilst I'm currently unwell or apply for more well-paid jobs."

"I had to shield and was on benefits for a long period of time until I acquired home working employment."

"my children could not have jobs."

"Have been unable to launch new career following leaving work due to uncertain labour market. Therefore living off savings."

Respondents also commented on increased spending/bills due to being at home more, and spending more on shopping than they needed to, in order to reach the delivery thresholds:

"Had to spend £35 at least to get delivery on shopping. But most times could not get delivery. This is expensive when you just needed a few essentials like bread and milk."

"WHEN delivery times were available had to spend far more on shopping than we could afford at supermarket."

"staying in a lot which meant buying more food and rising bills"

"Increase in energy, food bills"

Fuel and food bills have become an increasing source of concern since we closed this survey and are likely to continue to have an impact on people's mental health for some time.

Other respondents said they had been spending more online through boredom and/or developing unhealthy shopping habits:

"increased impulse buying on line - anxiety/boredom"

"increased online shopping"

"Significantly increased unaffordable impulse buying and binge-spending online due to worsening of personality disorder symptoms."

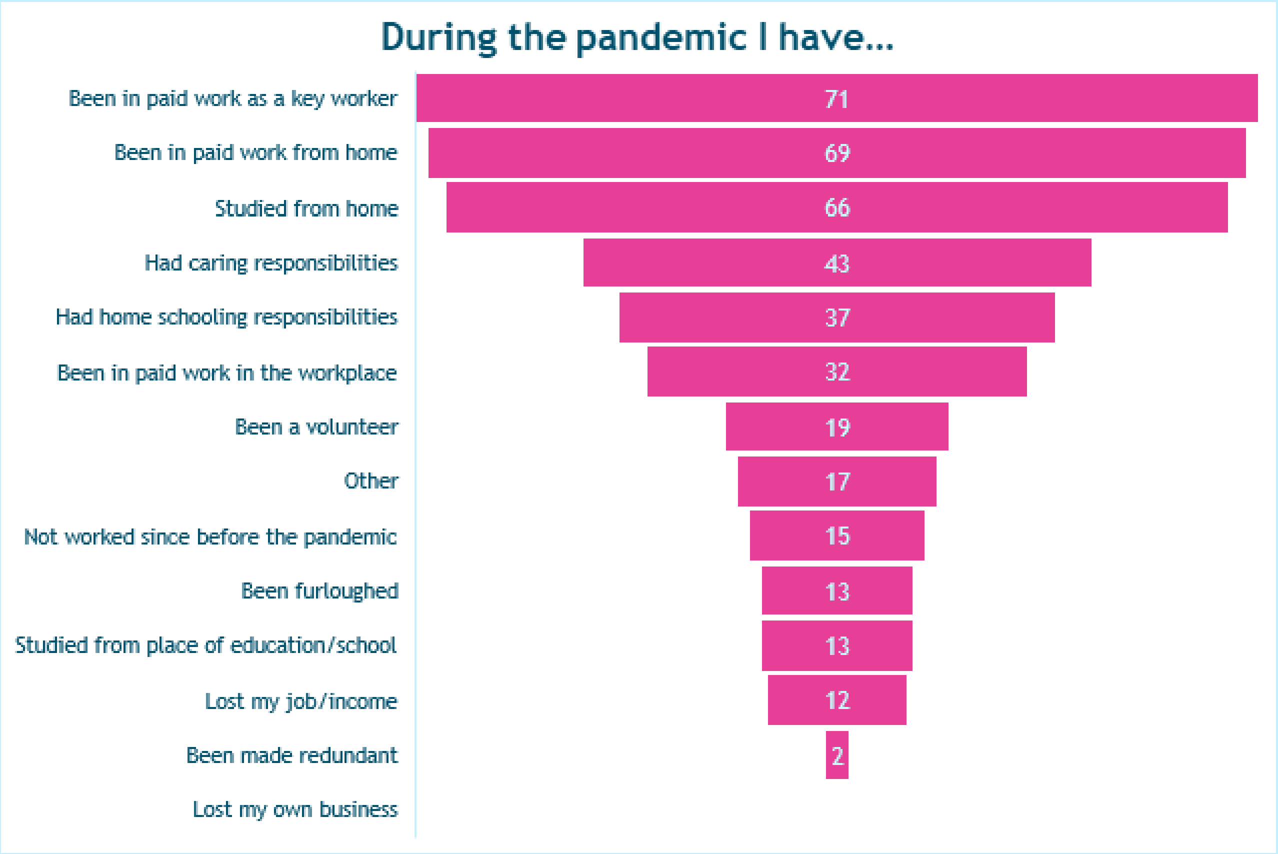
The mental health impact of changes to financial markets was also commented on in relation to the housing market, changes to work patterns and the stock market:

"my company are now moving to smaller premises as most people (but not me) work from home. To keep my job I will realistically have to sell my flat (just after I have bought it) and move again, at a cost of about £25,000."

"The value of some share prices plummeted and savings interest is almost non-existent. I have a state pension & DLA but no occupational pension"

Q20. During the pandemic I have...

When asked about their employment status at the time of the survey, we received almost twice as many answers as we had individual respondents, indicating that many people had either changed their employment status over the course of the pandemic, or were employed in more than one occupation – whether paid or unpaid.



The largest categories were those who were working as key workers and/or working from home, and these were closely followed by people who were in education (from home). A significant number had caring responsibilities or were responsible for home-schooling children/young people. A lower number had been furloughed, lost their source of income or been made redundant.

It's important to note that employment/income status can be a source of mental distress for a variety of reasons. For example, key workers have been at the frontline throughout the pandemic and have been at particular risk of infection and potentially worried about putting their loved ones and/or patients/customers/clients at risk; whilst those who have worked from home and juggling caring/home-schooling responsibilities have faced other types of stress. Those who have lost their jobs or been in insecure financial positions have also had particular stress factors in their lives.

'Other' responses told us of retirement, those not working due to caring responsibilities or disabilities, and changes to employment situations:

“My business had to go over vat threshold to keep others in work. Will cost me forever.”

“I volunteered as a vaccine steward and applied to be a 'responder' (who shops for those shielding etc.) but never heard back.”

“My furlough stopped when the government lifted restrictions in 2020, I had to leave my job for temp homeworking.”

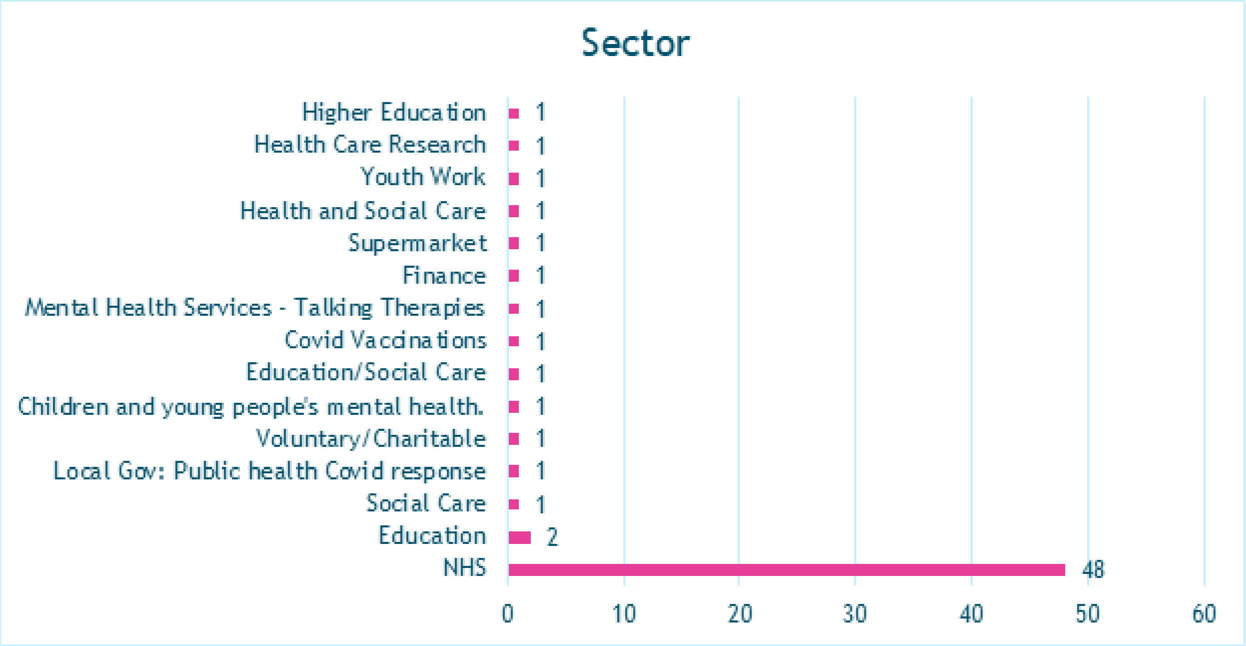
“Lost a job, gained a new job in a mental health charity but then when own mental health went downhill was treated badly.”

“I was redeployed for 2 months at the start of the pandemic however was still working from home.”

“Hardly worked as someone who is self-employed.”

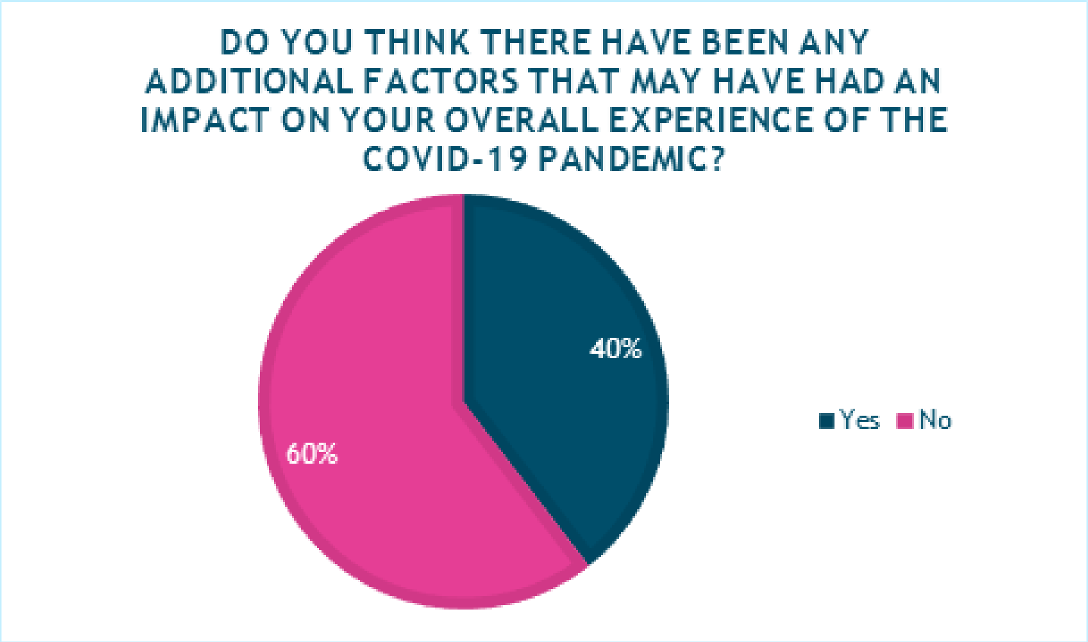
“Universal Credit at one point.”

Q20a. If you have been working as a key worker, what sector were you working in?



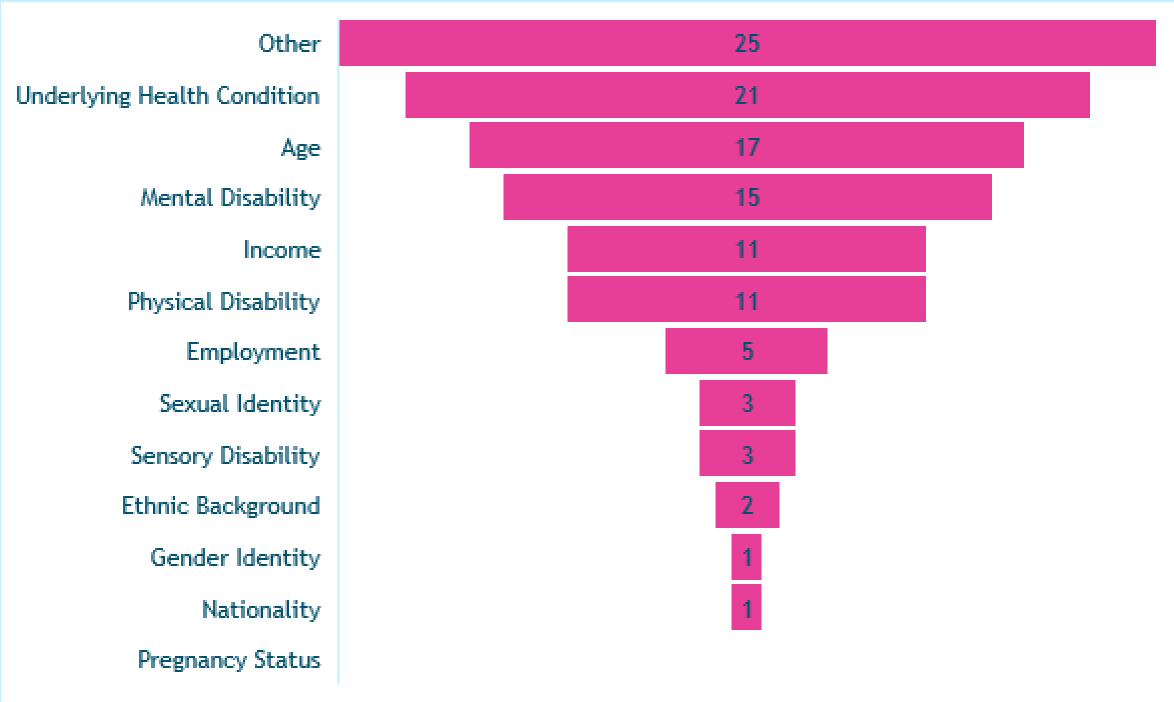
Although key workers mentioned a range of sectors, the overwhelming majority (76%) said they were employed within the NHS. Some specified the type of work they did within the NHS, and their roles included: Admin/Clerical, Clinical Scientist, NHS Community Worker, worker within NHS Commissioned Service, Nurse/Deputy Ward Manager.

Q21. Do you think there have been any additional factors that may have had an impact on your overall experience of the Covid-19 pandemic?



Of the 210 people who responded to this question, two-fifths (40%) said there were additional factors which may have affected their experience of the pandemic.

Q22. If you answered yes, do you feel like this may have been related to…? (Tick all that apply)



People gave a range of responses as to the additional factors that were preventing them from accessing support.

The biggest single factor given was ‘Underlying Health Conditions’ which indicates how significant the impact on this group of people has been, with many initially shielding with limited support and no idea how long the situation would continue. More recently this group has been impacted by the drive to ‘return to normal’ and the health fears that this has understandably fuelled.

Responses in the ‘Other’ category (22) show a variety of factors which prevented people from accessing support, such as mental health and anxiety, physical health, not seeing people face to face, living alone and being single, lack of access to a GP, only seeing one parent, government response and disruptions to plans.

Those in key worker positions, particularly within the NHS felt they had been under-valued:

“Lack of support for Key staff (myself inc) in both statutory and Voluntary settings.”

“Lack of respect from the Government for key workers and lack of pay rise more of a pay cut.”

“negative attitudes towards NHS workers and extra pressures at work”

As in Q17 (above) factors such as Age, Income, Mental or Physical Disability had limited people’s ability to access support. Again, fewer people mentioned factors such as sexual identity, sensory disability, ethnic background or gender identity as being of significance in this respect. It is unclear whether this is because these weren’t generally felt to be significant factors for people or whether our survey did not adequately reach these groups.

One person told us that their language needs were not met by current service provision. However, given that our survey was conducted in English (albeit with an offer to translate it into other languages on request) it is likely that this issue actually affects many more people:

“more accessible support on native language”

Another felt they had been discriminated against, because of their place of origin:

“Abuse due to where we come from”

Others mentioned relationships coming under pressure during this period:

“Failing relationship”

“My friends being horrible”

“relationships”

Childcare and caring responsibilities were an additional factor in some people’s experience of the pandemic/lockdown period:

“Being the main carer for my mother who lived at home and died in February aged 97.”

“Childcare, ineligibility for furlough”

“Daughter's health problems”

One person felt that mask wearing guidelines prevented them from being able to access support:

“Being mask exempt and facing persecution from others (inc professionals) and employers H&S processes are an added stress.”

Another commented that they were unable to form a support bubble due to ineligibility.

Q23. Is there anything else you would like to tell us about how the Covid-19 pandemic has affected your mental health or wellbeing?

70 people chose to answer this question. Most respondents felt that the pandemic had impacted in a variety of ways on their mental health and wellbeing, with the majority reporting negative effects. This included increased feelings of isolation, which were mentioned by 17 people:

“Before COVID I was attending groups so I wasn't isolated. These stopped and so I became isolated”

“Working from home has been a real struggle. Work have tried to give us as much support as possible but it can be very isolating and lonely at home. Not great for anyone struggling with their mental health”

“It's made me want to give up. I thought that with all this time off I would be much more productive but I have spent most of the time just worrying and feeling isolated”

16 people mentioned experiencing a negative impact on their mental health. For some this was because a pre-existing mental health condition worsened during the pandemic, while for others the pandemic and its consequences had made them feel worse:

“Increased stress & anxiety which has at times worsened underlying mental health issues such as undiagnosed PTSD.”

“My mental wellbeing has just collapsed over the past year, and I just don't know how I'm going to be able to recover from it.”

“After the second lockdown in January 2021, I had to be put on anti-psychotics as I started getting hallucinations. That could have been due to not seeing people.”
“I previously suffered from depression and this returned with a vengeance at the ends of both lockdowns after my anxiety increased as restrictions eased.”

The impact of social distancing measures was mentioned by ten people. This included restrictions on visiting people in hospital, difficulties wearing masks, and observing others not sticking to/complying with measures:

“Seeing others break the rules or take full advantage by mixing in what I would consider an unsafe way has also had an impact.”

“Inability to mix with family friends and partner, isolating alone throughout, problematic neighbours who did not comply to Covid 19 restrictions and continued to mix with others whilst I was alone. People not wearing masks when I have to every single shift.”

Eight respondents commented on the government handling of the pandemic, with some feeling the government had been too slow to implement measures, while others felt that the government had implemented too many measures:

“I am left hyper vigilant and afraid due to confusing information from the government, they were too slow to lock down and too quick to open up.”

“I have been impacted by the way the government has handled the situation. Lack of understanding, unnecessary delays to action, confusing messages, U-turns - simply an inadequate response that increased the suffering to so many people across the country.”

“It is not the pandemic that has affected my mental health, it is the response of the state to the pandemic. This has been disproportionate, overly risk-averse and overly focused on the welfare of the elderly over the young (……) I resent having years of my finite life wasted and my enjoyment of life sapped for the sake of people who are already older than I will likely ever be.”

8 people mentioned feeling worried or anxious about the future, including whether there would be new lockdowns/measures, or anxiety about how to re-emerge from the pandemic:

“Still feel very anxious and worried about going out and mixing with people, whereas before the pandemic I went out every day.”

6 people mentioned negative physical health impacts. For some this was due to not being able to do physical exercise, or finding it more difficult to look after themselves:

“I lost motivation and focus, stopped wanting to eat well and exercise (....). I started eating a very poor diet, which continues.”

5 respondents mentioned experiencing bereavements during the pandemic. Covid regulations meant that restrictions were in place for hospital visits, as well as the number of people who could attend funerals:

“Death of a family member and restrictions to hospital/funeral.”

“My dad passed away due to Covid 19 stopping his cancer treatment. We had been careful throughout the pandemic abiding by all the rules. (...) he was left in a (hospital) room to die.”

The impact of the pandemic on people’s working lives was referred to in several ways. 5 respondents specifically mentioned experiencing increased stress at work:

“Dealing with situations that normally I wouldn't have to deal with in my profession such as death, change in job roles, sickness etc.”

Working from home had negative impacts for 6 people, whilst 3 people mentioned positive impacts, with one response mentioning both:

“I just feel completely and utterly burnt out. I was not furloughed and have worked from home since March 2020 in a very small flat with no adequate workspace, no ability to take meaningful breaks, and very few opportunities to do anything outside my house and I feel like it's destroyed me.”

“Work has been incredibly stressful and busy, and while working from home has been great in most ways as it gives me more control over my time, diet, etc., it has led to increased workload and very little down time during the working day as we’re heading from meeting to meeting without any breaks.”

“Working from home has suited my preferred way of working much better than previously having to be in a large, open plan office. It is quieter and enables me to have a better work-life balance. I am dreading being asked to return to the office with a long commute on public transport and working in a noisy office environment.”

The level of support employers provided was another factor in how workers experienced the pandemic. 3 people mentioned feeling supported by their employers, but 6 said that they had not had enough support:

"I've been extremely lucky to be able to keep working (…) my employer protected us by getting home working laptops set up quickly, an employee wellbeing helpline and constant communications to assist with wellbeing, vaccinated quickly and given time off when things reached an unbearable point."

"Work often unsupportive when running into issues with childcare with nursery closures has left me having to use holidays to manage. I appreciate that they are often short due to isolation periods but I otherwise have a fantastic sickness record and often help out when short and expected more understanding when I needed it."

In addition, 2 people mentioned loss of income and financial pressures:

"The financial pressures and the treatment by my employer were considerable stresses and led me to get into debt, which added further to the stresses."

A key worker mentioned feeling unappreciated:

"Feeling as a key worker undervalued and unappreciated. Social Care and the crisis in this sector needs urgent investment."

Children and young people of school age also felt the impact, as the following comment shows:

"School work was piled up on me, this added to my stress levels and the fact I struggled to complete school work made me feel a bit useless."

4 people mentioned the impacts of having to shield, including:

"The shielding process has been really really difficult for me. I've followed all the advice to the letter, as have my husband and teenage daughter who live with me but I'm a people person and so have missed contact with others, both planned and incidental."

Finally, a small minority of respondents said they had not experienced negative impacts from the pandemic. They mentioned mitigating factors or positive effects, such as having more time and having a good support network:

"I enjoyed having time to myself to reflect on myself and mature."

"I feel blessed to have a good support system and have been able to carry on working (from home), which has helped."

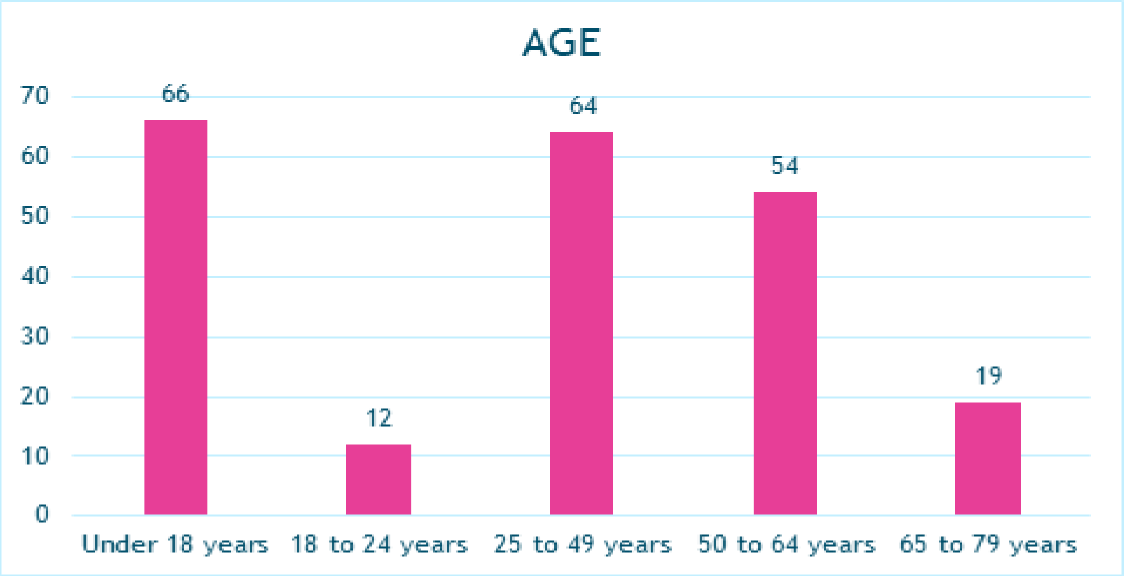
Section 5 – Equality, Diversity and Inclusion monitoring

When asking people to share their Equality, Diversity and Inclusion (EDI) data with us anonymously, we included the following statements:

> *We recognise that during the Covid-19 pandemic, health outcomes and associated restrictions on our day-to-day life will inevitably impact in different, and sometimes disproportionate ways, on particular groups. In order to assist with providing further information about this, and helping to make sure support services and resources are targeted equitably, it would be particularly helpful if you could complete the following information.*
>
> *Young people over the age of 13 are able to give informed consent without a parent or guardian. If you are under 13 you will need your parent or guardian's permission to complete and submit this survey.*

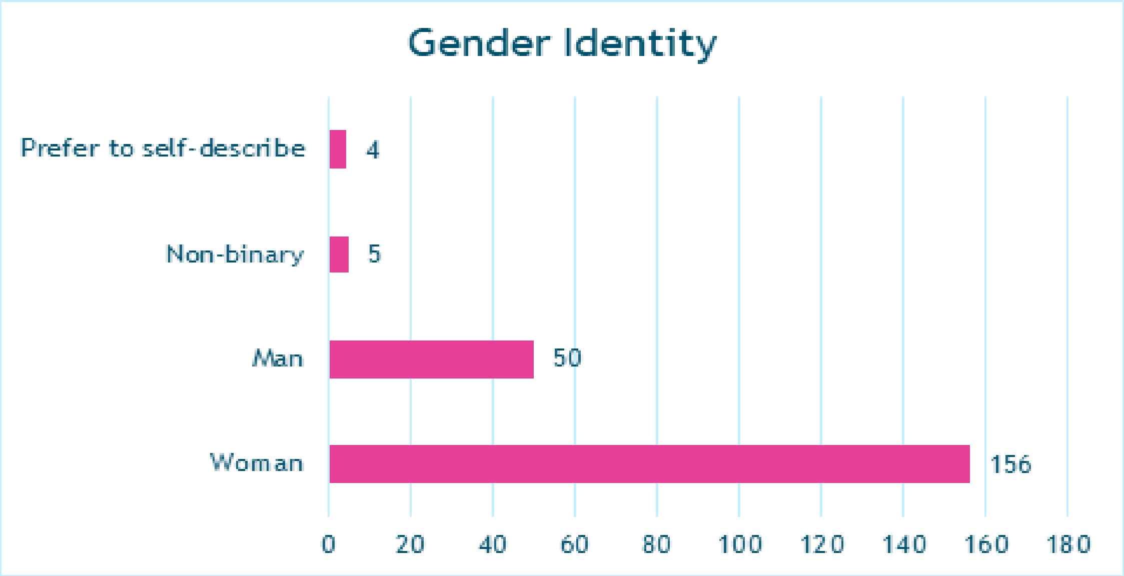
Asking these questions helps us to better understand what services people might need and to make sure that everyone is treated fairly by service providers.

Age



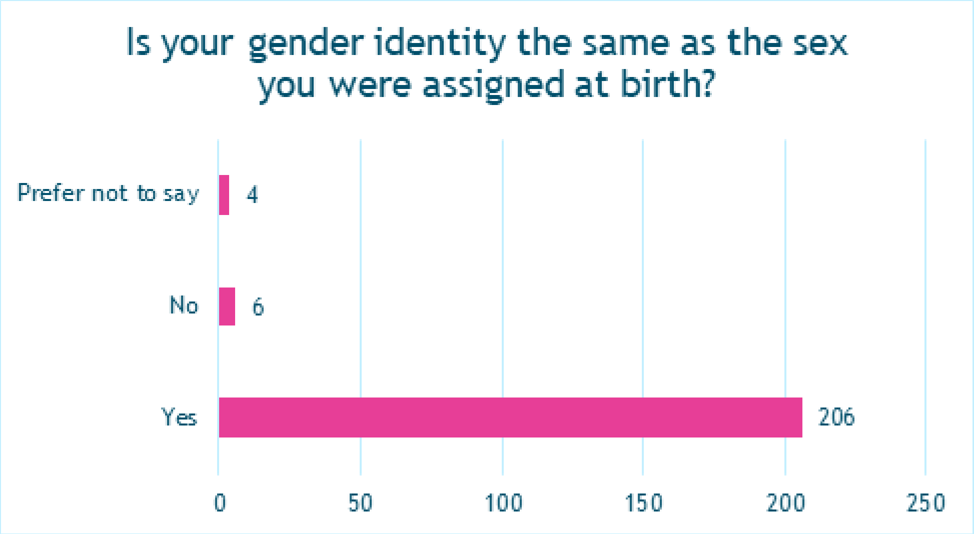
Although there was a reasonably wide spread of ages amongst those who answered the survey, we would have liked to have reached more younger adults (including students), and more older people – although the latter group may have been particularly digitally disadvantaged when it came to completing the survey. We were, however, delighted that 31% of responses were from children and young people aged under 18, a group which has been particularly affected by school closures and disruptions to education and exams.

Gender



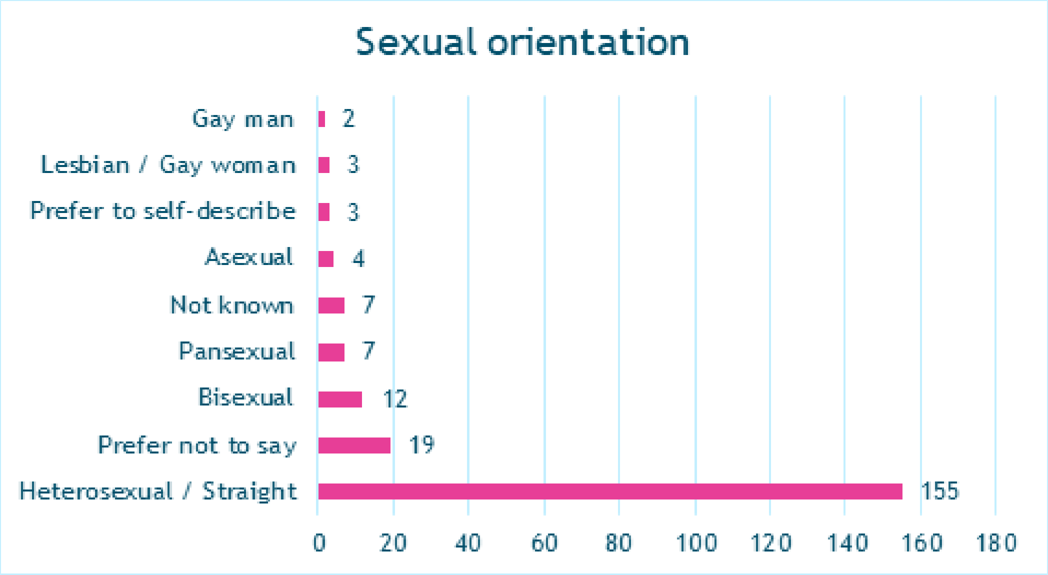
Despite efforts to reach as diverse an audience as possible with the survey, the overwhelming majority (73%) of respondents who shared their gender identity with us were women/girls. Fewer than a quarter (23%) identified as men/boys, with approximately 2% identifying as non-binary and 2% preferring to self-describe their gender. Self-descriptors included: agender/gender fluid and bisexual (although the latter would be better placed in the 'Sexuality' section).

Gender Identity at Birth



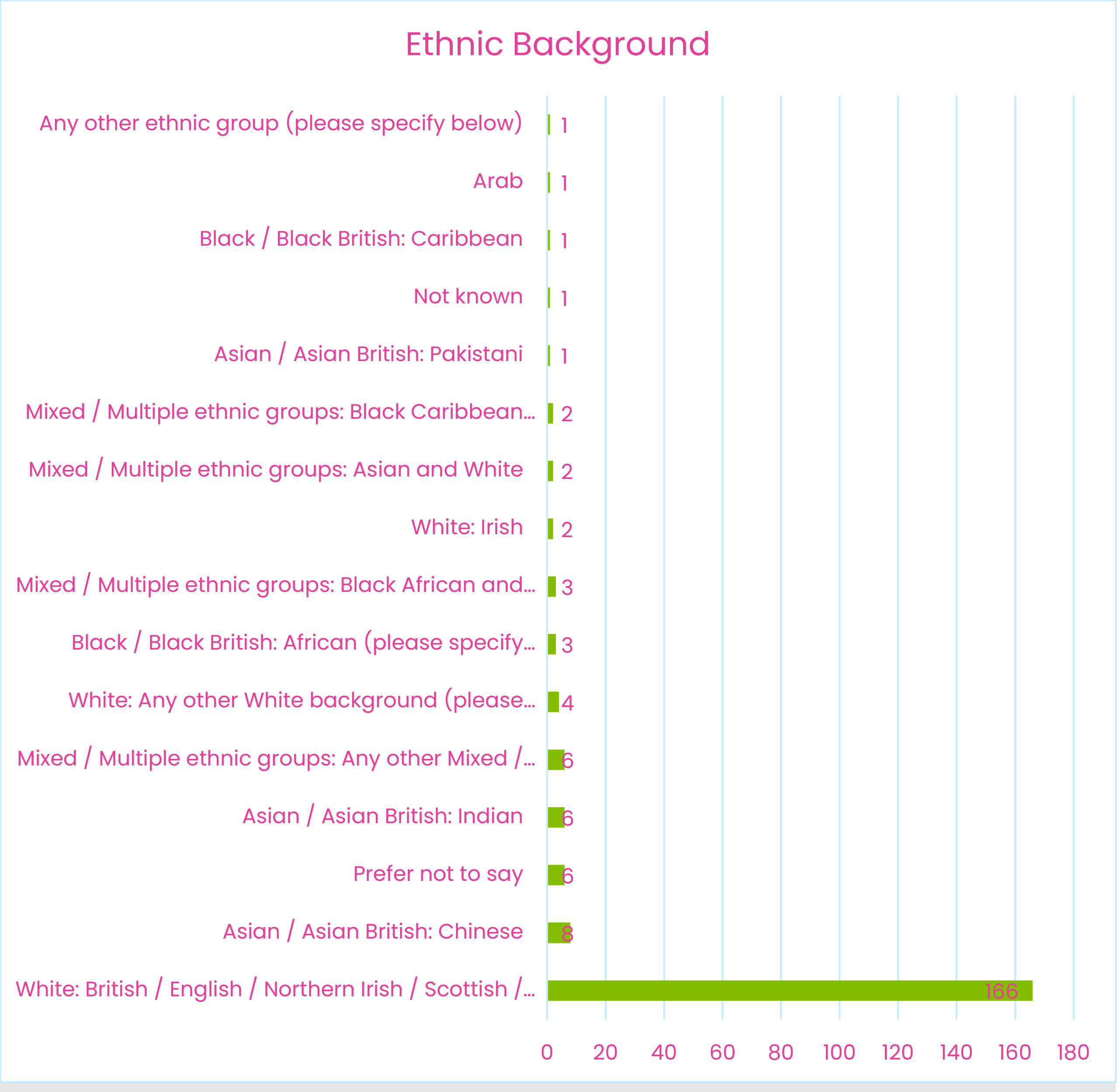
Of those who responded to this question, 95% identified with the gender they had been assigned at birth, whilst 3% did not. 2% preferred not to say.

Sexuality



Of the 212 people who responded to this question, just under three-quarters (73%) identified as heterosexual/straight. 13% described themselves as being somewhere on the LGBTQIA+ spectrum. 9% preferred not to say, with a further 3% not being clear and 1% preferring to self-describe (e.g. Queer, demi-sexual).

Ethnic Background

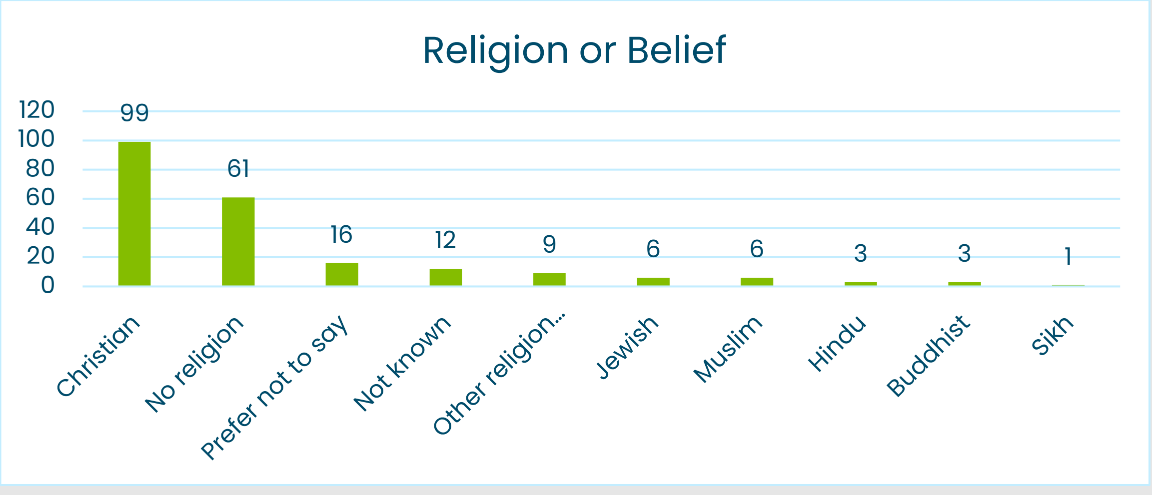


We were particularly keen to circulate the survey as widely as possible to people from across Liverpool's diverse communities – not least because of data showing that Covid-19 was impacting on certain non-white demographics especially severely. However, we did not do as well as we had hoped in attracting responses from non-white participants. This is an issue that we must continue to address pro-actively.

78% of respondents identified as White: British/English/Northern Irish/Scottish/Welsh. The second largest ethnic group was Asian/Asian British: Chinese at 4%; with 3% either preferring not to say or Not Known.

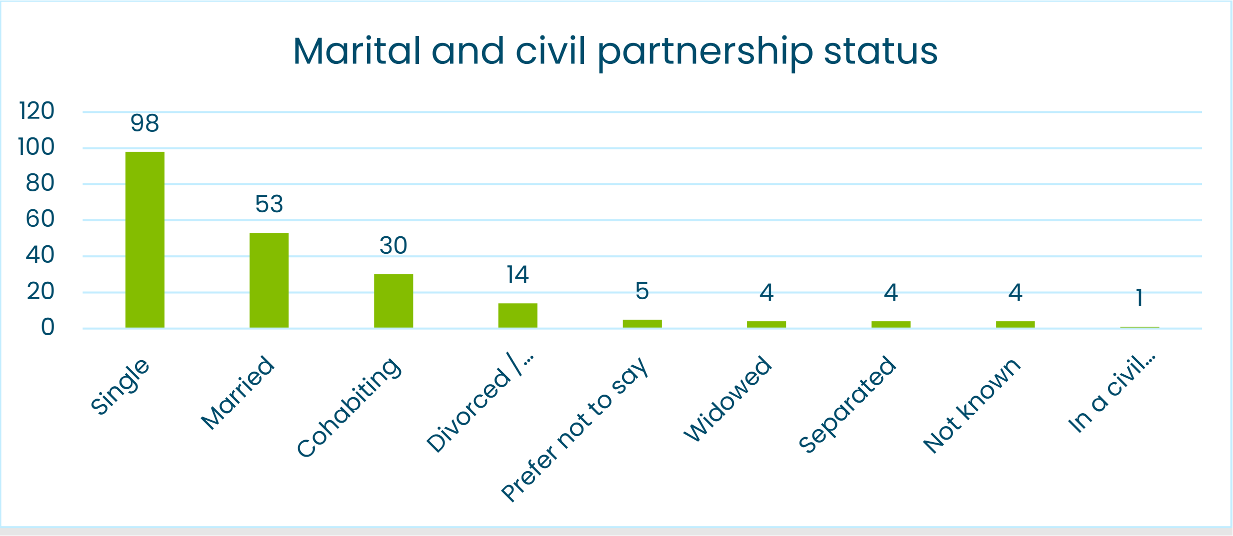
People who chose their own ethnic descriptors included Somali, European, Mixed White/Romany, British Born Arab/Somali, Latvian, Welsh, Jewish and Black.

Religion or Belief



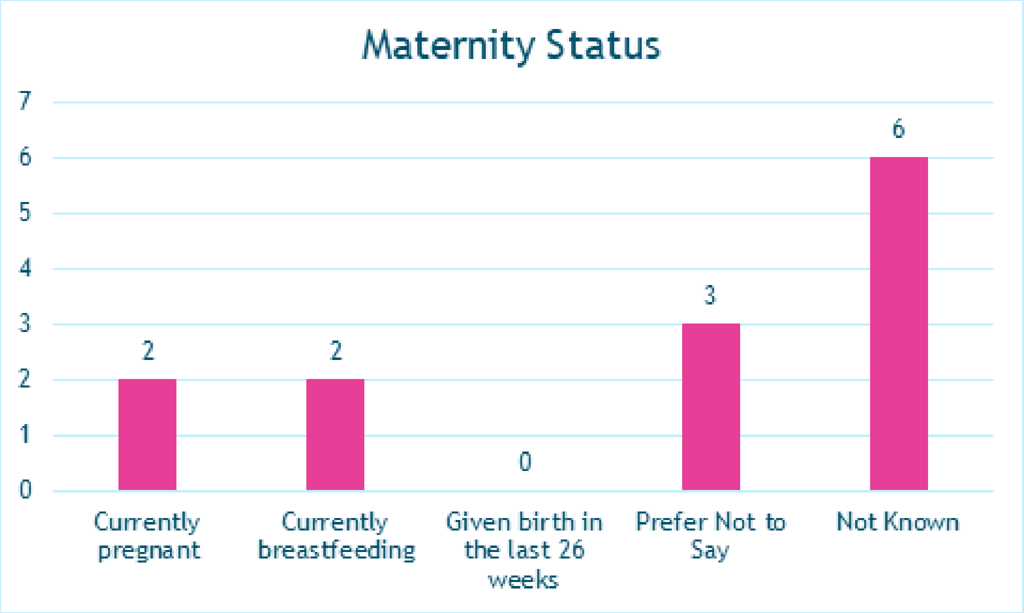
Of the 216 who responded to the question about Religion or Belief, almost half (46%) identified as Christian, with 28% not having any religious belief. A further 13% preferred not to say or were Not Known. 9% stated that they were either Jewish, Muslim, Hindu, Buddhist or Sikh, whilst 4% stated that they adhered to another religion which they described variously as Atheist, Spiritualist, Pagan, Pago-Christian.

Marital and civil partnership status



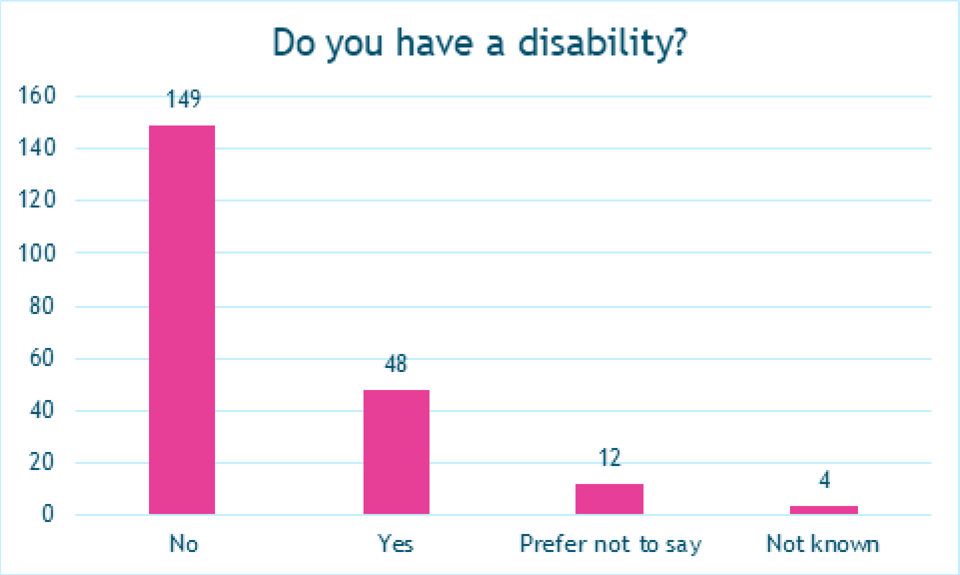
Of the 213 people who responded to this question, almost half (46%) were single, which may be explained by almost of a third of respondents being Under 18. A quarter (25%) were married. 14% were cohabiting and 7% were divorced or had had a dissolution of a civil partnership.

Maternity Status

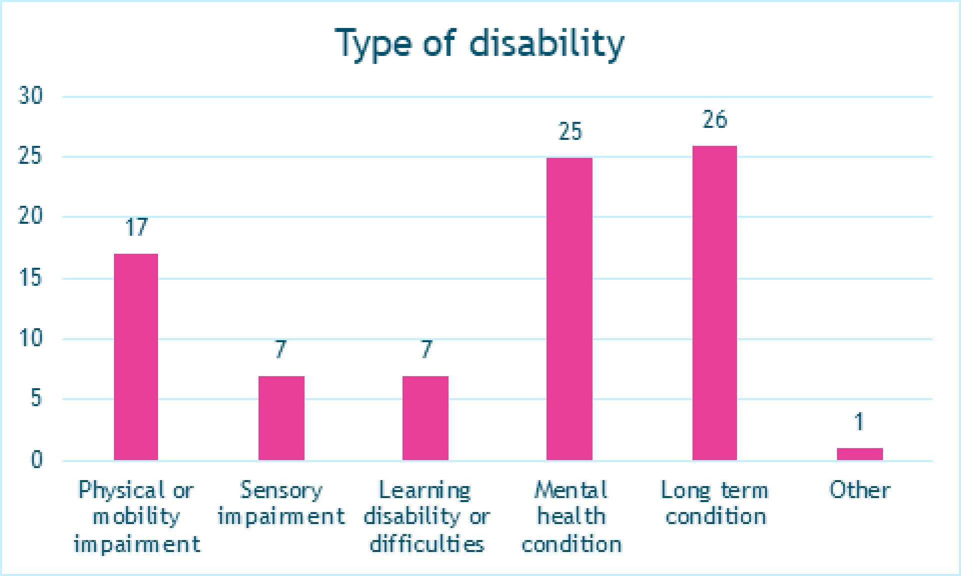


Of the 13 people who commented on their maternity status, 2 were currently pregnant and 2 currently breastfeeding.

Disabilities

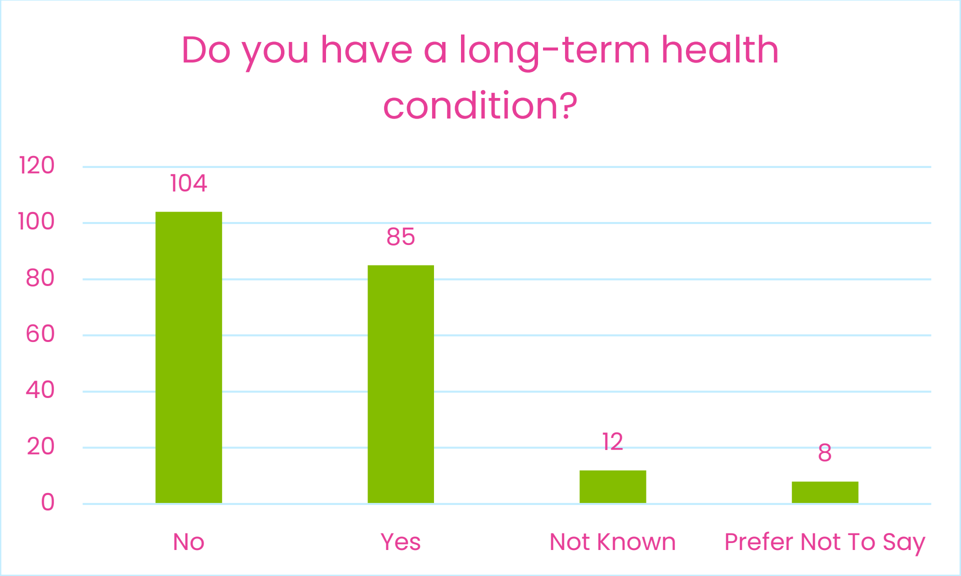


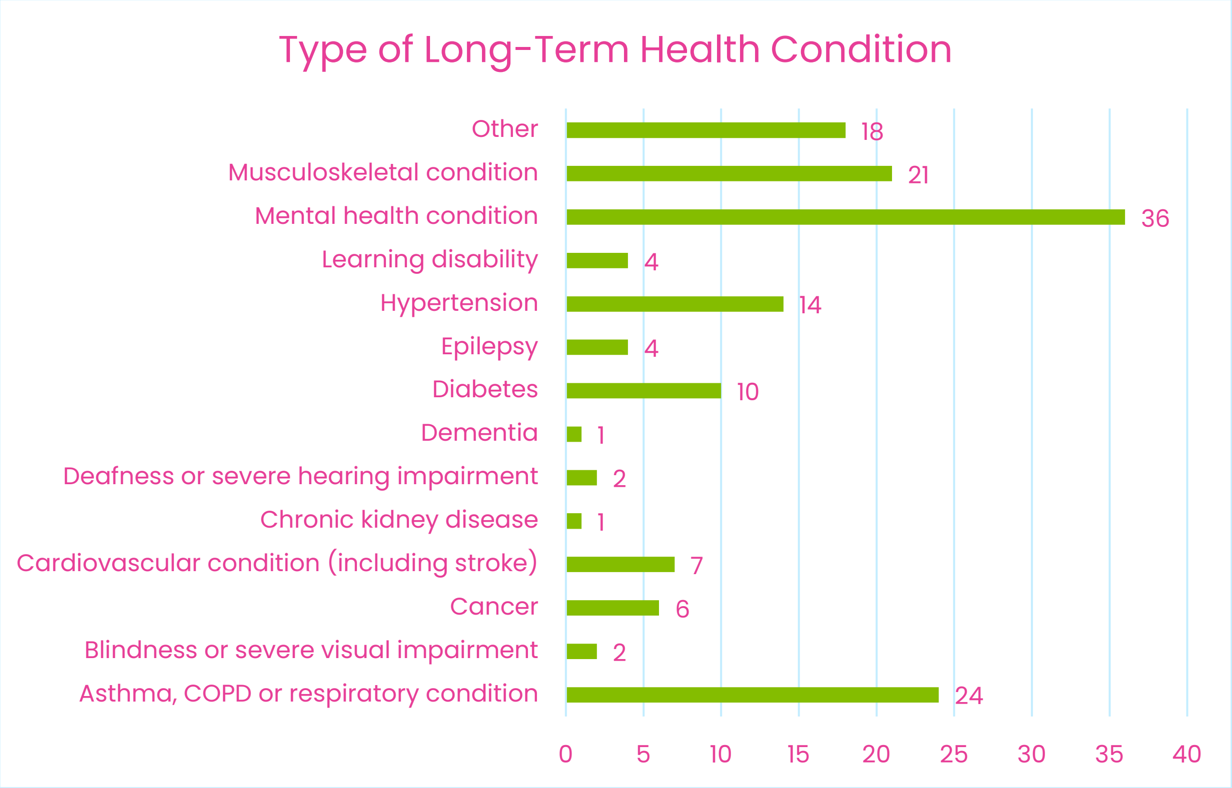
70% of respondents did not identify themselves as having a disability but almost a quarter (23%) did have at least one disability.



The people with disabilities often had more than one, indeed 83 disabilities were mentioned by the 48 people who identified as disabled. 22% of respondents had a long-term condition (likely to class them as vulnerable during periods of lockdown) and 21% had a mental health condition (which may or may not have been precipitated or exacerbated by the Covid-19 pandemic). 14% of respondents to this question had a physical or mobility impairment and 6% had a sensory impairment, whilst 6% also had a learning difficulty or disability.

Long-Term Health Condition

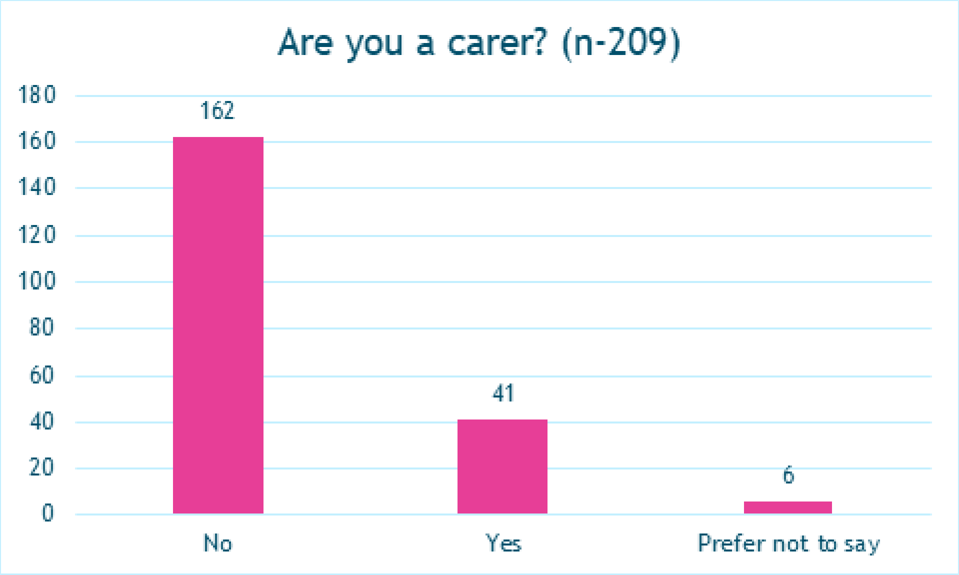




Where people told us that they had a long-term health condition (rather than a disability) they mentioned a wide range of conditions, as shown above. There was a clear correlation between long-term health conditions and poor mental health, with poor mental health being the single most mentioned long-term health condition followed by respiratory conditions (particularly concerning in relation to Covid-19) and musculoskeletal conditions.

Where respondents ticked the 'Other' option, they mentioned conditions including: Auto Immune Condition, ME (myalgic encephalomyelitis), ME/CFS (chronic fatigue syndrome) Chronic Neuro Condition, Endometriosis, Arthritis, Hemochromatosis, Fibromyalgia, Raynaud's Disease, Vocal Virus, Parkinson's Disease, Mobility Difficulties, Hypermobility Spectrum Disorder, Tethered Spinal Cord, Scoliosis, HIV, Anaemia.

Carer status



Approximately a fifth (20%) of those who answered this question told us that they had caring responsibilities.

Acknowledgements

Thanks to everyone who took the time to share their stories, experience and information via surveys, interviews, and workshops. Their contributions were anonymous, but their input was vital. Thanks to the Healthwatch Liverpool staff and volunteers who contributed to this report.

About Healthwatch Liverpool

Healthwatch Liverpool is the independent champion for people who use health and social care services in Liverpool. We're here to make sure that those running services put people at the heart of care.

One of our main purposes is to understand the needs, experiences and concerns of people who use health and social care services and to speak out on their behalf.

As part of a national network made up of local Healthwatch organisations in every local authority area of England (and Healthwatch England, the national body) our work contributes to a nationwide perspective on health and social care services.

At Healthwatch Liverpool we also provide a dedicated information and signposting service which helps to put people in touch with services and activities that can help maintain and improve their health and wellbeing.

All our reports about the mental health impact of the Covid-19 pandemic are available online at http://www.healthwatchliverpool.co.uk/Covid-MH-disability-report

If you require a copy of the report in another format or language, please contact us and we will do our best to help.

October 2022

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