



Covid-19 and the nation's mental health Forecasting needs and risks in the UK: July 2020

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Summary

Levels of psychological distress and mental ill health are rising internationally in the wake of Covid-19. It is not yet known how far and how soon they will fall back to levels that existed prior to the pandemic.

Research has identified specific groups of people facing higher risks to their mental health at this time, including the families of people treated in intensive care, people with existing mental or physical health conditions, and pregnant women. There is also evidence that people with existing mental health difficulties have been experiencing a worsening of their mental health during the pandemic.

The impact of the pandemic on children and young people's mental health is greater in areas and communities hardest hit by the virus and by lockdowns. Children from low income families, from Black, Asian and minority ethnic communities and young carers are all more likely to experience poor mental health as a result of the pandemic. Children's mental health has been affected by disruptions to their education, compounded by reduced access to support for their mental health.

In prisons, actions taken to reduce the risk of Covid-19 to prisoners have also reduced levels of violence and use of drugs, but at the same time they have limited

access to mental health support and increased isolation. This is likely to have a significant mental health impact for prisoners subject to long periods of being confined to cells.

Youth unemployment has both short- and long-term impacts on mental health, as well as on lifetime earnings. There is a risk that young people will be especially badly affected by the recession, whose biggest impacts are likely to be in industries that employ large numbers of younger workers.

The economic impact of Covid-19 is likely to exacerbate and entrench social inequalities. This is because its impact is felt disproportionately due to age, existing poverty and deprivation, mass unemployment and less work, and accelerated economic change.

The only solution for the economy will be to cure Covid-19. Reducing the duration of the pandemic will be crucial to reduce its economic impacts.

A combination of further waves of Covid-19, a potential winter flu epidemic, the likely absence of the furlough scheme and a possible no-deal Brexit at the end of 2020 could have a significant impact on all parts of the UK economy and a consequent effect on the nation's mental health.

Introduction

The global Covid-19 pandemic has brought about profound changes to societies worldwide, including in the UK. It has also had a significant impact on people's mental health. This is Centre for Mental Health's second forecast of the implications of the virus for the mental health of the UK population, in both the short- and long-term.

In our first forecast, we projected that the pandemic would increase the number of people experiencing a mental health difficulty by approximately half a million in the UK. This paper updates our forecast, using research and other evidence published since our first briefing. It reviews evidence from sources including a growing body of international

research, much of it from China. It looks at emerging evidence from surveys about the mental health of the general population and from studies focusing on the risks faced by specific groups of people, including the families of people treated in intensive care, people with existing mental or physical health conditions, and pregnant women.

This briefing provides a further assessment of the economic impacts of the pandemic and their implications for public mental health. It also reviews evidence relating to the criminal justice system and to young adults and the potential longer term psychological impacts of rising youth unemployment.

The prevalence of mental health problems in the general population

There is growing evidence of worsening mental health in both adult and youth populations attributable to the various social restrictions in response to Covid-19. Presently, research on the mental health of a population has come primarily from Asia and, more specifically, China. However, findings from other parts of the world are emerging and suggest a similar pattern in terms of mental health deterioration.

Large scale surveys of the general population help to capture the likely prevalence of individuals experiencing symptoms related to common mental health conditions. In Spain, depressive, anxiety and post-traumatic stress symptoms exceeded cut-off points in 18.7%, 21.6% and 15.8% of the sample respectively; meaning that these scores were indicative of a possible disorder (González-Sanguino *et al.*, 2020). Similarly, in Italy, 18.6% reported moderate-to-severe likelihood of psychological distress (Moccia *et al.*, 2020). Compared with the estimated prevalence of common mental disorders (e.g., depression, phobia, PTSD, OCD)

in England, which was 16.9% in 2017 (Public Health England, 2019), these figures point to a possible rise in demand for psychological services. Analysis of Understanding Society Covid-19 survey data indicated that self-report scores on General Health Questionnaire-12 (GHQ-12) had deteriorated by 8.1% per cent since the beginning of the pandemic (Banks and Xu, 2020).

What is less clear is the likely number of those who are currently experiencing distress who will then go on to develop a common mental health condition as the pandemic continues. A longitudinal study from China would suggest that, certainly in the early stages of the pandemic, a reduction in these numbers is unlikely, at least at 4-week follow-up (Wang *et al.*, 2020). Understanding Society study data may provide further insights, as we move through the various stages of the pandemic, as to how quickly, after restrictions are eased, the mental health of the nation might return to pre-pandemic levels.

Factors affecting mental health

Across the range of international studies, several characteristics were found to be associated with an increased risk of experiencing greater levels of psychological distress (such as anxiety or depression). For instance, being female, younger (i.e., under 35), having no psychological support, higher education level, patients with Covid-19 and their families, individuals with existing physical or mental health problems, greater exposure to social media and loneliness have all been indicated as possible risk factors for a deterioration in mental wellbeing.

Longitudinal data showed that women's scores on a measure (the General Health Questionnaire) of self-reported mental health worsened by a greater degree (27.4% pre-pandemic vs 44.5% in April 2020) in comparison to men (18.8% vs 28.6%) (IFS, 2020). Moreover, young women saw the largest decline (18.2%) in their mental health alongside an increase in the proportion reporting at least one severe problem (17.6% pre-pandemic vs 35.2% in April 2020), which was higher than that seen for the entire adult sample (10.6% vs 23.7%). Certain factors were reported to greatly impact upon women more than men, such as having symptoms of Covid-19 at the time of the survey, very young children, and working in shutdown sectors. Several other studies, from Asia and Europe, support the finding that women's mental health is being more adversely affected than men (e.g. González-Sanguino *et al.*, 2020).

Alcohol and substance use

Government advice to remain indoors and avoid social contact will have affected each person differently. Indeed, findings suggest that it is not the direct impact of being placed in lockdown that predicted mental health deterioration in China, but rather the impact on daily life (Zhu *et al.*, 2020).

Moreover, some groups will be at greater risk of engaging in high-risk or unhealthy means of coping, such as increasing alcohol use or other substances. Whilst there is scant research on this issue, it is worth highlighting the finding

from a sample in China that indicates an increase in hazardous and harmful alcohol use (Ahmed *et al.*, 2020). Furthermore, the issue was found to be more prominent in younger people (i.e. 18-40 years old). Concerns have been raised about the possibility of a surge in serious alcohol use cases because of the stress caused by the pandemic (e.g. Clay & Parker, 2020). Moreover, warnings have also highlighted the increase in alcohol sales during the beginning of lockdown and how this might greatly affect both those who are already alcohol dependent – who already struggle to access support – and those on the brink (Finlay and Gilmore, 2020).

Pre-existing health conditions

Two studies highlight a possible issue around the availability of medication and access to health services for people with existing mental and physical health problems. A study from China found that some people with a mental illness had reduced or completely stopped their psychiatric medication because access to prescriptions had been severely impacted (Zhou, Liu, Xue, Yang & Tang, 2020). Moreover, nearly a quarter of patients in this study reported that routine appointments had been suspended since the start of the pandemic. Similarly, Mind (2020) recently found that around a quarter of people surveyed who had attempted to access mental health support in the previous fortnight were unsuccessful in getting support. Reasons included cancelled appointments, difficulty getting through to GP or community mental health team, being turned away by crisis services and issues accessing digital alternatives. The sample were predominantly those who had direct experience of mental health problems.

A study from Iran, focused on the experiences of people with Parkinson's disease, reported higher levels of anxiety around having access to medication. Undoubtedly, health care provision and access to medication are substantially different in the UK, but this highlights the risks associated with a perception that medical care might be restricted (Salari *et al.*, 2020). Furthermore, some people with a pre-existing mental illness may be at increased risk of

relapse or new episodes of illness (Yao *et al.*, 2020). Certainly, initial evidence would indicate that many people are experiencing a worsening of symptoms (e.g. Vindegaard and Benros, in press).

Impact on families of people treated for Covid-19

There is an inherent risk of developing post-traumatic stress disorder (PTSD) after experiencing intensive care treatment for Covid-19, as we noted in our first forecast. Family members are not exempt from developing PTSD, especially given that many would have been denied contact with their loved one whilst in ICU.

In general, when family members of ICU patients were surveyed, a third of respondents reported post-traumatic stress symptoms consistent with a moderate to major risk of PTSD. People who experienced higher rates of post-traumatic stress included those who reported receiving incomplete information

(48.4%), sharing in decision making (47.8%), whose relative died after end-of-life decisions (60%), and who shared in end-of-life decisions (81.8%) (Azoulay *et al.*, 2005). Family members' post-traumatic stress symptoms were found to vary in severity during the first year after the relative's admission to ICU (Alfheim *et al.*, 2019).

Pregnant women

Pregnant women assessed during the pandemic reported more distress and psychiatric symptoms than pregnant women assessed before the pandemic. One study found that two thirds of women reported anxiety higher than normal (Saccone *et al.*, 2020). It has been suggested that, because of the harmful consequences of prenatal distress on mothers and babies, extra measures should be put in place to carefully monitor the physical and mental health of mother and child during the pandemic, such as asking about specific distress or symptoms during prenatal care (Berthelot *et al.*, 2020).

Children's mental health

There is emerging evidence that lockdown itself is taking its toll on young people. A YoungMinds survey of children and young people who have experienced mental health problems, carried out in the first week of lockdown at the end of March, found that 83% reported that the pandemic had made their mental health worse. A survey of 11-25 year olds in Scotland carried out in April found that 39% of respondents were moderately or extremely concerned about their own mental wellbeing and 61% were moderately or extremely concerned about the impact of coronavirus on their future (YouthLink Scotland, 2020).

Of the numerous surveys tracking changes in mental health in the UK during the pandemic, few are gathering the views of children. Some surveys suggest that depression, anxiety, loneliness and lower levels of life satisfaction have been more common amongst adults living with children (Fancourt *et al.* 2020), and that, compared to the general population, a

much higher proportion of single parents has experienced anxiety, loneliness, hopelessness and 'not coping well' (Mental Health Foundation, 2020a). These experiences may in turn impact on children in those households. There is also a trend in adult surveys that young adults are more likely to experience increasing anxiety and lower wellbeing (Kwong *et al.*, 2020; Fancourt *et al.*, 2020; Mental Health Foundation, 2020a). This may relate to the employment status and financial instability of young adults rather than age itself.

There is limited international evidence of the longer term impact of lockdown on children's mental health. A study from the Chinese Hubei province, carried out in early March (fewer than two months since restrictions on movement were first implemented), measured signs of depression and anxiety in primary school age children. It found that children in Wuhan, where the number of Covid-19 cases and mortality rates were much higher, had a much greater

prevalence of depressive symptoms than children in Huangshi, where cases of the virus were much lower. The children least likely to experience symptoms of depression or anxiety were those who were least worried about Covid-19 and the most optimistic about the future of the epidemic (Tuo *et al.*, 2020).

This suggests that children in areas where the Covid-19 virus is more prominent locally experience a more significant impact on their mental health. This resonates with earlier research on post-traumatic stress amongst parents and children following health-related disasters. One study found that post-traumatic stress scores were four times higher in children who had been quarantined compared to those who were not quarantined (Sprang and Silma, 2013). This is an important consideration for targeting mental health resources alongside any 'local lockdowns' implemented in future – and for responding to the disproportionate presence of Covid-19 cases in some communities and in areas with high levels of socio-economic deprivation.

Inequalities

We know that experiences of the pandemic have been far from equal across the population (Allwood and Bell, 2020). This is no less true for children and young people. The digital support service Kooth, for example, has (based on requests for help from 51,321 young people) reported a steep increase during March, April and May in the number of Black, Asian and minority ethnic young people under 18 seeking help for:

- Anxiety or stress, rising by 11.4% compared to 3% among white children of the same age
- Suicidal thoughts, rising by 26.6% compared to 18.1% among white children
- Self-harm, rising by 29.5% compared to 24.9% among white children
- Depression, which rose by 9.2% among BAME under-18s and fell by 16.2% among white children (XenZone, 2020).

Children with caring responsibilities face additional mental health challenges as a result of the pandemic. Before the pandemic,

around two in five young carers were thought to experience a mental health problem (Alexander, 2014). While a much smaller number of young people with caring roles are officially recognised, the estimated total number of young carers in the UK is around 800,000. In a survey of over 250 young carers, 70% reported that lockdown has made their mental health worse (Channel 4 News, 2020). A qualitative study identified key themes driving this change. These include an increasing complexity of the carer role; the added vulnerability of the looked-after person; new responsibilities to look after siblings not in school; loss of support and regular contact from local services, especially where these have been pared back by local authorities; uncertainty over assessments; difficulty home learning; and not having space to process stress or break from caring responsibilities (Blake-Holmes, 2020).

The economic impact of Covid-19 creates both immediate and long-term concerns for children living in or at risk of poverty. The Trussell Trust has reported an 89% increase in demand for food in April 2020 compared to the same month last year, with the number of families with children relying on parcels doubling (The Trussell Trust, 2020). Food poverty exacerbates health inequalities and is associated with a range of poor outcomes, including behavioural and emotional difficulties (Gitterman *et al.*, 2015). Poverty itself is a determinant of poor mental health – children from the poorest 20% of households are four times as likely to have serious mental health difficulties by age 11 than those from the wealthiest 20% (Morrison Gutman *et al.*, 2015).

During the pandemic, families have lost access to schemes like breakfast clubs and school resources which can alleviate some of the impact of poverty. At the same time, the cost of living has increased, with less time to source affordable food and longer periods spent at home incurring higher household bills (Mental Health Foundation, 2020b). Children in families already living in poverty, and those whose guardians are facing financial insecurity, have been exposed to a significant threat to their mental health, the effects of which may manifest over several years.

Disrupted education

Most schools have stayed open during the pandemic, but with minimal staff and for a very small fraction of school-age children. Children across the country have experienced a major disruption, losing the social interaction and stability that school brings to their lives. A large national survey in which over 10,000 parents participated found that those with children aged 4-10 years old reported significant increases in emotional, behavioural and attention difficulties. Adolescents and children with special educational needs do not appear to have been affected in the same way – some have even reported improvements in emotional difficulties (Pearcey *et al.*, 2020). A rapid review also suggests that the risk of social isolation is less likely to occur among older children, for whom activities and contact with their peers is more likely to continue (Brooks *et al.*, 2020b).

Some children will emerge from lockdown having endured traumatic experiences at home without the respite or relief that school or informal services can offer. Sources point to a rise in experiences of abuse at home. Domestic abuse charity Refuge recently reported a tenfold increase in visits to its website during lockdown (BBC News, 2020a). Calls to NSPCC's Childline increased by 20% in the first four weeks of lockdown (BBC News, 2020b).

Other children normally in receipt of enhanced provision at school may have missed out. The latest data (11 June) from the Department for Education suggests that the number of children attending school has risen over the course of the pandemic, but that only 18% of children in years 1-6 who are classified as 'children in need' or who have an Education, Health and Care Plan in place attended school in the last week (Department for Education, 2020). This means that at least 419,000 children did not attend school, despite places being available for them to meet their wider needs, safeguard their wellbeing or support their development. Some of these children could, however, be in the cohort within which improvements in wellbeing have been reported.

Significant reductions in school attendance means that opportunities to identify emerging

issues and put protective measures in place have been missed. Teachers and other school staff play a key role in raising concerns and referring to services. Early reports from local authorities suggested sharp falls in referrals to social services over child protection concerns (The Guardian, 2020).

Accessing mental health support

Children and young people's mental health services have remained open during the pandemic, but referrals have fallen sharply in some areas. Estimates by NHS England and Improvement are that referrals for children and young people have dropped by 30-40% overall (Health and Social Care Committee, 2020). It is too early to access published data on recent and current referral rates, but a comparison with data from April-June 2018, which shows a total of 144,224 referrals to children and young people's mental health services in England (NHS Digital, 2019), suggests that somewhere between 40,000 and 60,000 children and young people who might have been referred to mental health services in the same period in 2020 have not been. This drop has likely been affected by the closure of schools, meaning a loss of contact with school nurses – a key referral route to services – and difficulties in making appointments with GPs.

Children with mental health problems and their families have faced difficulties getting help long before any new challenges posed by the pandemic. Research suggests that, in recent years, less than one third of children who have a diagnosable mental health problem received any access to NHS care and treatment (NAO, 2018). Many who do get referred to NHS mental health services are rejected, often without being signposted to less formal support (Crenna-Jennings and Hutchinson, 2020). It is not uncommon to experience a decade of delay in receiving any mental health support from first becoming unwell (Khan, 2016). These delays have stark consequences for mental health during childhood and long into adulthood – most parents report that their children's mental health deteriorates while waiting for support, and the longer the wait, the worse the impact (YoungMinds, 2018).

With children's mental health services already stretched in many areas, the consequence of the current drop in referrals could lead to a backlog of cases, creating longer waiting lists, higher thresholds and worse outcomes for children. A financial outlook which compromises the ability of the wider children's sector to promote good mental wellbeing is concerning given the evidence that children are experiencing rising anxiety and distress.

Many children receive support for their mental health outside of NHS services, delivered

by voluntary sector organisations, schools, youth services, online providers, community groups and in other less formal settings. 26% of participants in YoungMinds' survey (2020) reported that they were no longer able to access any kind of mental health support during lockdown. Longer term, the economic situation presents a further threat to access to non-statutory services, with frontline organisations across the third sector so far reporting steep falls in income, cashflow and reserves (ACEVO, 2020).

Prisons and Covid-19

Prisons are notorious 'hot houses' for spreading communicable diseases and can be a source for a contagion further spreading into the community, through prisoner release and staff living in the community. The predictions for the UK's prisons during the pandemic were dire, with media reporting the worse-case scenario estimates of 800 predicted Covid-19 related deaths. The prison authorities and NHS partners in the UK responded rapidly to this threat. For example, in England and Wales, any new arrival had a period of 14 days' isolation. HM Prison and Probation Service also attempted to achieve single cell occupancy for as many prisoners as possible by creating several hundred temporary single occupancy cells and recommissioned at least one mothballed establishment (Ministry of Justice, 2020a).

Prisons were shielded to some degree in that, for several weeks, courts effectively shut down and the flow of people coming to prison significantly slowed down. In addition, prison visits were curtailed (alternate virtual means of maintaining contacts with family were introduced) and prisoners were locked in cells for most of the day with no or only limited periods of association with other prisoners (Ministry of Justice, 2020b).

Plans for early release for low risk offenders were put in place, though it is not clear how much this has been used. Up to 4,000 early releases had been proposed but as few as 175 prisoners were actually released early (Gye,

2020). The prison population across England and Wales reduced by 3.6% between April and June 2020 (women by 9.3% and men by 3.1%), probably due to normal releases and a reduction in new arrivals due to court closures (Ministry of Justice, 2020c).

The impact that these actions have had appears to be dramatic. At the time of writing there are a small number of deaths attributed to Covid-19 (23, according to Gye, 2020), and certainly a much smaller number than predicted. Although there is limited data we also believe that infection rates have been lower than predicted, though there have been several hundred confirmed infections among prisoners and prison staff.

In addition, for at least part of the lockdown there have been significantly reduced transfers from prison to mental health facilities, and a reduction in reported self-harm and in ACCTs (the system used in English and Welsh prisons to manage vulnerable prisoners at risk of self-harm). There was also a reduction in referrals to prison mental health care teams. Perhaps unsurprisingly, given prisons have had no or only limited chances for association, violence had reduced, as had incidences of bullying.

The actions by prison authorities appear to have reduced the use of mental health services and perhaps mental health need initially. This may have come about through a reduction in bullying, violence and substance misuse (all of

which affect mental wellbeing) amongst other things, as a consequence of a regime of virtual solitary confinement. However, we do not know what the longer-term impact will be of such a restrictive regime (now being relaxed) and we understand that referrals to prison mental health care services have or are now returning to 'normal' levels, as may levels of self-harm and admission to hospital.

As is detailed elsewhere in this report, the UK economy is and will continue to be, perhaps for years to come, severely impacted by the pandemic and the necessary responses to it. With greater unemployment we might expect a rise in offending (non-violent offending in particular – see Jawadi *et al.*, 2019) and therefore greater pressure on the justice system and prisons.

A key response to the most recent recession was huge cuts in public sector spending, and there may be a strong temptation for the Government to revisit such measures in combatting the current crisis. These previous cuts were arguably disastrous for all sectors, and this

was especially so in the justice sector and prisons. The cuts to front line prison staff and especially those with the most experience have been associated with record levels of suicide, reported self-harm and violence, including violence on staff. It is anticipated that prisons will take several years to recover from the impact of austerity cuts despite of a programme of staff recruitment to prisons. It is vital that we learn from our response to this previous crisis and that the Government does not respond in similar fashion. Instead, where the evidence supports it, there should be greater utilisation of effective community sentencing (e.g. see Mews *et al.*, 2015) for non-violent offending. The decision to build four new prisons and add 10,000 places to our current prison capacity suggest the Government is looking to economies of scale (if built on the HMP Berwyn model) for savings, rather than effective sentencing and robust community offender management for non-violent offenders. This is a missed opportunity to achieve longer term and sustained savings through effective rehabilitation.

Youth unemployment and mental health

The impact of the pandemic and lockdown on the economy is going to be severe, of that there can be no doubt. But we will not all be affected equally. Parts of our economy have been more dramatically affected and the travel, hospitality and leisure industries have experienced the biggest harm. Any ongoing social distancing requirements will likely continue to negatively impact these industries and there have already been some large-scale redundancies. These sectors employ predominantly young people and therefore it makes sense to review the likely impact on younger workers.

The research evidence is quite consistent that youth unemployment has long-term 'scarring' effects (e.g. Bell & Blancheflower, 2011), and part of this is on future mental health. The impact of unemployment in a person's late teens and early 20s can be seen in their 30s and 40s (Strandh *et al.*, 2014). Prolonged unemployment and repeated episodes when young also makes it more likely there may be further periods of unemployment. Future

earning and job satisfaction may be lower than with employed peers (Bell & Blancheflower, 2011) which may also impact on mental wellbeing. The evidence suggests that, regardless of the economic climate, youth unemployment can have these long-term negative impacts on mental health (Virtanen *et al.* 2016), with depression being cited as a prominent problem. This means that during a recession, the number of young people affected by this 'scarring' is greater. Huegaerts and colleagues' (2017) study of the impact of the 2008 financial crisis on youth unemployment in Belgium found marked differences in mental wellbeing between unemployed and employed young people. They found 14% higher levels of reported distress and 12% greater likelihood of suffering from a diagnosable mental disorder among the unemployed young people.

Such concerns beg for employment programmes that focus on young people and help them to find sustained employment.

Economic forecast

Prescient economic forecasts are rare. During the recession of 2008, the Queen asked a team of top economists, 'Why didn't you see it coming?'. Everyone looked at the floor. This year's World Economic Forum, Davos 2020, did not include 'pandemic' in its Top Five Global Risks by either 'impact' or 'likelihood' rankings (World Economic Forum, 2020).

Consequently, economists often rely on the traditional cycle of boom and bust to inform forecasts. Typically, every ten to twelve years, a crisis emerges and the economy shrinks. Two or more quarters of decline is a recession. Most recessions are caused by an economic shock: sub-prime loans (2008), Exchange Rate Mechanisms (1990), share-price collapse (1929).

But this one is different: Covid-19 is a health problem, not an economic one. So, while the financial symptoms are the same – unemployment, receding economies, ballooning debt – the cause does not stem from faulty economic levers. Nor does its solution. The only cure for the economy is an actual cure for Covid-19.

This shifts the status of economic forecasting from 'unpredictable' to 'unknown'. The future of the economy is dependent on scientific endeavour and ingenuity.

For forecasting purposes, there is one crucial vector to consider: time. How long does the pandemic last?

Duration of the pandemic

The longer the duration of the pandemic, the greater the economic damage and the greater its lasting impact. A trivial but illustrative example is spilling red wine on a white carpet. There is a short window of opportunity where the damage can be reversed. But leave it too long and the stain becomes indelible. We are within that window now. We have slid all our fiscal 'chips' onto a date in October when furloughing and related compensatory measures end. If there is a vaccine, medication or other medical breakthrough, it will be

possible to reverse much of the damage caused and the only negative will be a large National Debt. A 'boom' will ensue, where pent-up demand is released instantaneously, restaurants and pubs are overflowing and more people take holidays. This is the 'V' shaped recovery referred to in the previous Centre forecast (sharp recession, sharp recovery).

If that does not happen and we are subjected to further waves of Covid-19, it is difficult to see how the following months will be positive. The OECD (2020) already forecasts that the UK will see the biggest economic deterioration of any 'developed' nation, -11.5%. And that is in a 'single hit' Covid-19 scenario. Recovery from multiple waves is harder – with hope of a 'W' shaped recovery (repeated downturns), but potentially an 'L' (a recession followed by little or no growth).

Four inauspicious factors are particularly relevant for the next six months, suggesting a difficult winter:

1. Furlough will come to an end. 9.4 million people have been furloughed since April. That means that business owners judged the production value of 9.4 million workers to be less than 80% of their salary. This scheme is expensive (£60bn, according to Financial Times, 2020) and ends in October, when companies will have to decide whether to effectively re-employ people or make them redundant. Even if 80% of people are retained, that is still nearly two million people made newly unemployed.
2. National Debt is greater than the value of the UK Economy for the first time since 1963, at 100.9% of GDP (Office of National Statistics, 2020). While this will not cause a further economic shock immediately, it is the breaching of a key psychological barrier. Second waves of the fiscal generosity to metabolise the major impacts of the pandemic will be less attractive to debt markets – particularly if there is no end in sight. It also makes us highly vulnerable to increases in interest rates, where small

rises would result in much larger debt servicing costs. The ability of the Bank of England to purchase much of this debt (as it has been) will also recede over time, increasing exposure to international debt markets.

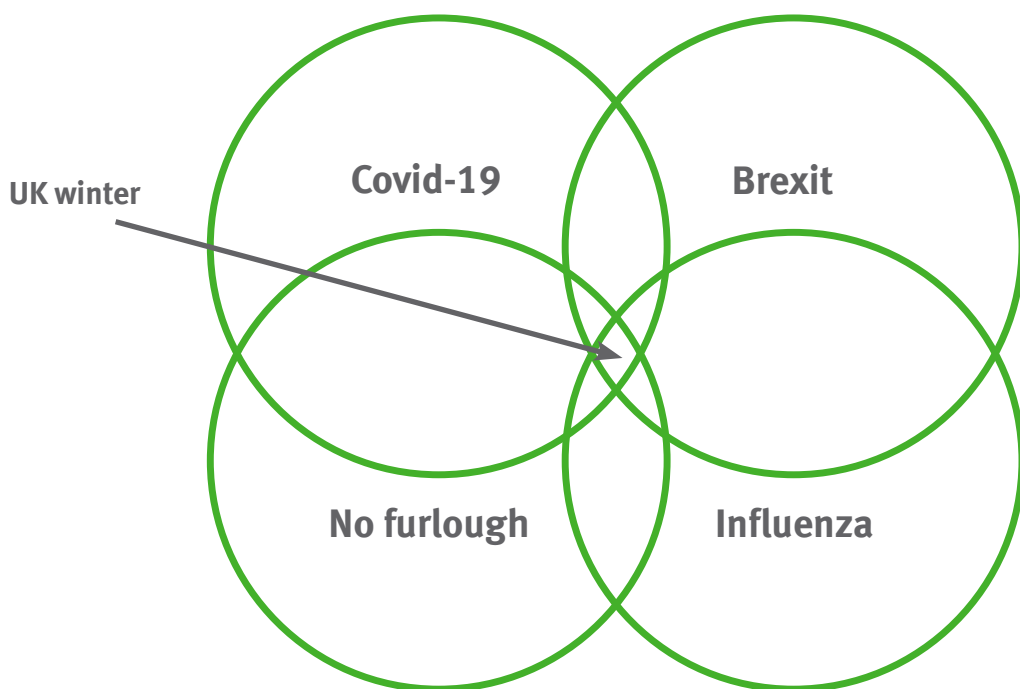
3. Brexit is set for 31 December, but with no-deal. The economic impact will be akin to throwing another (slightly smaller) glass of red wine onto that white carpet. An important factor is that while Covid-19 has hit the hospitality, leisure and travel sectors, Brexit's biggest impact will be in manufacturing, science and financial services. The combination of the two laminates most of our economy:

Pandemic impacted industries	No-deal Brexit impacted industries
Travel	Science
Leisure and entertainment	Financial Services
Hospitality	Manufacturing

4. Each winter, influenza kills between 11,000 and 28,000 people in England (PHE, 2019b). Unhelpfully, it has similar symptoms to Covid-19 which make it difficult for the sufferer to know which they have contracted. The NHS would be strained by either, but both are likely to hit at the same time creating dual epidemics. This increases the potential need for further lockdowns and the accompanying economic damage.

Overall, the economic impact of Covid-19 is increasingly negative. The pertinent consideration is how this will create, reinforce and entrench economic inequality.

Figure 1: Forecast for Winter 2020



Inequality

Covid-19 is likely to increase economic inequality because its impact is felt disproportionately due to age, existing poverty and deprivation, mass unemployment and less work, and accelerated economic change.

Age

Undoubtedly, older people have been hit hardest by Covid-19 in terms of health and mortality. Economically however, over-65s hold 46% of all housing equity and 22% are millionaires (ONS, 2019). Currently, they also benefit from a 'triple-lock' escalation for pensions which maintains and increases its real value.

Instead, it is millennials (people born between 1981 and 1996) who will concede much of the economic pain. They have already faced a unique range of economic challenges. Their initial careers were damaged by the 2008 Great Recession which coincided with their entry into the labour force. Over the next ten years they:

- Worked in an economy where average real wages in 2018 were lower than those of 2008
- Were the first to pay tuition fees and accumulate large-scale debt
- Rarely experienced a defined benefit pension scheme
- Entered a workforce where zero-hours contracts, Sunday-working and limited/no overtime payments are the norm
- Were more likely to live at home with their parents than any other post-war generation, locked out of the housing market
- Only experienced government policy as adults in terms of austerity.

In 2020, following four years of Brexit consuming all political minds, Covid-19 has resulted in the Chancellor predicting 'the worst recession we have ever known'. Sectors that employ large numbers of young people – tourism, hospitality, leisure and fitness – have been obliterated in just three months and may never return in the way we have known them. At the point where most careers are taking off,

new families are forming and homes are being bought – the ages of 25-35 – millennials face a second crunch point, probably worse than the first.

Poverty and deprivation

Covid-19 has been damaging for lower-income communities. In England, the age-standardised mortality rate of deaths involving Covid-19 in the most deprived areas was 128.3 deaths per 100,000 population. This was more than double the mortality rate in the least deprived areas (58.8 deaths per 100,000) (ONS, 2020b).

Gateshead, South Tyneside, Sunderland and Middlesbrough currently have the highest rate of Covid-19 cases per head of population. Regional unemployment is high and at least 20% of jobs are below the living wage. The North East economy was one of the worst hit regions during the 2008 decade of austerity. It is economically vulnerable and fragile. Parts of London and the South West of England are in a similar circumstance.

There are some mitigating factors. The IFS predicts that poorer local authorities may manage to sustain more of their income than affluent ones and notes that £3.2bn has already been distributed to councils to cope with Covid-19 (Ogden and Phillips, 2020). However, the 'levelling-up' agenda will require significant resource to be meaningful.

Mass unemployment and less work

The previous forecast focused on the economy, borrowing and fiscal stimuli. Jobs, employment and hours worked are now becoming the measurements to watch because the impact could be on millions of people. Whilst the current unemployment rate (to end of April) remains at 3.9% (ONS, 2020c), other measures are less positive. The number of people claiming out-of-work benefits increased to 2.8 million during May, a jump of 23%. The number of job vacancies fell by 342,000 to 476,000 between March and May. Most concerning is that the number of people on company payrolls fell by 612,000 over the same period (ONS, 2020d), despite 9.4 million people being on furlough.

A significant change in the UK since 2010 has been the emergence of the 'gig' economy, characterised by zero-hours contracts, diluted labour rights and flexible working. This pliability now means that many organisations have simply cut hours, rather than sacking people. Similarly, those who are sole-traders have seen their activity fall. For the quarter ending April 2020 (only half of which was in lockdown), hours worked collapsed by a record fall of 94.2 million hours, or 9% (ONS, 2020c). This statistic is bad. Someone may have a job but if they are working zero hours, it's unclear how that is different to being unemployed.

Accelerated economic change

The pandemic has induced rapid economic change. Markets have been swept away overnight, while brands that were unheard of in 2019 (Zoom) are now common parlance. 'Only when the tide goes out do you discover who is swimming naked' (Buffett, 2004). The tide has indeed gone out.

Just as Covid-19 targets those with poor health and underlying vulnerabilities, for the economy it has proved an instantaneous exposition of financial weakness. The sudden visibility of those weaknesses increases the velocity of change. Firms without the ability to adapt are floundering. In retail, the collapse of the high street that was taking place in slow-motion will

now be sealed in weeks. The abilities to 'pivot', to adapt, and to transform a business quickly, are crucial attributes. Those with business models with debt, high rents and slow customer decline, who were waiting for sunnier economic times, will hit the buffers.

The key thing about accelerated change is that, much like an accelerating bus, it becomes increasingly difficult to steer. That increases the chances of change being felt differently and disproportionately. If you can adapt, you will prosper. If you find yourself in possession of newly valued talents, you will thrive. But if your options are limited and you only know one tune, the economy is likely to deal a tough hand.

The impact on mental health

The longer the pandemic lasts, the worse the economic damage and the greater the impact on our mental health.

The nature of the recession means we are not 'all in it together' and so some will be worse off than others. Inequality will increase and that is bad for mental health.

Unemployment will rise and will likely be the biggest financial impact of the pandemic. As described in the previous forecast, long-term unemployment in particular impacts on mental health.

Recommendations

The economy is markedly deteriorating and although a Covid-19 cure could be found, the most likely scenario is that the UK faces a tough winter. This is the moment to prepare ourselves to cope with the simultaneous impact of pandemic, epidemic, recession and Brexit.

An effective test-trace-and-isolate system is fundamental to limiting Covid-19 transmission and the number of infections in the absence of cure or vaccine to reduce the economic impact of future lockdowns.

1. Target mental health resources where they are most needed

The NHS needs to prepare for winter by identifying those who are most vulnerable to a pandemic in November which will be far harder than one in a sunny April. We know well who is going to be disproportionately impacted by the economics of Covid-19: the poor, the young and the most deprived geographical areas. Ethnically diverse communities feature predominantly within all three categories. Targeted interventions for mental health are needed now.

We also need to adapt and change the offer, providing mental health programmes that help people to adjust to sudden and significant life changes. The chances of things returning to '2019 normal' recede daily and the population is differentially prepared. The effect on mental health will be correspondingly disparate. And as many of the groups whose mental health is at greater risk from the crisis have poorer access to effective mental health support, the need is more pressing than ever to work with communities to co-produce services that meet their needs on their own terms.

2. Proactively protect the mental health of children and young people

There is clear evidence that some groups of children will experience the mental health impacts of Covid-19 more than others. There are children from communities identified in recent reports as disproportionately affected

by the virus – among them children from some Black, Asian and minority ethnic backgrounds and children who experience socio-economic deprivation (Allwood and Bell, 2020). Children whose access to schools and colleges, social services, mental health services and informal support has been interrupted must be able to find their way back to support that meets their needs. This will require targeted funding for services that are known to work effectively with the groups experiencing the biggest risk factors at this time.

3. A psychologically informed return to school

Schools need to be prepared to respond to the psychological impact of Covid-19 on pupils attending school now and returning in September. A safe return to education is about more than just 'catching up' on schoolwork and preparing for the next set of exams. There should be a national commitment to encourage and enable all schools to adopt an effective 'whole school approach' to mental health (Public Health England/Children and Young People's Mental Health Coalition, 2015). Specifically, this involves:

- Adjusting behaviour policies for children displaying conduct problems, recognising they are a sign of distress
- Preparing to respond to trauma, for example where abuse has been experienced at home (Wilton, 2020) and from bereavement and loss (for example in families that have experienced deaths during the pandemic or losses of livelihood)
- Taking steps to reduce anxiety, where some children might fear school due to concerns about the virus, or about returning to a place where they have experienced bullying or discrimination.

Supporting the mental health of school staff will also be an important factor in providing the best response to children. In professional surveys, teachers have reported increasing levels of stress (Education Support, 2020).

The £1bn package to support children to 'catch-up' academically is not enough. Children will need access to support for learning; but they will also need support to reflect on adverse experiences, manage anxieties and cope psychologically with the fallout of the global crisis.

4. Provide additional mental health support for groups facing further risks

In the first forecast we recommended the NHS provides tailored and proactive mental health support to people who have received treatment in ICU for Covid-19 and those bereaved during the lockdown. In addition, we would suggest that support will also be required for the families of people treated in ICU. Extra support should also be offered to pregnant women and those who have given birth during the pandemic – for example at the six-week GP health check and in other routine appointments. Additional mental health support is also needed for people with long-term physical and neurological conditions whose mental health has worsened during the pandemic.

5. Improve safety in the criminal justice system

The Government should take action to reduce the number of people going to prison, investing instead in community sentencing options. While the prison system has so far experienced relatively few losses of life due to Covid-19, the measures taken to improve safety from the virus may have longer term effects on prisoners' mental health. Instead of increasing prison places, the Government should focus on modernising the estate and reducing the number of people who are detained.

6. Support young people seeking employment

The Government should prioritise employment programmes that will support young people who are seeking work to reduce the long-term psychological 'scarring' of protracted unemployment. This should draw on the principles of Individual Placement and Support, which has been demonstrated to achieve higher success rates than traditional employment programmes among many groups of people, especially those living with mental health difficulties.

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Covid-19 and the nation's mental health Forecasting needs and risks in the UK: July 2020

Curtis Sinclair, Nick O'Shea, Louis Allwood and Dr Graham Durcan

Summary

Levels of psychological distress and mental ill health are rising internationally in the wake of Covid-19. It is not yet known how far and how soon they will fall back to levels that existed prior to the pandemic.

Research has identified specific groups of people facing higher risks to their mental health at this time, including the families of people treated in intensive care, people with existing mental or physical health conditions, and pregnant women. There is also evidence that people with existing mental health difficulties have been experiencing a worsening of their mental health during the pandemic.

The impact of the pandemic on children and young people's mental health is greater in areas and communities hardest hit by the virus and by lockdowns.

Children from low income families, from Black, Asian and minority ethnic communities and young carers are all more likely to experience poor mental health as a result of the pandemic. Children's mental health has been affected by disruptions to their education, compounded by reduced access to support for their mental health.

In prisons, actions taken to reduce the risk of Covid-19 to prisoners have also reduced levels of violence and use of drugs, but at the same time they have limited

access to mental health support and increased isolation. This is likely to have a significant mental health impact for prisoners subject to long periods of being confined to cells.

Youth unemployment has both short- and long-term impacts on mental health, as well as on lifetime earnings. There is a risk that young people will be especially badly affected by the recession, whose biggest impacts are likely to be in industries that employ large numbers of younger workers.

The economic impact of Covid-19 is likely to exacerbate and entrench social inequalities. This is because its impact is felt disproportionately due to age, existing poverty and deprivation, mass unemployment and less work, and accelerated economic change.

The only solution for the economy will be to cure Covid-19. Reducing the duration of the pandemic will be crucial to reduce its economic impacts.

A combination of further waves of Covid-19, a potential winter flu epidemic, the likely absence of the furlough scheme and a possible no-deal Brexit at the end of 2020 could have a significant impact on all parts of the UK economy and a consequent effect on the nation's mental health.

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