The University Of Sheffield.

Ulster University

COVID-19 PSYCHOLOGICAL RESEARCH CONSORTIUM (C19PRC)

INITIAL RESEARCH FINDINGS ON COVID-19 AND MENTAL HEALTH IN THE UK

March 2020

BACKGROUND

Who are we?

We are a group of clinical psychologists, health psychologists, mental health researchers and political scientists at the Universities of Sheffield and Ulster, with additional collaborators from University College London and Royal Holloway and Bedford College. The list of researchers is given below.

What have we done?

We have carried out a psychological survey of 2,000 UK citizens aged 18 years or older selected to be representative of the adult population as a whole in terms of age, sex and household income. We launched our survey 52 days after the first confirmed case of COVID-19 was reported in the UK, during the week beginning 23rd of March (the day on which the Prime Minister announced that UK citizens should stay at home except for limited purposes). Our participants answered questions about their current circumstances, their understanding of COVID-19, what they are doing to cope, and their mental health.

By re-contacting our participants in the following months we will be able to see how their experiences, beliefs and mental health symptoms change as the pandemic progresses. Importantly, if projections regarding contagion prove to be accurate, we will be in a position to record the mental health of the nation before and after 'the peak'. We will also be able to compare our results with those from parallel surveys that are currently being conducted by our partners in other countries.

Why is this important?

The social-political context of the present crisis is unique. Never before have we witnessed such wide-spread social controls that have completely transformed people's lives. The health, social and economic consequences of the pandemic are likely to impact on the mental health of the nation. Finding out how to manage these impacts is likely to be important in ensuring the nation's swift return to normal functioning as the pandemic comes to an end.

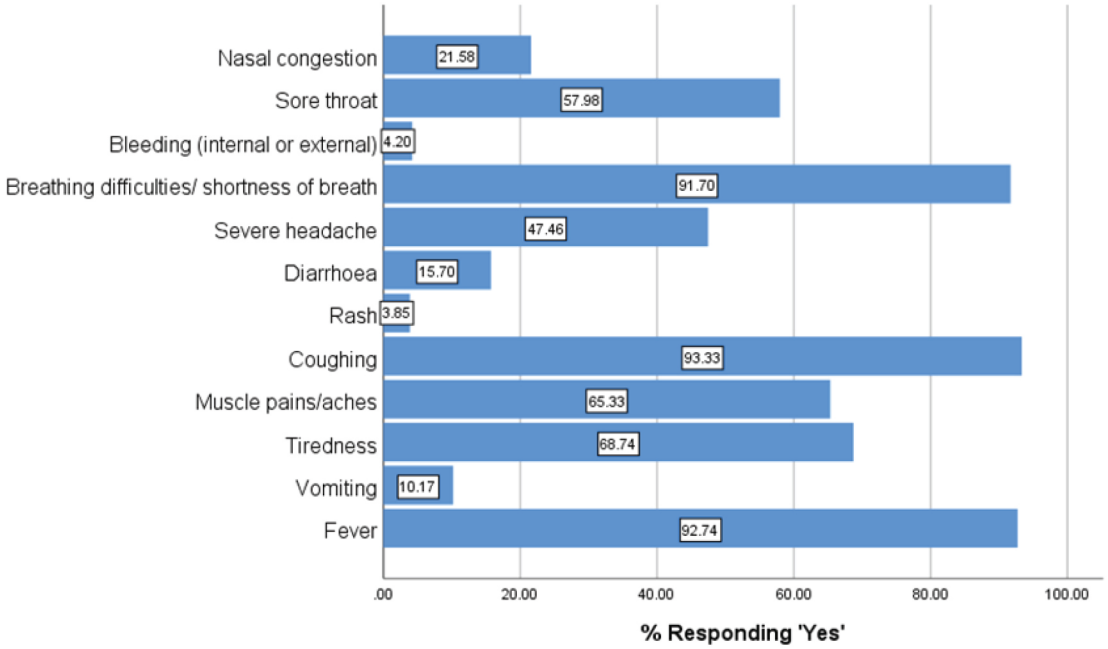
It is known that the psychological consequences of pandemics can affect the behaviour of populations, in turn affecting the spread of infectious disease. However, this interaction between disease and its psychological consequences has rarely been studied prospectively in the general population and so is not fully understood.

Who is funding this project?

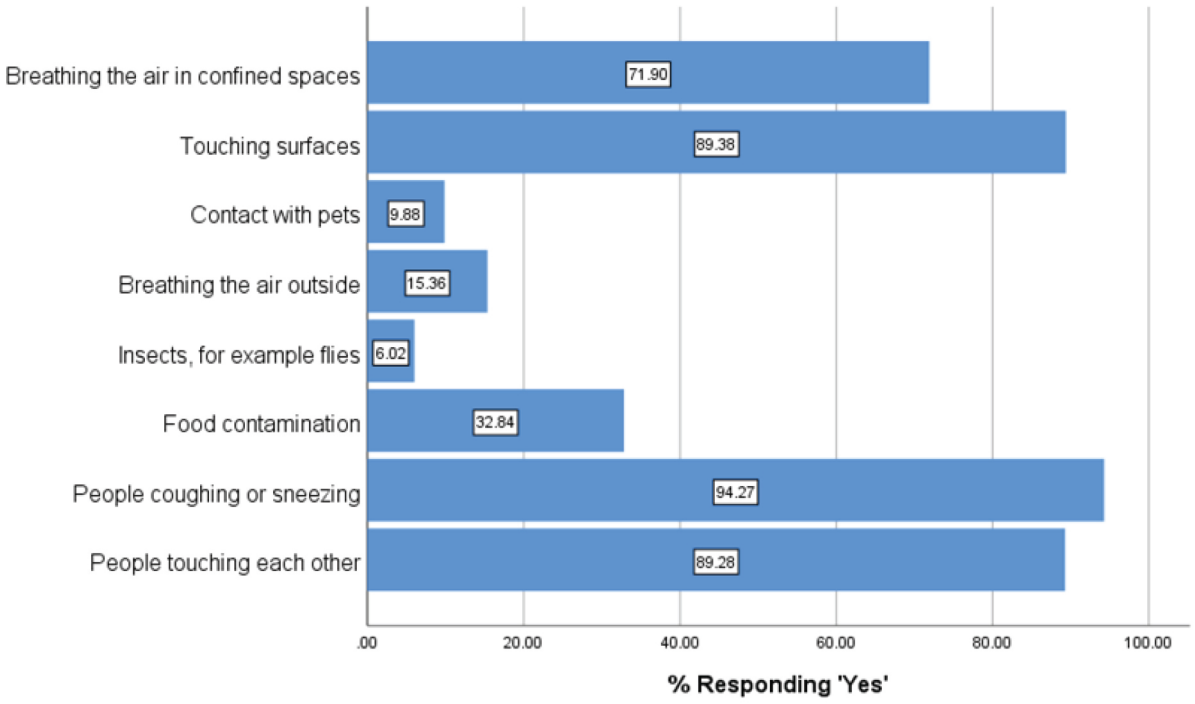
The initial phase of this project has been funded by the Universities of Sheffield and Ulster. We are seeking funding for the later stages of the research.

1. What does the UK population know about COVID-19?

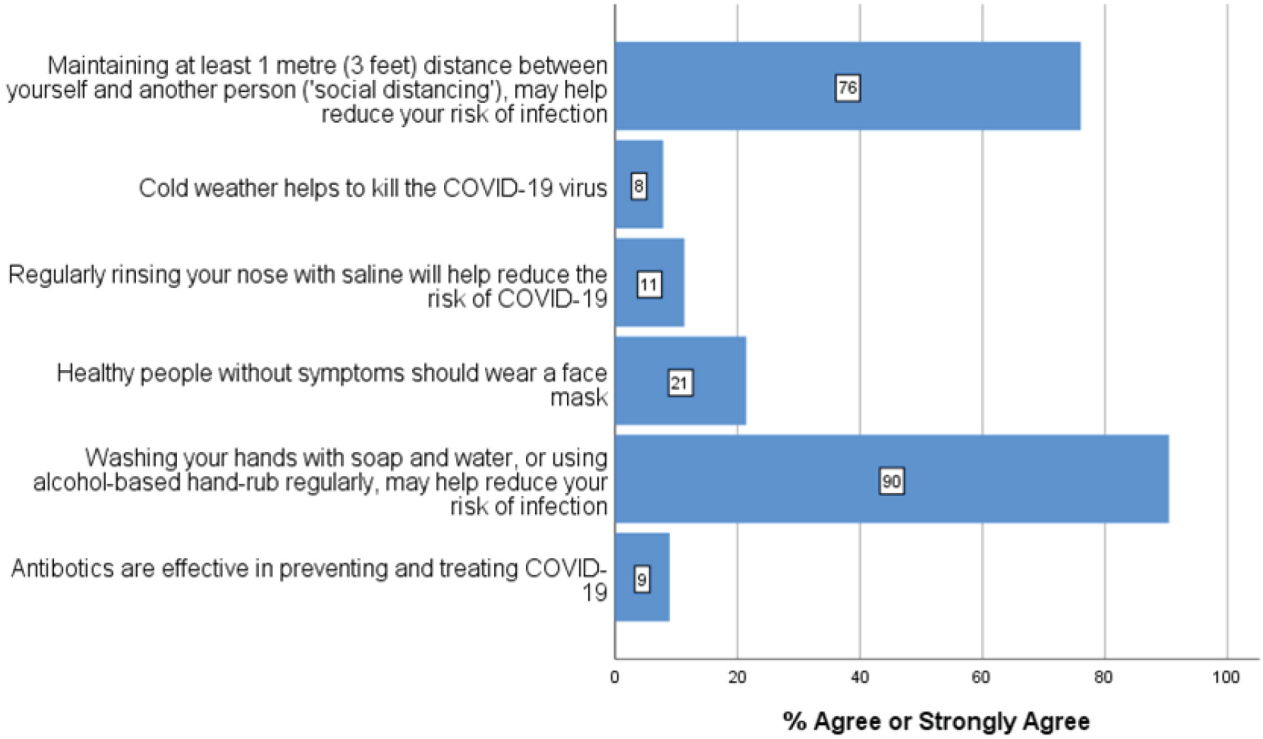
Participants were asked "Based on current knowledge, do you think the following are common symptoms of COVID-19?"



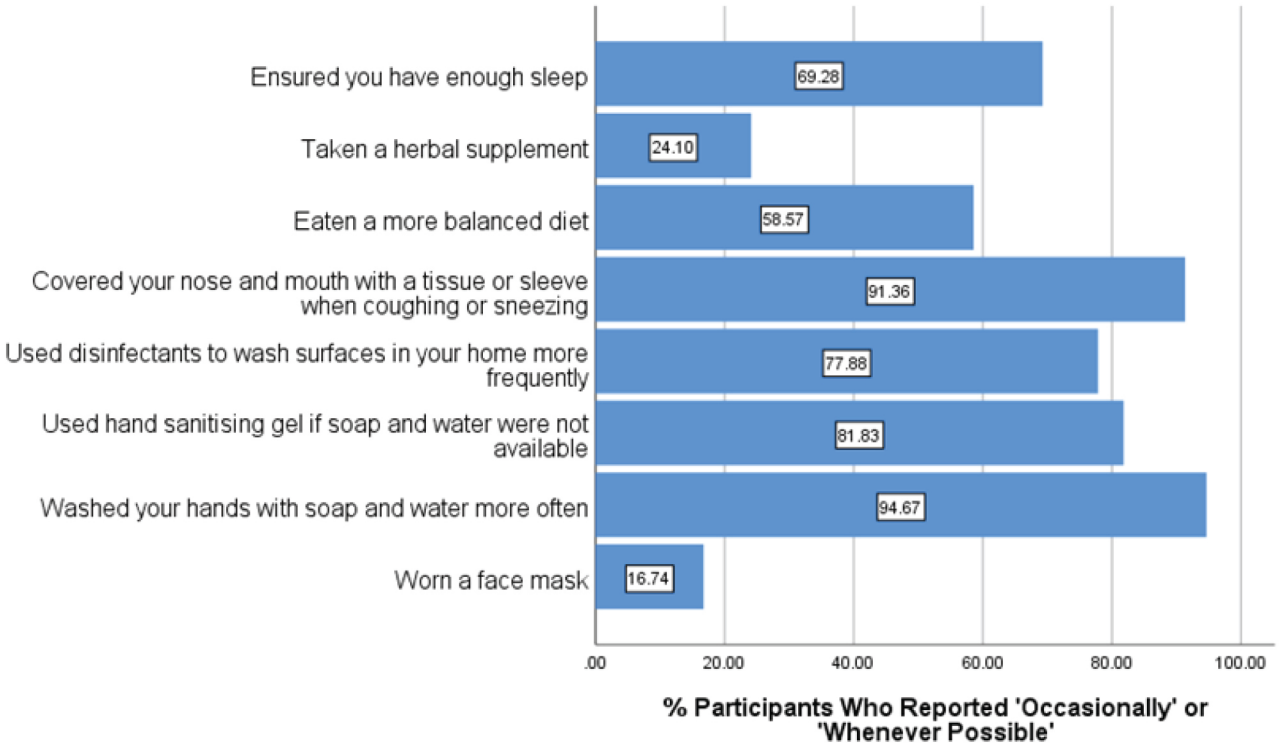
Participants were asked "Based on current knowledge, how do you think COVID-19 spreads?"



Participants were asked "To what extent do you agree with the following statements?" and the percentage that selected Agree or Strongly Agree are shown below.

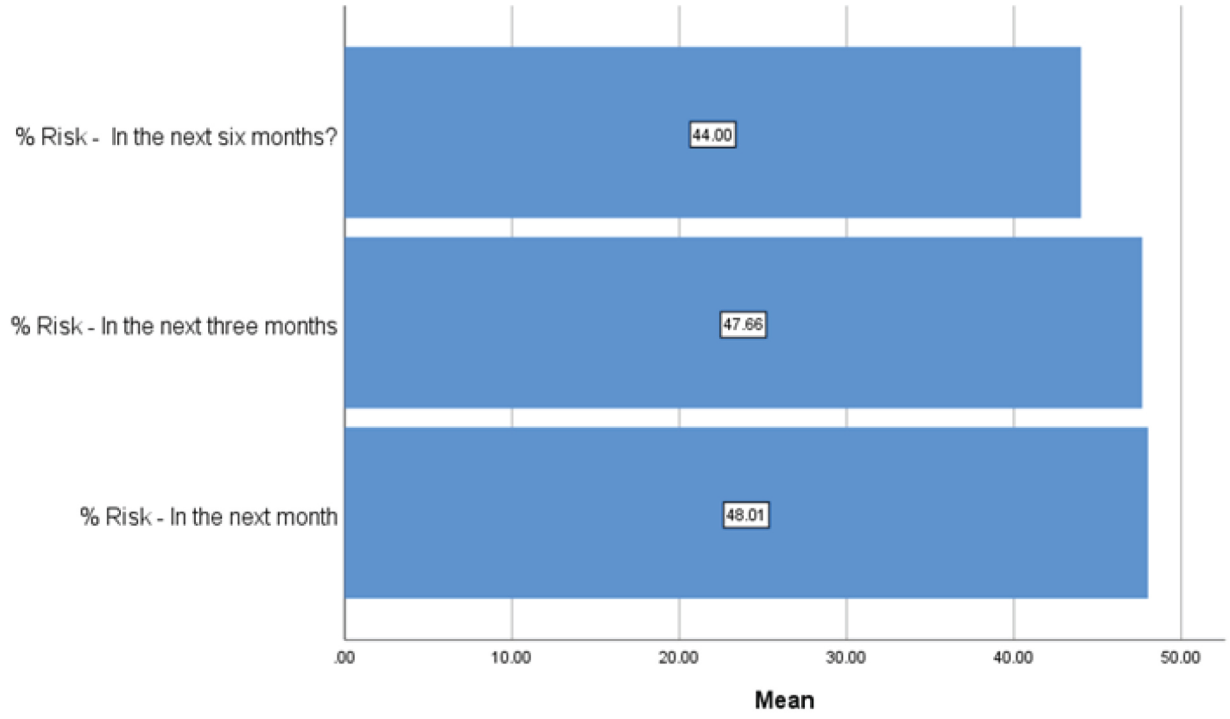


Participants were asked "To reduce your risk of being infected by the coronavirus COVID-19 have you recently" and the percentage who reported 'Occasionally' or 'Whenever Possible' are shown below.



2. What is the population's perceived risk of contracting COVID-19?

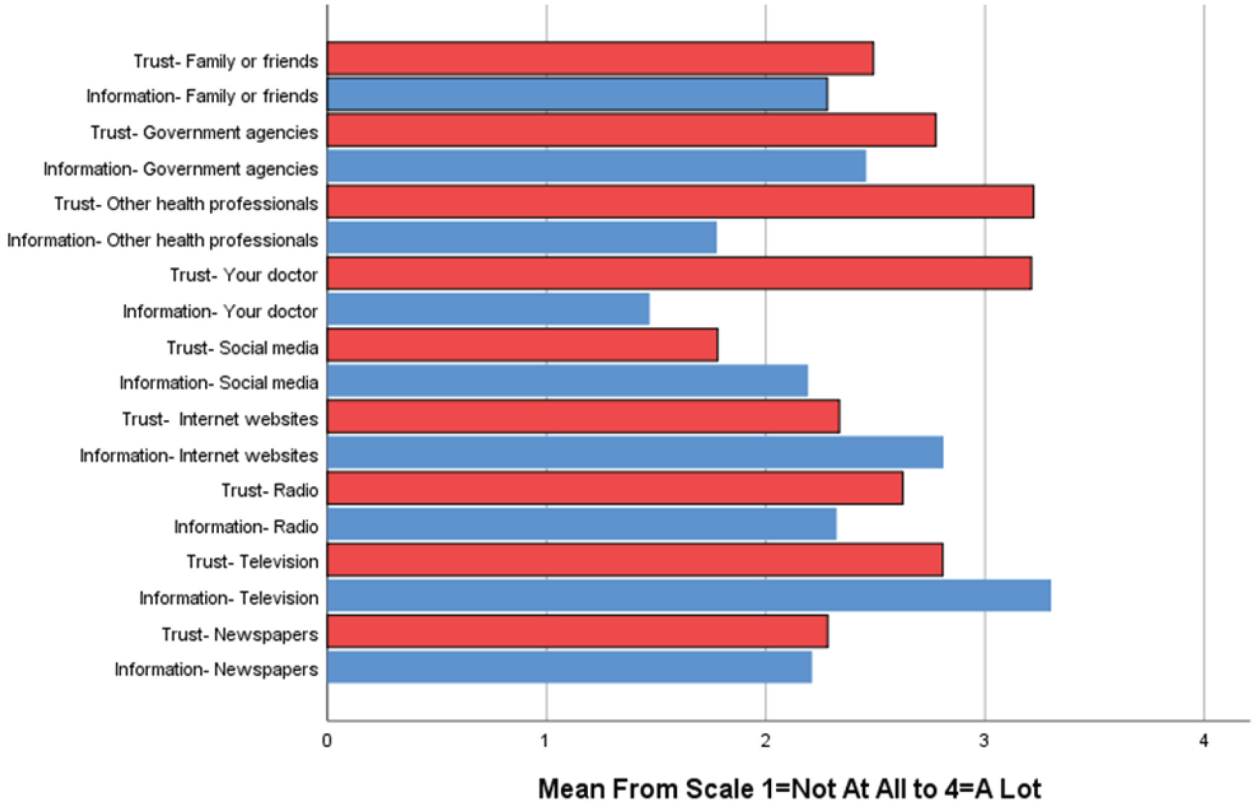
Participants were asked "What do you think is your personal percentage risk of being infected with the COVID-19 virus over the following time periods?" and responded on a scale from 0 (No Risk) to 100 (Great Risk) in relation to 1, 2, and 6 months. The mean scores are presented below



Comment: Overall, the population seems to have a good understanding of COVID-19 and how to avoid it. The majority are making efforts to protect themselves but a minority are not; use of face masks is rare.

3. Where does the population get its information from and how much do they trust it?

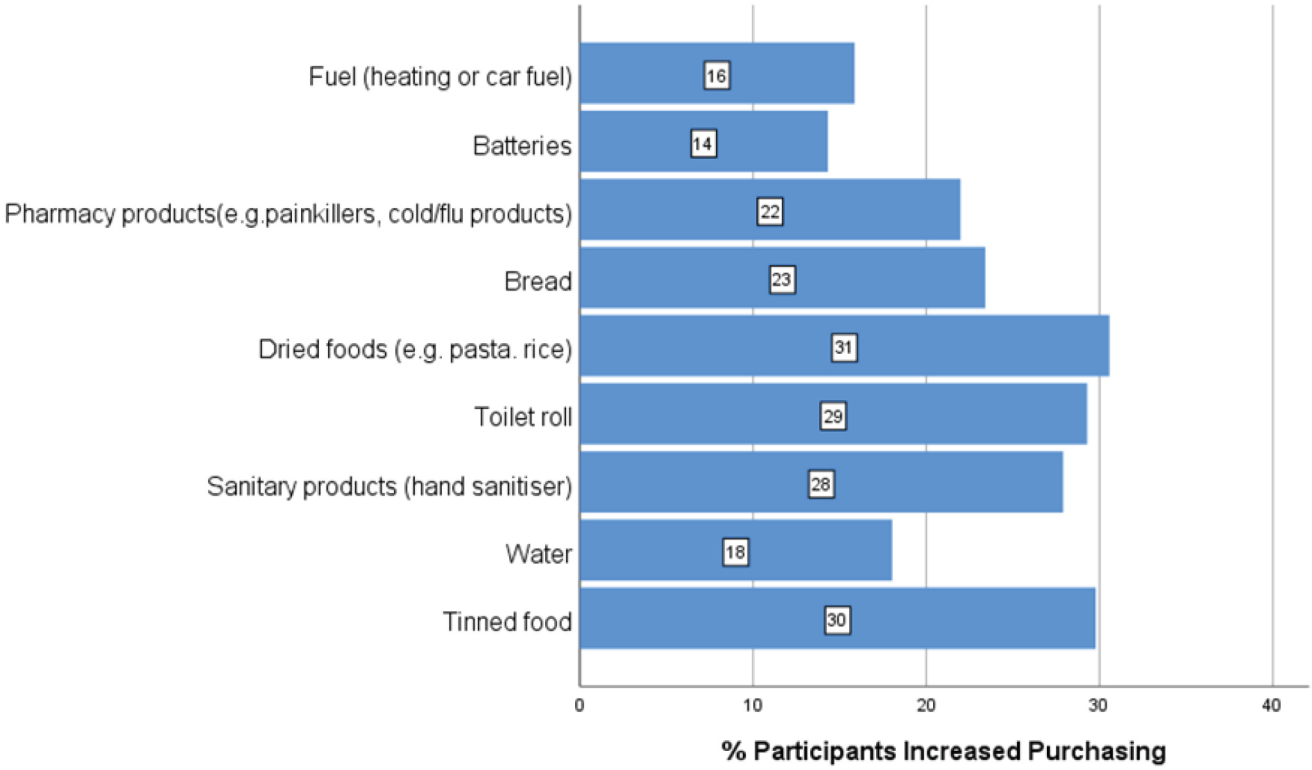
Participants were asked ‘How much do you trust the information from each of these sources?” and ‘How much do you trust the information from each of these sources?’ and responses to each question were recorded on a 4-point scale (1= Not At All, 2= A Little, 3=Somewhat, 4= A Lot). The mean scores are reported below



Comment: There is little relationship between frequency of accessing sources of information and trust in those sources. Health professionals are most trusted but most information comes from the television.

4. Have people changed their purchasing behaviour?

Participants were asked “Please indicate the degree to which you have increased your purchasing of the following items in recent weeks because of the COVID-19 pandemic?” and the percentage that selected “Moderately”, “To a considerable degree”, or “Very considerably” are shown below.



Comment: Some excess purchasing is observed, but the majority reported very little and 23.6% reported none at all. There was a modest correlation (r = .12) between anxiety about COVID-19 and over-purchasing.

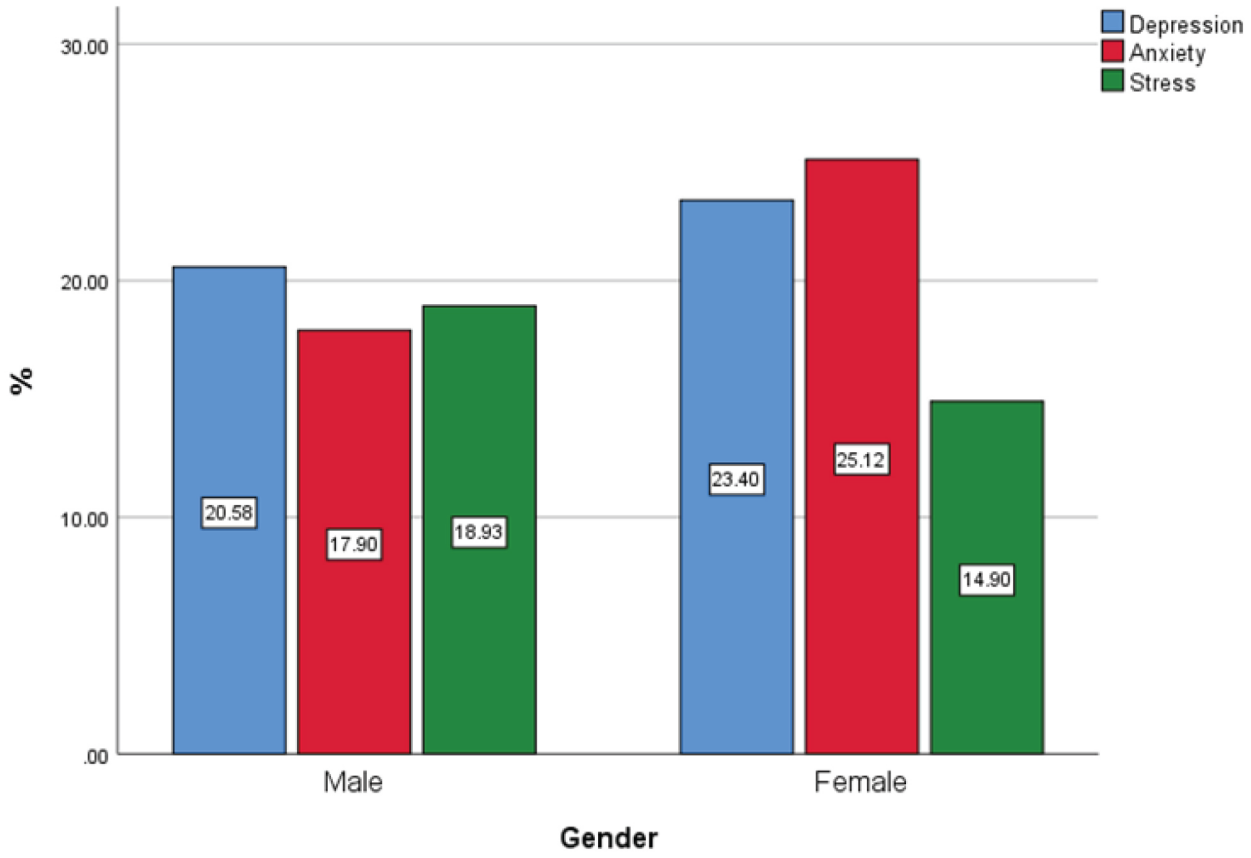
5. How are people financially affected by the pandemic?

Participants were asked 'Some people have lost income because of the coronavirus COVID-19 pandemic, for example because they have not been able to work as much or because business contracts have been cancelled or delayed'. A total of 648 (32.0%) endorsed the statement "My household has lost income because of the coronavirus COVID-19 pandemic".

Participants were asked 'On balance, how much are you worried about the way that your household finances have been affected by the coronavirus COVID-19 pandemic SO FAR?' and answered by selecting a number on a scale from 0 (Not at all worried) to 10 (Extremely worried). The median response was 6, and the mean was 5.67 (SD=2.85).

6. How many people are suffering from psychological symptoms?

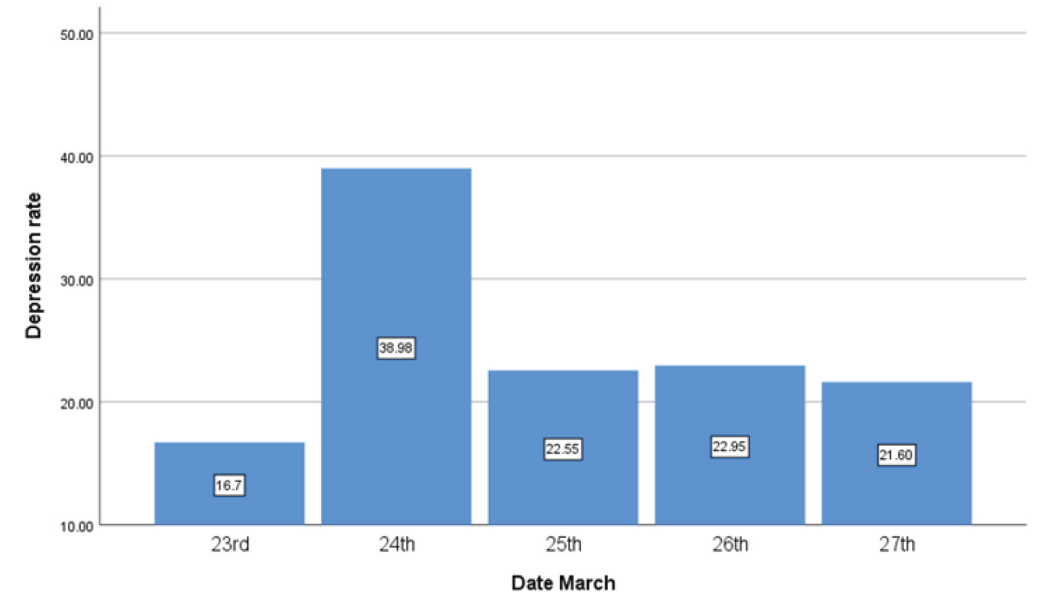
The survey used standardised measures of generalized anxiety disorder(1), depression(2) and stress response(3). Standard cut-off scores were applied to identify participants whose responses were indicative of clinically meaningful levels of psychological symptoms.

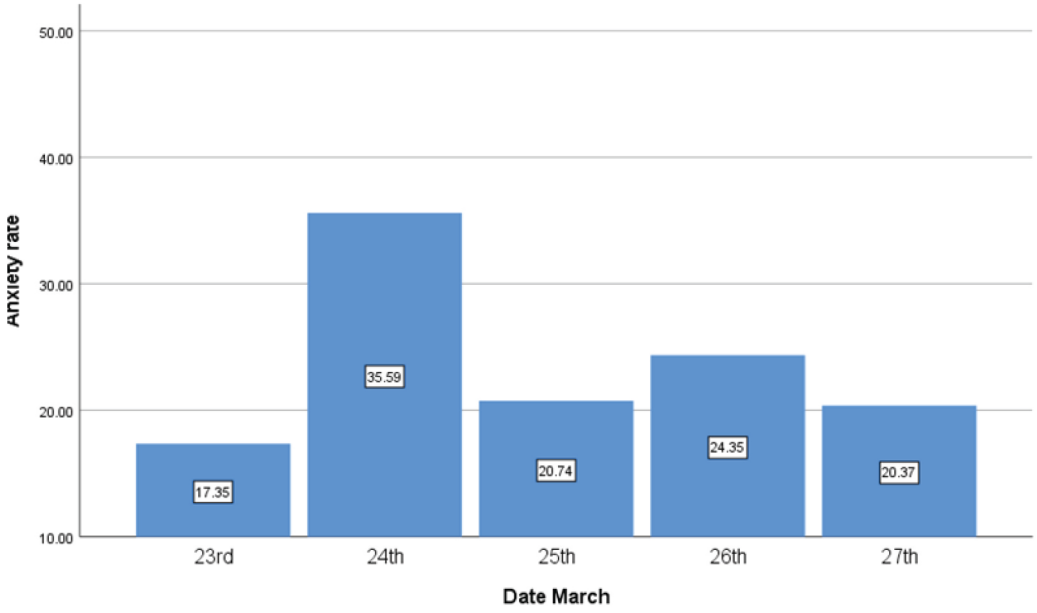


(1)Spitzer, R. L., Kroenke, K., Williams, J. B., & Löwe, B. (2006). A brief measure for assessing generalized anxiety disorder: the GAD-7. Archives of Internal Medicine, 166(10), 1092-1097. doi: 10.1001/archinte.166.10.1092. (2)Kroenke, K., Spitzer, R. L., & Williams, J. B. (2001). The PHQ-9: validity of a brief depression severity measure. Journal of General Internal Medicine, 16(9), 606–613. https://doi.org/10.1046/j.1525-1497.2001.016009606.x (3)Cloitre, M., Shevlin, M., Brewin, C. R., Bisson, J. I., Roberts, N. P., Maercker, A., ... & Hyland, P. (2018). The International Trauma Questionnaire: development of a self-report measure of ICD-11 PTSD and) complex PTSD. Acta Psychiatrica Scandinavica, 138(6), 536-546. doi: 10.1111/acps.12956.

Comment: These levels of anxiety and depression are higher, although not markedly, than the rate of 15.7% reported from the Adult Psychiatric Morbidity Survey (2014).

7. Levels of depression and anxiety pre- and post- 'lock-down'.

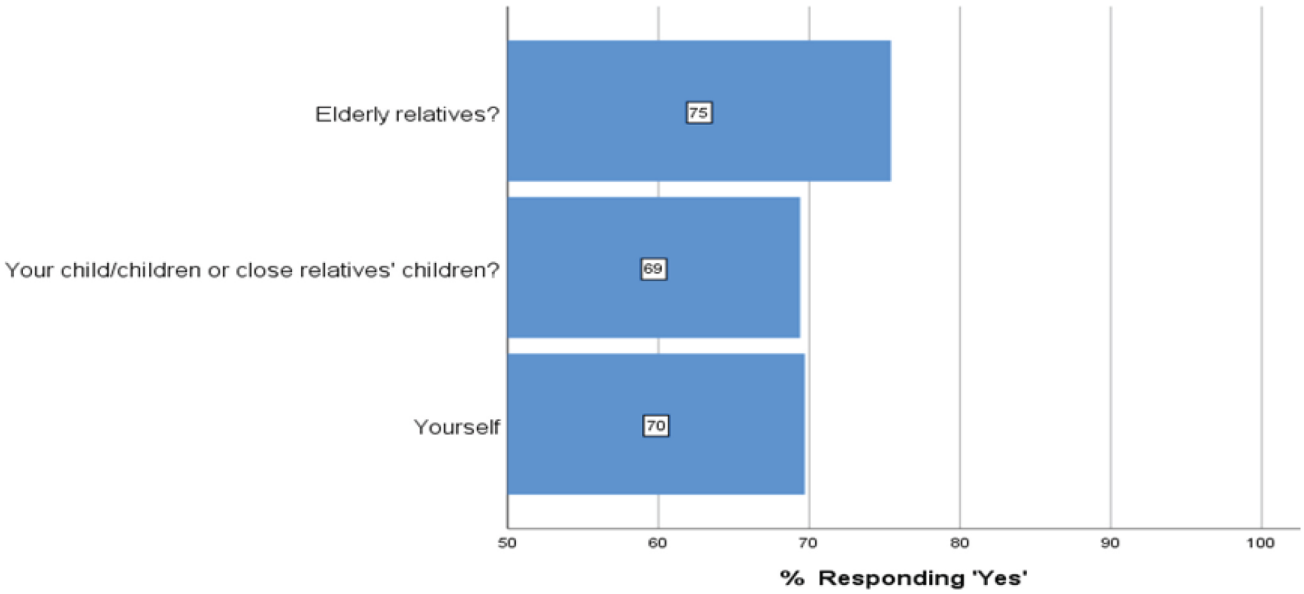




Comments: A spike in depression and anxiety was observed after the Prime Minister's announcement of a lock down on the evening of the 23rd of March; rates of depression and anxiety were higher at the end of the week than the beginning.

8. Attitudes towards vaccination.

Participants were asked “If a new vaccine were to be developed that could prevent COVID-19, would you accept it for?” in relation to ‘Yourself’, ‘Your child/children or close relatives' children’, and ‘Elderly relative?’. The percentages of participants responding ‘Yes’ are reported below.



9. Which groups are most vulnerable to psychological symptoms?

Those participants who screened positive for anxiety or depression were compared across a range of demographic, financial, and health related variables.

Higher rates of anxiety and depression were associated with:
Younger age, urban living (compared to suburban and rural), having children in the household, existing mental health problems, presence of an underlying health condition (e.g. heart or lung disease, diabetes, or cancer) living alone, and lower income (being financially adversely affected by the pandemic was also associated with increased risk of anxiety and depression and this effect seemed to be independent of household income).

Lower rates of anxiety and depression were associated with:
older age (the oldest group, 65 years or older, had lower levels or anxiety or depression compared to younger people) and feelings of belonging in one's neighbourhood and trust in one's neighbours.

SUMMARY

The overall picture that emerges thus far is of a nation that is well-informed about COVID-19, taking appropriate health related actions, and largely psychologically resilient. Certain groups – those with pre-existing health and mental health conditions, living alone or with children, with low incomes and/or who have been financially affected by the pandemic appear to be most at risk of poorer mental health. In the coming months we will be able to see if these groups show an escalation of symptoms and also whether some social adjustments to the pandemic – for example increased sense of belonging to neighbourhoods or groups – help to protect the population from mental health symptoms.

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