

Forsaken but Engaged

An inquiry into the psychological aspects of COVID-19, mental health, and political engagement of immunocompromised people

Luca Bernardi (University of Liverpool)

Jo Daniels (University of Bath)

Luca.Bernardi@liverpool.ac.uk

J.Daniels@bath.ac.uk

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All-Party Parliamentary Group
on **Vulnerable Groups**
to Pandemics





The impact of COVID-19 stressors on mental health and political engagement in the UK

Luca Bernardi and Lara Fleischer

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RESEARCH NOTE

COVID-19 stressors, mental/emotional distress and political support

Luca Bernardi^a and Ian H. Gotlib^b

^aDepartment of Politics, University of Liverpool, Liverpool, UK; ^bDepartment of Psychology, Stanford University, Stanford, CA, USA

ABSTRACT

The effects of COVID-19 on democracy and mental health are still under investigation. In this article, it is considered that, on average, higher COVID-19 stressors and symptoms of distress are associated with lower political support and that higher COVID-19 stressors are associated with higher symptoms of mental/emotional distress. This formulation was tested by conducting two online surveys in Britain in August 2020 and March 2021. Strong support was found for this hypothesis. Greater worry about COVID-19 life changes is associated with a lower evaluation of government performance on the pandemic and with a lower perceived responsiveness of the political system; higher COVID-19 stress resulting from anti-pandemic measures is associated with a poorer evaluation of government performance and, subsequently, with less trust in government. It was also found that higher COVID-19 worry and stress were associated with more symptoms of mental/emotional distress. These findings highlight that pandemic-related stressors may influence people's political engagement and mental health.

Coping and Tolerance of Uncertainty: Predictors and Mediators of Mental Health During the COVID-19 Pandemic

Hannah Rettie
 University of Bath

Jo Daniels
 University of Bath and North Bristol NHS Trust, Southmead Hospital, Bristol, United Kingdom

The current pandemic wave of COVID-19 has resulted in significant uncertainty for the general public. Mental health and examining factors that may influence distress have been outlined as key research priorities to inform interventions. This research sought to examine whether intolerance of uncertainty and coping responses influence the degree of distress experienced by the U.K. general public during the COVID-19 pandemic. Using a cross-sectional online questionnaire design, participants were recruited ($N = 842$) using snowball sampling over a 10-day period in the early “lockdown” phase of the pandemic. Around a quarter of participants demonstrated significantly elevated anxiety and depression, with 14.8% reaching clinical cutoff for health anxiety. A one-way multivariate analysis of variance indicated those in “vulnerable” groups were significantly more anxious ($p < .001$), and also more anxious in relation to their health ($p < .001$). Mediation modeling demonstrated maladaptive coping responses partially mediated the predictive relationship between intolerance of uncertainty and psychological distress. Mental health difficulties have become significantly raised during the first wave of the COVID-19 pandemic in the United Kingdom, particularly for the vulnerable. Findings support emerging research suggesting the general public is struggling with uncertainty, more so than normal. Vulnerable groups are more anxious about their health, but not more intolerant of uncertainty than the nonvulnerable. Finally, this study indicated two modifiable factors that could act as treatment targets when adapting interventions for mental health during the COVID-19 global health crisis.

Public Significance Statement

This study reflects increased mental health difficulties within the United Kingdom during the current wave of the COVID-19 pandemic. Individuals’ ability to tolerate uncertainty was predictive of mental health difficulties, and this was mediated by their coping responses. Future treatments could focus on supporting the general public to develop effective coping strategies and tolerate the uncertainty of the current climate, equipping them for potential future pandemic waves.

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Article

The Mental Health Impact of the COVID-19 Pandemic Second Wave on Shielders and Their Family Members

Jo Daniels^{1,2,*} and Hannah Rettie^{1,2}

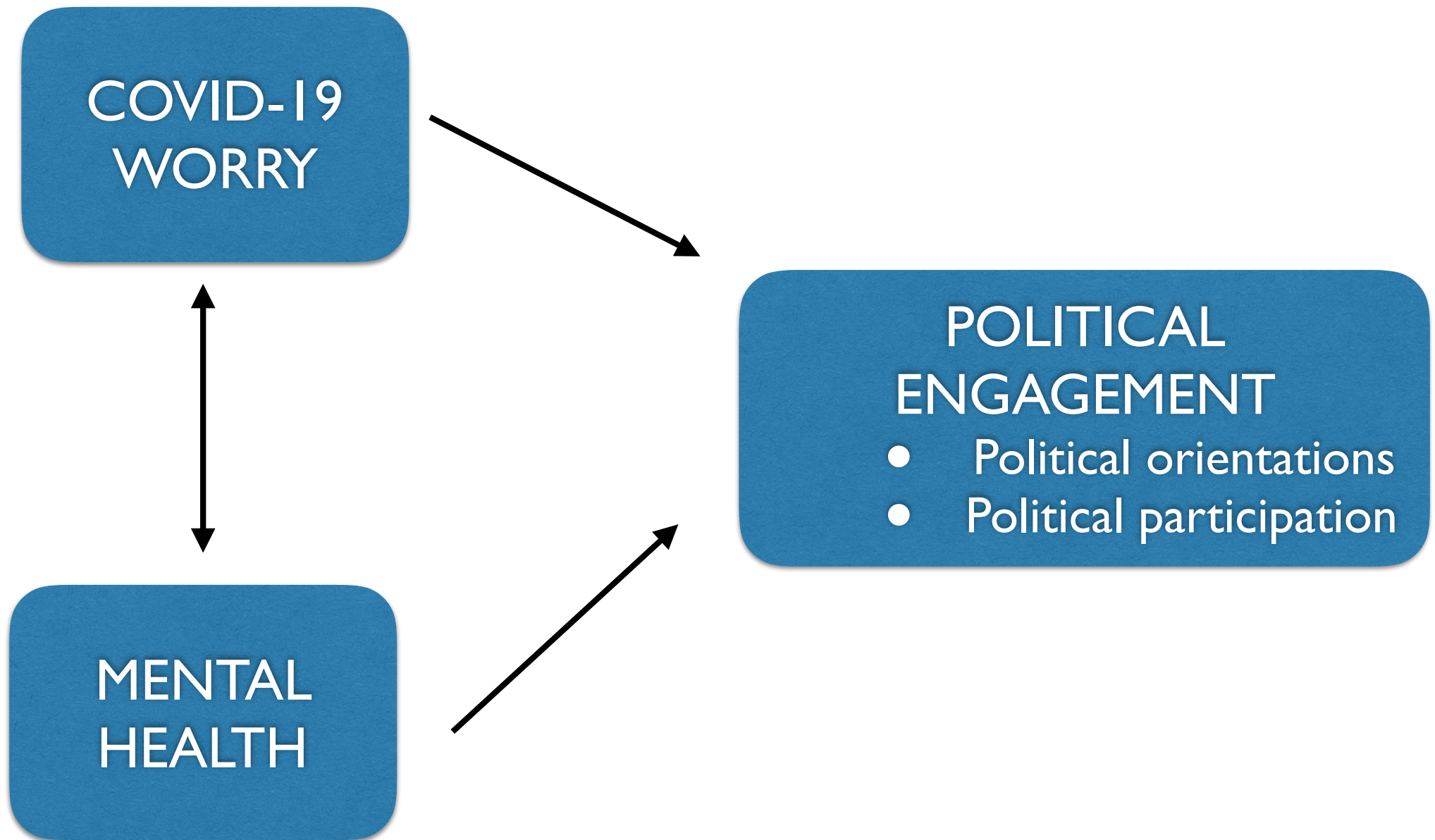
¹ Department of Psychology, University of Bath, Bath BA2 7AY, UK; hannah.rettie@bath.nhs.uk
² North Bristol NHS Trust, Bristol BS10 5NB, UK
 * Correspondence: j.daniels@bath.ac.uk

Abstract: In March 2020, individuals shielding from coronavirus reported high rates of distress. This study investigated whether fear of contamination (FoC) and use of government-recommended behaviours (GRB, e.g., handwashing and wearing masks) were associated with psychological distress during February 2021. An online cross-sectional questionnaire assessed psychological distress in three groups (shielding self, shielding other/s, and control), and those shielding others also completed an adapted measure of health anxiety ($\alpha = 0.94$). The sample ($N = 723$) was predominantly female (84%) with a mean age of 41.72 ($SD = 15.15$). Those shielding (self) demonstrated significantly higher rates of health anxiety and FoC in comparison to other groups ($p < 0.001$). The use of GRB was significantly lower in controls ($p < 0.001$), with no significant difference between the two shielding groups ($p = 0.753$). Rates of anxiety were higher when compared to March 2020 findings, except for controls. Hierarchical regressions indicated FoC and GRB accounted for 24% of variance in generalised anxiety ($p < 0.001$) and 28% in health anxiety, however, the latter was a non-significant predictor in final models. Those shielding themselves and others during the pandemic have experienced sustained levels of distress; special consideration must be given to those indirectly affected. Psychological interventions should account for realistic FoC and the impact of government-recommended health behaviours, as these factors are associated with distress in vulnerable groups and may extend beyond the pandemic. Future research should focus on longitudinal designs to monitor and better understand the clinical needs of those shielding, and those shielding others post-pandemic.



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Theoretical framework



Immunocompromised

- Online survey (Qualtrics)
- N=808 (58% completion rate)
- July/August 2023
- Forgotten Lives UK website, Twitter, Facebook

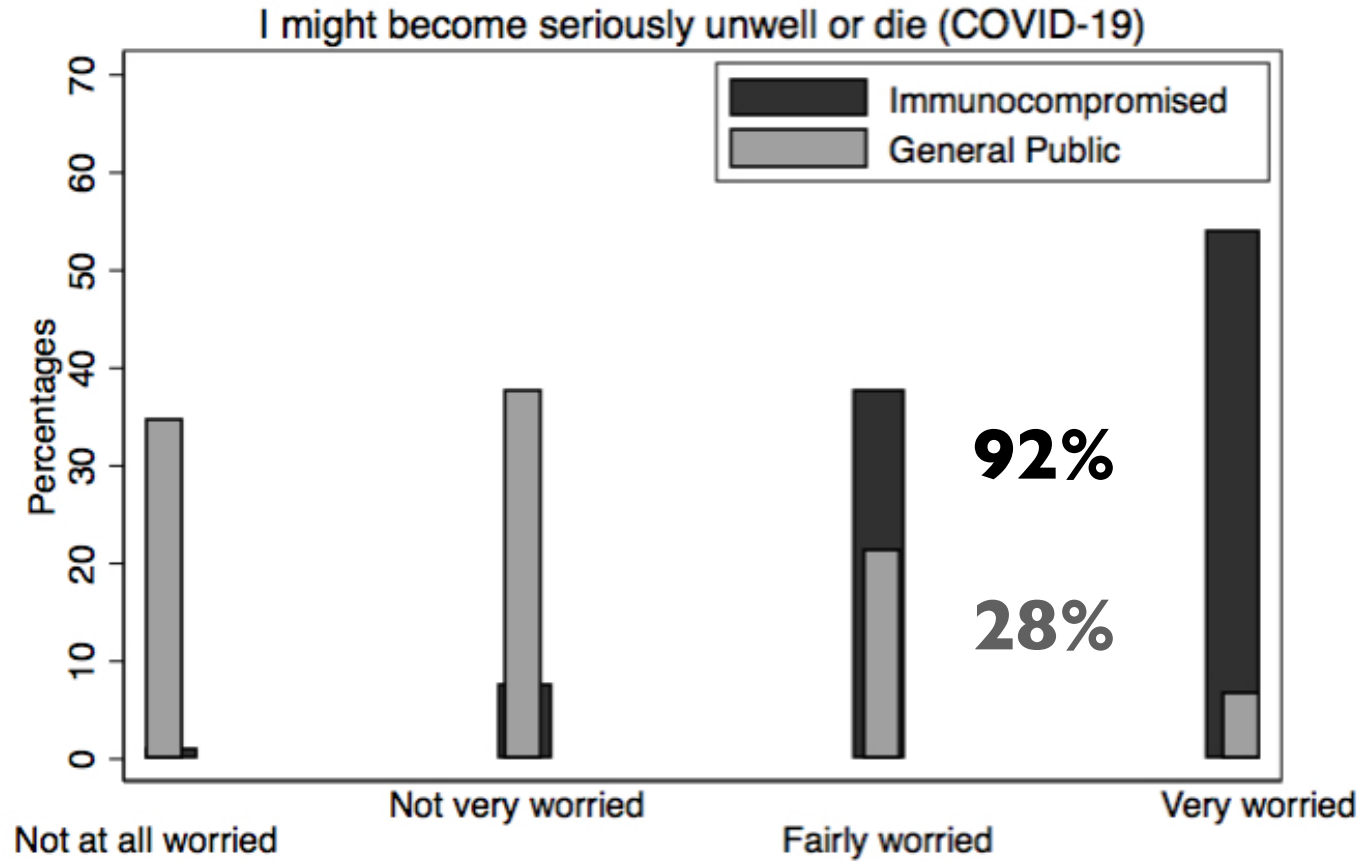
General Public

- Online survey (YouGov)
- N=1712
- June 2023
- Funded by UKRI Research England

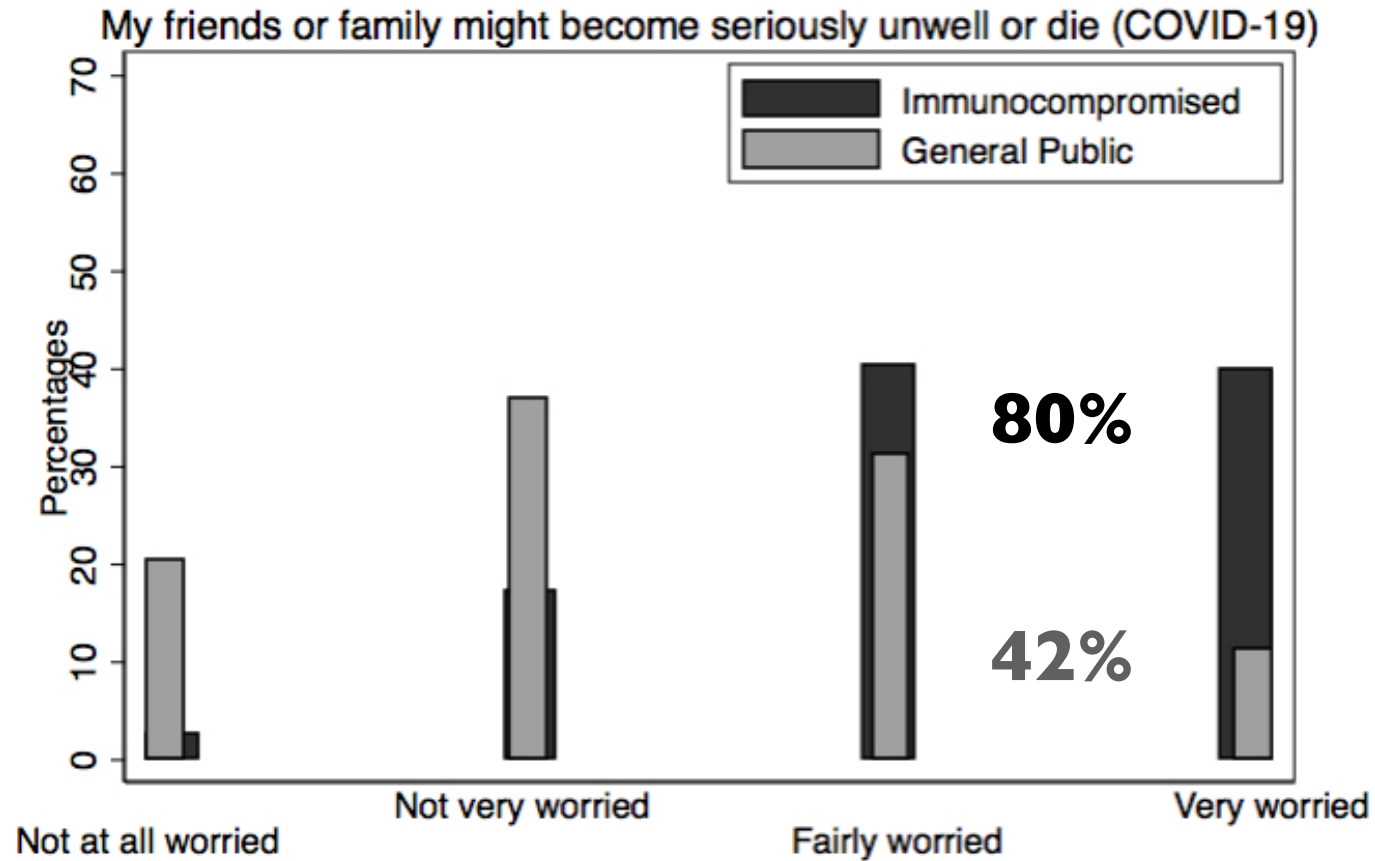
Profile of survey respondents

	General Public	Immunocompromised
Female	56%	76%
Male	44%	24%
Age	54	57
Lower Education	30%	13%
Secondary Education	18%	8%
Higher Education	52%	79%
Single	25%	17%
Married/Civil Partnership	60%	68%
Separated/Divorced	10%	11%
Widowed	5%	4%
Paid Employment	53%	39%
Unemployed/Not Paid Employment	11%	24%
Student	3%	1%
Pensioner	33%	36%
English/Welsh/Scottish/Northern Irish	88%	88%
Left-Right Self-Placement (1=Left, 7=Right)	3,8	2,8

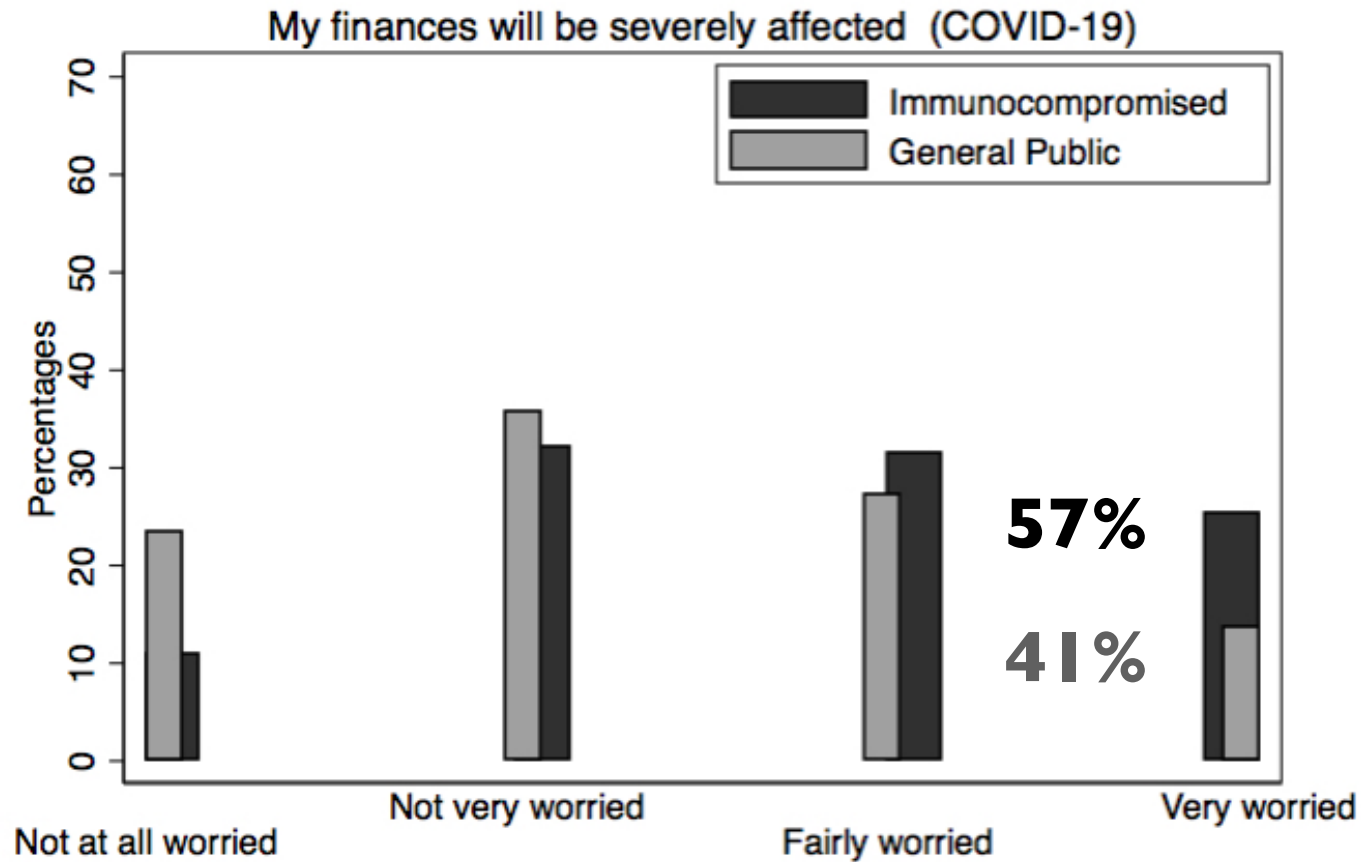
COVID-19 worry I



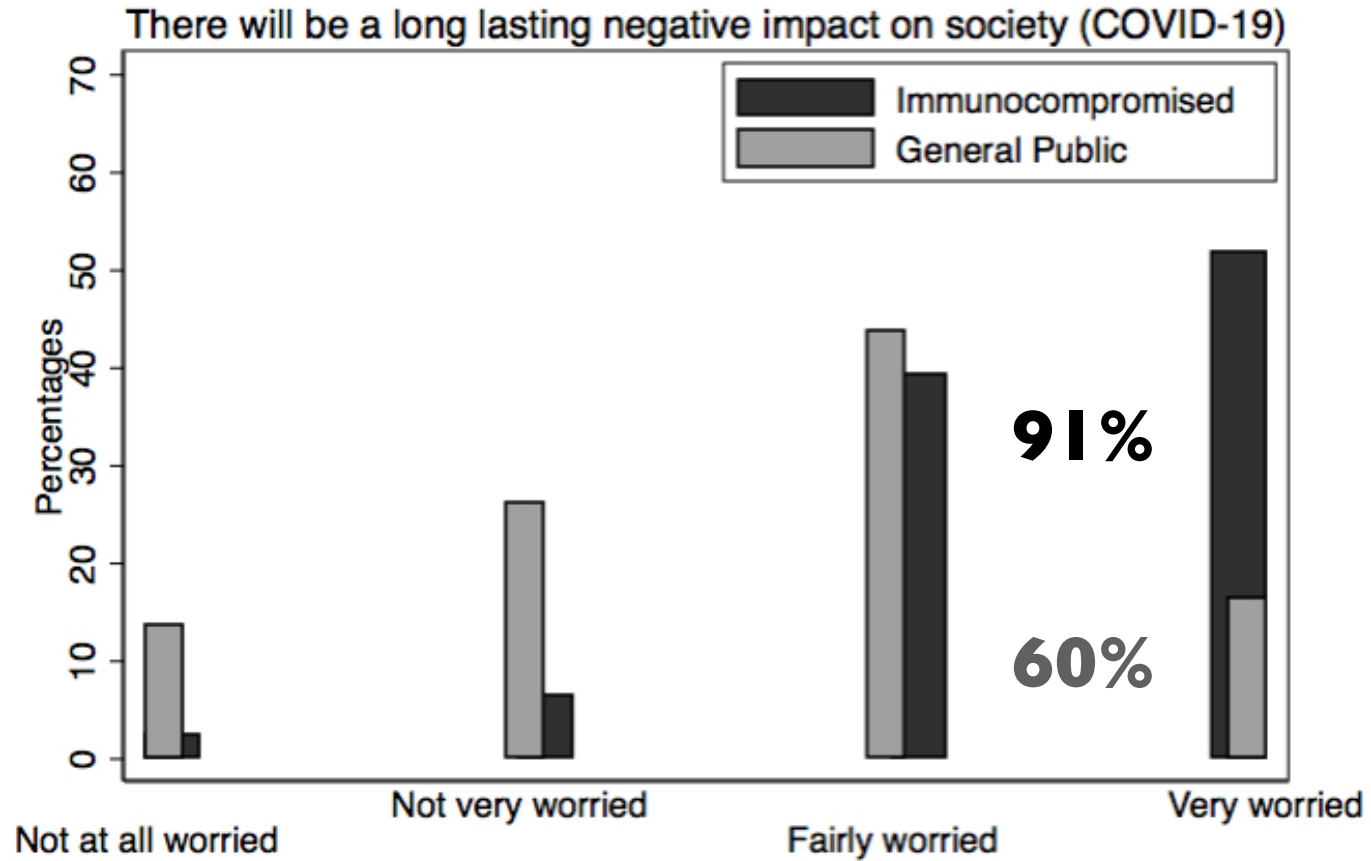
COVID-19 worry II



COVID-19 worry III

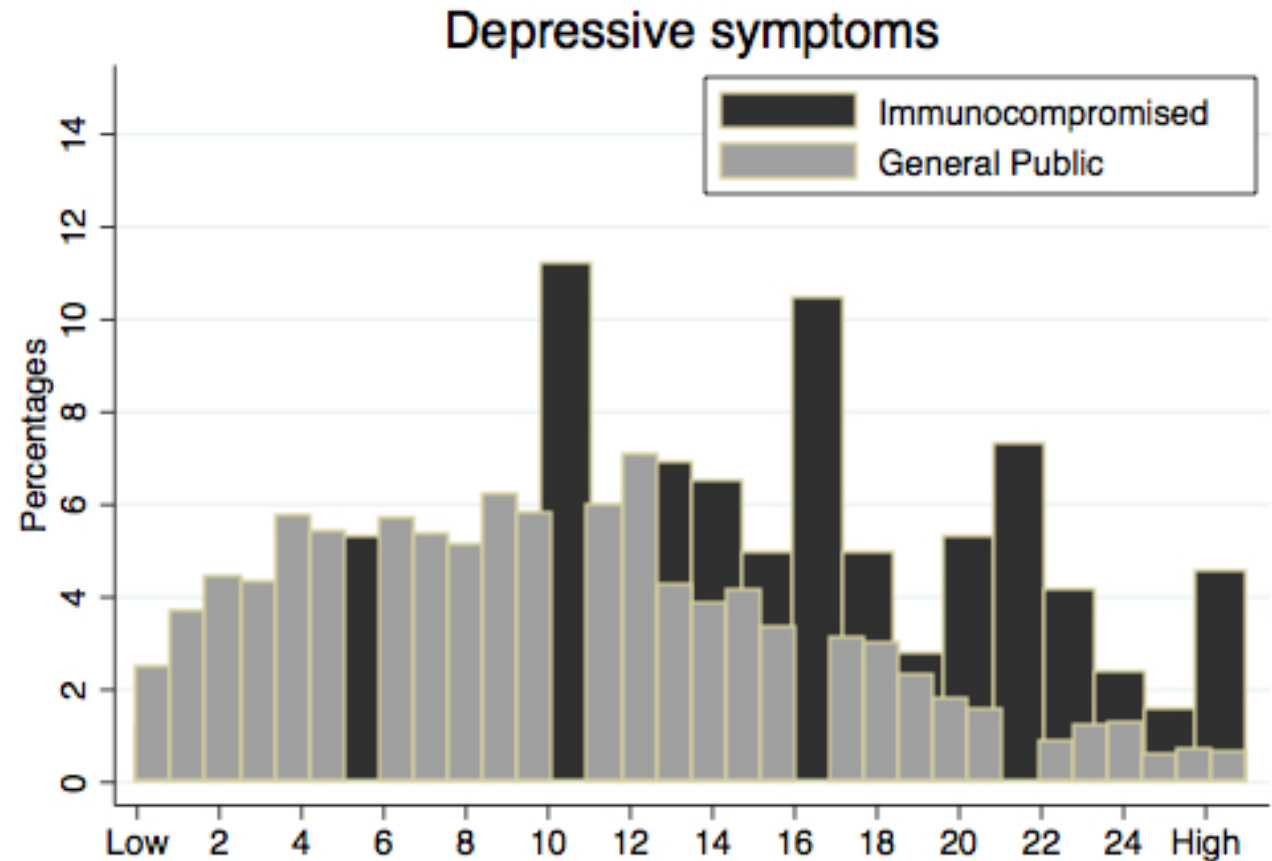


COVID-19 worry IV



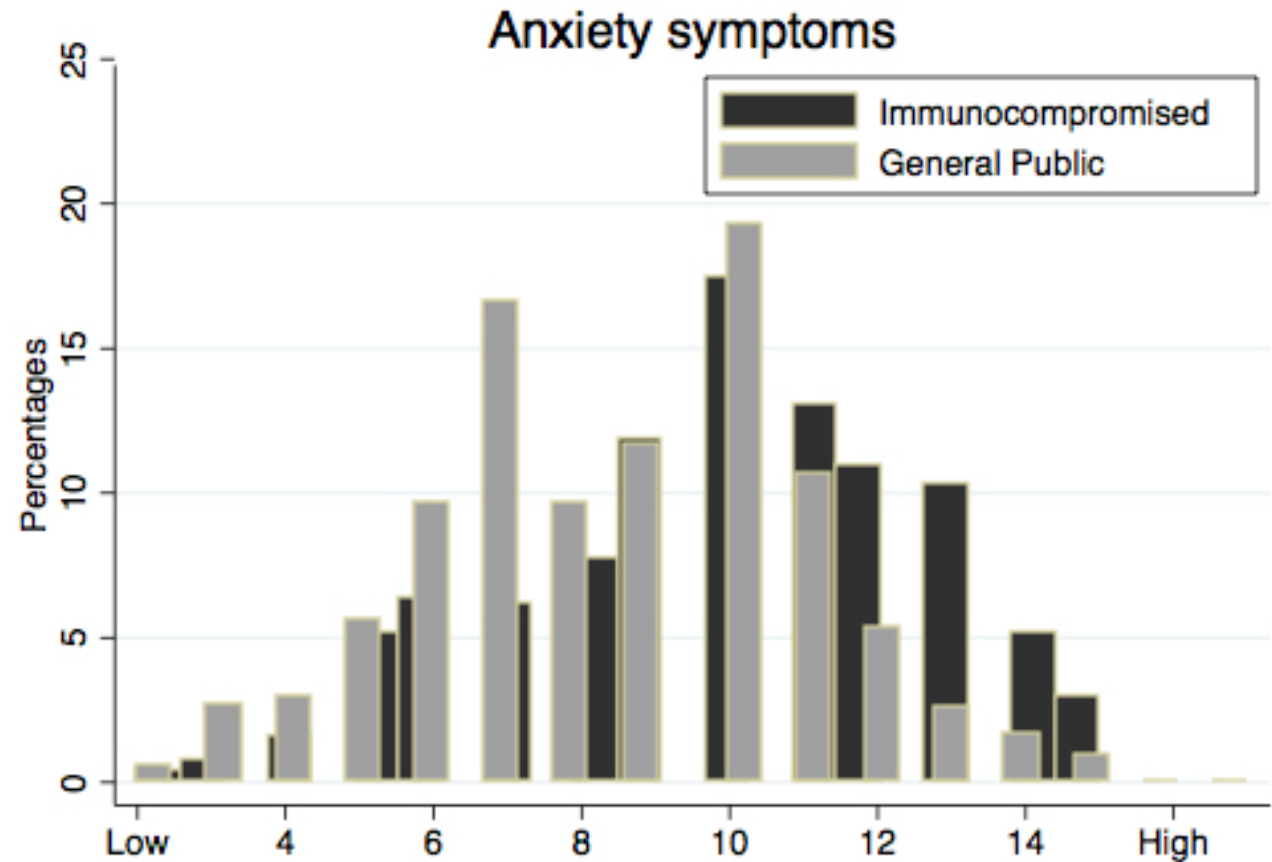
Depression (CESD-9)

23% of immunocompromised people report to have experienced depressive symptoms **most or all of the time** compared to **12%** of the general public



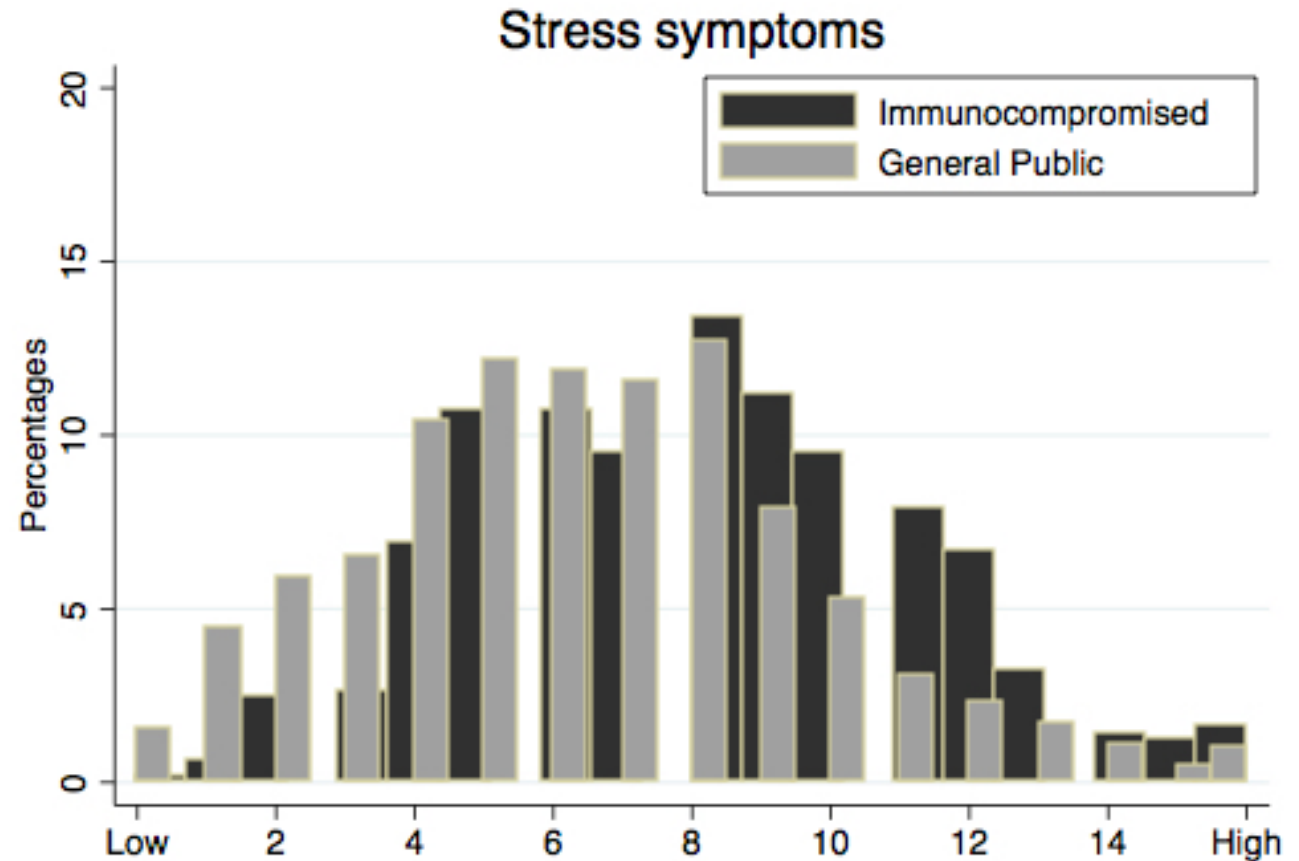
Anxiety (STAI-6)

58% of immunocompromised report to have experienced symptoms of anxiety **often or always** compared to **46%** of the general public



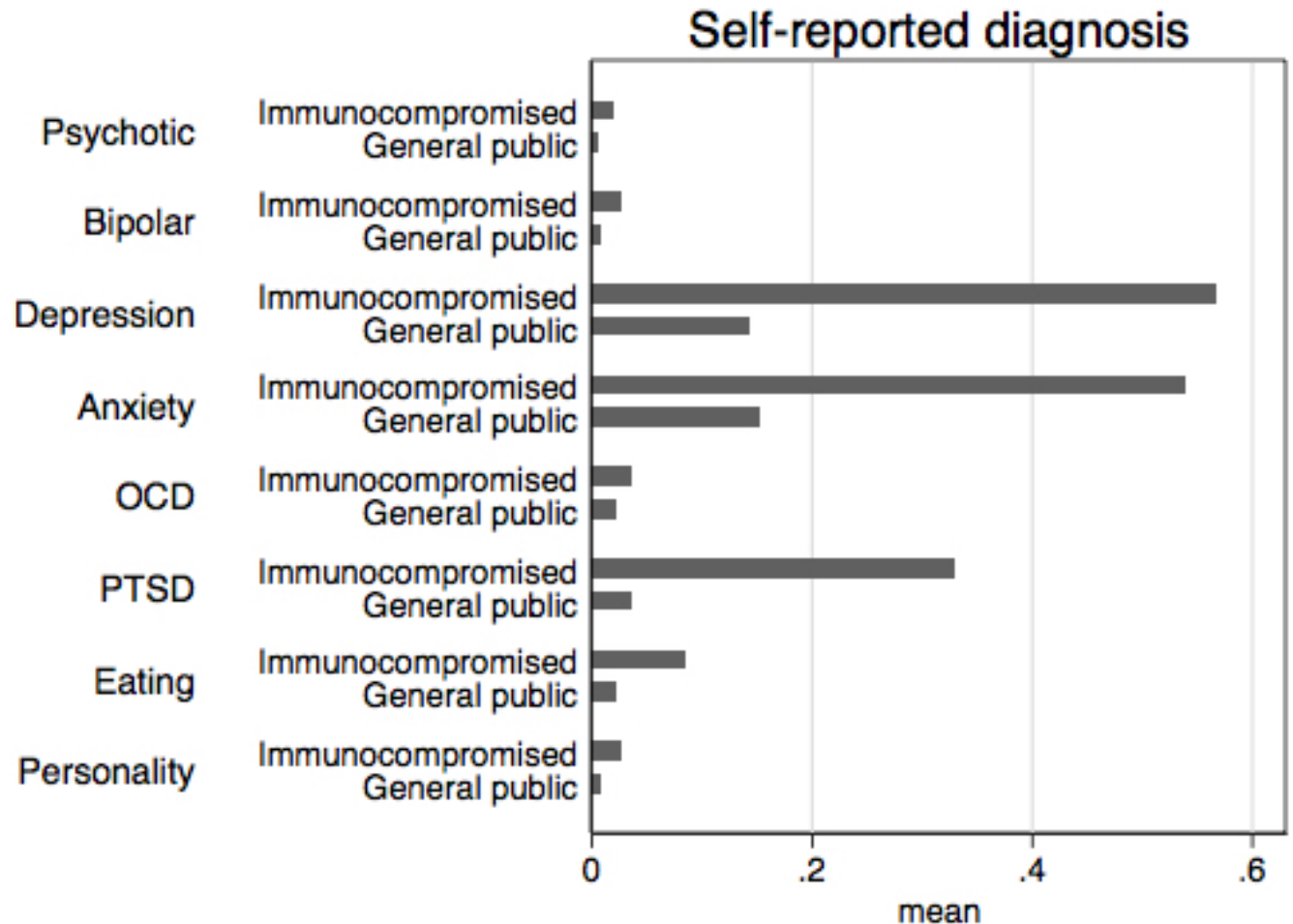
Stress (PSS-4)

32% of immunocompromised people report to have experienced symptoms of stress **most or all of the time** compared to **20%** of the general public



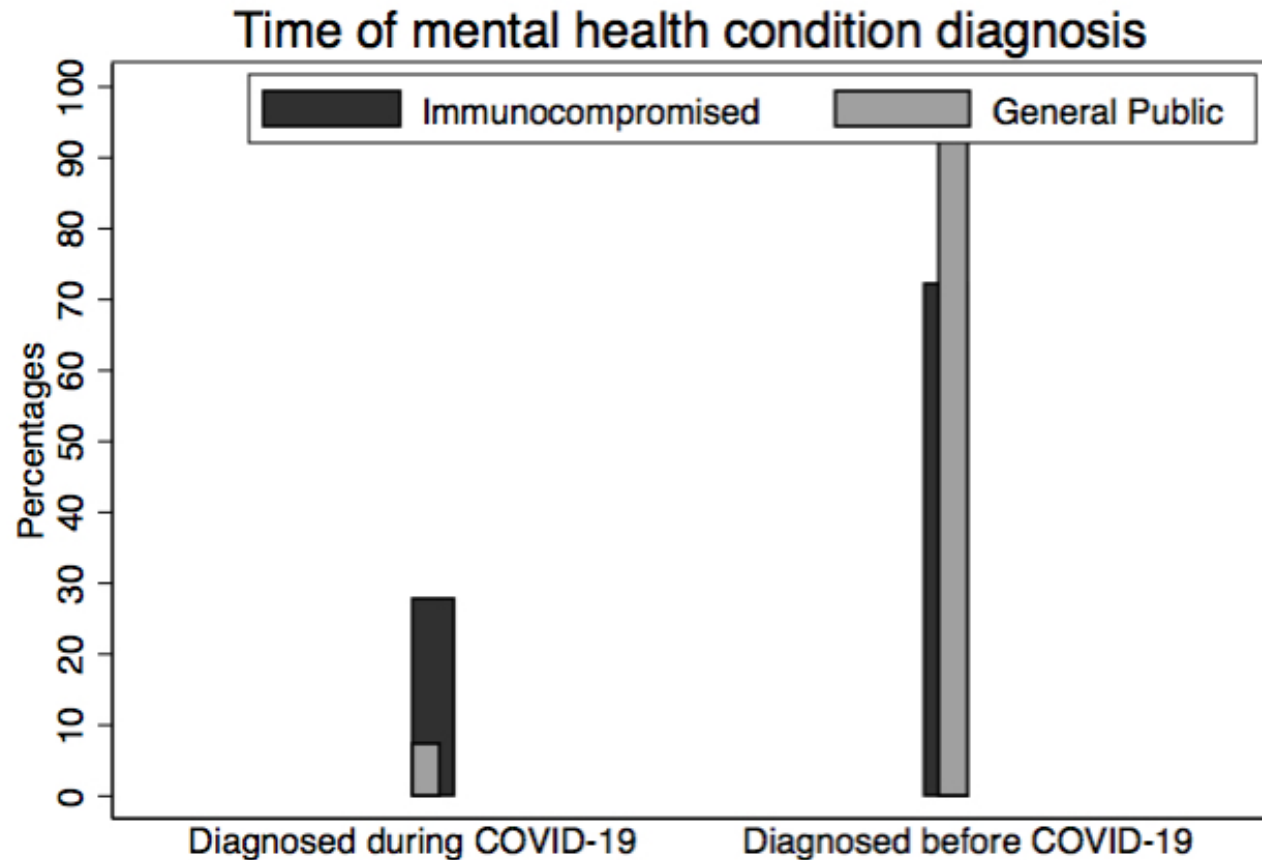
Self-reported diagnosis of mental health conditions

depression (57% vs 14%), anxiety (54% vs 15%) and trauma and stress-related disorder (33% vs 4%)



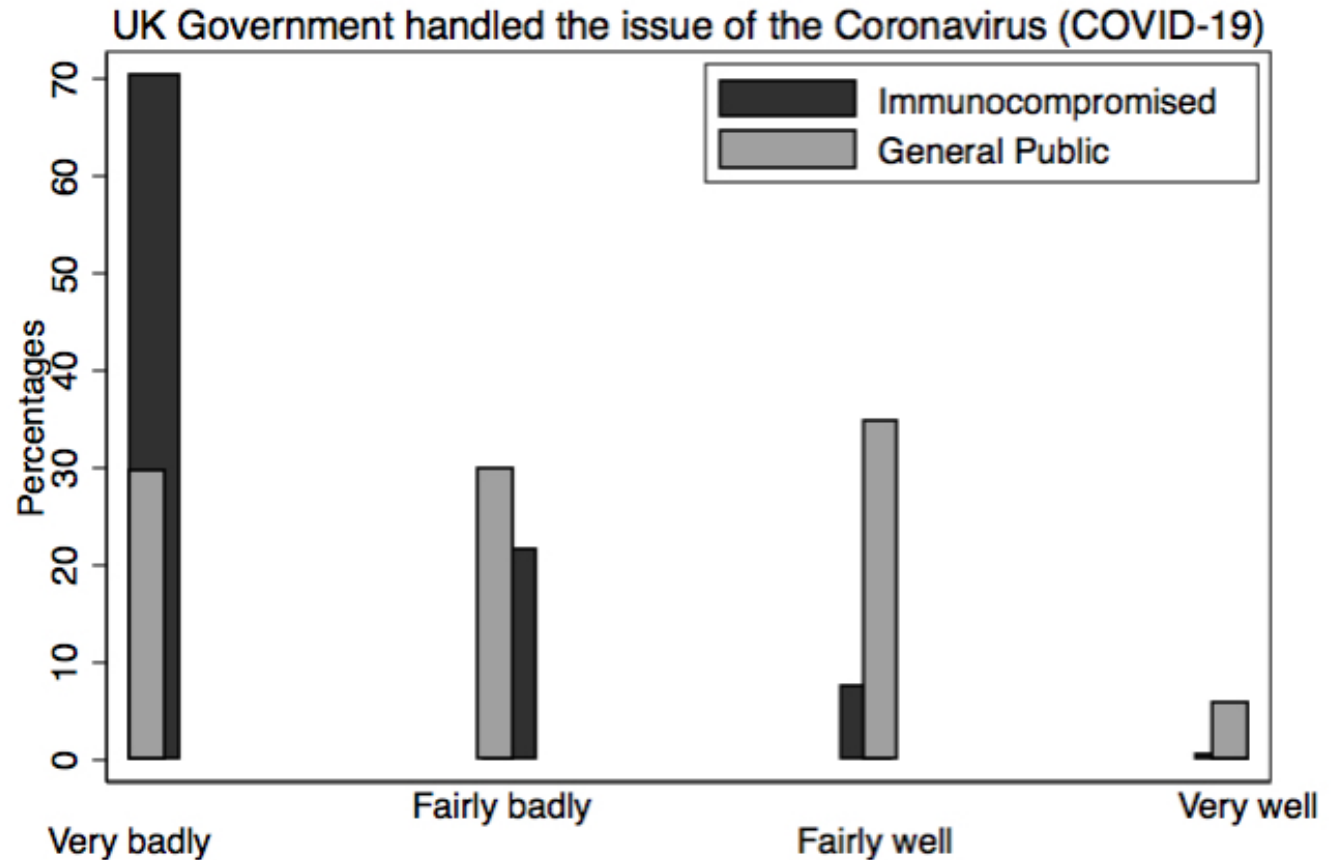
Self-reported diagnosis of mental health conditions when

28% of immunocompromised people have reported they have been **diagnosed** with a mental health condition **during the pandemic** compared to **7%** of the general public



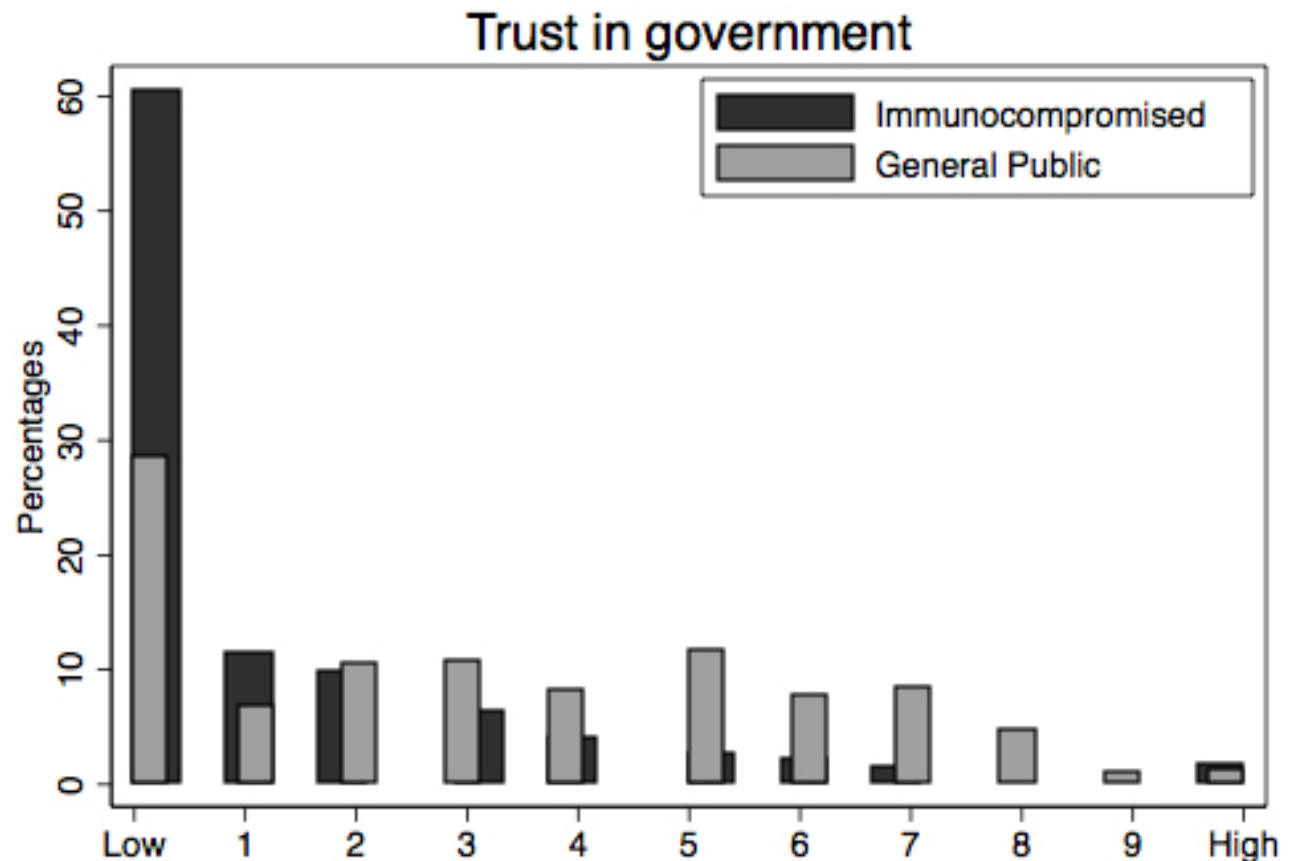
Evaluation of the government on the pandemic

70% of immunocompromised people reported that the government handled the pandemic **very badly** compared to **30%** of the general public



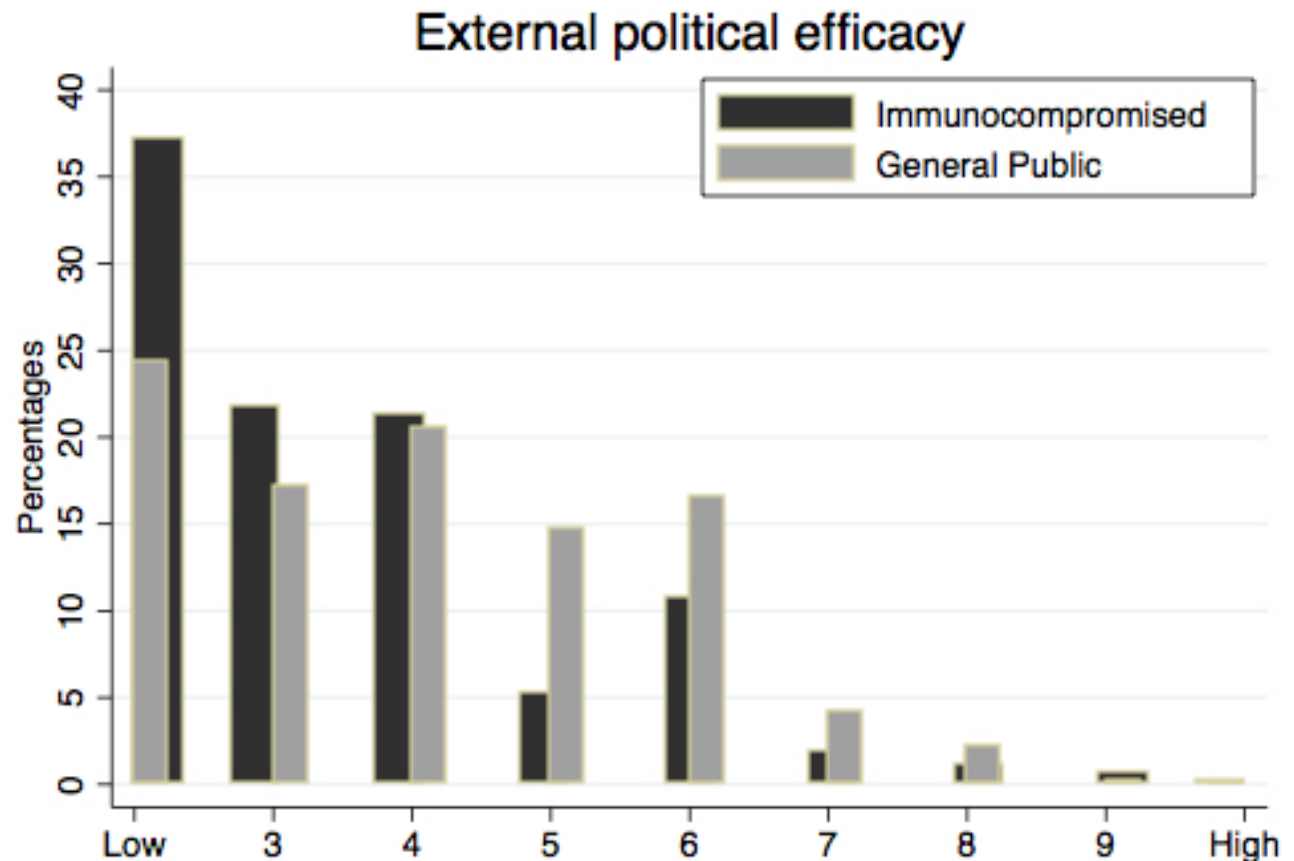
Trust in government

60% of immunocompromised people report to **completely distrust the government** compared to **29%** of the general public



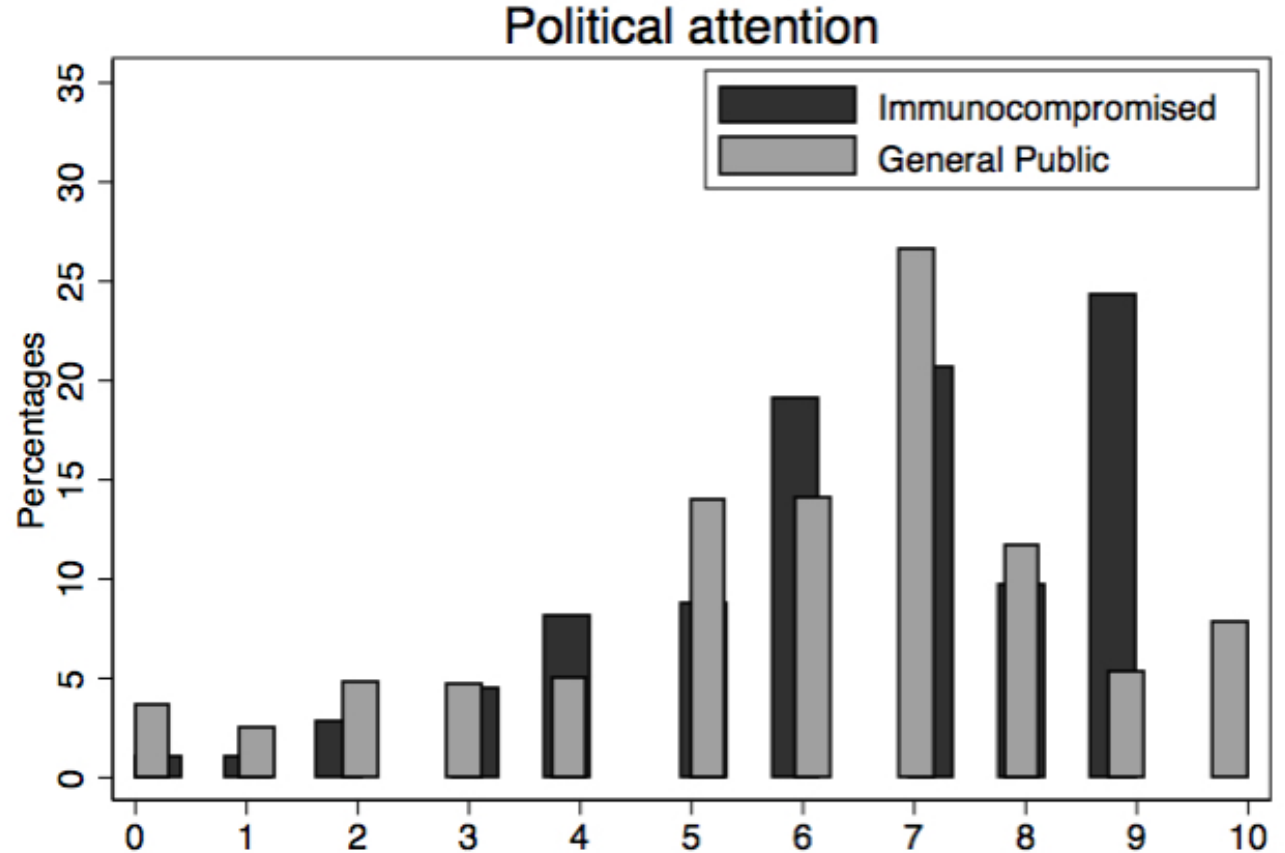
Perceived responsiveness of the political system

85% of immunocompromised people **disagree** that public officials care about what they think and that they can influence government policy compared to **72%** of the general public



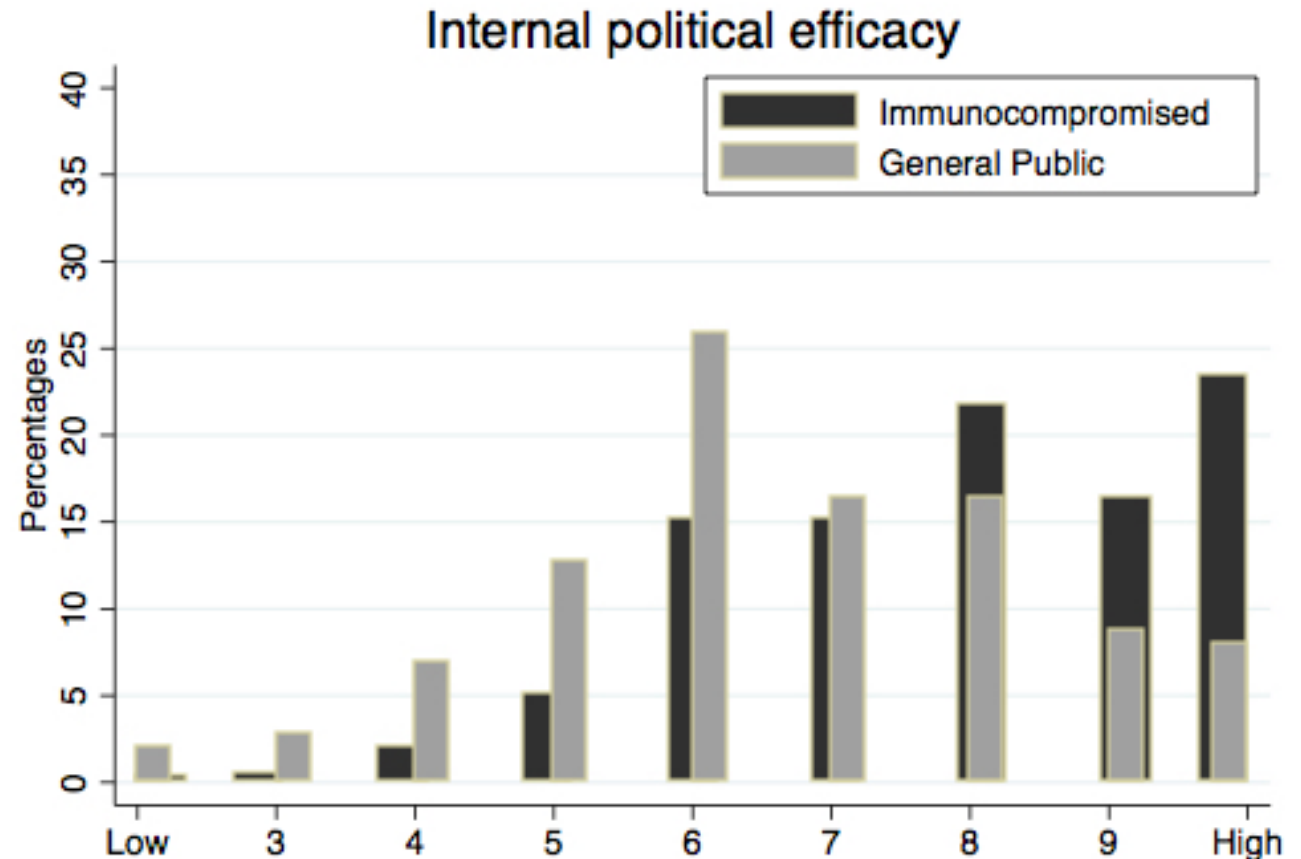
Attention to politics

immunocompromised people pay **slightly more** attention to politics compared to the general public (mean = 6.5 vs 6.0)



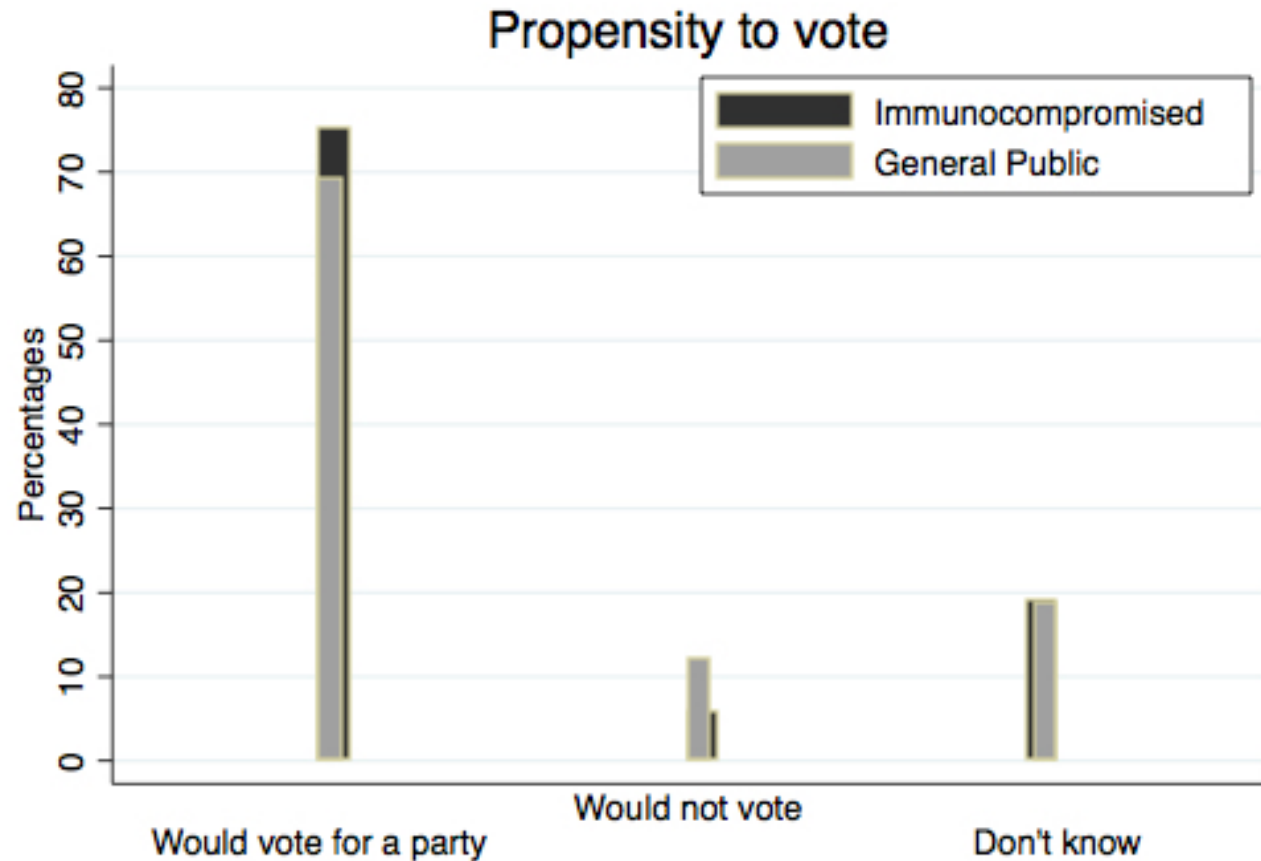
Confidence in understanding politics

73% of immunocompromised people **agree** that they understand quite well politics and the most important political issues that affect the country compared to **48%** of the general public



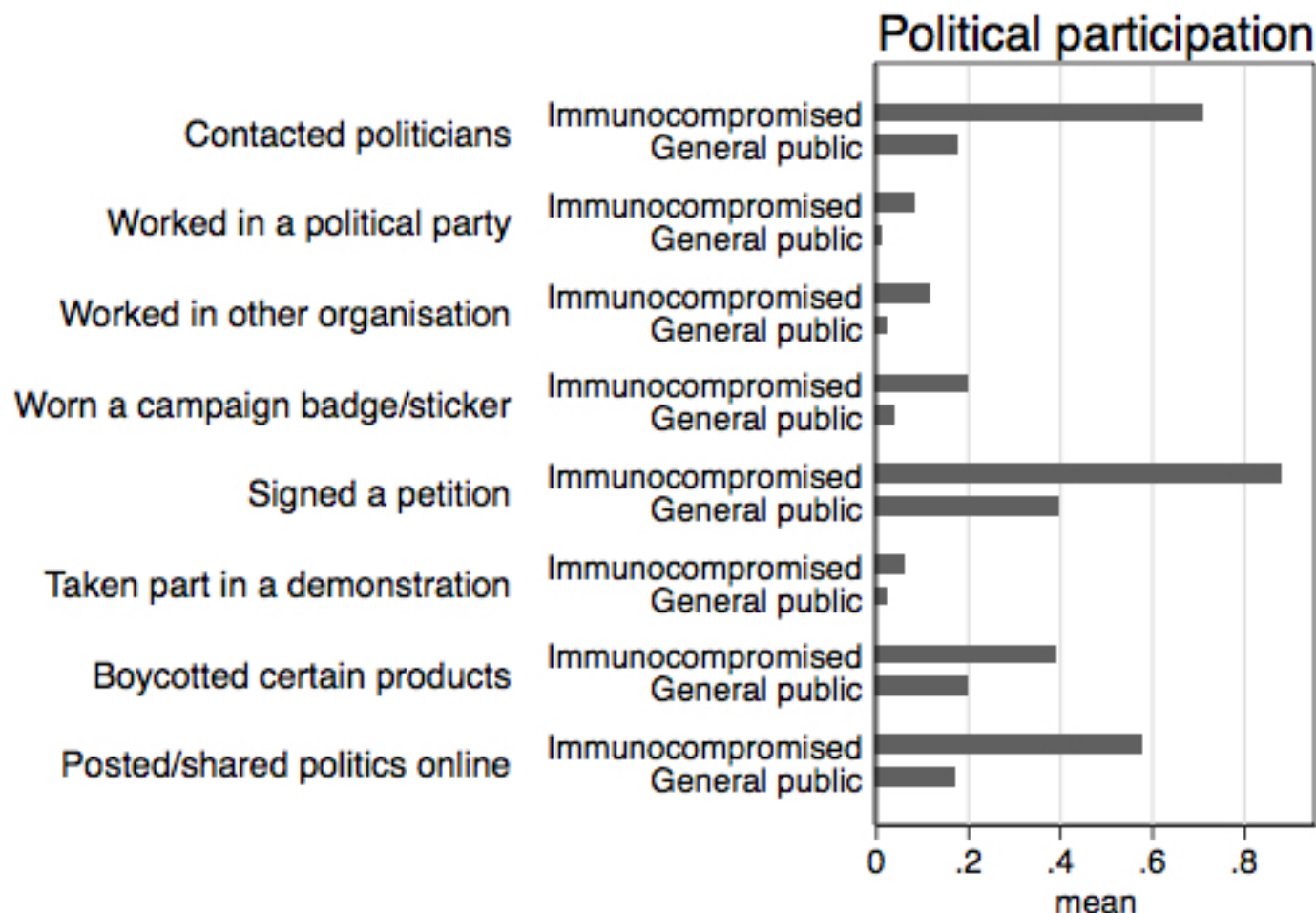
Voting propensity

propensity to vote is higher for immunocompromised people than the general public (**75%** vs **69%**)

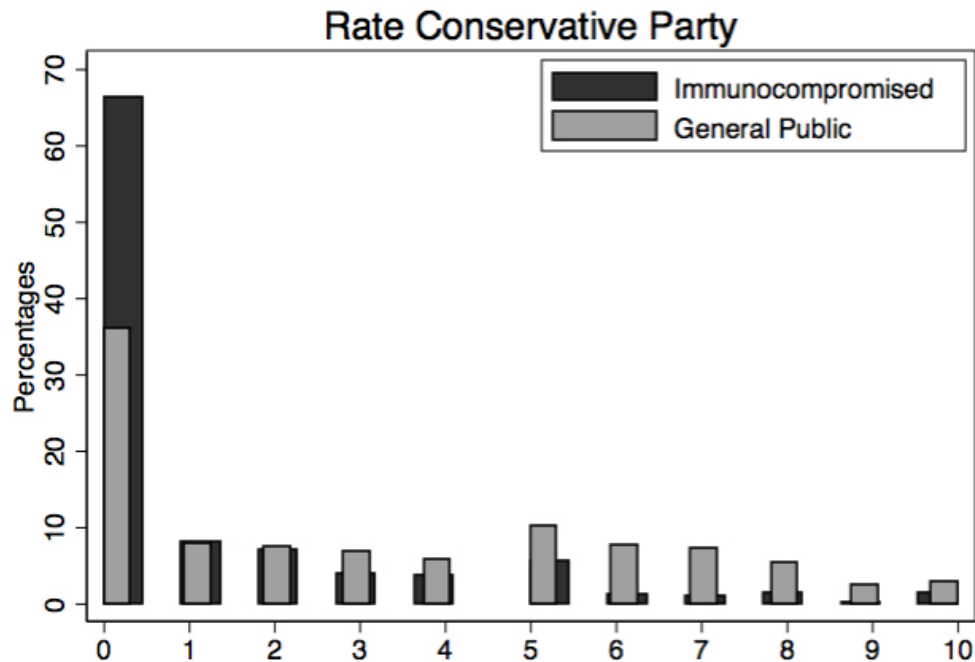


Political participation in the past 12 months

contacted
 politicians
(71% vs 18%)
 signed a
 petition
(88% vs 40%)
 posted / shared
 about politics
 online
(58% vs 17%)

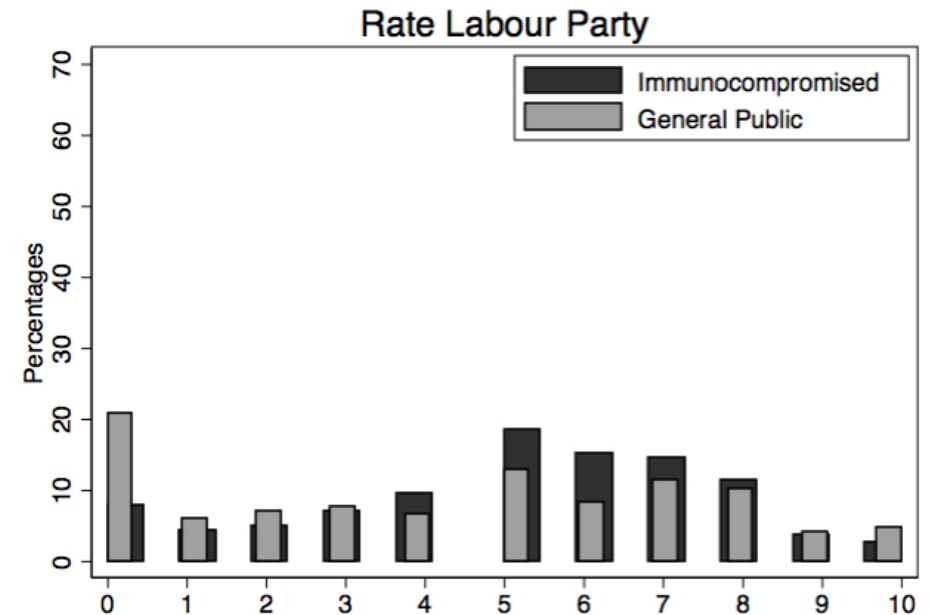


It's not simply a Left-Right ideological divide



89% of immunocompromised people dislike (0-4) the Conservative Party...

... but only 48% of them like (6-10) the Labour Party



Recommendation I

1. These data should be used to inform specific action in order to support and protect those currently shielding, and those who may need to shield from an infectious virus outbreak in the future. It highlights to Government and policymaker's specific areas where action and commitment are required to support and protect the vulnerable.

Recommendation II

2. The Government and DHSC need to formally recognise and respond to the psychological impact of shielding during the pandemic, including the ongoing psychological needs of those who are shielding. Ring-fenced funding should be provided to NHS trust with accompanying mandatory guidance around the provision of psychological care for those who are shielding themselves or others. This would take the form of evidence-based psychological support in an accessible and inclusive format.

Recommendation III

3. Whilst the official opposition party has appointed a shadow minister with specific responsibility for the immunocompromised, the Government party has not designated responsibility for the immunocompromised to a minister. This role would aid the development of a long-term strategy to recognise and support the physical and mental health needs of those who are clinically extremely vulnerable. This would include a communication strategy that would ensure that those who are shielding would receive clear and consistent information regarding the COVID-19 pandemic or other infectious disease outbreaks, and clearly outline the responsibilities the minister holds in protecting the clinically extremely vulnerable, with a mandate to establish fast paced access to protective medicines to lift as many out of this position as soon as possible.

Recommendation IV

4. Government and health bodies that advise must increase preventative and early pharmacological interventions for those who are clinically extremely vulnerable. The implementation of changes to current regulatory assessment systems and implementation procedures to ensure any new COVID-19 drugs are made available as a priority and rolled out fast pace across all cohorts to ensure that the unmet need of immunocompromised patients is met at speed. Delay and uncertainty only compounds insecurity and is further detrimental to the mental health of and wellbeing of all those affected.

Recommendation V

5. Policy must recognise the importance of the use of behavioural interventions to prevent transmission of COVID-19. Social distancing, masks, distancing and air purification systems are vital in reducing the spread of the virus and are likely to be useful in future outbreaks. We call for policymakers to make clear mandatory strategies which can be rolled out and adapted to healthcare and workplace settings. Mandating masks must be recognised as one of the single most important actions to protect those who are at most risk of the impact of infectious diseases in places where they are at heightened risk such as healthcare settings.

Recommendation VI

6. COVID-19 testing for the clinically extremely vulnerable must be maintained with inclusive access to and the provision of better monitoring data of the incidence of COVID-19 freely published to allow better monitoring and risk assessment. This data underpins all policy decisions that support this group and without it Government is unable to make accurate assessment.

Recommendation VII

7. Government and all relevant departments must work to ensure meaningful patient engagement is put in place to ensure that the experience and needs of patients are fully incorporated in any new policies or systems implemented.

Recommendation VIII

8. Government action is needed to ensure the immunocompromised have mitigations and reasonable adjustments put in place to allow safe in-person voting. They should be able to exercise the right to vote, without being turned away due to mask wearing and be assured of safe participation in those political activities that require in-person and physical effort including working for political parties and other organisations, working for election campaigns, taking part in lawful demonstrations.

Recommendation IX

9. Government and all political parties must act in order to increase feelings of representation, political trust and democratic attitudes among immunocompromised people. This would include developing specific policies, improving communication with patients and their healthcare providers, and ensuring all processes pertaining to those who are shielding are expedited and delivered as efficiently and as quickly as possible.

Thank you for your attention
and
thanks to all the survey participants!

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