



Impact of Covid-19 on the mental health of Croydon residents

June 2021

Findings in brief

Majority concerned about contracting Covid-19 and about returning to work and school

1 in 5 stated they did not know the symptoms

Around 60% of respondents said that their mental health and wellbeing had been affected

Access to a range of services could have been better

Of those people whose mental health was affected only a few sought help

Resulting work and financial situation had created new stress for some

Recommendations in brief

A continued mental health support programme for all residents who need it

Looking at ways to overcome isolation is a key plank in any initiative

Support and enhance key pathways for information for mental health

Tailored support would be relevant for those dealing with employment and financial concerns

Continued insight is needed as situations change quickly

Executive Summary

This report is the result of a project between Healthwatch Croydon and three T-level (Technical-level) students from Croydon College. They considered issues concerning health and social care services in spring 2020 and selected a theme to explore. They then devised the methodology, piloted and ran the survey, collected the results and prepared an analysis of their findings before completing their time with us in August 2020. The Healthwatch Croydon team led by the Volunteer Lead supported them in work and have completed their work with the report shown here.

The key issue they were researching was how Covid-19 was affecting people's mental health. Covid-19 has been a problem for everyone since March 2020. It has affected residents in Croydon as daily activities and the "normal" lifestyle has changed due to the restrictions imposed by various lockdowns as well creating fears about themselves, friends and family becoming seriously ill or dying. This report looks back at the experience of the first lockdown, where requirements that we may have now become accustomed to were new. These include having to be quarantined/ stay at home due to lockdown, having to wear face masks when going outside, job losses and losses in finance for the whole economy and impact on personal finances. In relation to this Covid-19 has resulted in people feeling many types of emotions as both physical and mental health has been affected.

They chose to research this issue as their work placement was taking place during the time when Covid-19 was peaking, and they were all stuck in lockdown. They thought it would be a good idea to research an issue that was going on in the present and that was affecting all people at the time. Unfortunately, due to the Covid-19 situation they did not get to interview anyone or speak to anyone face to face but did release a survey and received 115 responses.

These are our findings:

- **A majority were concerned about contracting Covid-19 and about returning to work and school:** 68% rated high concern at contracting Covid-19 with nearly half of these very concerned. Likewise, 55% were concerned about returning to school or work. *(See page 14-16)*
- **Most knew what to do if they experience Covid-19 symptoms, but one in six did not know:** 83% said they would know what to do, but this left 17% who were unsure or did not know. *(See page 21)*
- **Around 60% of respondents said that their mental health and wellbeing had been affected:** For those who previously had a mental health condition 41% experienced worse conditions during Covid-19: and a similar number found being isolated at home made them unhappy. *(See page 26-29)*
- **Access to a range of services could have been better:** There is a variability in the quality that was provided for support, service provision, processing information, respite, and health condition management for residents and in some cases a gap in what was needed. *(See pages 30-33)*
- **Of those whose mental health was affected, only a few sought help and support:** This shows a gap whether due to access or availability between level of need and services. *(See page 38)*
- **The resulting work and financial situation had created stress for some:** 15% of respondents were affected, while 31% had concerns about financial status and 33% had experienced increased financial stress because of Covid-19. *(See pages 40-42)*

These are our recommendations:

- **A continued mental health support programme is needed for all residents who need it:** As lockdowns end and people return to work, there is concern about how people will feel about being exposed, particularly if there are further waves and lockdowns.
- **Looking at ways to overcome isolation is a key plank in any initiative:** While opportunities to meet face-to-face are limited, there is a need to find ways to connect with people maybe on the doorstep and in local voluntary services who can work at neighbourhood level.
- **Support and enhance key pathways for information for mental health support:** Residents need to find easy ways to get information about access to mental health and other services as well as advice and support. GPs and the Council can be effective gateways to provide this. Health and social services need to make sure that is in place including telephone support for those who require it.
- **Tailored support would be relevant for those dealing with employment and financial concerns:** Having analysed those who were experiencing stress due to work and finances they tended to be younger people as they found restrictions with work and a financial impact as a result. This has brought a new cohort of people who may need mental health support due to concerns around work and finances - this needs consideration - one size of service does not fit all.
- **Continued insight is needed as situations change quickly:** There have been many changes since this report was produced, both positive developments and new concerns. More insight is needed to see how new interventions are working and where gaps may be.

1 Background

1.1 Context

About Healthwatch Croydon

Healthwatch Croydon works to get the best out of local health and social care services responding to your voice. From improving services today to helping shape better ones for tomorrow, we listen to your views and experiences and then influence decision-making. We have several legal functions, under the 2012 Health and Social Care Act.

About the T-level project

This report is the result of a project between Healthwatch Croydon and three T-level (Technical-level) students from Croydon College. They considered issues concerning health and social care services in spring 2020 and selected a theme to explore. They then devised the methodology, piloted, and ran the survey, collected the results, and prepared an analysis of their findings before completing their time with us in August 2020. The Healthwatch Croydon team led by the Volunteer Lead supported them in work and have completed the work with the report show here.

The choice of subject about the mental health impact of Covid-19 was proposed by the students and agreed by Healthwatch Croydon, who facilitated the work to ensure it met the established standards of work in terms of quality and approach.

We thank the students for their hard work throughout the project, particularly as this was completed entirely online via a series of Zoom meetings and phone calls, due to the Covid-19 restrictions. You can hear about their experiences of working with us here: <https://youtu.be/7HkRZDsxDU5> and see some quotes of their experience on this project over the page.

We also thank Croydon College's Toni Hastings and Nikki Taylor-Flaherty for their help in coordinating this with us.

The students:



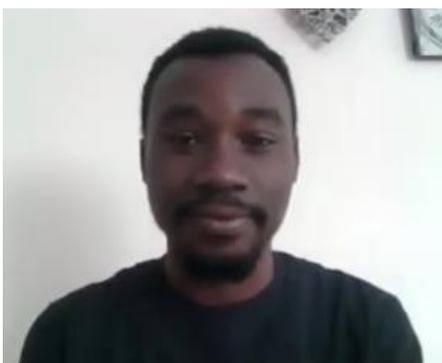
Miriam Aubrey

I've gained quite a lot of skills doing this because we have worked on quite a few different platforms. I started to learn how to use smart server which I've never done before so that was quite interesting. We also did a lot of things with analysis of people's responses of questions. It was interesting looking into how many different people were affected also how to sort of look at things of such an unbiased approach and being able to sort of empathize with people.

"The biggest challenge was working on Zoom the fact that one of us literally all of us all three of us had internet issues at times so we couldn't come on for some of the meetings and then we would have to relay the information that everyone would get."



Syeda Islam



Emmanuel Opoku

"I chose to work with Healthwatch because of the course want to also take at uni which is pharmacy. It has an expert aspect of research in it and when Healthwatch was introduced in school they made mention of research."

National level

The viral outbreak of Covid-19 has been a key priority for the worldwide population since December 2019. On the 16 March 2020 it was announced in the House of Commons that all unnecessary contact with others should cease,¹ and on 22 March 2020 the prime minister Boris Johnson announced that people must stay at home and certain non-essential business should close.² The purpose of this ‘lockdown’ was to protect the NHS from becoming overwhelmed, saving lives by preventing further spread of the virus, and minimising the infection rate.

Since the beginning of the UK lockdown, the government have assessed the economic consequences of the pandemic and brought forth urgent policy responses for people to retain jobs and incomes. The most present measures introduced at the time of this research were focused mainly on unemployment benefits, wage subsidises and the deferment of utility bills, rent payments and mortgage repayment holidays.

In April 2020, the government also announce that it would provide £6.6bn for the NHS as a part of the coronavirus emergency response fund consisting of £14.5bn.³ In addition to a £5bn coronavirus contingency fund announced by the government in March. The funding from the government was put towards new ventilators, diagnostic tests, and protective equipment for staff. In addition to this it enabled home delivery of medicines providing support for medical and nursing students and retired doctors and nurses to join in administering treatment.

Despite the efforts to contain and minimise any further outbreaks of the virus certain areas within the UK are still experiencing spikes in cases. The Office for National Statistics⁴ announced on 24 July that:

“Although London had some of the highest COVID-19 mortality rates in the country during March and April, it is now experiencing lower mortality rates

¹ <https://www.gov.uk/government/speeches/pm-statement-on-coronavirus-16-march-2020>

² <https://www.gov.uk/government/speeches/pm-statement-on-coronavirus-22-march-2020>

³ <https://www.gov.uk/government/news/chancellor-provides-over-14-billion-for-our-nhs-and-vital-public-services>

⁴ <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsinvolvingcovid19bylocalareasanddeprivation/deathsoccurringbetween1marchand31may2020>

compared with most areas. During May, the region with the highest age-adjusted COVID-19 mortality rate was the North East, where the rate was double that of London. The South West region continued to have the lowest mortality rate overall and during each of the last three months.”

“Meanwhile, people living in more deprived areas have continued to experience COVID-19 mortality rates more than double those living in less deprived areas. General mortality rates are normally higher in more deprived areas, but COVID-19 appears to be increasing this effect.”

Since this survey has closed, there have been new periods of tiered lockdowns from October to December, and full lockdown after short break during Christmas that is still in place with some restrictions being lifted in March and April 2021.

Local level:

Covid-19 has been a key issue for Croydon as data sourced from Public Health England stated that within the Croydon borough there have been 1890 cases as of 4 August⁵. Also, as of June 2020 it has been stated the Croydon had the fifth highest death rates in England⁶. This matters as the pandemic have resulted in a lot of deaths and fear. This fear has resulted in higher anxiety levels which has been affecting people’s mental health whether they are or they are not living with a pre-existing mental health issue already.⁷

1.2 Rationale and Methodology

The rationale for undertaking this research was to understand the impact of Covid-19 on the mental health of Croydon residents. This pandemic affected socio-economic impact nationwide. Some measures were taken to reduce the spread of this condition

⁵ <https://www.cityam.com/coronavirus-worst-affected-london-boroughs/>

⁶ <https://insidecroydon.com/2020/06/03/croydon-has-englands-fifth-worst-death-rate-for-covid-19/>

⁷ <https://www.health.org.uk/news-and-comment/blogs/emerging-evidence-on-covid-19s-impact-on-mental-health-and-health>

worldwide. Lockdown was introduced as one of the means of reducing the spread of the pandemic. With this, many were caught up in fear of contracting the virus, loneliness etc.

These factors made Healthwatch Croydon decide to look closely on how the pandemic has affected the Mental Health of Croydon residents.

Method

We contacted stakeholders and Croydon residents by email, with a link to our survey on the Smartsurvey platform. The circumstances of lockdown meant our research had to take place entirely online. The link to our survey was live on the Healthwatch Croydon website and we asked the following organisations to help promote this through their network including: South London and Maudsley NHS Foundation Trust, Croydon Health Services NHS Trust, South West London Clinical Commissioning Group, Esther Community Enterprise, Mind in Croydon, Imagine Mental health, Mental health support at Croydon Council, Bramley Health mental health support services and the Samaritans of Croydon and Sutton.

To promote our survey, we created a poster (appendix) and circulated the poster promoting the survey on social media platforms such as Twitter, Instagram, and Facebook. We also promoted the survey to people we know that live in Croydon.

We asked Croydon residents the following:

- **On a scale of 1-10 how concerned are you of contracting Covid-19?**
- **On a scale of 1-10 how concerned are you to go back to school or work?**
- **Do you have a pre-existing physical health condition that may be affected by Covid-19?**
- **Are you, or someone you are supporting in a shielded group?**
- **If you were experiencing symptoms of Covid-19 such as having a cough or fever would you know what to do?**
- **During the Covid 19 crisis, have you needed to contact health services for any help or advice?**
- **Have you been diagnosed with any mental health conditions?**

- If you are living with a mental health condition, has your pre-existing condition worsened during the Covid-19 crisis?
- Since Covid-19 started do you feel that your mental health/ wellbeing has been affected?
- Have you contacted someone for help and support during the Covid-19 crisis regarding your mental health?
- Does staying at home being isolated make you feel sad and/or upset?
- How lonely do you feel at home due to self-isolation on a scale of 1-10
- Since the start of Covid-19 do you feel you have been bullied online in any way?
- Has covid-19 affected your employment status?
- How concerned are you currently about your financial status?
- Thinking about your finances, have you experienced increased stress (as an effect of Covid-19?)
- Which part of Croydon do you live?
- Which age group are you?
- Who do you live with?
- What is your ethnic background?

All surveys were filled in on a voluntary basis and some participants did not answer all the questions. We appreciate all the responses we received from the residents during what was an unprecedented challenge.

Respondents were encouraged to tell us about the services and are included in the comments throughout this report.

We would like to thank everyone who responded to the survey.

Limits of the research

We could only reach Croydon residents online

The lockdown made us dependent on the internet and online responses. We were very limited in how we conducted our survey. We wanted to access students in Croydon College as they fit our criteria. However, since we were not in college, we did not have the ability to promote and conduct our survey to the students of Croydon. We were also unable to access other residents in public places such as libraries.

Only open to people who have access to the internet and/ or are computer literate

Only those who are active on social media or those who visited the Healthwatch Croydon website would have been able to see the promotion for the survey.

There are also some people who were working during the pandemic e.g., people in healthcare, supermarket workers who may not have had the time to complete the survey.

We had a time limit for our research

Our limited time meant that our research was also limited. If we had more time, we could have obtained a different set of results as lockdown rules had changed a few times throughout the past months, therefore people's feelings around Covid-19 might have changed as well. If we did not have a time limit, then we could have compared the responses of people who answered at the beginning of Covid-19 where the virus had peaked and when lockdown was starting to ease.

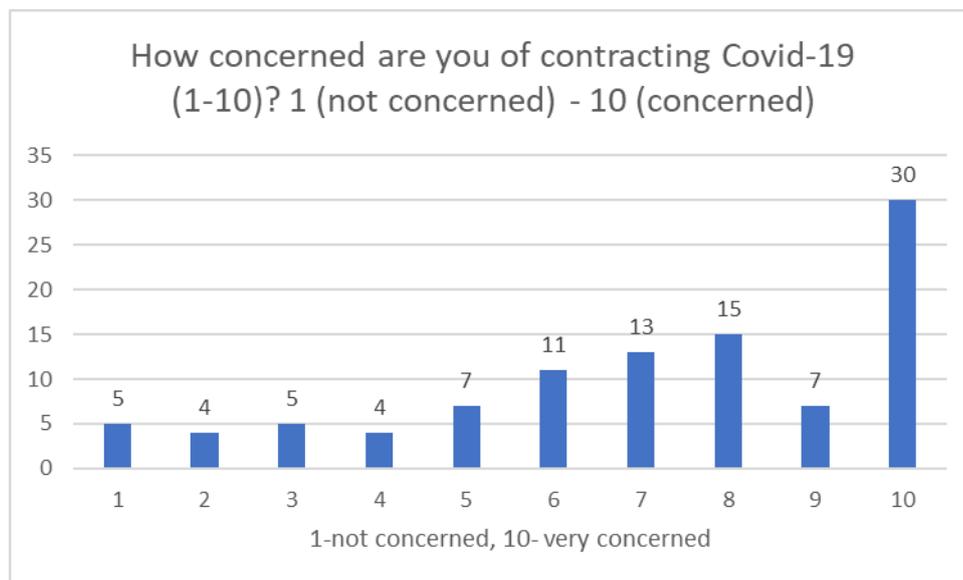
People did not want to talk about Covid-19:

When we published this survey, it is possible that Croydon residents' feelings were changing around idea of Covid-19 as the lockdown was gradually easing, people were returning to work and school, so the urgency may have been reduced. After an initial interest, responses slowed down quickly, this was possibly because people were had lost interest in giving their responses to Covid-19, as our survey was not the only one being produced.

2 Insight results

Please note that there is a variance in totals because some people did not answer every question.

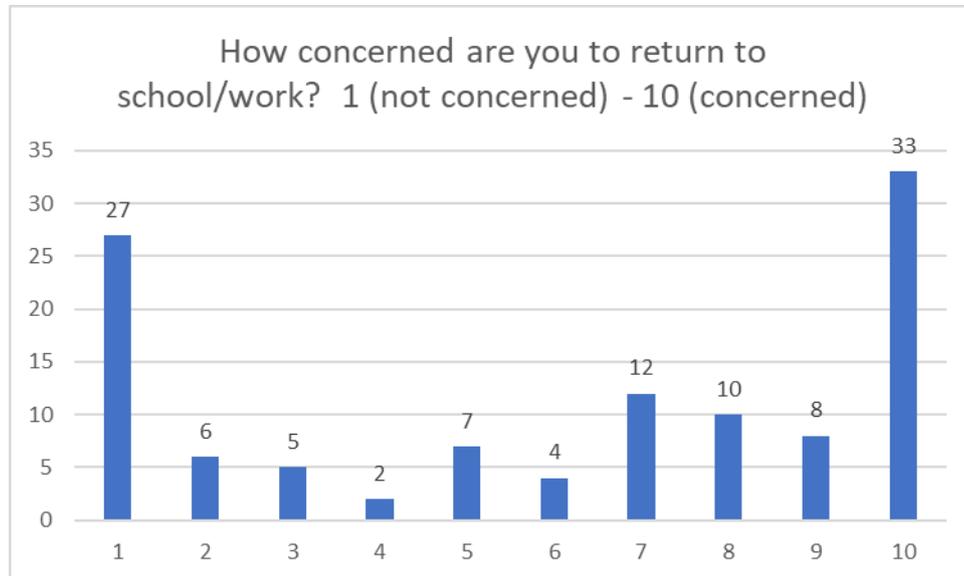
2.1 On a scale of 1-10 how concerned are you of contracting Covid-19?



Total=101

Looking at the chart, 14% (14) chose 1-3, 22% (22) chose 4-6 and 35% chose 7-9 and 30% chose 10 respectively from the scale. 30 respondents chose 10 indicating, the highest level of concern about contracting the virus. Some of their reasons respondents gave for their concerns of contracting the virus was that it may aggravate a pre-existing health condition. Other respondent who chose from 1-3 from the scale gave reasons such as following strict health and safety guidelines that helped reduce their concern.

2.2 On a scale of 1-10 how concerned are you to go back to school or work?



Total=114

There was more range here with 23% (27) not concerned about going back to work (23%) and those who very were concerned 29% (33), 26% 30 were quite concerned (7-9)

“Because I have some long-term conditions so think I would become very ill”. This suggests that they are scared because they are more likely to get ill. Another comment stated, “I am an Asma (sic) sufferer, and the virus would be bad for my condition” Another example of a respondent's answer said, “I have a health condition not certain also how high the risks can be in general with going out etc”. There is a common theme, and we can suggest that the people that are most concerned about going back to work/school are the ones with health issues.

Residents said:

“Retired, so more concerned about public transport”

“Because if I don't go to college. My future can be ruined because I won't be able to have a job in the area I want.”

“Mixing with other people who ignore advice on distancing, not wearing masks.”

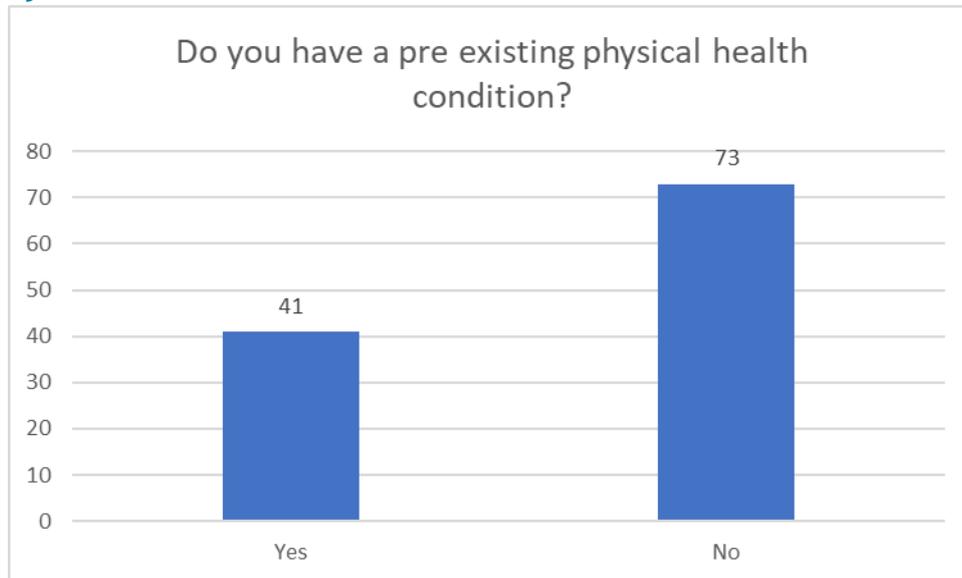
“On provision that there is appropriate PPE and cleanliness.”

“We have vulnerable clients visiting all the time. There is not enough ventilation in visiting areas Although I am doing what I can I don't (sic) know what they may or may not be doing to avoid the spread.”

“I am working at home and would like to carry on doing so for the foreseeable future.”

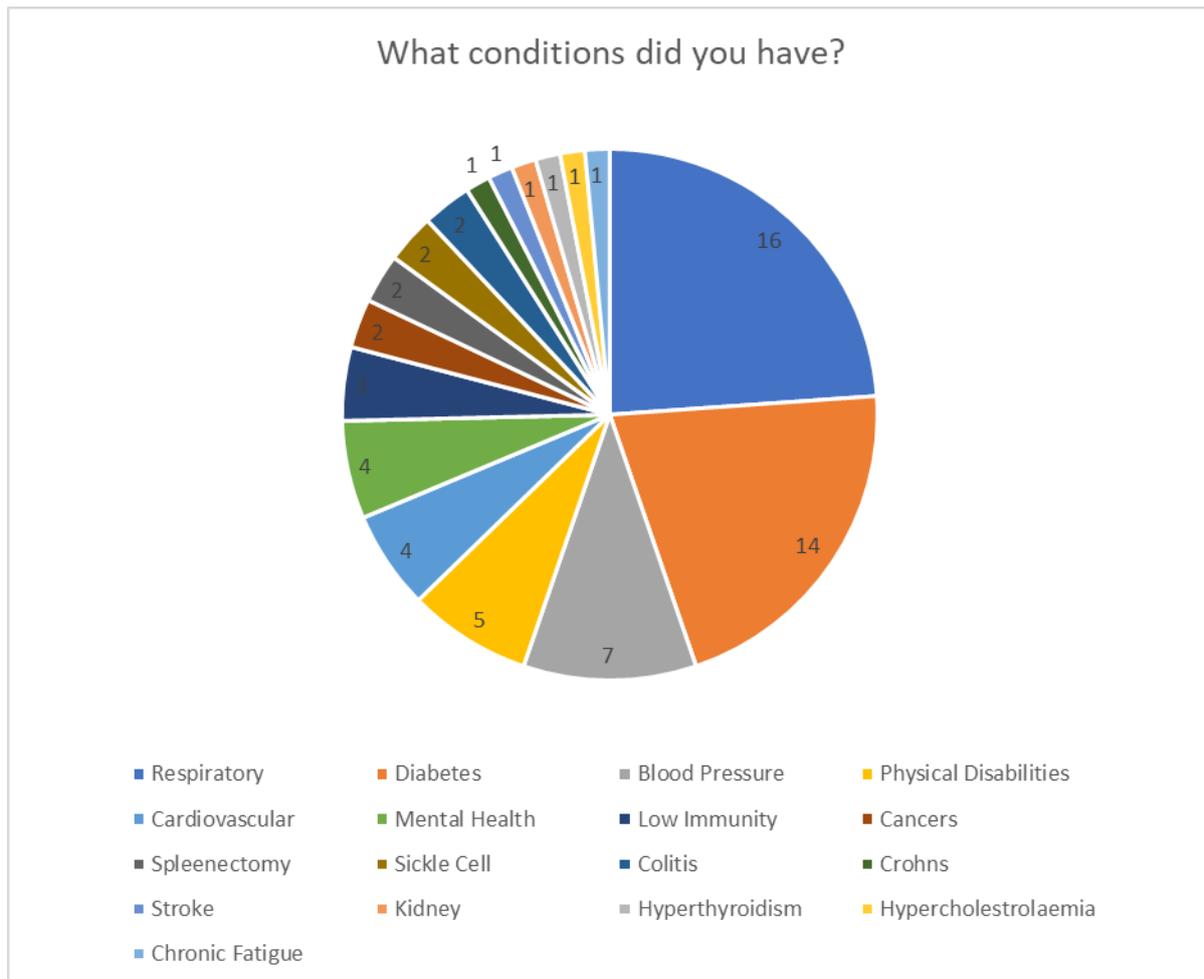
“I am retired and do not go to work. However, I will be glad to get back to my normal voluntary activities.”

2.3 Do you have a pre-existing physical health condition that may be affected by Covid-19?



Total=115

The graph shows that 41 respondents (35%) agreed to having a pre-existing health condition that could be affected by Covid-19. The rest of the 73 respondents or 65% answered “no” which means that they do not have a health condition that could be affected by Covid-19. We also asked the respondents to put down what health condition they have underneath this question in a comment box. The respondents had a choice of whether to reveal if they wanted to mention what health condition they had.

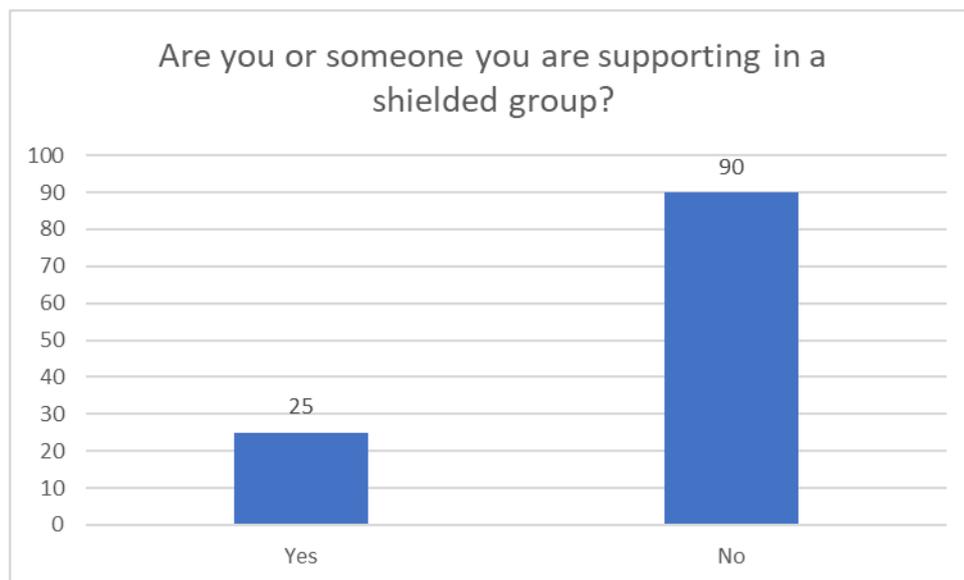


Total=41 (67 conditions)

Some of the conditions that were mentioned by the respondents include:

- Asthma/ respiratory - This was the most reported health condition with nine (9) people affected.
- Diabetes - This was the second most reported health condition with seven (7) people affected
- COPD - two (2) people have been affected
- Sickle Cell - Two (2) people have also been affected by sickle cell
- Two (2) respondents had reported to suffer from a heart condition
- Other health conditions included - Hypertension, Hypercholesterolaemia, chronic kidney disease, Splenectomy and Crohn's disease

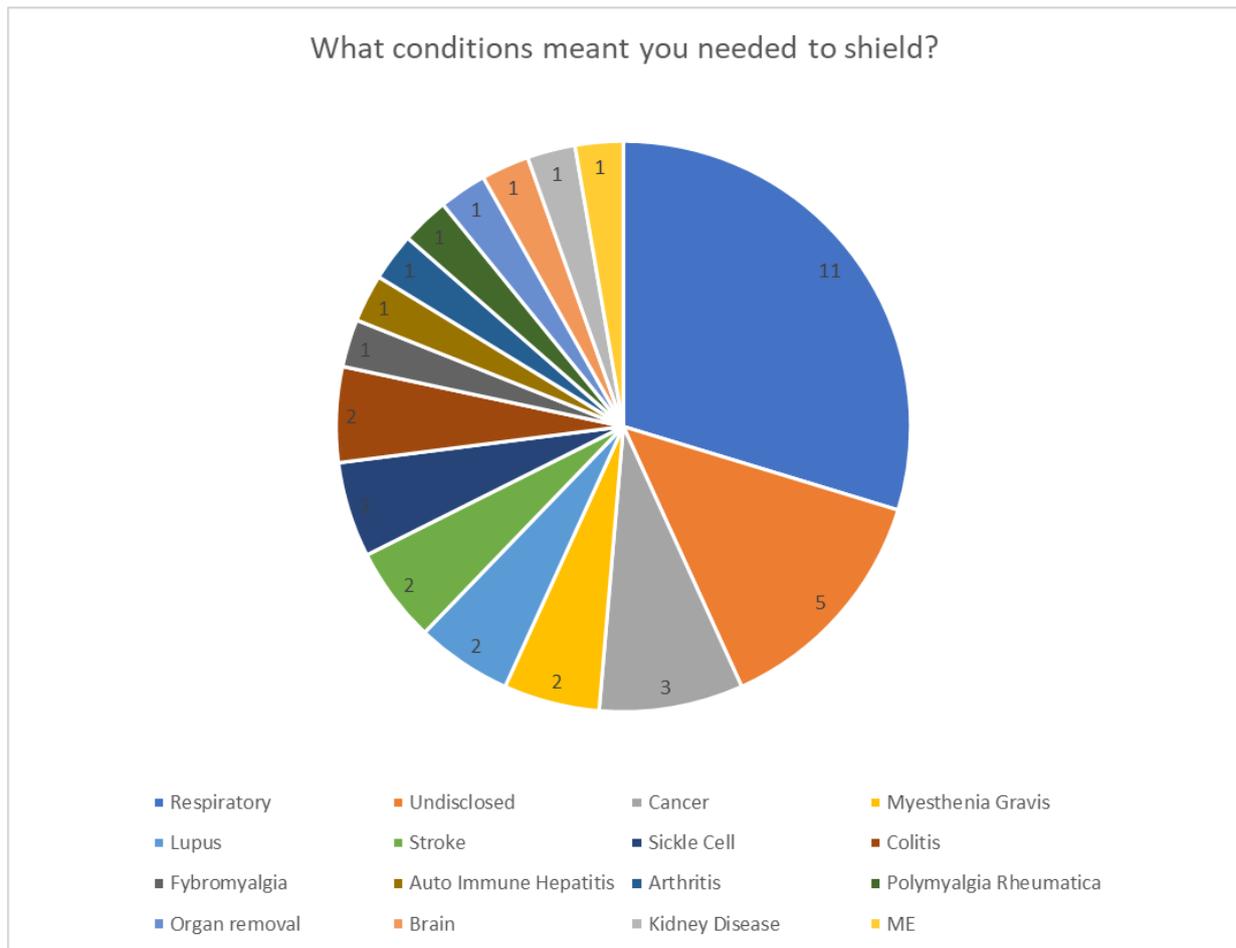
2.4 Are you, or someone you are supporting in a shielded group?



Total=115

The graph showed a big difference between the two answers as more people answered no than yes. 90 people (78%) answered no, they do not support someone in a shielded group which means the rest of the 25 people (22%) answered that they do support someone, or they are within the shielded group according to government definitions.

In our comment section we asked respondents if they could say why they are or why the person they support are a part of the shielded group. Some of the comments suggest that they have Cancer and are being treated for it e.g. A respondent said, “My 72-year-old nan who was treated for cancer last year.” Another respondent said, “Due to chemotherapy treatment”

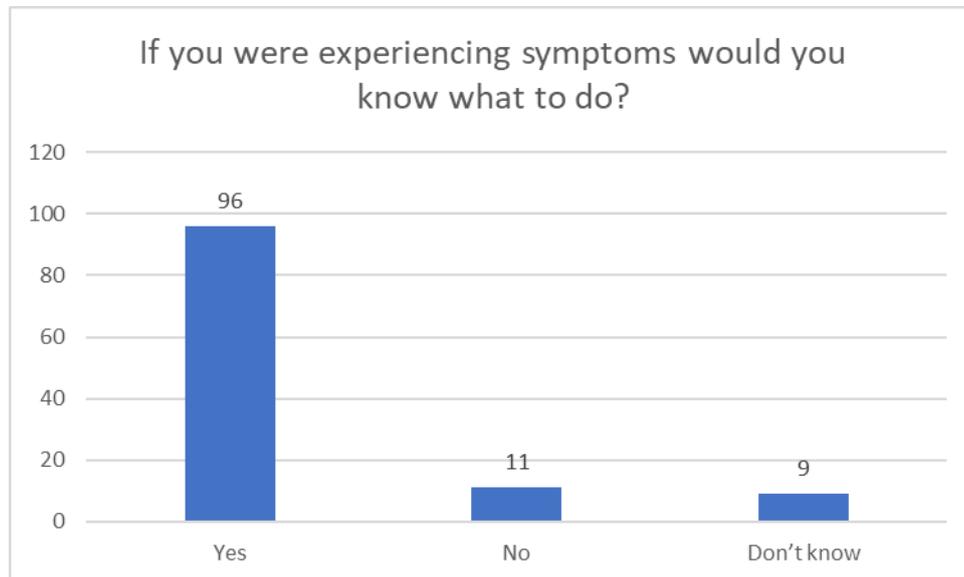


Total= 25 (37 conditions)

Other respondents have mentioned that they are, or they look after someone a part of a shielded group due to having health conditions such as, “ulcerative colitis”, “sickle cell anaemia”, “dementia” and “asthma”. One of the respondents mentioned that they had just had an “organ removal” We have learned that people that have had an organ removed may be more prone to Covid-19 as stated via the American Society of Transplantation.⁸

⁸ https://www.myast.org/sites/default/files/COVID19%20FAQ%20Tx%20Centers%202020.03.11_FINAL.pdf

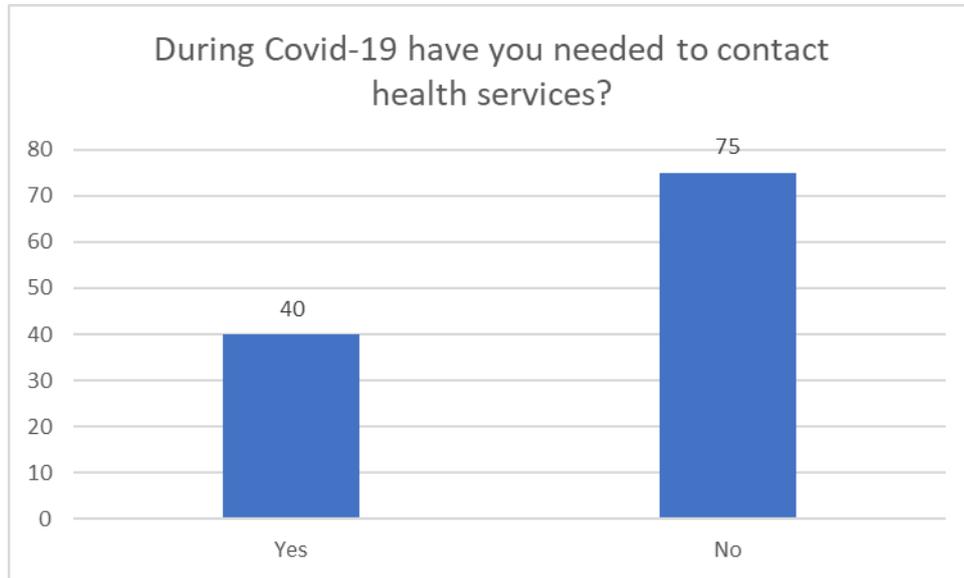
2.5 If you were experiencing symptoms of Covid-19 such as having a cough or fever would you know what to do?



Total=116

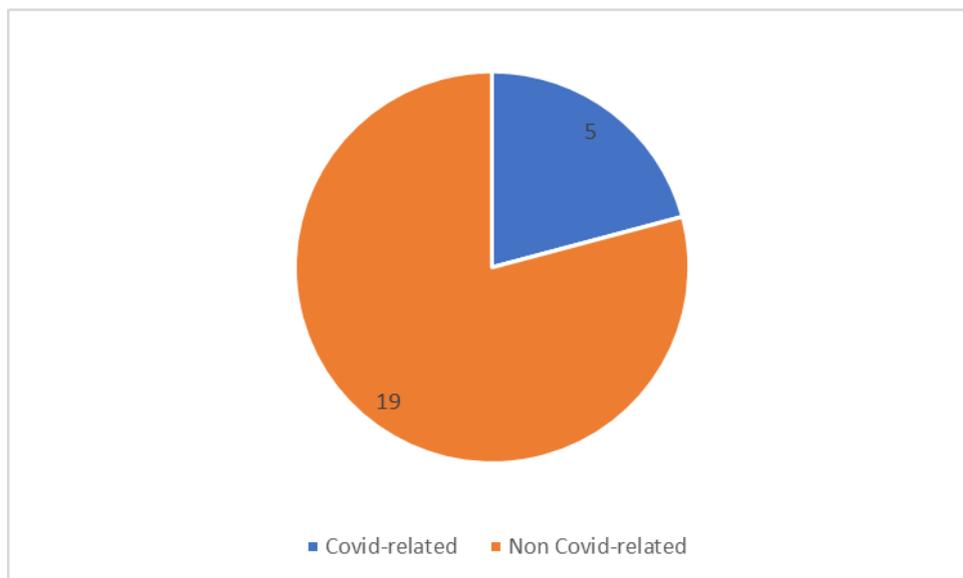
The graph shows that almost 2 in 10 respondents (17%) would not know what to do if they were experiencing symptoms of Covid-19. The rest of the respondents said yes which means that they would know what to do if they experienced symptoms of Covid-19.

2.6 During the Covid-19 crisis, have you needed to contact health services for any help or advice?



Total=115

40 respondents (35%) said that they had needed to contact a health service during the pandemic, of these 25 stated their use for services, 79% contacted services for a non Covid-19 issue.



Total= 40

Of those who gave comments, their experiences have been coded as follows:

Positive	14
Negative	11
Neutral	11
Mixed	2
	38

A few people called the GP or 111. One person called the dentist. There were a lot of mixed responses and people had different experiences. Most of the responses show neutral experiences which means that their experiences were satisfactory, or they did not really mention whether the experience was good/bad. Some examples include:

Residents said:

“Routine appointment cancelled at respiratory unit - done by phone. Ear syringe done today after four weeks of worsening hearing loss. Awaiting non-urgent OP at Mayday.”

“When Covid first broke I called 111 in early March as I had persistent cough and had been getting over a winter flu. I wanted some kind of clarification that I did not have Covid I was told I didn’t because I did not have a high temp.”

“Telephone consultation with GP which was OK.”

Examples of some respondents' experiences include:

"Tel & face to face appointment with GP on matter unrelated to Covid-19. Unusually unhelpful."

**"My daughter and I had a bad cough so we visited the hospital. This hospital didn't know what they were doing."
"Some staff mislead patients hence didn't know where to go to ? Very appalling (sic) experience."**

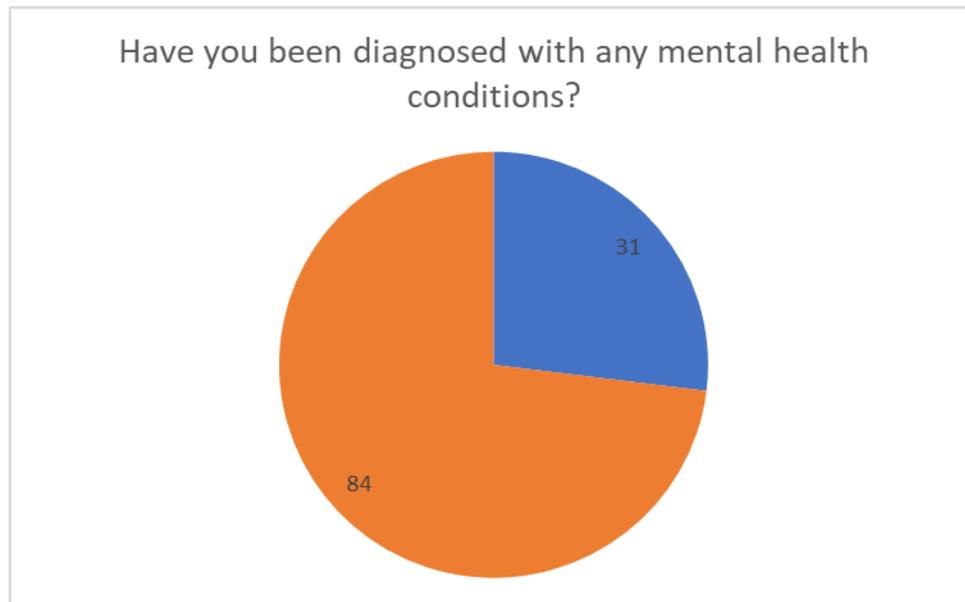
A few of the comments mentioned that their experience was good, and the health service met their expectations. Examples of good experiences include:

"I nearly cut the top of my finger off in the garden. I called 111 and they were very good and suggested I should get it stitched at Croydon hospital."

"Telephone consultation at hospital which I found was beneficial, I prefer to do this than face to face."

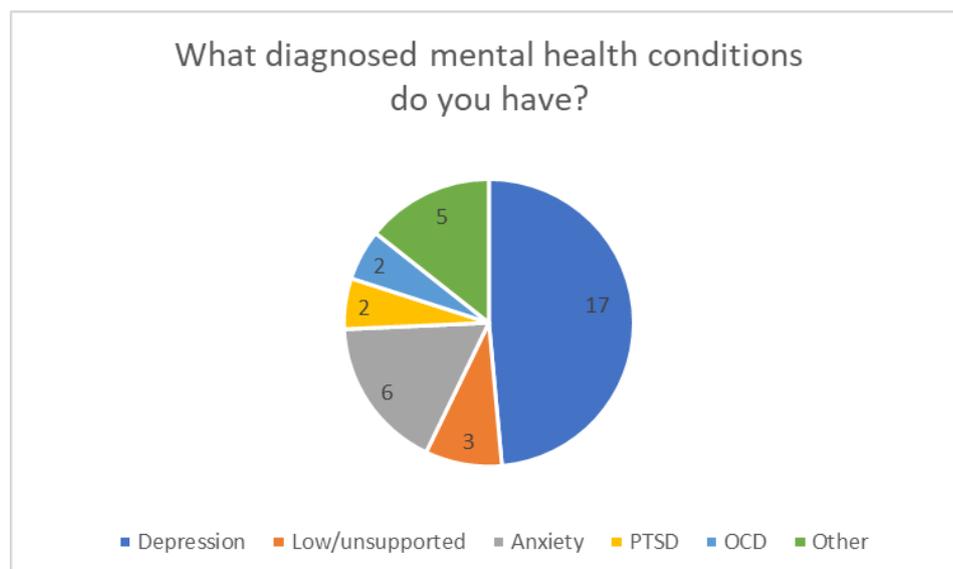
"Very helpful and supportive."

2.7 Have you been diagnosed with any mental health conditions?



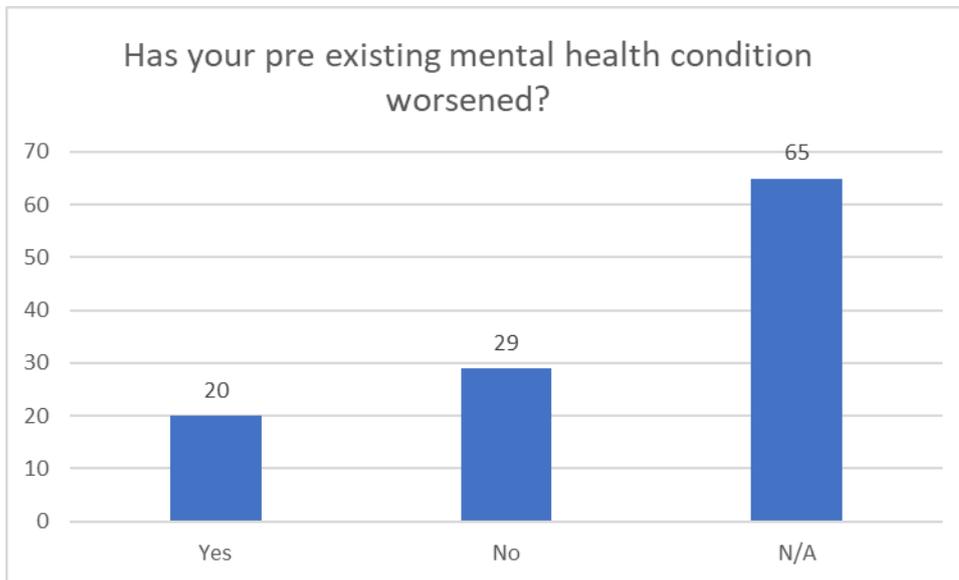
Total=115

Just over a quarter of respondents said that they had been diagnosed with a mental health condition (31, 27%). We asked the respondents if they could tell us what mental health conditions they had been diagnosed with. The respondents had the option to mention what mental health condition they had if they wish. Some of the diagnosed mental health conditions that were mentioned in the comment section are shown below.



Total=31 (35 responses)

2.8 If you are living with a mental health condition, has your pre-existing condition worsened during the Covid-19 crisis?



Total=114

49 people said they are living with a pre-existing mental health condition, 20 of the respondents said that their condition had worsened during the pandemic. 29 said it has not worsened which could mean it either stayed the same or it got better during the pandemic. To analyse the responses further we asked below why the respondents mental health has gone worse/better/stayed the same. Of those who gave comments, there was only one positive comment, a majority were negative. Some of the negative comments which had suggested that some of the respondent's mental health did not improve include:

Positive	1
Negative	14
Mixed	1
Neutral	5
Total comments	21

“worried
isolated”

“I feel the depression getting worse. I'm finding it difficult to function. Some staff mislead patients hence didn't know where to go to ? Very appalling experience.”

“Increased anxiety, obsessive hand washing after touching objects and sleep issues.”

“My daughter and I had a bad cough so we visited the hospital. This hospital didn’t know what they were doing”

Very much so. I feel constantly on edge, like anything I do will cause my family to die. I’m very stressed with little way of managing this, and no way to talk to a professional. I have come very close to hurting myself on a number of occasions.”

“Extremely stressed as I’m not able to out at all.”

“Isolation and loneliness has been with me pre covid-19”

There were two responses that suggest the respondent’s mental health did not really change or they had mixed emotions.

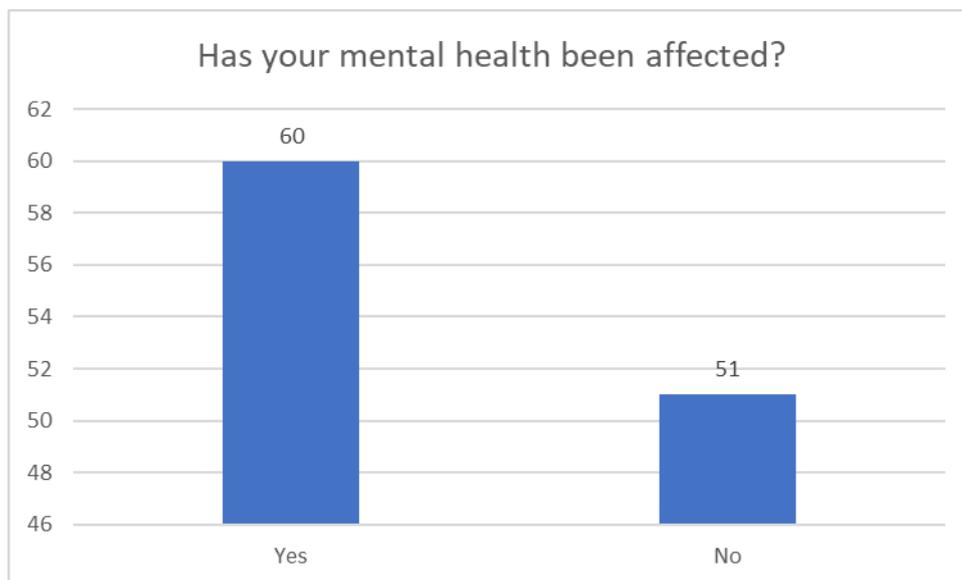
“Am getting over bereavement unrelated to covid. Support groups have all been cancelled, apart from Zoom meetings.”

“Up and down with regard to the current situation also a bereavement.”

“My mental health has actually improved during lockdown.”

Surprisingly no difference (not experienced an episode during Covid).”

2.9 Since Covid-19 started do you feel that your mental health/wellbeing has been affected?



Total=111

The graph shows a slight even split between the yes and no answers, but the graph shows that more people had said yes. This question was aimed for everyone whether the respondent had or did not have a mental health condition. Some comments frequently mentioned that they were “anxious” or “worried” which shows that covid did have a negative impact on people’s mental health.

Positive	3
Negative	39
Mixed	5
Neutral	1
Total comments	48

“I have been more anxious about the health of relatives”

“I have been very anxious for family members who are working and in care

“A little anxious at times. Not sleep too well also. Have

There was a comment that showed that the respondent felt that their mental health was affected yet it was not affected suggesting that they felt mixed emotions about Covid-19.

Some comments suggested that people's mental health's have improved

"I miss friends and family, but I have enjoyed the spring, watching the wonderful selection of opera, theatre and musical events that have become available to watch."

"It has improved."

"Low moods have increased and tension at home has gotten worse. However, my work/life balance has improved."

2.10 Further comments from questions

Support

We asked if people where they went for help and support during Covid-19 regarding their mental health. The responses were varied surrounding the topic of support. Many comments show people found support that was helpful. However, there were comments where the support they received was either unhelpful or they did not receive any at all.

“Friends. They were especially supportive.”

“My GP, who helped as best she could via phone by providing a sick note for work. But I needed therapy ideally to stabilise, which wasn’t possible.”

“I have been helped by the assessment and liaison team which was coincidental.”

“Do not feel ant (sic) helpful plan is currently in place.”

Service provision

There were some mixed responses:

“Poor, have sxs (sic) of illness could be serious Needed referral to consultant, doctor didn’t agree eventually did do referral.”

“Tel & face to face appointment with GP on matter unrelated to Covid-19. Unusually unhelpful attitude from GP and complain made. Awaiting outcome.

“Mental health services for my daughter. Found it to be extremely reduced and restricted because of Covid-19 crisis.”

“Tried calling 111. Waiting 2 hours for a reply. Gave up.”

“Telephone consultation at hospital which I found was beneficial, I prefer to do this than face to face. Easier. I know it’s not for everyone but it worked for me.”

“Very helpful and supportive.” “Telephone consultant with GP was OK.”

Processing information

For relevant information this is needed, and maybe a well promoted point of access, and at an early stage.

“Unintentionally rang nhs direct to discuss symptoms. Very sorry as i think in hindsight was a panic call but spiralled into an ambulance team being sent out. I apologise to nhs and the crew for wasting their time.”

“A telephone help line.”

“To get help and advice at an early stage and put in contact with the right bodies that can offer help.”

“Power of attorney this info isn’t out there, it needs to be out their early.”

Respite

Relating to people's financial circumstances in terms of their employment status and how their current situation is affecting their mental health.

"I have family that I live with and this helps. I talk to people daily due to my job."

"Good support network from friends' and family".

"Just hemmed in and bored even while working".

"I'm an outdoor man so it does feel suffocating".

"It is restricting and unsettling". "I'm fine, others are not."

"I feel sad for the fear of the unknown. Have I a job, will I get ill, will lose my home". "Actually enjoying it"

"I've also had a bereavement, so this isolation hadn't helped."

"I have a work pension (sic)." "My workload has not been affected."

"Financially nothing has changed, I am just working remotely."

"Very worried about austerity measures by this govt."

"Redundancy - what more can I say?"

"My PIP benefit was stopped just before the lockdown, I'm disputing their decision but have been unable to contact them."

Health condition status

It is apparent that due to the pandemic people with mental health conditions may see their condition worsen.

“I control my OCD not me.”

“My mental health has actually improved during lockdown. It has made me reevaluate my priorities which has reduced my depression. I have also taken more exercise (long walks) which may have helped.”

“It’s spiralling down - feel hopeless.”

“Panic attacks and claustrophobia if too many people around.”

“My breathing became bad. For a period of weeks.”

“Constant anxiety, not sleeping. OCD exacerbated.”

2.11 Have you contacted someone for help and support during the Covid-19 crisis regarding your mental health?



Total=114

Just 12, or (11%) of our respondents answered that they contacted someone for help during Covid whether that was a health service or just friends/family. We then asked the respondents to tell us who they called and whether it helped or did not help their mental health. Most of the comments were positive.

Comparing responses to our questions in 2.9, 60 respondents stated that their mental health had been affected. However, only 12 contacted someone about their mental health.

Of the people that did contact mental health services, two were coincidental and one was contacted by their GP, so rather than seeking support had their GP monitor them. In addition, two respondents were already in therapy.

There are evidently many people experiencing changes in their mental health but very few who contact services about it. There is a possibility that it is due to people adhering to campaign “stay home, protect the NHS, save lives”.

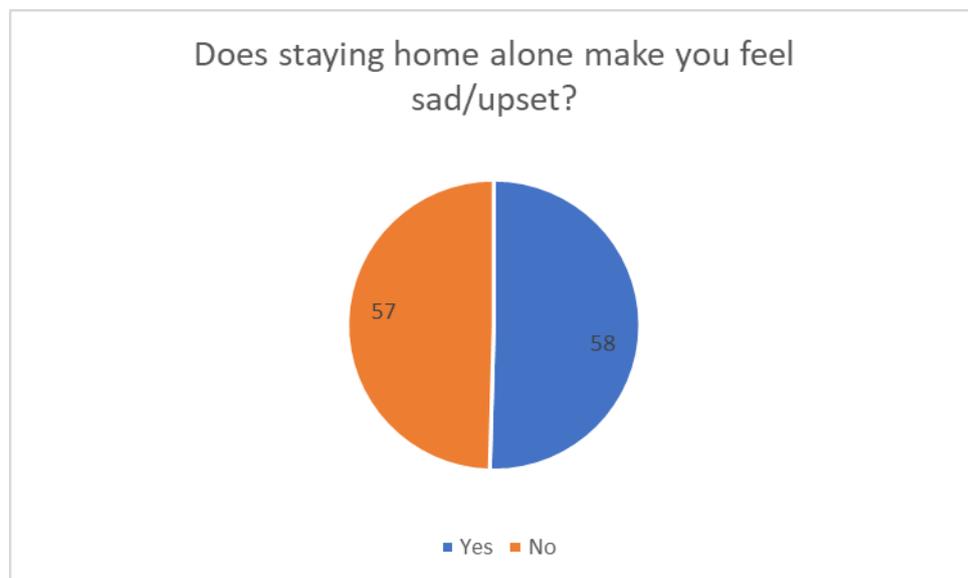
Responses include:

“Friends. They were especially supportive.”

“I have been helped by the assessment and liaison team which was coincidental”

“My GP, who helped as best she could via phone by providing a sick note for work. But I needed some further therapy ideally to stabilise, which wasn't possible.”

2.12 Does staying at home being isolated make you feel sad and/or upset?



Total=115

Keeping people indoors for some time and preventing them from socialising unbalances the social life aspect of their lives. As part of the measures to ease the spread of the virus people were asked to stay home but go out only when it was necessary. Results from the question indicates a tie. This shows that half the residents who responded to the survey felt sad and/ or upset amid being isolated whilst half of them did not.

“No, because I feel safe.”

“It was a novelty at first but I miss the social interaction”

“Yes, because I feel I'm in a bubble, invisible not part of the world.”

“Not all the time, but sometimes feel lonely”

“We both miss our regular walk out to the local pub where we are able to meet friends and keep good friendships”

“I’m an outdoor man so it does feel suffocating”

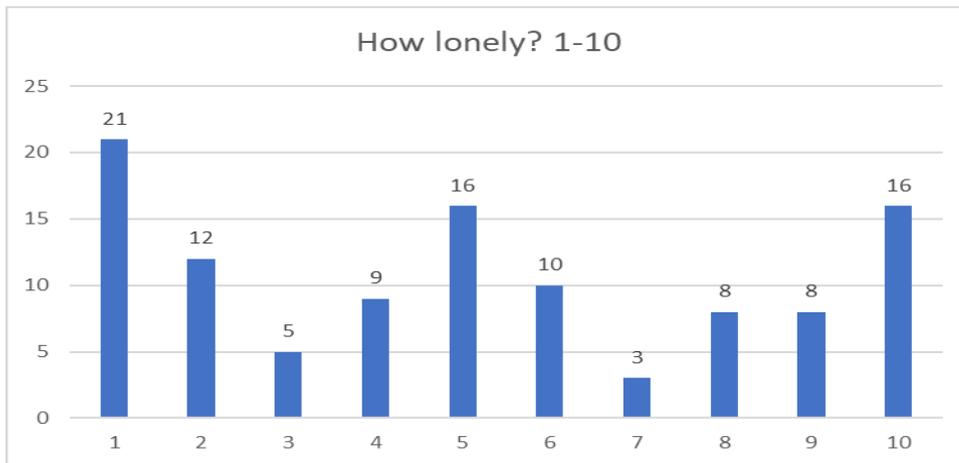
“Physically and mentally exhausted caring for a shielding mother.”

“I have family members staying with me so not alone.”

“Fantastic chance to catch up on skype with friends overseas, read books I’ve been setting aside, watch films I’ve never seen, start new language, get the garden up to speed, learning different cooking techniques. I love every moment of it.”

“Good support network from family and friends.”

2.13 How lonely do you feel at home due to self-isolation on a scale of 1 (not lonely -10 - very lonely)?

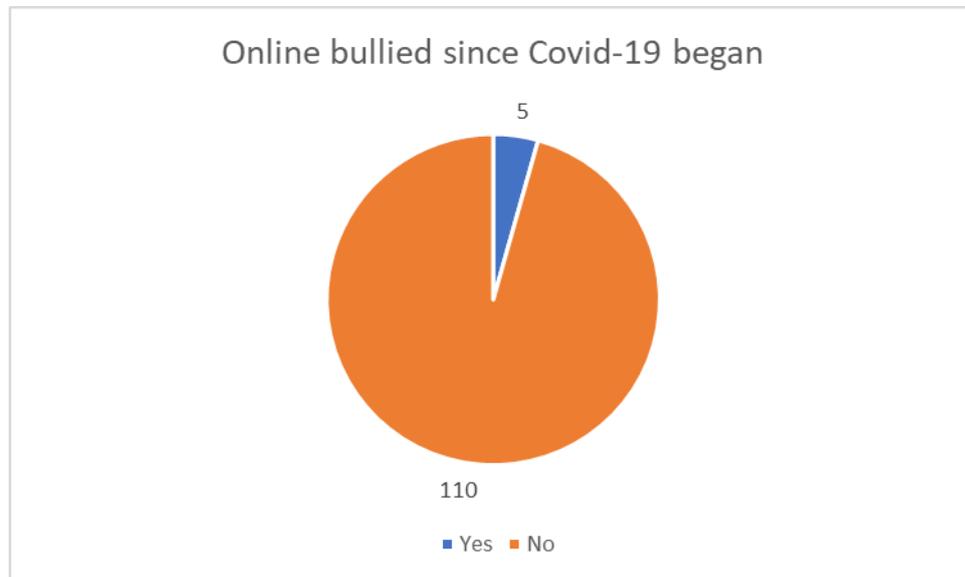


Total=108

From the results, approximately 36% (39) or respondents did not seem to be lonely (range 1-3) and a similar number slightly lonely 33% (38) residents slightly feel lonely (range 4-7), and 32% (35) residents said they were lonely due to self-isolation.

It is also seen in the question 2.17 on demographics that about 72% of the people who answer the question did not live alone. Hence, it may suggest that most residents who lived alone were the ones that feel lonely during the period of self-isolation.

2.14 Since the start of Covid-19 do you feel you have been bullied online in any way?

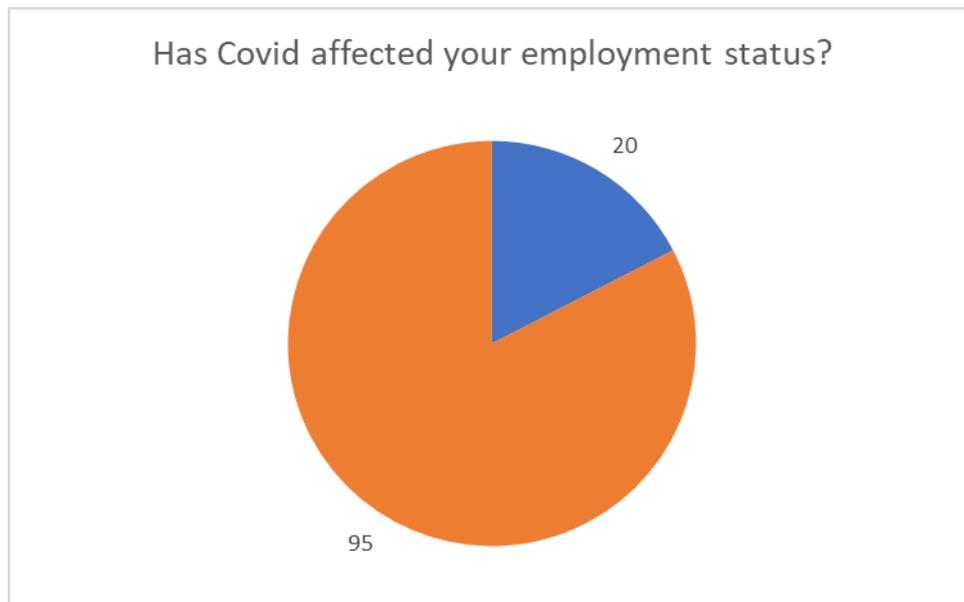


Total=115

Being bullied in anyway can negatively affect the mental wellbeing of an individual. Most of the day-to-day activities had to be done online when the lockdown was introduced and there was concern that some cyber bullies would take advantage of this to pose risk and concern to people. However, the results indicates that most of the respondents were not bullied online - just 5 out of 115. One of the comments explained the kind of posting in more detail.

“Social media posting orders of what people should and should not do .Accusing others of killing people over the regulations.”

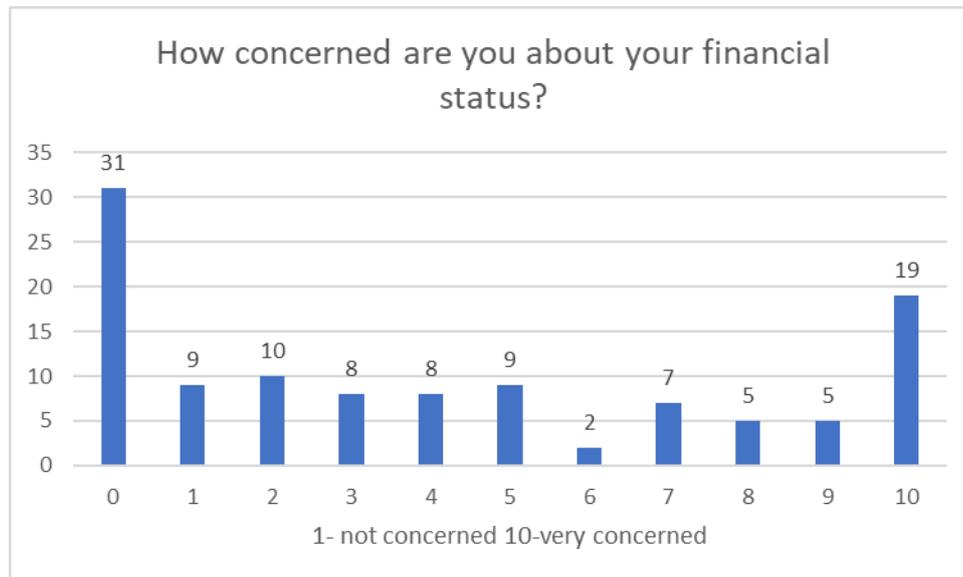
2.15 Has Covid-19 affected your employment status?



Total=115

As part of the measures taken to reduce the spread of the virus, most businesses were shut down for some time. This action took most employees home and to work online when possible. From the chart 83% (95) of the respondents answered no which indicated that their jobs were not affected by the pandemic but 15% (20) of the residents were affected. This could be because of not being able to work from home.

2.16 How concerned are you currently about your financial status?



Total=116

As said earlier, most businesses were shut, hence employees were made to stay home. There was the introduction of furlough scheme - whereby workers were paid a percentage of their remuneration while remaining at home and not working. There was a spread with the extremes most represented and slightly more not so concerned (75 scoring 0-5) while 36 ranged up to very concerned about their financial status particularly through losing their jobs and the increases of utility bills due to being at home more. This all could affect mental health.

“Job loss threat”

“Job isn’t secure”

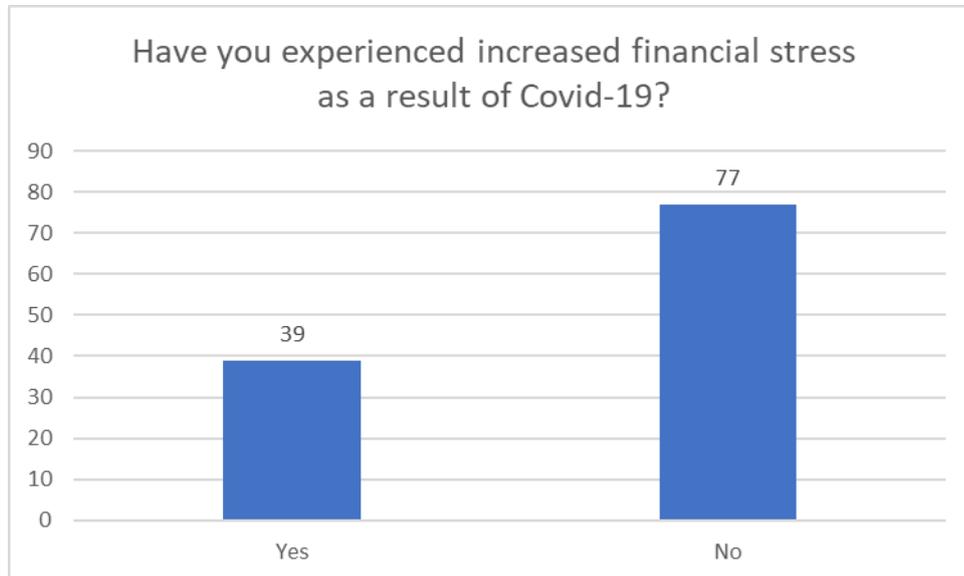
“I’m concerned about higher prices and bills”

Spending less money than usual”

“Have been fully employed and paid throughout + due to retire in a few weeks.”

“Spending less as cant (sic) go to theatre, cinema, museums & art galleries and not eating out.”

2.17 Thinking about your finances, have you experienced increased stress (as an effect of Covid-19?)



Total= 116

“My income is now basically halved”

“Have to pay rent myself no support”

“As above. Fear of losing my job as the country enters its worst recession since the 30. Fear of where it will lead.”

“Too much time on my hands makes me worry and get stressed even more.”

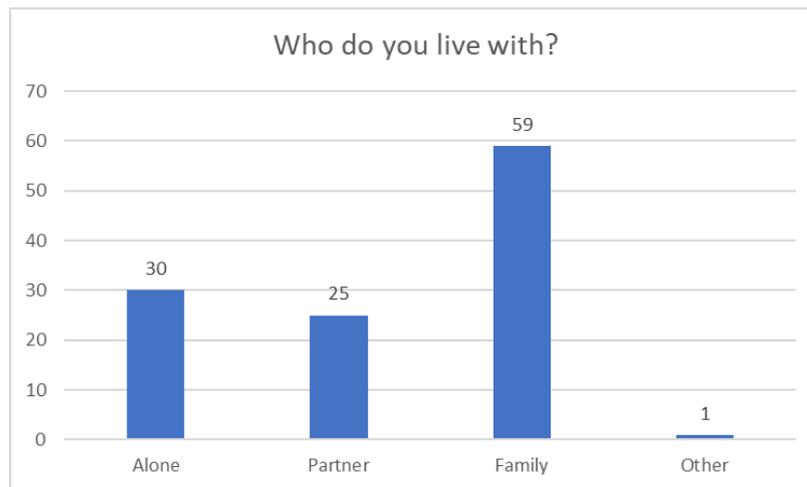
“Fortunately(sic), we have private pensions which make us financially secure.”

2.18 Demographics

This section shows the demographics of the sample who responded to this survey.

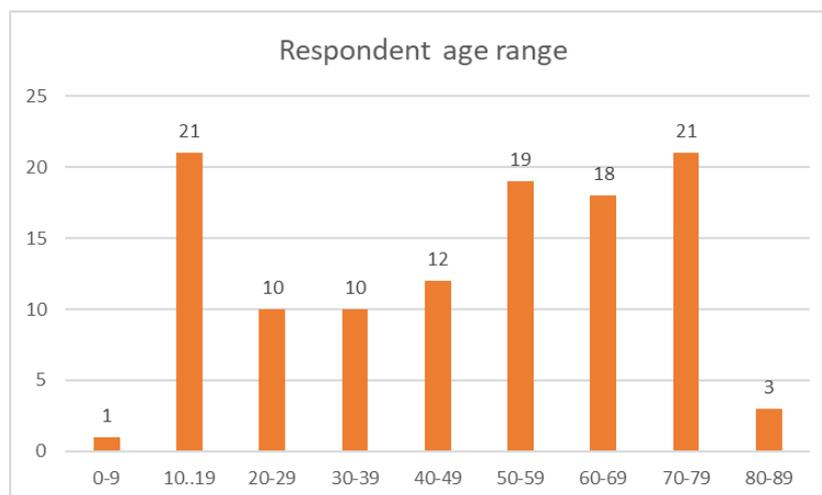
Who do you live with?

The graph indicates that 51% of the residents live with their family, 26% live alone, 22% with a partner or spouse and 1% chose other.



Total=115

Age range



Total=115

The sample gained a good range of responses across the ages including 21 in 10-19. 56 were under 50 and 61 were 50+

3 Response to our research

Dr John French, Croydon GP and Clinical Senior Responsible Officer - Better Start in Life for NHS South West London CCG, Croydon Place, said:

“We welcome this informative and easy to understand report into the impact of Covid-19 on the mental health of Croydon residents. The report provides a clear "snapshot" of the respondent's views and feelings which will help us to understand where improvements can be made and where we need to target our collective resources going forward.

“We would like to take this opportunity to pass on our thanks and admiration to the students who devised the methodology, designed the survey, collected the results, and analysed and presented their findings – it really is an informative piece of work.

“The report will help to shape services across our borough and will be an important aid in identifying the focus of our recovery in the months to come. The findings also support the NHS 2021/22 Mental Health Spend Review and Mental Health Investment Spend as it pinpoints the areas of need as identified by Croydon residents.”

“We are sharing the report with the Croydon Children & Young People’s Emotional Well Being Partnership Board, our Clinical Leadership Group and Croydon GPs.”

4 Quality assurance

Does the research ask questions that:

Are pertinent? The insight asks residents about their mental health and overall health during the first lockdown because of Covid-19.

Increase knowledge about health and social care service delivery? This research helps both commissioners and providers of services both in the health and social care sectors, about the experience of residents during the first Covid-19, the impact this had for them and the mental health needs they may need as a result.

Is the research design appropriate for the question being asked?

a) Proportionate: We ran the survey for some months and created many opportunities for residents to respond.

b) Appropriate sample size: Has any potential bias been addressed? We had 114 responses. There will be inherent biases in that the survey was self-selecting and could only be completed online mostly through the time of lockdown. Limitations are listed on page 13.

Have ethical considerations been assessed and addressed appropriately? Beyond the usual standards of anonymity, there were no others.

Has risk been assessed where relevant and does it include?

a) Risk to well-being: None.

b) Reputational risk: That the data published is incorrect and not of a high-quality standard. We carefully analyse the data that has come directly from respondents' answers via the Smart Survey platform.

c) Legal risk: Have appropriate resources been accessed and used to conduct the research? There was no need to refer to legal resources for this research.

Where relevant have all contractual and funding arrangements been adhered to?

This has come from Healthwatch Croydon's core funding. The local leadership board agreed to taking this project forward as a continuation of the previous T-level student project. We did need to agree to commit taking on three Croydon College students for a minimum number of hours so they could successfully complete their placement, and this was adhered to.

Data Collection and Retention

Is the collection, analysis and management of data clearly articulated within the research design? Yes.

Has good practice guidance been followed? Yes.

Has data retention and security been addressed appropriately? Yes.

Have the GDPR and FOIA been considered, and requirements met? Yes.

Have all relevant legal requirements been adhered to ensure that the well-being of participants has been accounted for? ie the Mental Capacity Act. None required for this research.

Has appropriate care and consideration been given to the dignity, rights, and safety of participants? Yes.

Were participants clearly informed of how their information would be used and assurances made regarding confidentiality/anonymity? Introductions and conclusions of the survey explain its use.

Collaborative Working

Where work is being undertaken in collaboration with other organisations have protocols and policies been clearly understood and agreed, including the development of a clear contractual agreement prior to commencement? Croydon

College and their students were aware of what was expected. We did not liaise with any other organisations at the beginning of this project.

Have any potential issues or risks that could arise been mitigated? These are shown below:

Risk factors	Level of risk	Contingency
Cannot get enough responses	Medium	Keep the survey open until we meet a required number
Question set does not work with group	Low	Tested and piloted with students and shared with Manager and Board
Data is seen as being out of date	Medium	Aim to publish when possible - allowing for other priorities.

Has Healthwatch independence been maintained? Yes, this research is shared with partner organisations before publication for their comment, but only factual inaccuracy would be reviewed. This does not affect the comments of experiences we receive.

Quality Controls

Has a quality assurance process been incorporated into the design? This was a peer-led project to give the students ownership on the project, but staff and board did see questionnaire content before publication

Has quality assurance occurred prior to publication? Data collection was checked and re-checked.

Has peer review been undertaken? No peer review was undertaken. It was not required for this research project.

Conflicts of Interest

Have any conflicts of interest been accounted for? This project was decided upon by Healthwatch Croydon at the request of Croydon College students. No conflicts of interest were registered

Does the research consider intellectual property rights, authorship, and acknowledgements as per organisational requirements? The research is owned by Healthwatch Croydon, who are managed by Help and Care. Other organisations support has been recognised and suitably referenced.

Is the research accessible to the public? It appears on our website as of 4 June 2021.

Are the research findings clearly articulated and accurate? To the best of our knowledge, we believe they are.

Appendix



Dear whom it may concern

We are a group of students studying at Croydon College volunteering at Healthwatch Croydon to create a project aimed at people affected by Covid-19. We have identified you as a service that can support our work.

Our goal as a group is to gather information from the public on how this pandemic has affected people's daily life and well-being, as well as any future or current implications this may have on their mental health and social needs.

We are contacting you to ask whether it would be possible for you to promote our survey (link supplied below)

<https://www.smartsurvey.co.uk/s/M6874B/>

This is so that we can gather information on how the virus is affecting people personally while adhering to social distancing.

We would also like to assure you that all responses are anonymous.

We look forward to hearing from you.

Yours faithfully,

Students of Croydon College, BTEC Applied Science T-Level

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