# The COVID-19 pandemic, inequality and mental health

Gavin Davidson,
Professor of Social Care, and
Claire McCartan, Research Fellow,
School of Social Sciences, Education and Social Work

# Overview of the presentation

- Inequalities in mental health
- Impact of COVID-19 on mental health in general
- Impact of COVID-19 on people with pre-existing mental health problems
- Policy responses to COVID-19 to promote mental health recovery
- Longer term implications of the Covid-19 pandemic

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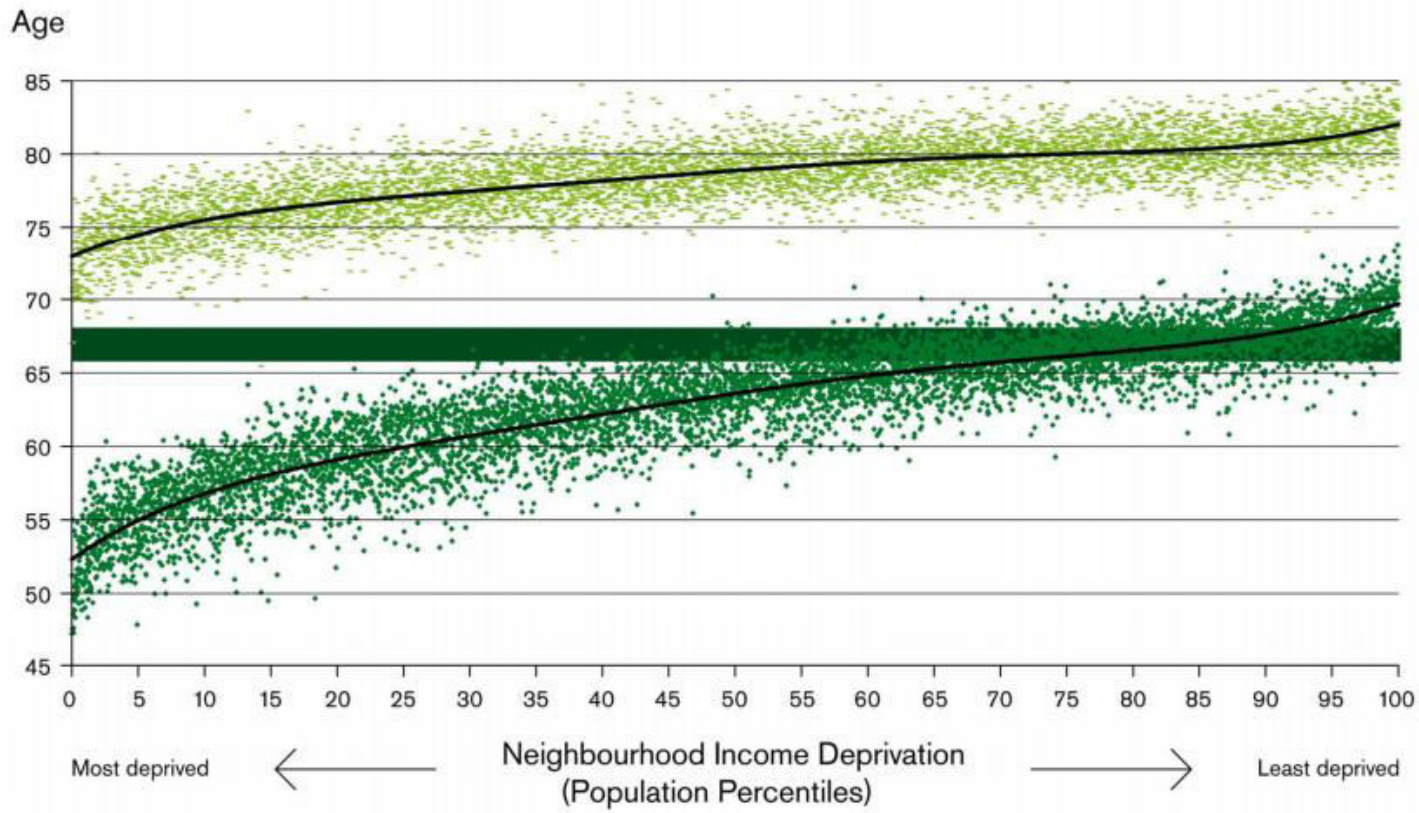
# Inequalities in mental health

- Social determinants of health including mental health
- The more difficult your circumstances, the more likely it is that you will experience mental health problems
- The social gradient – Black Report (1980); Acheson Report (1998); Marmot Review (2010)
- Why do more people in deprived circumstances have mental health problems?
- Combination of complex factors including access to education and employment, income, good quality housing, community facilities, status/identity but the main process is additional stress

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# The social gradient (Marmot Review, 2010)

**Figure 1** Life expectancy and disability-free life expectancy (DFLE) at birth, persons by neighbourhood income level, England, 1999–2003




Source: Office for National Statistics[5]

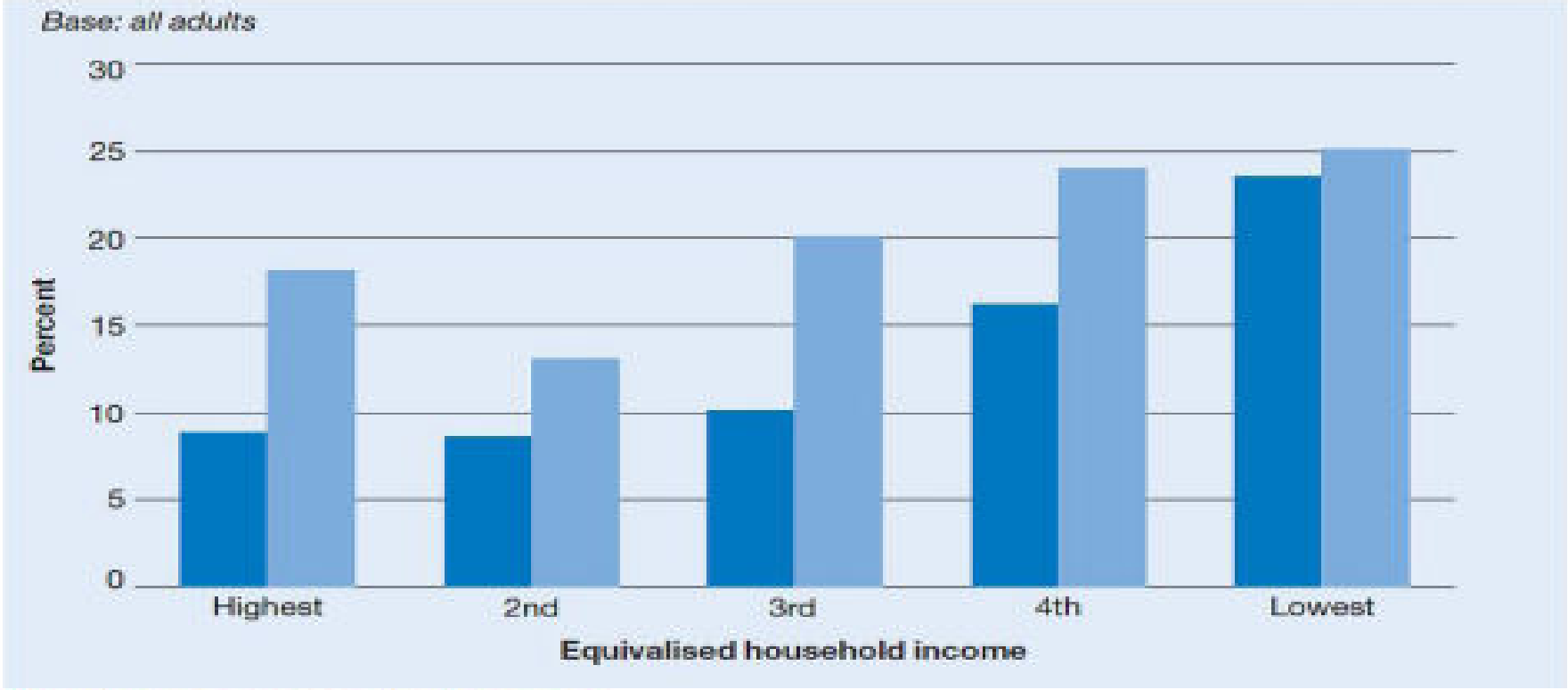
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# The social gradient in mental health (WHO, 2014, Social determinants of mental health)

SOCIAL DETERMINANTS OF MENTAL HEALTH

Figure 1: Prevalence of any common mental disorder by household income, England 2007 (19)

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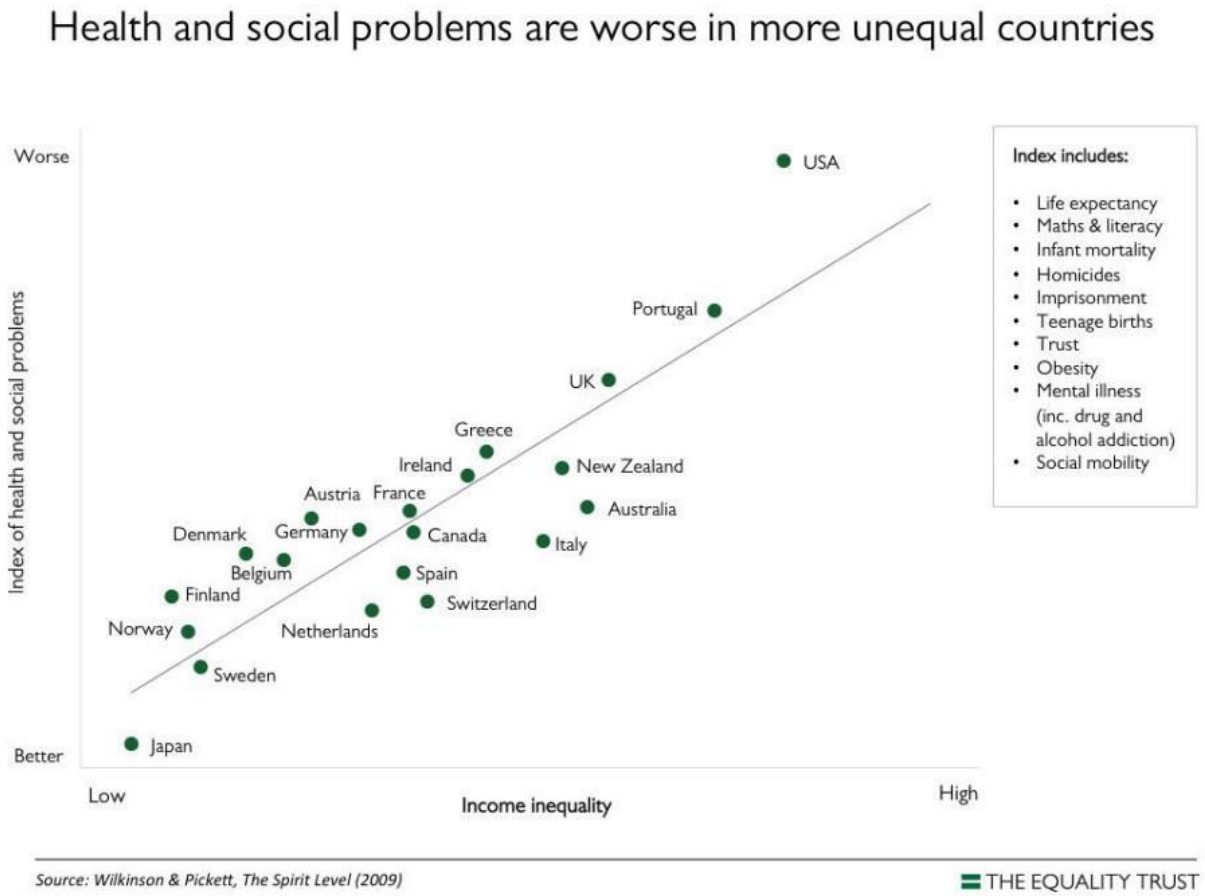



Key: Pale bars: women; dark bars: men.

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# The role of inequity?

- Spirit Level: Why More Equal Societies Almost Always Do Better by Richard Wilkinson and Katie Pickett (2009) – Ted Talk for a summary




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## Impact of COVID-19 on mental health in general:
## Report One - The Covid-19 pandemic, financial inequality and mental health (Mental Health Foundation, 2020a)

- “the risk of experiencing mental ill-health is not equally distributed across our society. Those who face the greatest disadvantages in life also face the greatest risk to their mental health.”
- “The distribution of infections and deaths during the COVID-19 pandemic, the lockdown and associated measures, and the longer-term socioeconomic impact are likely to reproduce and intensify the financial inequalities that contribute towards the increased prevalence and unequal distribution of mental ill-health.” (p. 3)

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# Methodology

- “Since mid-March 2020, the project has undertaken regular, repeated surveys of more than 4,000 adults who are representative of people aged 18+ and living in the UK. The surveys are conducted online by YouGov.”
- Citizens’ Jury to consider findings.
- Focus on financial inequality and mental health
- Reports available at https://www.mentalhealth.org.uk/our-work/research/coronavirus-mental-health-pandemic/

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# Findings

## Worries about employment

### One in five

people surveyed **(20.55%)** – and more than one third **(34.01%)** in full-time work – are **concerned about losing their job**.





### One fifth

**(19.70%)** of people surveyed who identified as unemployed have **had suicidal thoughts** and feelings in the last two weeks – this is compared to **8.64%** of people in employment.

People most worried about

### financial concerns

are people in **middle age**.





## Coping

### Twice as many

unemployed people **(25.85%)** surveyed say they are **not coping well** with the stress of the pandemic compared to people in employment **(12.25%)**.



### Over one in 10

**(10.93%)** unemployed people surveyed say **nothing has helped** them cope with the stress of the pandemic.



## Worries about finances, debt and having enough

Whilst the overall picture for many is improving,

### one third (32.66%)

of UK adults say they are **worrying about their finances**, such as bill payments and debt.





Using a broad categorisation, people in lower socioeconomic groups (C2DE) **(35.11%)** are

### more likely to have

**financial concerns** than people in higher groups **(ABC1 – 30.81%)**.

### Almost half of people

surveyed who are unemployed **(44.7%)** say they were worried about having **enough food to meet their basic needs** in the past two weeks, compared to **29.32%** of people in employment. Since early April, unemployed people are the only group for whom worry about this issue has not reduced.



# Citizens' Jury

- "While there will be generic worries about the future across the population, the detailed picture is far more nuanced. People are affected in different ways depending on their age, demographic background, employment sector, type of job and contract, geographical area, membership of at risk groups and more. Self-employed, small businesses, people with disabilities, people from Black, Asian and Minority Ethnic background, domestic abuse survivors and informal carers were considered high risk groups in this context." (p. 9)

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## Impact of COVID-19 on people with pre-existing mental health problems

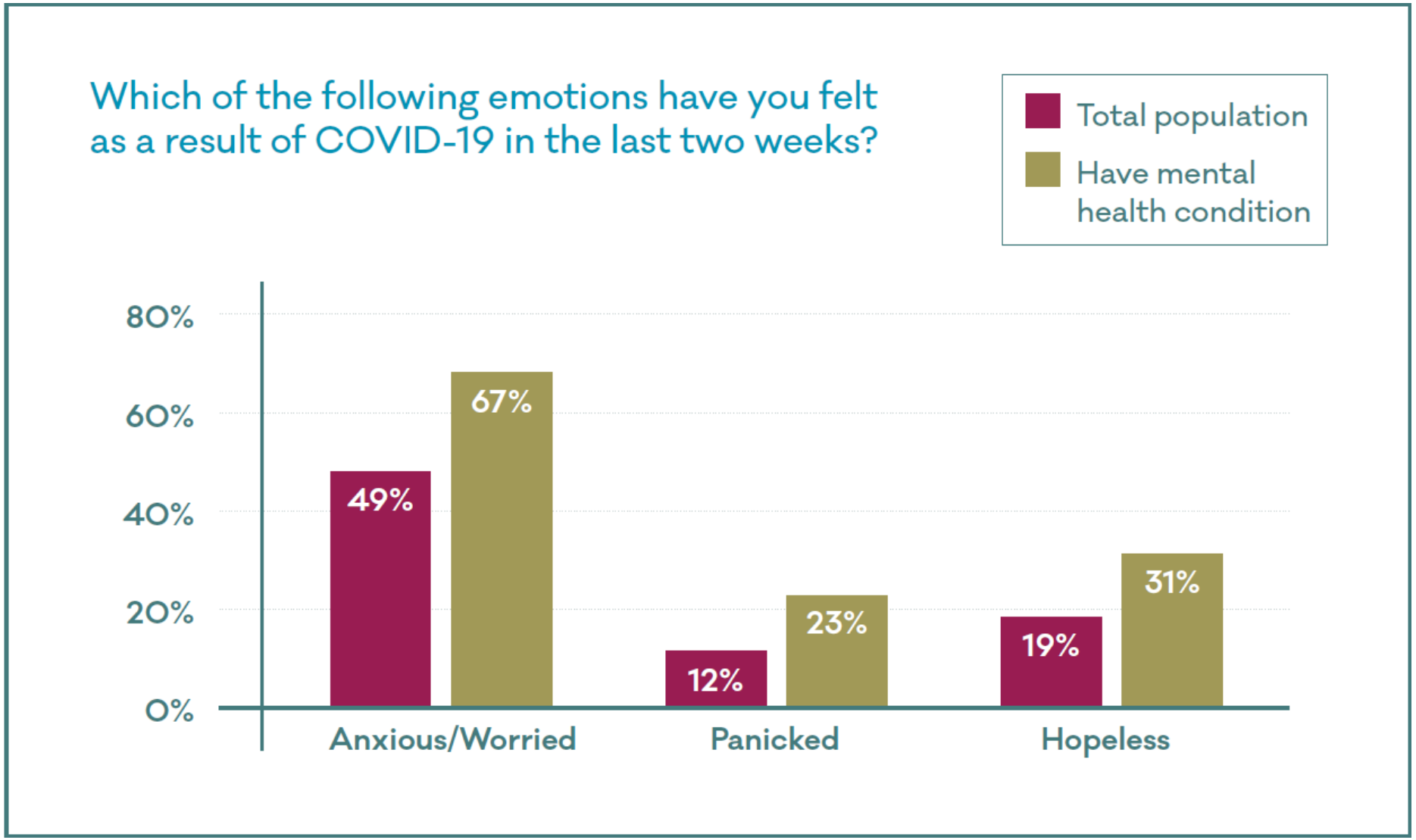
## Report Two - Coronavirus: The divergence of mental health experiences during the pandemic (Mental Health Foundation, 2020b)

- Overall, the levels of distress are receding, and most people are feeling able to cope. As of the third week of June, 49% of the population had felt anxious or worried in the past two weeks due to the pandemic, down from 62% in mid-March.
- Groups affected by socioeconomic inequalities have been more likely to experience anxiety, panic, hopelessness, loneliness, and to report not coping well with the stress of the pandemic.
- The pandemic seems to have widened mental health inequalities, with the groups that had the poorest mental health pre-crisis also having had the largest deterioration in mental health during lockdown.
- Additional stress, access to support and services.

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# Impact of COVID-19 on people with pre-existing mental health problems

## Report Two - Coronavirus: The divergence of mental health experiences during the pandemic (Mental Health Foundation, 2020b)




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# McCartan et al., 2020, International Policy Guidance and Responses to COVID-19 Mental Health Recovery: Rapid Review, July 2020

## Available at https://www.health-ni.gov.uk/publications/international-policy-guidance-and-responses-covid-19-mental-health-recovery-rapid-review

| Key themes | Additional risks | Additional opportunities |
|---|---|---|
| Addressing the social **determinants** of health | • Cuts to social services<br>• Poor economic forecast<br>• Mass unemployment | • 'Everyone in'<br>• Reduction in pollution<br>• Increased levels of physical activity<br>• Universal basic income<br>• Significance of green and blue spaces in promoting wellbeing |
| Adequate **investment** | • Cuts to social services<br>• Poor economic forecast<br>• Mass unemployment | • Emergency funding directed to mid- to long-term investment |
| Cross-sectoral **collaboration** and integration – psychosocial model of mental health | • Poor data and interagency collaboration | • Making every contact count (universal screening measures for key touchpoints with public services) e.g. beyond healthcare including the police, education |
| **Communication** – reliable and trustworthy | • Fake news and misinformation | • Strong public health messaging to promote adherence to safety measures<br>• Also opportunity to reduce stigma around mental health |
| **Community**-based services | • Lack of joined-up services | • Developing social and community capital<br>• Local delivery<br>• Extending care beyond traditional areas of responsibility<br>• Harnessing community spirit – particularly seen in the countries hardest hit by the pandemic (Spain, Italy and the UK)<br>• Mapping community services<br>• Current momentum as result of pandemic |

| Key themes | Additional risks | Additional opportunities |
|---|---|---|
| **Data** collection and modelling | • Poor data quality | • Identifying need<br>• Mapping services<br>• Monitoring care |
| **Digital healthcare** | • Digital exclusion<br>• Inappropriate/ ineffective for some conditions | • Cost-effective<br>• Scalable |
| **Lived experience** and co-production in design, delivery and monitoring | • Tokenistic | • Bearing witness<br>• Participation/co-production – building resilience, using local community knowledge and networks, local 'pop-up' solutions |
| Mental health **literacy** & stigma | | • Experiencing distress is a normal reaction particularly during these circumstances – shared understanding |
| Opportunity to **transform** services | | • 'Building Back Better'<br>• Examples of innovation |
| **Physical** and mental health | | • Connecting mental and physical health<br>• Green transport solutions<br>• Sustaining new physical activity habits and routines<br>• Tackling co-morbidity |

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# McCartan et al., 2020, International Policy Guidance and Responses to COVID-19 Mental Health Recovery: Rapid Review, July 2020

- COVID-19 has challenged & changed mental health services
- Specific COVID-19 mental health response plans: Australia, Scotland & NZ
- Opportunity to positively transform mental health care
- Tackling the social determinants of mental health that can underpin the development & onset of problems & have a long term negative impact
- Provide services that build on:
  - the promotion of protective and prevention approaches
  - adaptability and flexibility of community-based care (including home-based)
  - the importance of lived experience in the design, development and monitoring of services – peer support roles, family and carer interventions, family-focused practice
  - improved interagency collaboration – beyond Health
  - the acceleration of the digitalisation of healthcare
  - importance of connecting physical and mental health

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# Wider implications for policy and practice

- Economic security – income? Universal Basic Income
- Address poverty and debt; provision of affordable, quality housing and reduce risk of eviction; support employment; support unemployed; improve social connectedness
- Recent Mental Health Action Plan - https://www.health-ni.gov.uk/publications/mental-health-action-plan and 10 year Mental Health Strategy
- Societal discourse about mental health and what is important
- Policy and service innovation and development
- Build health & social care workforce needs highlighted by COVID-19: chronic underfunding of staff & infrastructure, increase flexibility, skills mix, investment in teams, promoting staff wellbeing & retention (including time to recover)
- Role of social care and how it's funded (Reform of Adult Social Care)

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