

Survey results: Understanding people's concerns about the mental health impacts of the COVID-19 pandemic

Collated by Katherine Cowan, on behalf
of MQ: Transforming Mental Health and the
Academy of Medical Sciences, April 2020

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Foreword

By Lancet Psychiatry paper authors **Kate King** MBE, Adviser on lived experience, The Mental Health Act Review 2018 and **Dr Thomas Kabir**, Head of Public Involvement, The McPin Foundation

Two surveys were carried out in the UK to help inform the framing of priorities for mental health research in relation to the COVID-19 pandemic (see the main paper *Panel 1 Methodology and Introduction*). One was a survey by the research charity MQ: Transforming Mental Health and one by Ipsos MORI. The MQ survey achieved a remarkable response rate and the analyses of both surveys were completed in a very short time frame. The MQ survey is a valuable snapshot even though it could not be completely representative of all people living with mental illness (for example 80% of participants were female and very few people were aged under 18). The Ipsos MORI survey had the benefit of a more representative sample of the general population.¹

It is not surprising that many of the concerns reported in both surveys are related to anxiety, and that anxiety is being experienced as generalised by some and by others associated with issues such as work, money, getting food, fear of the virus, and keeping in touch. It is notable that many stakeholders in the survey had fears about becoming mentally unwell and worries about being able to access mental health services during the pandemic. Such fears underline the importance of rapidly refining and developing effective ways both to provide access and to communicate with and support people experiencing mental illness and distress.

Likewise, it is not surprising that isolation features highly in both sets of responses, nor that social communication is seen as important in supporting good mental health. It does however highlight the vulnerability of those who have little contact with family or friends, and of those in abusive relationships. Surveys like this give a way of assessing which issues are having the greatest effect on mental health and the vulnerabilities of particular groups over time. One could predict that issues like bereavement and financial worries may become more common, and that continued isolation, particularly for those with inadequate or insecure accommodation, will exert a greater effect on mental health, but only monitoring can measure the extent and the nature of developing problems.

The surveys also show the wide range of strategies people are currently utilising to manage isolation. Maintaining interest and motivation can be a problem if you are depressed or anxious, or if you are struggling financially, and people will have to manage many challenges as the crisis progresses. Participants did not list more negative support strategies such as the use of alcohol, smoking, substance abuse and gambling, but some people will find themselves using these and it is important to carry out effective and respectful ways of monitoring this.

The digital age, for all its problems, has bestowed a real gift: social media, the internet, video and phone meetings mean that social communication and research can continue in a way that would have been impossible even twenty years ago. At this time, it is essential to continue to listen and work with people with lived, and living, experience (Lived Experience Practitioners) both within and outside the research community. Continual effort is also needed to ensure inclusion of people from ethnic minority communities, from marginalised groups, and to find people with relevant experience for each task.

These are difficult times and we have to maintain high ethical standards in research to protect people from suffering undue mental distress due to participation in survey research, especially during a time of increased vulnerability and impeded access to support. It was good that the MQ survey questions ended with a focus on strategies people were employing to maintain their mental health rather than ending with a focus on mental distress, financial or other practical problems. Including links to activities or websites might be another way of supporting participants. Co-planning and design with individuals or groups could enable problems to be flagged and addressed and for useful strategies to be identified early on.

We are all in this together and working together with people with lived experience is essential if research is going to build a knowledge base that will help those living with mental health challenges now, and those experiencing the fallout of this crisis over the coming months and years.

Executive summary

Background

The world is rightly focused on measures to suppress COVID-19 transmission and protect the most vulnerable, along with research to develop a vaccine. However, the mental health impacts of COVID-19 will be significant. There is an increasingly urgent need to understand and address these impacts through research.

The research charity MQ: Transforming Mental Health and the UK Academy of Medical Sciences (AMS) are working with researchers and those with lived experience to ensure that mental health is at the heart of research into the impacts of COVID-19. This work will ensure greater focus and coordinated research funding to tackle the biggest mental health challenges, both now and in the future.

This report describes the findings of a consultation undertaken by MQ and AMS in late March 2020, the week that the Prime Minister announced the UK lockdown in response to the COVID-19 pandemic.

The findings informed the work of an expert group rapidly convened by MQ and the AMS to develop mental health research priorities to COVID-19. Their work was published in the paper *Multidisciplinary research priorities for the COVID-19 pandemic: a call for action for mental health science in The Lancet Psychiatry in April 2020*.²

To find out more visit www.mqmentalhealth.org and www.acmedsci.ac.uk/COVID_mentalhealth.

Method

In order to understand the most pressing concerns, issues and unmet needs around mental health and COVID-19, from the perspectives of people with lived experience of mental illness and the general population, two online surveys were undertaken:

A **stakeholder survey** of people with lived experience of mental health problems and their supporters, healthcare professionals, researchers and the general public with an interest in the topic. Carried out between Wednesday 25th and Friday 27th March 2020, it was promoted via email to MQ's supporter network as well as through MQ's social media channels.

The survey asked:

1. What are your top two concerns or questions about the mental health and wellbeing aspect of the current coronavirus (COVID-19) pandemic?
2. Is there anything that you think has been helping your mental health and wellbeing during the pandemic? If so, please tell us about it.

A nationally representative **general population survey**. Carried out on the Ipsos online Omnibus between Thursday 26th and Monday 30th March 2020. Full data tables are available at <https://www.ipsos.com/ipsos-mori/en-uk/Covid-19-and-mental-wellbeing>.

The survey asked:

1. 1. Thinking about the current coronavirus (COVID-19) pandemic, what, if any, concerns do you have about the impact on your mental wellbeing?
2. 2. We are keen to understand what people are doing to support their mental wellbeing during the coronavirus (COVID-19) pandemic. What, if anything, has been helping your mental wellbeing at this time?

Results

In total, 2,198 people took part in the stakeholder survey. They submitted a total of 4,350 concerns about the mental health impacts of the COVID-19 pandemic. The majority (70%) of the respondents were people with lived experience of a mental illness.

A total of 1,099 interviews were completed in the Ipsos online Omnibus. Quotas were set and data were weighted to the offline population to be representative by age, gender and region.

To identify the stakeholders' priority concerns, data was sorted into categories to draw out the largest or most submitted themes. The general population data from the Omnibus survey was coded separately. The priority themes are summarised below. These are not articulated as future research questions, but instead describe the main issues and concerns that people reported experiencing, which a future research response may seek to address. There is overlap between them.

Priority concerns about the impact of the COVID-19 pandemic on mental health

Anxiety

Anxiety was a very significant theme within both the stakeholder and general population responses, illustrating widespread uncertainty about how to manage and cope with heightened anxiety, and how to support others experiencing it. Many stakeholders described a general, existential anxiety, brought on by the overwhelming uncertainty of the pandemic, while others were experiencing a worsening of existing anxiety issues. Practical concerns were contributing to many people's anxiety, including worries about finances, employment, obtaining food and medication, housing and lack of access to outside space. Many felt anxious about themselves or their loved ones becoming ill or dying. Some were worried about the extent to which other people were complying with government guidelines and risking further spread of the disease. Many suggested that repeated, and sometimes compulsive, consumption of media and social media commentary was fuelling feelings of anxiety.

Isolation

Isolation was another dominant theme in both surveys. Stakeholders suggested that they were extremely worried about the impact of self-isolation, social distancing and the lockdown on their and other people's mental health. Fears ranged from the mental health impacts of being separated from loved ones through to the curtailment of social activities, exercise and in-person psychological support. While the general population respondents tended to express concerns about themselves, the stakeholder survey data had an added focus on the impact on other people's mental health and wellbeing, including those with existing mental health conditions. Loneliness was raised repeatedly and concerns about feeling trapped were articulated. Many responses suggested a need for strategies to help individuals cope with isolation, and to help them help others, to prevent the deterioration of mental health and wellbeing if the lockdown persists.

Becoming mentally unwell

Much of the stakeholder survey data depicted a general concern about people becoming mentally unwell as a result of the pressure of the pandemic, including because of the uncertainty, the loss of control, the fear of death, the fallout of the bereavement and the practical and economic challenges. This theme was less present in the general population data, but stakeholders actively singled out concerns for themselves becoming mentally unwell, for friends and family and for healthcare professionals working with COVID-19 patients. They also acknowledged the potential implications for mental health and wellbeing at a societal level. In particular, concerns were expressed for people whose existing mental health conditions might be exacerbated by the pandemic.

Access to mental health support and services

Hundreds of respondents to the stakeholder survey were deeply concerned about how people will access the mental health support that they need for existing conditions and for mental illness that develops during the pandemic. Many described their services having already been stopped. Practitioners and volunteers working in the mental health sector expressed concerns about the health and safety of vulnerable clients. The need to ensure mental health support is available to other potentially vulnerable groups was highlighted, such as pregnant women, autistic people, people with learning disabilities, homeless people, families living in poverty, children in care and refugees. Nevertheless, many stakeholders expressed concerns about the capacity of mental health support provision to cope with current and future demands. Some were concerned that mental health might not be considered a priority compared with the treatment of COVID-19 and other physical health conditions.

Family and relationships

A significant number of stakeholders shared concerns relating to the impact of the pandemic on family and relationships, which were felt to have implications for mental health and wellbeing. Some people described being consumed by fears about family members contracting COVID-19, while others were anxious about the implications for dependent family members should they themselves become unwell. Many people were concerned about the mental health and wellbeing of their family members during the pandemic, particularly for older relatives in isolation and for children and young people missing school and exams. People expressed uncertainty about how best to support their family members, particularly while trying to maintain their own mental health. Referring to the lockdown, some respondents highlighted the potential for increased household tensions, family breakdown and domestic abuse.

What is helping people's mental health and wellbeing during the pandemic?

In addition to seeking to understand people's concerns about the mental health impacts of the COVID-19 pandemic, both the stakeholder survey and the general population survey asked people to describe anything that had been helping their mental health and wellbeing at that time.

The stakeholder survey asked:

Is there anything that you think has been helping your mental health and wellbeing during the pandemic? If so, please tell us about it.

The general population survey asked:

We are keen to understand what people are doing to support their mental wellbeing during the coronavirus (COVID-19) pandemic. What, if anything, has been helping your mental wellbeing at this time?

Both sets of respondents described a range of actions and activities.

Staying connected

People described how keeping in regular contact with friends and family, often online, was a key factor in maintaining mental health and wellbeing. Many were enjoying spending time together as a family, and others were benefiting from volunteering and helping others.

Keeping busy

Stakeholders and general population respondents shared a range of activities that were keeping them busy and enhancing their sense of wellbeing during the pandemic. These included hobbies, crafts, art, music, reading, film and television and home improvements.

Physical activity

Again, both stakeholders and general population respondents described the beneficial effects of exercise, such as walking, running and online exercise classes. Being able to access nature and the outdoors were also key.

Staying calm

Many people highlighted the relaxing and calming effects of mindfulness and meditation, while others described the importance of faith and prayer. Some people suggested that their pets helped them stay calm.

Information intake

Some stakeholder respondents explained that they were managing their media intake. Some were minimising their access to news and social media, in order to reduce their levels of anxiety. Some drew comfort from simply following the official guidance on social distancing and staying safe.

Maintaining routine

Having a daily plan or routine was helping some stakeholders. Others described the importance for their wellbeing of continued access to formal support and care, as well as being looked after by relatives. Both stakeholders and general population respondents described the importance of work in providing a sense of purpose during an otherwise unsettling and uncertain time.

Next steps

The findings in this report rapidly informed the work of an expert group convened by MQ and the AMS to develop mental health research priorities to tackle the COVID-19 epidemic.

The agreed priorities were published in the *Lancet Psychiatry* in April 2020. They provide a vital roadmap to help protect the public's mental health at this incredibly difficult time and in the future. Both MQ and the AMS are committed to working with researchers, funders, people with lived-experience and the public to make this a reality.

To find out more, including how you can get involved, visit www.mqmentalhealth.org.

Introduction

The world is rightly focused on measures to suppress COVID-19 transmission and protect the most vulnerable, along with research to develop a vaccine. However, the mental health impacts of COVID-19 are likely to be significant. There is an increasingly urgent need to understand these impacts through research.

MQ and the Academy of Medical Sciences are working with researchers and those with lived experience to ensure that mental health is at the heart of research into the impacts of COVID-19. This work will ensure greater focus and coordinated research funding to tackle the biggest mental health challenges, both now and in the future.

This report describes the findings of a consultation with mental health stakeholders and the general public, which took place in late March 2020, the week that the Prime Minister announced the UK lockdown in response to the COVID-19 pandemic.

Method

In order to understand the most pressing concerns, issues and unmet needs around mental health and COVID-19, from the perspectives of people with lived experience of mental illness and the general population, two online surveys were undertaken.

Stakeholder survey

A survey of people with lived experience of mental health problems and their supporters, healthcare professionals, researchers and the general public with an interest in the topic was set up on the SurveyMonkey platform. It was launched at 16.00 on Wednesday 25th March and remained open until 17.00 on Friday 27th March. It was promoted via email to MQ's supporter network as well as through social media channels.

The survey asked:

1. What are your top two concerns or questions about the mental health and wellbeing aspect of the current coronavirus (COVID-19) pandemic?
2. Is there anything that you think has been helping your mental health and wellbeing during the pandemic? If so, please tell us about it.

Regarding ethical considerations, the purpose of the survey was described and participation was voluntary. In an introductory statement on privacy and confidentiality, respondents were reminded that they could leave the survey at any stage by closing it and that their answers would be kept anonymous. They were not required to provide personal information and no question was compulsory. As the data controller of the activity, a link to MQ's privacy policy was provided.

The dataset was downloaded, cleaned and formatted in preparation for a thematic analysis. The first 50 responses (comprising 99 submitted concerns) were coded and sent to MQ for review. An inductive approach was taken, meaning categories and subcategories emerged directly from the data, with efforts made to reflect the language and concepts expressed by the respondents. The volume of data submitted was higher than originally anticipated. A small team of five additional analysts was therefore rapidly recruited from the

Academy of Medical Sciences and King's College London to assist with the process. A telephone briefing was carried out on the evening of Friday 27th March 2020 and each analyst was assigned approximately 620 lines of data to review and code. The potentially distressing nature of the data was discussed, and a plan agreed should anyone need support.

On the morning of Saturday 28th March, the analysts convened via videoconference to review progress, compare notes and ensure that the interpretation of the data was consistent across the team. The list of categories was expanded further by the group and the remaining submissions were categorised. Team members joined a debrief video call later that day, and reflections on the data and on the priority themes were discussed.

In addition, a separate analysis was carried out by a language processing expert at King's College London. This involved a method called topic modelling, where an algorithm generates 'groupings' or 'topics' from the data based on the content of the responses. This was to enable an objective comparison with the results with the qualitative analysis. The results of this were not reviewed until after the qualitative analysis was completed, so as not to be influenced by it.

General population survey

To capture the views of a sample of the population of Great Britain, two questions were added to the Ipsos MORI online Omnibus and completed between Thursday 26th and Monday 30th March 2020.

The survey asked:

- 1.** Thinking about the current coronavirus (COVID-19) pandemic, what, if any, concerns do you have about the impact on your mental wellbeing?
- 2.** We are keen to understand what people are doing to support their mental wellbeing during the coronavirus (COVID-19) pandemic. What, if anything, has been helping your mental wellbeing at this time?

The Ipsos MORI online Omnibus reaches a nationally representative sample by gender, age and region, which means that the findings can be generalised to the population as a whole. The results are based on 1,099 interviews completed online with adults aged between 16 and 75 across England, Wales and Scotland, with the data weighted to the offline population profile. The free text responses were coded by a team at Ipsos.

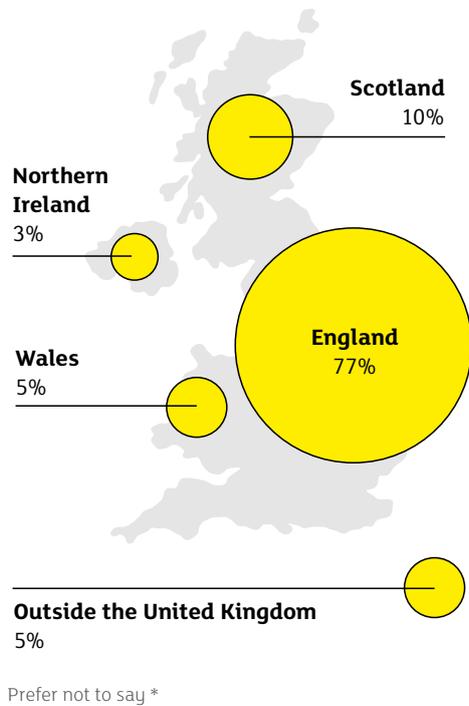
Ipsos MORI is a member of the Market Research Society, and abides by their Code of Conduct and associated regulations and guidelines. Members of the online panel have consented to be recontacted for research purposes and understand that taking part is voluntary. Ahead of completing the questions on behalf of AMS/MQ, they were told about the purpose of the research, reminded that their responses would remain anonymous and that they could refuse to answer any question. As data controller, Ipsos MORI provided a detailed privacy notice outlining participants' rights in relation to their data.

Results

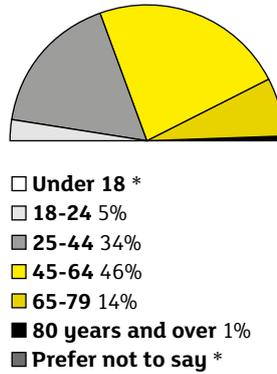
In total, 2,198 people completed the **stakeholder survey**, submitting 4,350 concerns about the mental health impacts of the COVID-19 pandemic. A breakdown of the respondent types is as follows:

Stakeholder survey respondents

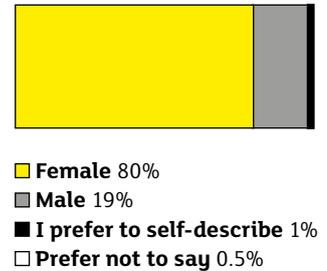
Location



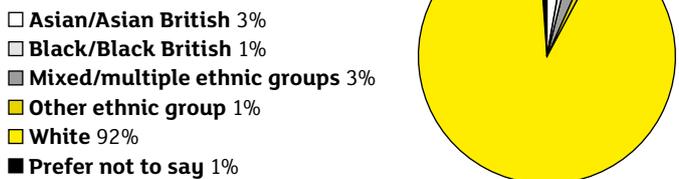
Age



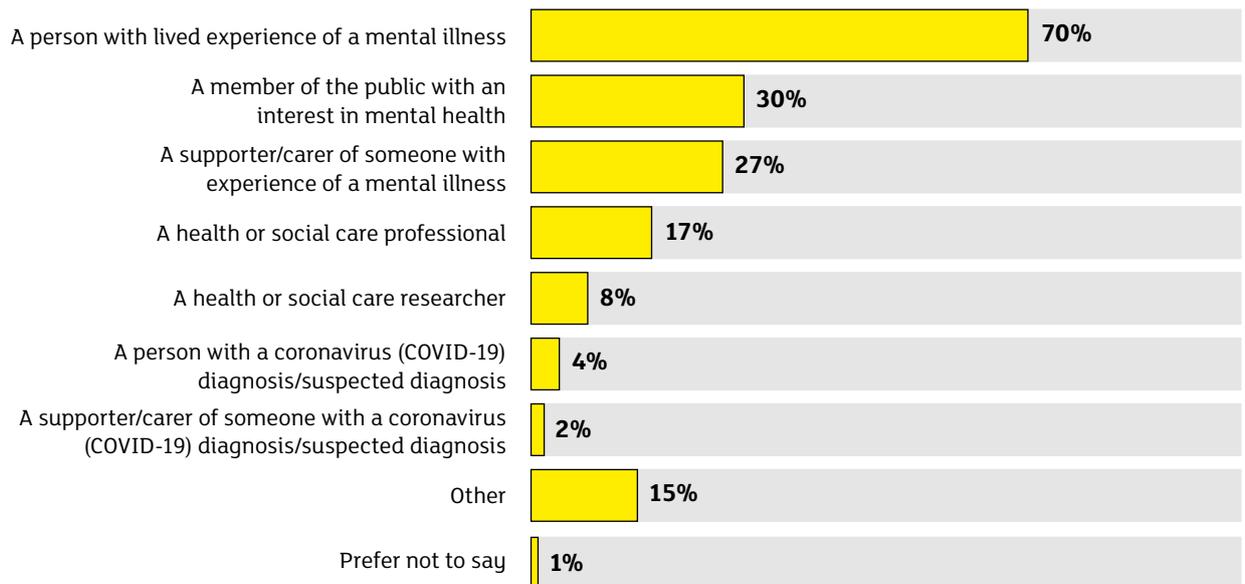
Gender



Ethnicity



Stakeholder group**



* less than 0.5% but greater than 0%. ** Respondants could choose more than one.

Respondents aged 24 and under were most likely to describe themselves as having lived experience of a mental illness (78% compared with 57% of those aged 65 and over). Just over a third of those aged 65 and over identified themselves as a carer or supporter of someone with experience of a mental illness, compared with just over one in 10 of those aged 24 and under. Although female respondents were over-represented overall, more than a third of those aged 65 and over (34%) were male.

Black, Asian and minority ethnic (BAME) respondents had a higher proportion of male respondents (26%) and a younger overall profile, with almost two thirds aged 44 or under. Under two thirds (60%) had lived experience of a mental illness and a fifth (20%) identified as a carer or supporter of someone with lived experience. A quarter (25%) of BAME respondents were health or social care professionals.

Those opting for ‘other’ stakeholder group described a range of roles, such as retired healthcare professional, carer of grandchildren and mental health support volunteer. Some described a mental health diagnosis or another health issue, while others noted if they were currently self-isolating.

By contrast, and not surprisingly, the **general population survey** comprised fewer people working in health or social care, and fewer people with lived experience of a mental health issue. Nevertheless, the proportion identifying as having lived experience (39%) is higher than the 23% prevalence rate for the population aged 16 and above, estimated by the 2009 Adult Psychiatric Morbidity Survey³. More people from the general population survey suggested that they had tested positive for or suspected they had COVID-19 or lived with someone who had.

General population survey respondents

Which, if any, of the following roles do you currently work in?	Percentage
Health or social care professional	8%
Health or social care researcher	3%
I do not currently work in any of these roles	89%
Prefer not to say	1%
Which of the following experiences of COVID-19, if any, apply to you?	Percentage
I have been tested for coronavirus (COVID-19) and received a positive diagnosis	1%
I suspect I have had coronavirus (COVID-19) based on symptoms, but have not been tested	9%
I currently live with someone with suspected or diagnosed coronavirus (COVID-19)	3%
I am caring for someone with suspected or diagnosed coronavirus (COVID-19)	2%
None of the above	86%
Prefer not to say	*
Which of the following apply to you? (could tick more than one)	Percentage
I have lived experience of a mental health issue	39%
I support or care for someone with experience of a mental health issue	14%
I am a member of the public with an interest in mental health	18%
None of the above	43%
Prefer not to say	1%

* less than 0.5% but greater than 0%

Categorising people’s concerns

The following table describes the full list of categories and subcategories to emerge from the inductive thematic analysis of the **stakeholder survey** data, divided into five overarching themes. The figures give an indication of the percentage of submissions that were allocated to each category. However, it should be noted that this was complex narrative data. While some submissions were succinct and focused on a single issue, others were multifaceted and could have been assigned to several categories. With limited time and resource with which to navigate the dataset, the assigning of submissions to single categories was pragmatic and indicative, rather than precise.

Category	Explanation	Percentage of submissions
Access to mental health support and services		
Access to support and services	Concerns about the impact on mental health about access to support and services (including medication) for both mental health and physical health issues.	13%
Supporting vulnerable people (eg learning disabilities, homelessness, pregnancy)	Concerns about the mental health and wellbeing of vulnerable people, and the support available to them, including people with learning disabilities, people in psychiatric care, homeless people and pregnant women.	3%
Supporting health professionals	Concerns about the mental health and wellbeing of healthcare professionals, and the support available to them.	2%
Autism	Concerns about the mental health impacts on autistic adults and children.	0.5%
Carers	Concerns about the mental health and wellbeing of informal (and family) carers.	*
Anxiety		
Practical concerns	Concerns about the mental health impacts of dealing with the practical challenges of the pandemic, including food and shopping, finances and economic issues, employment, staying safe, access to outside space and being able to plan for the future.	12%
Anxiety	Concerns about being anxious, becoming anxious, the effects of anxiety, feeling overwhelmed and out of control (hopelessness) and facing uncertainty.	7%
Contracting COVID-19	The mental health impacts of being concerned about becoming ill with COVID-19, dying and infecting others. Also includes concerns about testing, treatment and vaccines, as well as concerns about others not complying with social distancing guidelines.	7%
Commentary	Concerns about the mental health impacts of media reporting on the pandemic, of repeated accessing of news and social commentary, and the intensity of commentary about the pandemic on social media.	2%
Information	Concerns about how access to and quality of information might impact on people’s mental health during the pandemic, including concerns about the government’s response, guidance and communication.	2%
Social responsibility	Concerns about the mental health impacts caused by people and employers perceived not to be behaving responsibly or complying with government guidelines.	1%

Becoming mentally unwell		
Becoming mentally unwell	Concerns relating to becoming mentally ill as a result of the stress of the pandemic, including the exacerbation of existing mental illness and the impact on mental wellbeing at a societal level.	9%
Mental health issue	Concerns pertaining to a specific mental health issue, including agoraphobia, bipolar, depression, eating disorders, schizophrenia, OCD, psychosis, social phobia, paranoia, stress and panic attacks	5%
Resilience	Concerns about the impact of the pandemic on people's resilience, including their ability to cope and to adjust to normal life after it is over.	2%
Suicide	Concerns about suicide ideation and the suicide rate during and after the pandemic.	2%
Motivation	Concerns about the impact of the pandemic on personal motivation and its subsequent impact on mental health.	0.5%
Drug and alcohol dependency	Concerns about people turning to drink and drugs to cope with the uncertainty and distress caused by the pandemic.	*
Self-harm	Concerns about people self-harming in response to the pandemic.	*
Family and relationships		
Family and relationships	Concerns about the mental wellbeing of family members during the pandemic and of the impact of bereavement. Also includes concerns about the impact of social isolation and lockdown on family relationships, as well as issues such as domestic abuse.	9%
Children and young people	Concerns about the mental health and wellbeing of children and young people, including the impact of social isolation and missing school and exams.	3%
Older people	Concerns relating to the potential mental health impacts of the pandemic on older people.	2%
Isolation		
Isolation	Concerns about the impact of isolation on people's mental health and wellbeing, including the impact of loneliness and issues faced by people with existing mental and physical health problems.	16%
Exercise	Concerns about the impact of lack of exercise on mental health and wellbeing.	1%
Miscellaneous		
Unclear	Submissions which were unable to be interpreted.	1%
Out of scope	Submissions that were out of the scope of or not relevant to the survey topic.	*
No concerns	Some people stated that they had no concerns.	*

* less than 0.5% but greater than 0%

Example of the range of submissions assigned to 'Anxiety' category

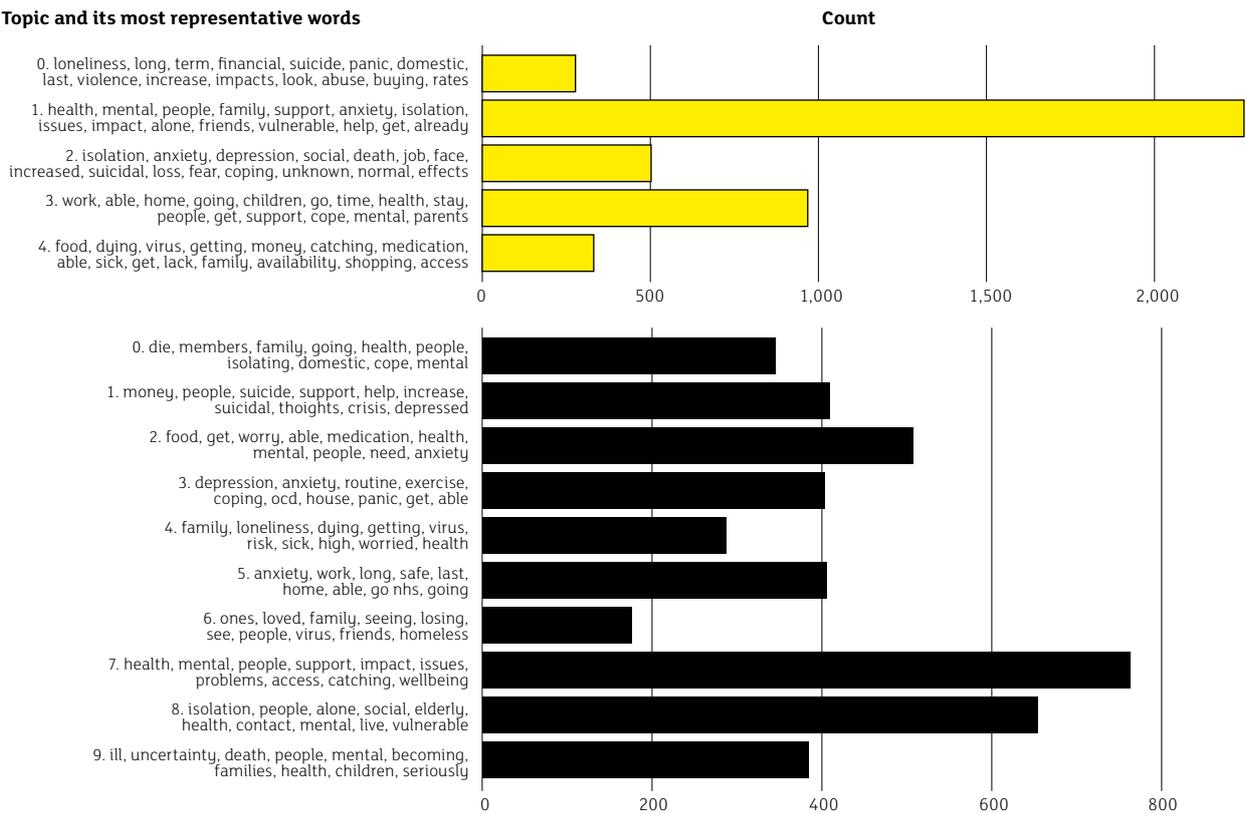
- I already have health anxiety and the pandemic has made it worse, I'm constantly worried about getting ill now.
- I worry that I am becoming more anxious.
- Managing the anxiety generated through concern for elderly and vulnerable relatives.
- My anxiety masks symptoms and I am now in isolation due to this, or I could have the virus! I don't know! How can I convince my overactive mind that it's not helping?
- How to control anxiety when anxiety is a reasonable response in this situation, but I have [generalised anxiety disorder] and am used to telling myself my anxiety is not rational.
- People's anxiety levels are rocketing.
- Developing anxiety.
- Some of my friends are experiencing quite extreme anxiety.
- For people with anxiety this is an extremely difficult time, social distancing and excessive hand washing are not helpful for anxiety. I am concerned it will be difficult to unlearn these behaviours after this is all over.
- Chronic anxiety has negative effects on not just mental health, but on people's central nervous systems and immune systems. I'm worried about the long-term damage a year of this could have on mine and the worlds health.
- My anxiety around working from home whilst having to childcare.
- Anxiety heightened with jobs losses and pay cuts.
- Anxiety and depression.
- Anxiety around my health. Both the risk of catching coronavirus, but also being stuck inside all day and unable to exercise. I suffer from PTSD and Social Anxiety Disorder.
- Anxiety about the future of the world economy and a looming recession- which will make [it] so much harder for ordinary people (I am very affected by the general atmosphere and feelings of others, and the world around me).
- I have a general low level of anxiety that has started since the pandemic. Tight tummy and slight heart palpitations. I think there is a lot of this (maybe different physical reactions) from talking to friends. I'm not specifically anxious about anything but the general uncertainty is clearly having an impact.
- Managing my anxiety.

Reviewing the language

Qualitative analysis involves interpretation and some subjectivity, however carefully biases are managed. As a comparison, an analysis of the stakeholder responses was carried out by the language processing expert. The software generates word-based 'topics' based on a pre-defined number of topics and words, looking for frequency and proximity of certain words to each other. Two different algorithms were used: NMF (non-negative matrix factorisation), which relies on matrix factorisation, and LDA (Latent Dirichlet Allocation), which is probabilistic and generative. This is totally objective, although it lacks the ability to interpret or understand nuance.

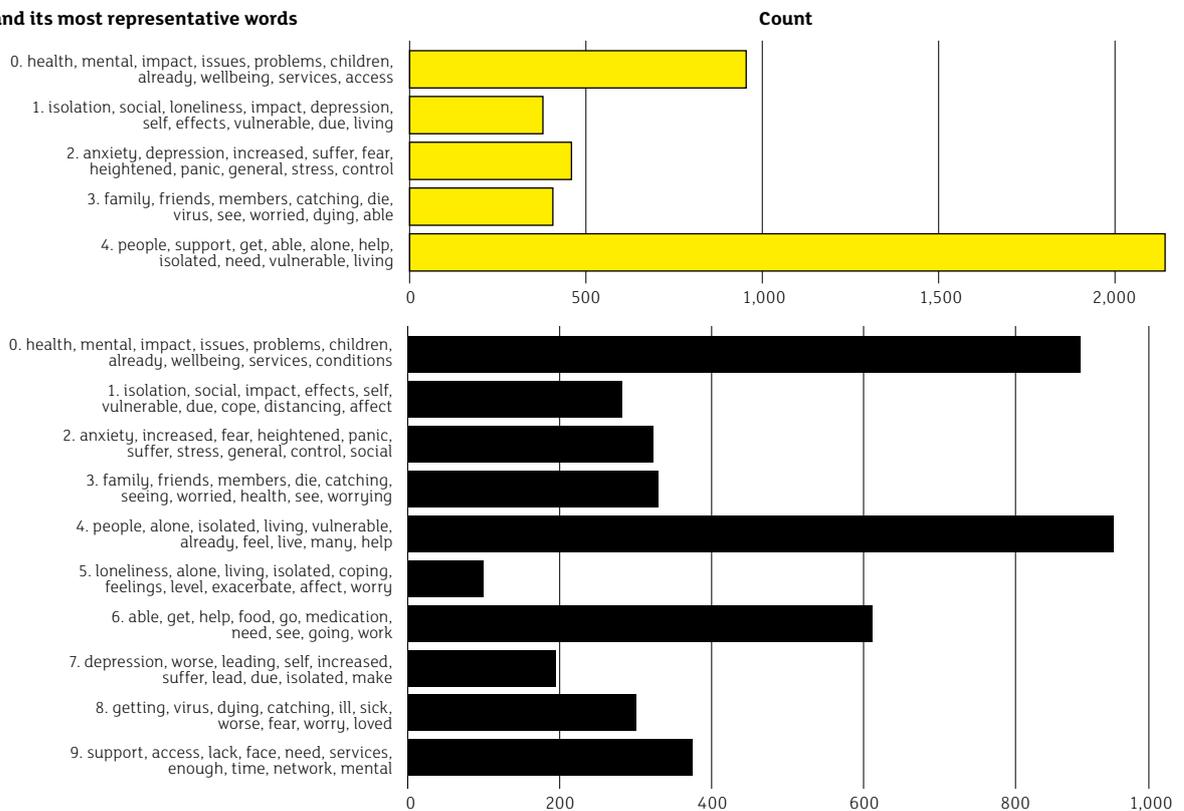
Here are two LDA groupings, the first being five topics based on 15 words, and the second being 10 topics with 10 words

Topic and its most representative words



Here are two NMF groupings, of five topics and 10 words, and 10 topics with 10 words.

Topic and its most representative words



The **general population survey** data was categorised by Ipsos MORI. The initial categorisation from the stakeholder survey was shared so that synergies in descriptions could be applied, but the coding was data led. The open-ended verbatim responses were reviewed, and a list of themes compiled, in an interpretative and iterative process, starting with a skeleton code frame. This was agreed with the research team, who reviewed the code frame against the verbatim responses to ensure that it reflected the range of views expressed. While the framework looks different to that of the stakeholder survey, there are common themes, such as concerns about isolation and social distancing, concerns about experiencing mental illness and concerns about the impact of the practical implications of the pandemic.

Concerns about impact on wellbeing – net scores (mentioned by 6% or more) and key example codes from within the net score

Any isolation 21%	<ul style="list-style-type: none"> • Staying inside/not being able to go out 18% • Being isolated for a long time 2%
Any mental illness 20%	<ul style="list-style-type: none"> • Anxiety 11% • Depression 7% • Stress/feeling nervous 6%
Any social distancing 13%	<ul style="list-style-type: none"> • Lack of social contact 5% • Loneliness 4% • Not being able to see family/friends 4%
Negative feelings 13%	<ul style="list-style-type: none"> • Boredom/nothing to do 3% • Fear/scared 3% • Low mood/pessimism 1%
Any practical aspects of life 10%	<ul style="list-style-type: none"> • Finances, not being able to pay bills 4% • Employment/losing job, impact on business 3%
Any concerns about COVID-19 7%	<ul style="list-style-type: none"> • Worry about contracting the virus 4% • Worry about family contracting the virus 2%
Other mental health concerns 6%	<ul style="list-style-type: none"> • Becoming mentally unwell 2% • Going crazy/mad 2% • Unable to sleep 1%

It is worth noting that a very small number of stakeholders indicated that they did not have any concerns about the mental health impacts of the COVID-19 pandemic. Overall, just seven respondents (0.3%) suggested that they either had no concerns or they were psychologically benefiting from aspects of the lockdown, such as enjoying the lack of pressure to socialise. Within the general population data, 8% of people indicated that they were remaining positive and felt that not much had changed, while 15% of people specifically gave the answer 'nothing'.

Priority concerns about the impact of the COVID-19 pandemic on mental health

To understand the priority concerns, the coded stakeholder survey data were organised into broad overarching themes. Reflections made by the data analysts were taken into account, including agreeing where categories linked together within a specific theme. Next, the results of the language processing exercise were scrutinised to see if any additional topics had been highlighted that were missed by the qualitative analysis. Finally, the top concerns from the general population survey were reviewed and compared. There was a reassuring level of consistency between these different approaches. The priority themes are summarised below, in no particular order. These are not articulated as research questions, but instead describe the main issues and concerns that people reported experiencing, which a research response may seek to address. There is overlap between them.

- Anxiety
- Isolation
- Becoming mentally unwell
- Access to mental health support and services
- Family and relationships (including issues for children and young people, and older people)

The focus is on the stakeholder data, but where possible, comparisons are made with the general population data.

Anxiety

Anxiety was a very significant theme within the stakeholder response, as well as for the general population survey respondents. Multiple submissions described experiences of, and concerns about, anxiety specifically. The words 'anxiety' and 'anxious' were mentioned in over 750 stakeholder submissions, including those predominantly focused on other issues. Over half of the general population responses about mental illness were about anxiety.

Hundreds of stakeholders described experiencing a general, existential anxiety, brought on by the uncertainty surrounding the pandemic and a sense of being out of control and overwhelmed. Others described the triggering and worsening of existing anxiety.

Just feel I have no control of the situation & feel helpless & overwhelmed & fearful & that everyone will need help from me.

The hopelessness of the situation comes in waves. The length of time we'll be under this new system is overwhelming.

The lack of control and certainty which can fuel anxiety, depression and OCD, the curbing of freedoms and social interaction that are central to wellbeing.

Reported symptoms included over-thinking, crying, nausea, heart palpitations, sleep disturbance and a sense of guilt about not knowing how to help others.

Yesterday I just couldn't stop crying. I think the whole total scariness of our situation just hit me.

I have a general low level of anxiety that has started since the pandemic. Tight tummy and slight heart palpitations. I think there is a lot of this (maybe different physical reactions) from talking to friends. I'm not specifically anxious about anything but the general uncertainty is clearly having an impact.

Interestingly, in terms of general expressions of concern about anxiety itself, male stakeholders were under-represented. Similarly, it was less of an expressed concern for men responding to the general population survey, with twice as many women raising the issue (14% women and 7% men).

Specific causes attributed to feelings of anxiety included the fear of becoming ill or dying (both for the individual and their loved ones).

I have suffered from depression and generalised anxiety disorder nearly my entire life. Hearing about coronavirus constantly and being worried for the safety of my elderly relatives, and my mother who works as a nurse within the NHS, is really taking a toll.

Some respondents also expressed concerns about the implications of COVID-19 for existing health conditions.

I'm terrified about catching it as I have severe asthma and have had a lot of steroids in the last 6 months and I'm getting increasingly anxious and paranoid every time I hear anything related to covid-19.

Many people described practical concerns that were causing their anxiety. They mentioned economic uncertainty, personal financial and job insecurity, as well as the effects of recession on society and potential civil unrest.

I have staff members who suffer from anxiety and depression - I worry about their mental health now while furloughed, and I worry about getting them back into work after this is over.

We are suffering financially because we are self-employed. My daughter's mental health has deteriorated due to the pressures we are now under because of the financial impact to all of our family.

For many, access to and availability of food and essential supplies was causing anxiety.

High stress due to the panic buying, worrying if there will be enough food especially now, and if it will be possible to have food delivered - I couldn't get a delivery spot for 2 weeks which was quite worrying - hiked my Aspergic anxiety right through the roof.

Anxiety increased because of people panic buying. My daughter thinks it's stupid, selfish and irresponsible but became anxious that there'd be nothing left when she went for her weekly shop.

There was a slightly greater emphasis on concerns relating to employment and finances among BAME stakeholders. The much older and much younger stakeholder respondents were slightly less likely to raise concerns about employment. Stakeholders aged 65 and over put more emphasis on concerns about food and shopping - similarly in the general population survey, people aged 55-75 were less likely to mention finances or employment. Those aged 24 and under were more likely to describe concerns about future and getting back to normal. Responses from male stakeholders had a similar focus to the wider dataset on finances and food, and slightly more on employment concerns.

Some of the stakeholder survey respondents said they were experiencing heightened anxiety due to limited access to outside space. This was a particular issue where the outdoors, exercise and nature were part of an individual's strategy for maintaining wellbeing.

My own anxiety about not being able to exercise / access the gym due to the lockdown. I find exercise helps my own mental health.

I have suffered from severe anxiety and depression most of my life. I have ways of combating it, alas one of these is to get ready, make up, hair, nice clothes and have a little wander around a town and a coffee. It may be for only an hour, but it feels good. This is going or gone and I am scared.

Others were anxious about staying safe and well, with some expressing concerns about limited access to physical health services for non-COVID-19 problems.

Many stakeholders said they were anxious about contracting COVID-19 – the proportion was similar to that of the general population (7% expressed concerns in relation to COVID-19). They were profoundly worried about the prospect of becoming ill or dying, and about the possibility of family members becoming ill or dying. Multiple respondents described a fear of infecting others and of being uncertain whether they themselves were already infected.

My top concern is the anxiety that the pandemic is causing me, I am so worried about so many people all at once, which I am finding overwhelming. I worry I may pass on covid-19 to someone else. I worry that might suffer from covid-19 and die.

More anxious than usual. Frightened of catching the virus or my family catching it.

I am worried about getting the virus, but I am mostly worried about being one of the severe cases. I know statistically it's not probable, however I am still worried.

Stakeholders aged 24 and under were the least concerned about contracting COVID-19. Male stakeholders showed proportionately higher levels of concern about contracting it than female stakeholders.

Although the numbers were small, some stakeholders suggested that their anxiety was linked to feeling uninformed about COVID-19, including how to avoid contracting it and what to do if you fall ill. This was particularly the case for respondents aged 65 and over, who submitted almost a third of the information-related concerns, despite being around 15% of the overall respondent base. Overall, men who did the stakeholder survey also seemed slightly more likely to be concerned than women about access to clear guidance and information, and the impact of unclear and inconsistent information about the pandemic on mental health.

Lack of knowledge about covid 19, and not knowing how to respond to it.

The severe lack of government intervention is highly concerning and is causing myself frequent stress related episodes. Having literally no clue what's happening.

How to reassure friends and family with high levels of health anxiety, in the absence of information and wide-spread testing.

Perceptions of other people not complying with government guidelines, for example by continuing to socialise and risking the further spread of the disease, also appeared to be causing significant distress.

My survival counts on other people's common sense which people are constantly proving that they don't have any.

It upsets me how people have been panic buying and acting like animals to get things.

How to not freak out when I have to go in the supermarket. I can't trust other people to follow the rules it makes me anxious.

Other stakeholders described how they were experiencing panic due to an overload of media and social media commentary. Some had observed repeated and even compulsive consumption of COVID-19-related commentary in friends and family members, resulting in heightened anxiety.

I experience severe anxiety after watching any News programmes that are trying to feed off the terrible numbers of people that are ill. Showing terrifying images of the worst affected. It makes us all frightened...

Feeling overwhelmed by the way the media are delivering news and by the way some individuals are on social media.

The way the media have run excessive coverage which has had a massive impact on people with anxiety issues and depression. Accurate reporting is ok but the doomsday tone 24/7 is unnecessary and harmful.

I'm finding it very challenging to read Twitter or look at the news. I don't want my family to die. I don't want to know the numbers of people dying every day - people are just reduced to statistics rather than real people with families and friends. It's all very triggering and concerning.

My brother suffers quite intense anxiety & depression & is addicted to the media [...] We all live together [...] it's a daily battle to try & get them into a routine & not obsess with the news.

Many stakeholder responses indicated an uncertainty about how to manage and cope with heightened anxiety, and how to help and support others, particularly family members, children and young people. The data illustrated deep concern about dealing with it right now, as well as about the long-term impact of sustained levels of anxiety on individuals and on wider society.

Responses from the general population survey

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Anxiety has already had a big impact, sleeping is getting increasingly more difficult, I worry about my husband who is in the 'at risk' category, I worry I might get ill. We only have one supermarket no food deliveries, we have no family in this area and so on and so on.

Widowed last year, totally alone now. Have COPD slightest sign of cough, feeling unwell, for whatever reason, makes me extremely anxious.

Work is very important to me, it is where I have most contact with people as my social circle is miniscule and I only have two family members nearby. As a self-employed person, I have no money coming in, am missing a sense of purpose, am missing contact with others, I am constantly anxious about when I can start earning again.

Owing money for rent. Owing money for my phone bill. Owing money for my regular entertainment subscriptions (Netflix, prime, Spotify etc.) Not having disposable income.

Isolation

Isolation was another dominant theme in both surveys. Stakeholders demonstrated that they were extremely worried about the impact of self-isolation, social distancing and the lockdown on their, and other people's, mental health. Respondents' fears ranged from the mental health impacts of being separated from loved ones

(and the effect on relatives as well as on the individual) through to the impact of the curtailment of social activities, exercise and in-person psychological support. The general population survey data also highlighted isolation as a key concern (mentioned by 21% overall), but the focus was on the impact of isolation on the individual's wellbeing rather than that of others. The words 'isolation', 'isolate', 'isolated' and 'isolating' appeared in almost 900 submissions to the stakeholder survey.

That I will have a nervous breakdown due to the isolation, I have already been on my own for 10 days and not knowing when I will next see or touch someone is emotionally destroying me.

The lack of contact with people outside my immediate family is seriously affecting my mood and my coping mechanisms.

That enforcing isolation will result in large numbers descending into loneliness, misery and a feeling of helplessness and inadequacy.

I think that a lot of people are going to feel totally lost if they have to self-isolate. People who work are used to seeing people every day and have structure in their lives, without this they may feel as though they have lost their identity.

In the general population survey, isolation was a greater concern for women (25% compared with 18% of men) and young people (30% aged 16 to 24). A fifth of the stakeholder concerns relating to isolation came from people aged 65 and over, despite them comprising just 15% of the respondents. Many responses specifically singled out isolation faced by older people as a concern.

Isolation for elderly, dementia patients along with those who suffer from loneliness, anxiety and other mental health issues. I am a support worker and completely understand the need for strict measures to prevent more cases, however the knock on effect of not having contact or being scared to go for some exercise, fresh air and sunshine when we are being given a stern message that we could be breaking the law is causing more worry and upset.

I am concerned about older people who might not know how to use social media and are isolated.

Increased isolation that has caused an inability to shop or give my very elderly mother the quality time she needs.

The responses also highlighted a deep concern about how social isolation will affect the mental health of other groups, such as children, people with physical health conditions and those with existing mental health conditions.

My daughter is not coping very well and my grandson is also struggling. They normally see me and my Mum a lot and they are not coping well without us. My daughter was diagnosed with adult ADHD, although we suspect there is a lot more than that and this is impacting on her ability to cope with the isolation. I feel so helpless that I can't be there for her and my grandchildren.

I have been told to stay indoors for 3 months as I have no immune system and I have had pneumonia, I'm going stir crazy.

ISOLATION! Along with mental health challenges, I have deteriorating PHYSICAL challenges (Parkinson's Disease & osteo arthritis). I am physically incapable of leaving my home without someone with me. I have no carers.

People who only just manage their mental health in usual circumstances how will they cope with additional stress of isolation?

For some, inability to carry on exercising, and the potential subsequent impact on their mental health, was a concern linked to isolation. The numbers are very small and should be treated with caution, but men appeared to be slightly more concerned about inability to exercise than women.

Not being able to take part in group exercise outside. I don't like solitary exercise such as running and much prefer team sports. I was doing a lot of this previously and it was helping with both my physical and mental well-being. Whilst I feel ok now, I fear in the long-term if I cannot engage in these activities then it could impact on my well-being.

Loneliness was repeatedly mentioned, both as a fear of being lonely and concerns about the effects of other people becoming lonely.

Being isolated all day. I live on my own, so the loneliness can be difficult to deal with.

Loneliness. I don't have many friends and working is my main point of contact with other people.

Loneliness for people already struggling with their mental health and being further cut off from limited support at a crucial, anxiety-loaded time.

The issue of loneliness made up about a third of the general population respondents' concerns about social distancing (13% of the submissions were about social distancing).

Many stakeholders were also concerned about feeling trapped during isolation and how that might impact their mental health. This included being confined to one dwelling and unable to escape from a setting or certain people, as well as feeling trapped in a metaphorical sense and the associated mental distress that could cause. Most of the general population's isolation data related to concerns about staying in and not being able to go out.

Lack of interaction with other people. 3 adults in the same house and pandemic is getting worse every day, difficult to find other conversation and stay positive.

Being stuck on my own with only my brain and thoughts to keep me company.

The main thing for me is feeling like I'm not in control of my own life with all of the safeguarding and restrictions going on. You start to feel rather trapped which can make it difficult to breathe at times.

For myself being advised to stay/made to stay at home has reconnected me with childhood trauma. Finding a way to tackle, deal with, let go of this I am finding challenging. Feeling trapped emotionally is very difficult for me.

Feeling trapped and angry, not able to see those I love and volunteering which was my only 'normal' constant in my life.

Concerns about the effects of being alone or in limited company, and of being isolated from friends, family and support networks were repeatedly expressed. The data indicated a clear need for strategies to help individuals cope with isolation, and to help them help others, to prevent deterioration of mental health and wellbeing if the lockdown becomes long-term. The singling out of specific groups (children, older people, vulnerable groups such as people with learning disabilities and people with existing mental health issues) suggests a need for tailored approaches to supporting people.

General population survey responses



My job involves teaching fitness. I am doing a lot less exercise, especially since my gym is closed. Without regular contact with others, exercise or money I feel my mood is becoming quite lethargic.

I have just had a baby (6 weeks ago) and also suffer with anxiety so this has come at a bad time. My head can't process what's going on and I'm shocked at how much we can't do anymore. I miss football which helped me with my mental health and am distraught that family/friends can't meet our son. I'm not sleeping well either.

Scared of breathing in the virus through trying to get fresh air. Can't go running/jogging comfortably like I used to.

Becoming mentally unwell

Much of the stakeholder survey data depicted a general concern about people becoming mentally unwell as a result of the pressure of the pandemic. This was linked to the uncertainty, the loss of control, the fear of death, the fallout of bereavement and the practical impacts putting jobs and housing at risk. About a quarter (24%) of the general population survey data pertained to mental illness or health concerns, although very few indicated a direct concern about becoming mentally unwell (2%). Stakeholder respondents, however, singled out concerns for themselves, for friends and family and for healthcare professionals working with COVID-19 patients. Some described experiencing a lack of or decrease in motivation.

Will the mental health and wellbeing of my family and friends be significantly adversely affected by C-19?

I'm in lockdown with someone who struggles with their mental health and I don't have the space to keep mine in check enough to not be affected by their bad days.

So far I have managed to remain level headed about events that are occurring but I worry about the irrational thoughts taking over.

Not going out making me feel down and demotivated.

Societal wellbeing was a concern too, with fears expressed of a mental illness 'epidemic' if people are not able to cope with the psychological strain of living with the pandemic.

I'm concerned about how the current situation might lead to an increase in health issues across the population. People who have not experienced mental health issues before will certainly be pushed to the brink with financial pressures, family pressures, uncertainty, grief etc where will the support come from given we already face a crisis in accessing good MH support?

Increased incidence of psychological distress in general. Some can be related to social isolation impacting mood. It can also be reduced motivation/engagement with work over time, which can also affect mental wellbeing.

Many respondents were concerned about the development of mental illness in people who have not previously experienced it.

I worry about the effect on people who haven't ever suffered from mental health issues before and how this is impacting them - and whether there will be a huge spike in the number of people needing help when this all ends.

They also expressed fears for those for whom an existing mental illness is likely to be, or already is being, exacerbated by the situation. There were concerns that people do not have the resources to cope, and that services and support will be lacking during and after the pandemic (this is described in more detail under Access to Mental Health Support and Services).

I fear a relapse.

I suffer from anxiety and have suffered from depression. The current situation is beginning to feel overwhelming which reminds me of how I felt during the worst of my last episode of depression. It's beginning to impact my working life as this fear becomes all consuming.

I am recovering from a depressive episode. I have found the anxiety around the pandemic to adversely affect my recovery.

Several mental illnesses were referred to in the data, with a slight emphasis on OCD (particularly in reference to hand washing and hygiene concerns) and eating disorders (given restrictions on shopping and ability to obtain food where panic buying had led to shortages).

I am someone who has been recovering from severe OCD and anxiety and I am so much healthier now than I used to be. However, I've found this to be quite a triggering time for my mental health with the rules around washing hands and touching things, with the burden of saving people's lives. [...] I'm worried about how the pandemic might worsen my mental health and cause an OCD relapse in the long-term.

Lack of access to safety foods as I am in recovery from anorexia and am very inflexible regarding what I eat. If certain food items aren't in stock, I don't have the option of simply choosing something else - I just won't eat.

Other conditions referenced included agoraphobia, bipolar, depression, schizophrenia, psychosis, social phobia, stress and panic attacks. Concerns centred around getting help, maintaining treatment and supporting people whose mental illness worsens.

How can I stop my panic attacks when I feel like literally the World is going to end?

I am a Samaritan and we are getting a lot of calls from people that experience psychosis. I worry about their level of support. This is a terrible time if you are suffering paranoia.

My brother's wellbeing as he is in self-isolation and is a schizophrenic – currently stopped meds. His welfare concerns me during this time.

I have bipolar disorder and anxiety, panic attacks, as I have to get my own shopping I'm scared that I will have an anxiety attack in the store, and I won't get help because of the 6ft rule, I usually have someone with me but they are in lockdown too so I've got no support.

Concerns about suicide and self-harm were also expressed by a small number of stakeholders. The potential risk of suicide and self-harm both personally and among family and friends was described. Respondents expressed fears of a rise in the number of suicides if people are unable to cope with the mental distress of being isolated, of sustained anxiety or of the potential fallout of an economic downturn.

Every minute is a struggle and has led me to self-harm quite badly, something I have not done for 7 years.

With people having to not go out I'm worried my daughter will start to re self-harm or even try to take her own life as her support team can only talk to her on the phone.

At times I have felt intensely suicidal and worried that I can't go to A&E if I need to.

I believe the suicide rate will increase dramatically and families will not be able to access bereavement counselling.

Concerns about drug and alcohol dependency were also submitted by a small number of stakeholders. They were worried that the pandemic could cause an upsurge in dependency, and that those with existing addiction issues might become increasingly vulnerable.

Looking at different groups of stakeholder survey respondents, men were proportionately slightly less likely than women to submit a concern relating to the theme of becoming mentally unwell. Even though they comprised almost a fifth of the respondent base, fewer than one in 10 of the concerns relating to specific mental health problems came from men. This pattern was mirrored more strongly in the general population survey data.

There was a similar pattern for male stakeholder respondents and concerns relating to suicide, although the overall numbers are very small. Additionally, within this very small amount of data, men appear to be over-represented in the stakeholder responses relating to concerns about exercise and about drug and alcohol misuse. Stakeholders aged 65 and over were less likely to submit concerns relating to the theme of becoming mentally unwell (again, reflected in the general population data). For those who did, depression was the most-mentioned diagnosis. Conversely young stakeholders aged 24 and under were more likely to express concerns relating to becoming mentally ill, with their responses revealing an emphasis on concerns about eating disorders and OCD. They also expressed more concerns about resilience and being able to cope, albeit in small numbers overall.

General population survey responses

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I have struggled with depression most of my life but although I don't suffer badly anymore it's the things I do in my everyday life like getting on the bus and getting out that helps me feel better. Obviously I can't now go anywhere and that is the thing I am finding the hardest to deal with.

I suffer with depression and anxiety and the pandemic has really affected my anxiety.

Access to mental health support and services

Hundreds of stakeholder survey respondents were deeply concerned about how people will access the mental health support that they need for existing conditions and for mental illness that develops during the pandemic. Respondents aged 24 and under were proportionately slightly over-represented within this theme. Many people described services already being stopped.

I'm concerned about the people with mental health issues who may have had support suddenly stopped due to the dangers of meeting face to face. They do not know when their support will resume.

Stopping all face-to-face appointments with the mental health team. I usually see them twice per week and it's been crucial to keeping me safe.

Me and my daughter have just had assessments and were both offered therapy. These have now been cancelled. What do we do now?

People with Mental Health conditions such as myself have been left feeling abandoned by already struggling services as staff are redeployed due to staff shortages caused by either illness and/or hospital staff self-isolating.

Some practitioners and volunteers working in the mental health sector described their concerns about the health and safety of vulnerable mental health clients, including those in psychiatric care.

The lack of staff in mental health hospitals is leading to early release of some patients under section and additional restrictions on those remaining. I am concerned about how those released will be adequately supported when in the community and how those detained will be adequately safeguarded.

I am a Psychotherapist and have had to shield at home due to my own underlying health issues. I am worried about the impact less therapeutic support will have on the patients at the mental health hospital I work at, as staff other than nurses are asked to cease face to face sessions. Remote therapy sessions are not supported by my organisation due [to] issues of confidentiality and insurance. I am concerned for the mental wellbeing of our service users during this period, and the pressure on essential staff as they are left to manage the situation.

How people with bipolar disorder and schizophrenia can be reassured that they will be able to get their medication - as a [charity] volunteer I know that this is an urgent fear. Also a danger that the virus could be spread if people become manic or psychotic and start running amok.

A small number also suggested a risk of individuals not understanding the guidelines on social distancing and putting themselves and others at risk of contracting COVID-19.

I work in a shared home for people with mental health needs, some of which are severely ill, and are constantly troubled by the noises and voices in their heads, they are finding it hard to listen to and follow the guidelines we are given, therefore they are not washing their hands, they won't stay indoors and are constantly being reminded of social distancing which either annoys or distresses them. So basically we are having difficulty supporting them to follow any guidelines and are putting themselves and the staff at risk.

In terms of other groups described as vulnerable, respondents articulated a range of concerns about the need to ensure mental health support is available to, for example, pregnant women, autistic people, people with learning disabilities, homeless people, families living in poverty, children in care and refugees.

Nevertheless, many stakeholders were also worried about the capacity of mental health support provision to cope with current demand, and future demand after the pandemic is over. Concerns were articulated for existing mental health service users, for people who become mentally unwell during the pandemic and for those experiencing mental illness due to trauma or bereavement.

My mum has existing mental health issues but her day centre has closed but there doesn't seem to be a back up plan?

Long term, what contingencies are the NHS making to accommodate possible increase in patients having to go into mental health facilities or increase help in community? I am finding a lot of my friends struggling too.

That there won't be enough resources to support those who have been bereaved, who have been scared, who have mental health issues, once the pandemic is over.

Some respondents suggested that mental health might not be a priority compared with treating people with COVID-19 and other physical health conditions. Some respondents felt guilty about wanting to access mental health support while the disease is spreading, and people are dying.

How can we ensure that people who begin to develop mental health issues/distress have and know of support they can call on while all attention is on physical illness at present?

That mental and emotional [...] well-being won't be addressed alongside people's physical needs.

There will be even fewer beds available for those needing admission because of the need [to] treat Covid patients who will need to be prioritised.

I don't want to burden the Dr asking for support, they are busy enough.

Some stakeholders felt that there was insufficient guidance being promoted to people who already live with mental health difficulties during this time. They suggested that the acknowledgement of mental health within the official narrative about COVID-19 had been lacking. Some noted that while there was guidance on, for example, maintaining wellbeing while working from home, there had been little information or reassurance about how to continue accessing existing mental health services during the pandemic and how to support people in crisis, particularly when the use of 111/999 services was being discouraged.

When is central government going to say ANYTHING about the health "Cinderella" service ie mental health?

Finally, stakeholders raised specific concerns about the mental health of health professionals, informal carers and other key workers during the pandemic, and the need to ensure that they have appropriate access to services and support.

NHS workers...physical AND mental health, especially as infection accelerates and doctors will have to make terrible choices.

The impact COVID 19 is having on my daughter who is front line medical staff working on a COVID ward. She describes her days as "intense" "surreal" "stressful".

The mental health and wellbeing of my loved ones, including those on the front line (working for the NHS for example) or my loved ones who have to balance work with their children being at home.

Key workers who have experienced higher levels of loss and trauma will need extra support.

Psychologically and physically coping myself so I can support others, especially those dependant on me.

Family and relationships

Several hundred stakeholder survey submissions related to concerns about the pandemic's mental health impacts for family and relationships. While there was a broad consistency between the different types of stakeholder, men were very slightly less likely than women to raise concerns about family and relationships. They were also less likely than women to express concerns relating to children and young people.

For some people the focus and cause of their concern was the virus itself. They expressed worries about how COVID-19 might impact physically on their relatives, particularly on children, elderly parents and those with existing health conditions. They described fears of loved ones becoming ill, of being bereaved and of their own ability to keep their family members safe. They indicated that this was causing a significant level of stress and anxiety.

Me or my family dying... It would end me if anything happened to my daughter or grandson.

Fear: real stomach-churning tear-producing fear of losing my family.

I have few close relatives (some with health issues) that I'm terrified of losing. It would break my heart to lose them so soon and in this way, particularly having lost a brother unexpectedly and unnecessarily recently. I worry how I would cope mentally.

Some stakeholders were also worried about the implications for dependent family members if they became ill themselves.

My own fear, panic and deep concerns about what happens if I get ill as a single mum of children with complex needs.

There was significant concern for the mental health of family members. Many stakeholder submissions described people feeling worried about the welfare of relatives who were alone during the lockdown, and the stress of being unable to help them, either if their mental health deteriorates or if they become ill with COVID-19. People were keen to understand how best to support family members given the social restrictions and lack of access to support services, while trying to maintain their own mental wellbeing.

How to help my wife who has anxiety and depression cope with our foster daughter who has the same conditions and global development delay.

Concerned about my husband's inability to work (he travels) and how the lack of money will cause him anxiety and stress (as has done in the past).

My dad's mental health. I can manage my own, but the isolation and break in his routine he has had for many years is having a major impact only 2 weeks in.

Keeping my family positive. They are constantly talking & worrying about the virus. It is very draining.

Supporting relatives with their mental health from afar.

Many people were worried about the effects of isolation on the mental health of older relatives, as well as the effects of the disease itself. Concerns about how to support older relatives, and the risk of them dying alone, were a source of stress.

Alongside the concerns about family members being apart and alone, the effects of isolation on family dynamics and behaviours while living together in a confined space were also raised. Many stakeholder submissions predicted a rise in family breakdown and domestic abuse.

The effect on interpersonal relationships. Mental health issues can put a strain on friends and family at the best of times, but they usually have other outlets for respite. Having to stay in and cope with it alone must be really terrible.

I'm worried about mental health in families that are already having a difficult time being shut up together without support, for example with children with difficult behaviour, families where individuals have care needs (including dementia) and where there are risks of domestic violence.

My hubby is constantly picking fights, he's making things worse for me.

Concern for children and all in abusive/inadequate homes who might feel abandoned.

A lot of stakeholders raised concerns about children and young people's mental health during the pandemic and longer term. They were worried about the effect of the anxiety, the isolation and of missing school and exams.

My youngest son is in year 13 and was to sit A Levels this Summer but now obviously will not. I worry about his age [and] mental health as a lot of them struggle with this normally.

I am also worried about year 11 students who have had the next 3 month's of exams and celebrations snatched away from them. I said farewell to the 450 year 11s in my college and many were already feeling lost, disappointed and confused about their journey.

Having a complete breakdown in routine on very short notice and how that impacts my emotional wellbeing (College is often the only reason I can get up in the morning).

Adolescent children depend on their friends and peers to grow and develop. The current separation of their friendship groups is devastating for them. Parents cannot fulfil their needs in this respect.

Some parents said they were feeling the pressure trying to balance everything: caring responsibilities, parenting, home schooling and working from home. Some felt unsure of the best ways to support their children. They were worried about transferring their anxieties to their children. Some wondered how their parenting might be affected if their own mental wellbeing declined.

Staying on top of everything as a single parent – parenting/schooling and working from home.

Being in isolation means I am unable to be supported by school and nursery. My boys are classed as vulnerable because of my mental health.

The effect that this might have on my 9-year-old daughter. [...] She is very sensitive and although me and my husband are doing the best we can to remain positive and to support her – this is an extremely stressful time and I know that she sometimes picks up on our anxiety/stress.

General population survey responses

“

I am worried all day every day about the safety of my family. Spending 12 hours a day in the house with the children is challenging, I don't want them to become anxious but trying to explain what is happening is difficult.

Social isolation having an impact on my children which in turn is impacting my mental health. Not being able to get necessities from shops is worrying me. Knowing my elderly health problematic mum is on her own and I am not able to go to her. So far I've missed Mother's Day and her birthday.

I'm already housebound and terminally ill. I find it a bit of a struggle as I worry about my wife going shopping.

I am worried about running out of things for myself and my younger siblings to do. Being indoors all the time seems to be making our family rather moody.

What is helping people's mental health and wellbeing during the pandemic?

In addition to seeking to understand people's concerns about the mental health impacts of the COVID-19 pandemic, both the stakeholder survey and the general population survey asked people to describe anything that had been helping their mental health and wellbeing at that time.

The stakeholder survey asked:

Is there anything that you think has been helping your mental health and wellbeing during the pandemic? If so, please tell us about it.

The general population survey asked:

We are keen to understand what people are doing to support their mental wellbeing during the coronavirus (COVID-19) pandemic. What, if anything, has been helping your mental wellbeing at this time?

Some key themes were identified through a rapid inductive analysis of a sample 250 responses to the stakeholder survey (from an overall total of almost 2,000 submissions). Most respondents described multiple ideas and strategies within their submission. Some people chose not to answer, or actively indicated that they had nothing to add. Of the 250 respondents, 29 left the question unanswered or stated that nothing was currently helping. Two respondents noted that they were accustomed to living in isolation and did not add anything further. The general population survey data was categorised separately but revealed similar themes and approaches being taken.

Staying connected

Stakeholders described how keeping in regular contact with friends and family was a key factor in maintaining their mental health and wellbeing. Most said they were communicating using online platforms, while a few said they had been using the telephone. Many were enjoying spending time together as a family, both in person and virtually. Others were benefiting from volunteering and helping others, which enhanced their sense of wellbeing and provided purpose and structure.

Almost a fifth (19%) of the general population respondents described using communication channels to stay in touch with people. Over a fifth (22%) referred to keeping in contact with key people, including family.

Stakeholder survey quotes:

“

Keeping in touch with friends and family on Whatsapp, FB messenger. Knowing I am not alone.

The ability to speak with friends and others. I need desperately to remain sane and in contact with others.

Having husband and son living with me. Having access to social media to keep in contact with family and friends.

General population quotes:



Ringing my 2 year old granddaughter every day and re-enacting her favourite stories over the phone.

Having fun with wife and daughter running and playing computer games with friends.

Keeping busy

Stakeholders and general population respondents described a range of activities that were keeping them busy and enhancing their sense of wellbeing during the pandemic. These included hobbies such as craft, cooking, colouring books and video games. Several stakeholders suggested that listening to music was helping, as was singing or playing a musical instrument. Some had been engaging in online creative events, including museum tours and a virtual choir. Others had found solace in solo activities, such as drawing, reading and watching films and television programmes. Some said they were taking the time to learn a new skill. For many, the lockdown was presenting an opportunity to attend to long-awaited DIY tasks, domestic cleaning and decluttering.

About a quarter (24%) of the general population respondents referred to entertainment such as reading, hobbies, DIY, crafts, listening to music and watching films and TV. More than one in 10 (12%) referred to household chores such as cooking, cleaning and gardening.

Stakeholder survey quotes



Joining a virtual choir, online exercise class, Facetime with grandchildren

I like playing old video games. I find the *Myst* series very calming and relaxing due to the visuals and the music. Books are helping with the escape. Music, always music.

Adult colouring books, and more recently knitting, used as a distraction technique because I can't walk it off or go to family for support.

Being mostly confined indoors, I've used the extra time to attend to the many small but postponed jobs around the house. I've even started giving my kitchen cupboards a thorough clean. Keep busy but take time for reflection.

My daughter is taking an online course to learn Italian and WhatsApps with her Italian friend.

General population survey quotes



Reading, which I already do a lot, but it always settles me down, so I will try to do it even more.

Keeping myself busy, by doing chores around the house, making things in the shed, communicating with friends and family via phone or msg or Facetime

Physical activity

Again, both stakeholders and general population respondents described the beneficial effects of exercise, for example running, use of gym equipment at home and online exercise classes such as yoga and tai-chi, and walking (including with a dog). Many stakeholders emphasised the importance of outside space for their mental health and wellbeing. Those with a garden were making use of that space. Others had found it helpful to sit on their doorstep once a day. Enjoyment of and gratitude for the recent good weather was mentioned a lot.

For the general population, physical activity comprised 18% of responses, while 10% of respondents mentioned nature.

Stakeholder survey responses

“ Trying to stay focused and active. I suffer from treatment resistant schizophrenia and normally I would cope by playing guitar with others, going to the gym and things like acupuncture and cranial osteopathy as I suffer from back pain as well. None of those things are available to me now. I used to see my parents once a week also and friends now and again. Now, I've bought an exercise bike and dumbbells to try and replace the gym, but it is going to a difficult struggle to get through this, remain calm and sane.

I'm bipolar and fitness is vital, I'm a PT too and my clients being isolated and sedentary is very worrying.

I have a garden and it has been very helpful to sit outside every morning and listen to the birds and feel the morning air. Being able to go out for a walk once day is a life-saver for me - in that it is one of my main strategies for managing my anxiety and depression.

General population survey responses

“ Being able to go into my garden, hear the birds singing, watch the flowers opening up in the Spring sunshine, listening to music. and looking after my cat are the main things to help me stay positive.

Going for a walk with my partner and boys once a day.

As I would usually go to the gym 4/5 times a week, I cycle most days and workout at home, this helps. I keep in touch with friends and family by texting and phone calls, that helps.

Staying calm

Many stakeholders described using mindfulness and meditation, or taking quiet time, to stay calm, including while sitting outside or by a window. Some said they used apps, others said they did breathing exercises. Some people mentioned their religious faith, with specific references to Christianity, Judaism and Islam within the sample of the stakeholder data. People described the importance of prayer for their mental health and wellbeing, and the greater sense of comfort that their faith was bringing them. Others described benefiting from online church groups and mass prayer on social media. A small number of stakeholders said that there was some comfort to knowing that everyone was in a similar situation. Knowing that some people were facing harder challenges gave them a sense of perspective. Finally, animals were an important theme, with several respondents suggesting their pets were helping reduce their stress. Dogs, and the benefits of walking them, were mentioned a lot.

Relaxation techniques were described by one in 10 (9%) of the general population respondents, including meditation/mindfulness, relaxing and prayer.

Stakeholder survey responses

“ The church I work for has had those who live on site live streaming morning prayer from the church at 10am each day and I have set up a zoom meeting for the young adults I work with each Saturday. Having fixed points is being useful.

I've started to pray every night and use an app of relaxation and meditative exercises that don't always help but it's something.

My dogs are great stress reducers.

Meditating in the morning. I use the app Headspace because as a teacher I get a year for free, which is also helping me wind down to sleep easier.

I have been promoting mindfulness to my students through daily videos that I share with them.

General population survey responses

“ | I am a Christian, and that really helps.

Information intake

Several stakeholders described how they were avoiding the news and other media, including social media. They suggested that some coverage and commentary was causing them to panic and feel anxious. Some were limiting themselves to one news update a day or filtering the news sources to avoid unreliable coverage and scaremongering. For others, simply being familiar with and following the guidance regarding social distancing and staying safe was helping their mental health and wellbeing. The value of using online mental health guidance was also mentioned.

Stakeholder survey responses

“ Only listening to news bulletin once a day. Turning off social media. Spending time in my garden.

Taking time to carefully limit and filter the receipt, processing and responding to changing information and circumstances, with a brutal focus on only allowing through the filter what appears to be really important.

I came off facebook as it was overwhelmingly negative and panic mongering. It made me so anxious. Instagram seems a little more positive and focusing on the good in the world which reminds you to be grateful for things and kind people.

Mind and Mental Health Foundation information about self-isolation and mental wellbeing.

Maintaining routine

Having a routine was helping some stakeholders. They described the importance of planning their day and having structure, particularly if they were not currently working. Some said that they were helped by having continued access to formal care and support, as well as by being looked after by relatives or friends. Some noted that therapy or antidepressants were helping. A small number of stakeholders said that work was helping by providing a sense of purpose, but also by facilitating regular contact with colleagues, making them feel less isolated.

Of the general population respondents, 15% referred to work as a means of supporting their wellbeing.

Stakeholder survey responses

“ Try to keep my daily rhythms work/sleep/food intake and take as much sun as I can.
My colleagues from work are contacting me regularly.
As a key worker I'm still at work so life has some normality.
I am lucky because I am not a very social person so used to spending a lot of time on my own. I am able to work so that keeps me busy during the day and I do a lot of crafts in my evenings.
Weekly calls from my care coordinator at the mental health team.

General population survey responses

“ I am still working, I'm a bus driver, so although my shifts are currently changing at short notice, my routine is still in place.

Limitations

The urgency of this work required a quick turnaround of the surveys and the analysis. There are therefore limitations that should be acknowledged. Respondents to the stakeholder survey were self-selecting and had the means to complete it online. Inevitably, this means that the views of individuals who do not have internet access and who are not connected to MQ's network may not have been captured. Similarly, for the Ipsos online Omnibus it is important to consider the representativeness of online populations, which are likely to under-represent older people and the socially and financially vulnerable, who do not use the internet or have internet access. Both the stakeholder survey and the general population survey capture a moment in time – the week that the lockdown was announced - and it is possible that people's concerns and priorities may change over time. The time available to thematically analyse the stakeholder data was limited, although early workings were reviewed and sense-checked by a team at MQ. As with any qualitative analysis, it is an interpretative and subjective process. Within the time available, the analyst team took steps to compare their interpretations, to try and ensure consistency. The objective results of the language processing exercise were reviewed and compared with the qualitative results at the end, to ensure no major themes had been missed.

Next steps

The findings in this report rapidly informed the work of an expert group convened by MQ and the AMS to develop mental health research priorities to tackle the COVID-19 epidemic.

The agreed priorities were published in the *Lancet Psychiatry* in April 2020. They provide a vital roadmap to help protect the public's mental health at this incredibly difficult time and in the future. Both MQ and the AMS are committed to working with researchers, funders, people with lived-experience and the public to make this a reality.

To find out more, including how you can get involved, visit www.mqmentalhealth.org.

Acknowledgements

Thank you also to the many individuals who took the time to participate in this consultation.

Thank you also to the following colleagues, alongside the core advisory group, who contributed to the development of the stakeholder survey and the data analysis:

Valeria De Angel, King's College London
Norman Freshney, Freshney Consulting
Tom Livermore, Academy of Medical Sciences
Carolin Oetzmam, King's College London
Sumithra Velupillai, King's College London
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Endnotes

- 1 Holmes EA, O'Connor RC, Perry VH, et al. Multidisciplinary research priorities for the COVID-19 pandemic: a call for action for mental health science. *Lancet Psychiatry* 2020; published online April 15, 2020. [https://doi.org/10.1016/S2215-0366\(20\)30168-1](https://doi.org/10.1016/S2215-0366(20)30168-1)
- 2 Summary information and the full data tables for this Ipsos MORI online Omnibus poll are available at <https://www.ipsos.com/ipsos-mori/en-uk/Covid-19-and-mental-wellbeing>. The text of this report and the incorporated online Omnibus poll data were reviewed and agreed by the Ipsos MORI research team on 9 April 2020
- 3 Holmes EA, O'Connor RC, Perry VH, et al. Multidisciplinary research priorities for the COVID-19 pandemic: a call for action for mental health science. *Lancet Psychiatry* 2020; published online April 15, 2020. [https://doi.org/10.1016/S2215-0366\(20\)30168-1](https://doi.org/10.1016/S2215-0366(20)30168-1)
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