



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

Luca Bernardi and Lara Fleischer

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Key takeaways

1. Mental health and political engagement are two important aspects of people's wellbeing that have been affected by the pandemic. Policymakers can benefit from a more nuanced understanding of which COVID-19-related stressors, be they health-related, economic or social, have been most detrimental to outcomes in these areas.
2. We find that immediate health worries about infection and illness due to COVID-19 are also related to people's mental health and feelings of agency: they lead to increased symptoms of depression, anxiety and stress, and to people believing they are less able to understand and participate in politics.
3. Financial worries related to COVID-19 have led to increased symptoms of stress, and dissatisfaction with the government and with the economy.
4. Being worried about the long-term societal impact of COVID-19 can have detrimental impacts on political attitudes by lowering perceptions that the government is responsive to one's demands, satisfaction with the government and the economy, and, crucially, the likelihood of voting.
5. A range of policy options could be considered to mitigate these different COVID-19-related stressors. These include: access to improved information about vaccines; financial support for groups adversely affected by COVID-19 related income and job losses; a clearer analysis of how any future mobility and contact restrictions could be designed to minimise their mental health impact; and addressing societal inequalities. Going forward, a more detailed analysis of the profiles of people most likely to experience specific types of COVID-19 related stressors is also recommended.

Executive Summary

COVID-19 has had far-reaching consequences not only for people's physical health, but also for how we live, work and connect with one another and our institutions. Mental health and political engagement are among the many important aspects of people's wellbeing that have been affected, and that should be monitored and targeted by policymakers going forward. It is imperative to focus on both sets of factors for several reasons.

Previous research in the UK in earlier stages of the pandemic (2020 and 2021) has found alarming associations between COVID-19 stressors, symptoms of mental distress, and political support (Bernardi and Gotlib 2022). More worries about COVID-19-related life changes were associated with lower perceptions of government performance on the pandemic and lower perceived responsiveness of the political system.

Stress resulting from measures designed to tackle the pandemic was associated with lower evaluation of government performance and, subsequently, with lower trust in government. Finally, higher rates of worry and stress about COVID-19 were associated with higher rates of mental distress.

Research has also explored the links between these three sets of factors. Not only it has provided further evidence that higher symptoms of mental distress were associated with lower perceptions of policy responsiveness (Bernardi et al. 2022) and lower trust in and satisfaction with government; it has also offered initial evidence for the mediating role of mental health in the relation between COVID-19 stressors and political support (Bernardi and Gotlib 2022). These emerging findings constitute the foundations for this policy briefing.

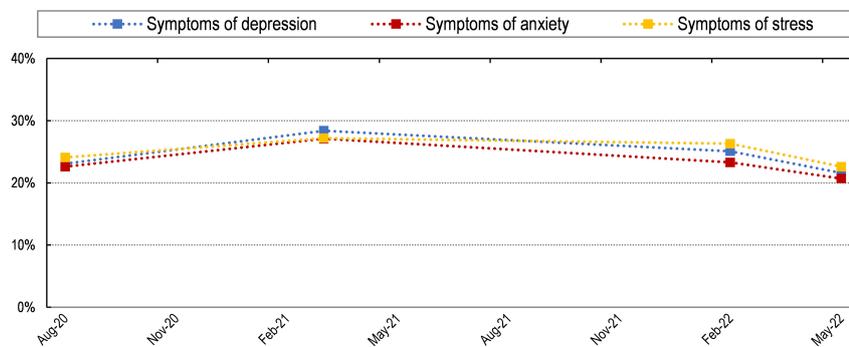


Figure 1: Share of people reporting symptoms of depression, anxiety and stress (1)

This study aims to help policymakers understand which specific COVID-19 stressors have had the largest impact on mental health and political engagement. The research is based on a unique combination of cross-sectional and panel surveys of nationally representative samples of the UK population (excluding Northern Ireland) conducted in collaboration with YouGov in August 2020 (at the end of the first national lockdown), March 2021 (at the end of the third national lockdown), February 2022, and May/June 2022. The data have been collected within a project on the impact of COVID-19 stressors on mental health and political engagement funded by the British Academy and the University of Liverpool. The survey questionnaire includes questions on:

- Worries due to COVID-19 on: a respondent's life; friends and family becoming unwell; financial situation; long-standing, negative impact of the pandemic on society;
- Stress due to anti-pandemic measures: reduction in social contacts outside the household; restrictions on leaving home; wearing masks in public spaces;
- Mental health: symptoms of depression, anxiety and stress;
- Political engagement: internal political efficacy (the belief that one can understand and therefore participate in politics); external political efficacy (perceptions of how responsive the political system is to one's demands); trust in government; satisfaction with the way the government handled the pandemic; satisfaction with the economy; different forms of political participation.

2. How did mental health change during the pandemic?

In the first 18 months of the pandemic, population mental health deteriorated, with data from 15 OECD countries suggesting that over one-quarter of people were at risk of depression or anxiety in 2020, with rates further rising in the early months of 2021 (OECD 2021; see also Santomauro et al. 2021). This represents a significant increase compared to pre-pandemic baseline measures: in the UK, for instance, rates of depression rose from 9% in 2014 – the latest available internationally comparable and high-quality sample pre-pandemic baseline – to 31% in 2021 (OECD 2021; see also Shevlin et al. 2020).

Our study indicates that the share of people reporting symptoms of depression, anxiety or stress during the survey period was highest, at almost 30% each, at the end of the third national lockdown in March 2021 (Figure 1). By May 2022, levels of mental health had almost returned to those observed in August 2020, with between 21-23% of people reporting symptoms of depression, anxiety or stress. This indicates that mental health had somewhat recovered from its COVID-19 peak, but levels of distress remain elevated and deserve policy attention.

3. How did political engagement change during the pandemic?

Trust in institutions has been linked with lower infection rates and higher vaccination uptake (Thornton 2022), as well as with citizens' threat assessment and behavioural changes (Jennings et al. 2021). support for institutions in OECD countries rose in 2020 as people "rallied around the flag", or showed initial national unity in the face of the crisis, these gains in public approval were temporary and already showed signs of decline by early 2021 (e.g. Bol et al. 2021; Kritzinger et al. 2021; Schraff 2021; Sibley 2020).

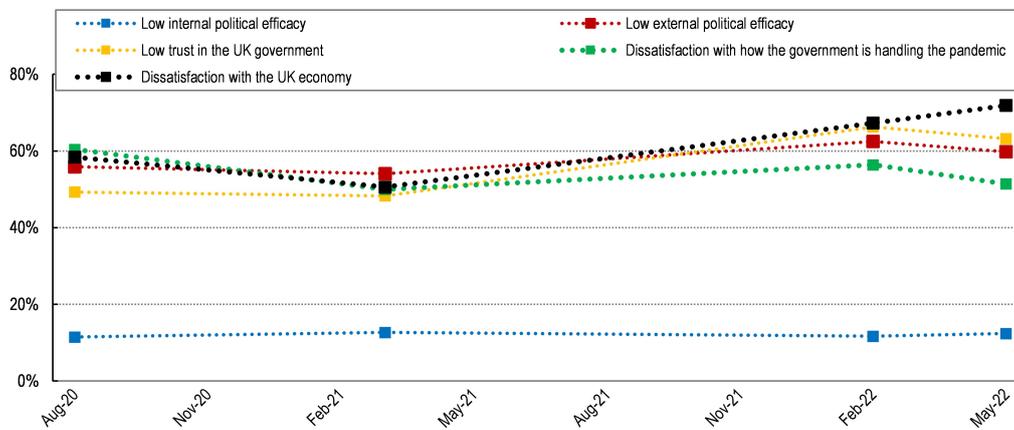


Figure 2: Share of people reporting deprivations in various political attitudes (2)

Relatedly, pandemic-related stressors may foster a 'blame culture' by promoting information seeking and processing which reduces trust in public institutions (Bernardi and Gotlib 2022).

In addition, many people felt increasingly disconnected from communal life throughout the first year of the pandemic. In early 2021, almost 1 in 3 of people in European OECD countries stated they felt left out of their societies (compared to 7.8% of people feeling this way in 2016). Political engagement was already low before the pandemic: in 2018, on average only 35% of people in European OECD countries reported feeling confident participating in politics, and only 40% believed the political system in their countries allowed people like them to have a say in what the government does (OECD 2021).

Throughout the observation period of our study, levels of external political efficacy (perceptions of how responsive the political system is to one's demands), trust in the government, and satisfaction with how the government is handling the pandemic and with the economy were at their highest during the aftermath of the third national lockdown in March 2021 (Figure 2). Since then, while levels of internal political efficacy (the belief that one can understand and participate in politics) remained stable, other aspects of political engagement (e.g. rates of trust, external political efficacy and satisfaction with the government reaction to COVID-19 and the economy) have declined markedly.

4. What was the impact of COVID-19 stressors on mental health?

Different COVID-19 stressors had varying impacts on mental ill health between March 2021 and February 2022 (Figure 3). All types of mental ill health measured (depression, anxiety, stress) were associated with increased worries about one's life or one's family and friends becoming seriously unwell or dying, as well as about contact and mobility restrictions.

The effects on depression were the largest: we estimate that moving from not being at all worried to being very worried for any of these stressors increases symptoms of depression by about 2 and 3 points, respectively, on a 0-27 depression scale. However, while higher stress was also associated with increased worry about one's financial situation, this did not affect depression or anxiety. Stress about wearing a mask in public spaces and worry about the long lasting negative impact of COVID-19 on society did not have any statistically significant effect on any symptoms of mental distress.

5. What was the impact of COVID-19 stressors on political attitudes?

The results of our study partly echo the rally-round-the-flag story of increased trust in institutions during crises when it comes to health-related worries, but also point to a rise in negative political attitudes when it comes to other COVID-19 stressors. On the one hand, becoming more worried about one's life, family and friends was associated with an increase in trust in government, but also in external political efficacy (perceptions of how responsive the political system is to one's demands), and satisfaction with the economy – but not satisfaction with governmental performance on COVID-19 (Figure 4).

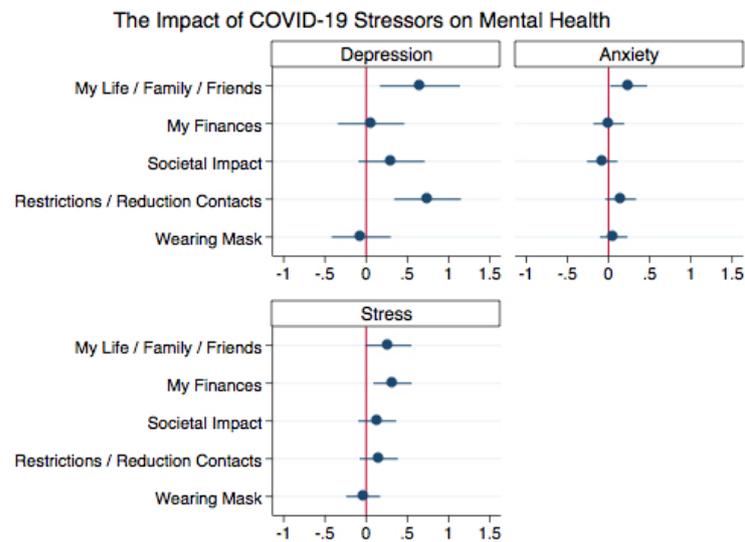


Figure 3: The impact of COVID-19 stressors on mental health (3)

On the other hand, becoming more worried about one’s financial situation led to a worsening of all government-related attitudes we asked about in the survey, i.e. satisfaction with the government handling of the pandemic, satisfaction with the economy, and trust in government. In addition, an increase in worry about COVID-19’s long lasting negative impact on society was associated with less political support related to regime performance and incumbent approval (external political efficacy, satisfaction with government and with the economy).

Importantly, between March 2021 and February 2022, we found no statistically significant effects of worries about anti-pandemic measures such as contact restrictions or mask mandates. This is not to say that they did not matter. For instance, in February 2022, higher levels of stress about restrictions on leaving home and reduction in social contacts was associated with lower external political efficacy and lower trust in government.

What our analyses in Figure 4 denote is lack of evidence that stress related to COVID-19 changed the political attitudes analysed here. Lastly, survey respondents were asked about their internal political efficacy. Here, the only COVID-19 stressor that had an impact was worry about one’s life, their family and friends.

6. Have COVID-19 stressors (de)mobilised political participation?

The COVID-19 crisis has generated a tension between demobilisation and activation potential (Borbáth et al. 2021). On the one hand, anti-pandemic measures “have potentially shifted individual repertoires of engagement from forms that became less available (such as street protests or public gatherings) towards those easier to access (primarily in the online sphere)”; on the other hand, “the need for solidarity with and support for those at risk has increased” (Borbáth et al. 2021, 313).

These scholars have found evidence that threat perceptions triggered by the crisis mobilised Europeans in the early phase of the pandemic. We tested whether this was still the case in February 2022 by using COVID-19 stressors measured in March 2021 as predictors for political participation. Our study finds evidence for both mobilising and demobilising effects of COVID-19 stressors when it comes to different forms of political participation.

First, the analyses show that COVID-19 stressors had no effect on taking part in demonstrations, wearing a campaign badge or sticker, and working for a political party.

Second, the analyses reveal that those who were stressed, and perhaps unhappy, about the mobility and contact restrictions they faced were mobilised to voice their opinion. Worries about anti-pandemic measures increased the probability of:

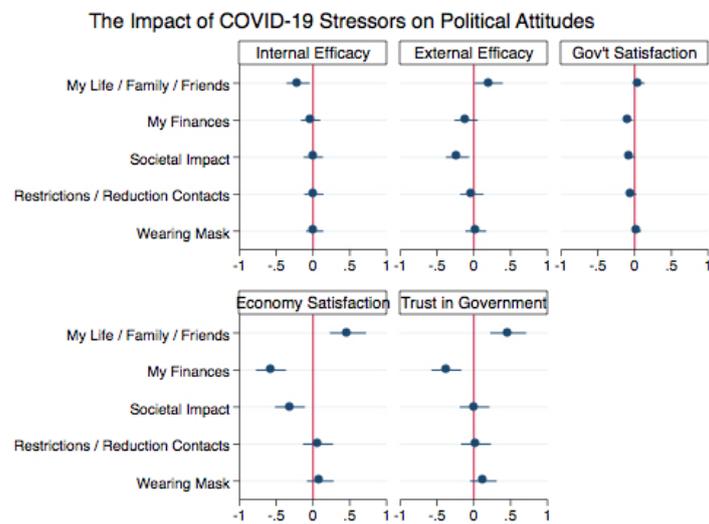


Figure 4: The impact of COVID-19 stressors on political attitudes (4)

- Contacting a politician, government or local government official by 11 percentage points (from 14% to 25%);
- Working in associations or organisations other than political parties by 5 percentage points (from 1% to 6%);
- Signing a petition by 15 percentage points (from 38% to 53%);
- Boycotting a product by 10 percentage points (from 14% to 24%);
- Posting about politics online by 10 percentage points (from 16% to 26%);
- and voting propensity by 9 percentage points (from 75% to 84%) (Figure 5).

In addition, being worried about one's financial situation increased the probability of working in associations or organisations other than political parties by 3 percentage points (from 1% to 4%).

Third, some worries about COVID-19 lead to demobilisation, and possibly disillusionment. This is particularly true for those that were stressed about having to wear masks in public spaces and those that were worried about the long-term negative effect of the pandemic on society, rather than its immediate short-term impact on their personal lives. The former reduced the probability of working in associations or organisations other than political parties by 4 percentage points (from 4% to 0%), while the latter reduced voting propensity by 12 percentage points (from 88% to 76%).

7. Conclusion and policy implications

Our study identified which COVID-19 stressors, be they health-related, economic or social, are most detrimental to mental health and political engagement, and can be tackled by policymakers interested in improving these wellbeing outcomes.

First, immediate health-related worries about infection and illness due to COVID-19 are also related to people's mental health and feelings of agency: they cause increased symptoms of depression (which is also related to worries about contact and mobility restrictions), anxiety and stress, and lead to people being less likely to believe they are able to understand and participate in politics. Second, people's financial worries lead to increased symptoms of stress, and dissatisfaction with the government and with the economy. Lastly, being worried about the long-term societal impact of COVID-19 can have detrimental impacts on political attitudes by lowering perceptions that the government is responsive to one's demands, satisfaction with the government and the economy, and, crucially, voting propensity.

A range of policy options could be considered to mitigate these different COVID-19-related stressors. These include: improving access to information about vaccines; financial support for groups adversely affected by COVID-19 related income and job losses; a clearer analysis of how any future mobility and contact restrictions could be designed to minimise their mental health impact; and addressing societal inequalities. Going forward, a more detailed analysis of the profiles of people most likely to experience specific types of COVID-19 related stressors is also recommended.

Mobilising Effect of Stress for Restrictions and Reduction in Social Contacts

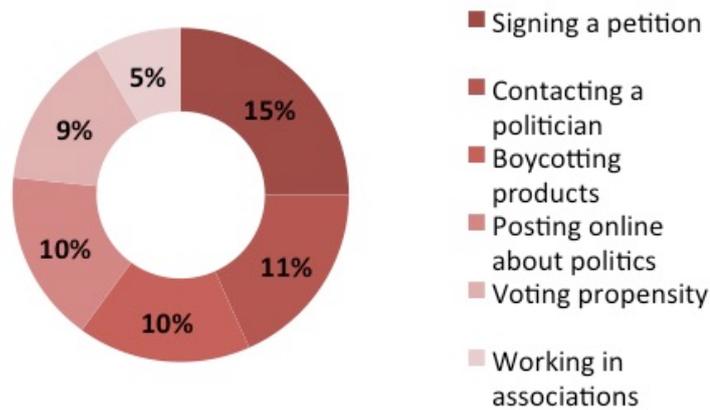


Figure 5: The mobilising effect of COVID-19 stressors (5)

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Notes

(1) Symptoms of depression are defined as values of 16 or more on the CES-D-9 scale (scored for a range of 0-27), symptoms of anxiety as values of 11 or more on the STAI-6 scale (scored for a range of 0-16), and symptoms of stress as values of 9 or more on the PSS-4 scale (scored on a range of 0-16). For all scales, higher values denote worse mental health.

(2) Low internal political efficacy is defined as “strongly” or “somewhat” disagreeing with the statement “I think I understand quite well the most important political issues that affect the country”, and “somewhat” or “strongly” agreeing with the statement “Sometimes politics seems so complicated to me that I can’t understand what’s going on”. Low external political efficacy is defined as “strongly” or “somewhat” disagreeing with the statement “Public officials don’t care much what people like me think”, and “somewhat” or “strongly” agreeing with the statement “The political system allows people like me to influence what the government does”. Low trust in the UK government and dissatisfaction with the UK economy are defined as an answer from 0-4 on a 0-10 scale where 0 means “do not trust at all/ extremely dissatisfied” and 10 means “trust completely/ extremely satisfied”. Dissatisfaction with how the government is handling the pandemic is defined as answering “fairly” or “very” badly to the question “How well or badly do you think the UK government is handling the issue of the Coronavirus (COVID-19)?”.

(3) Dots are coefficients plotted and bars are 95% confidence intervals. Those COVID-19 factors we can be sure that had a negative impact on mental health are those ones which confidence intervals are on the right-hand side of the red, vertical zero line and do not overlap with it. Analyses are based on fixed-effects models and control for party identification. Dependent variables are symptoms of depression, anxiety and stress. The analyses are based on longitudinal data collected in March 2021 and February 2022. N=1,813.

(4) Dots are coefficients plotted and bars are 95% confidence intervals (see Figure 4 notes for interpretation). Analyses are based on fixed-effects models and control for party identification. Dependent variables are internal political efficacy, external political efficacy, satisfaction with the way the government is handling the COVID-19 pandemic, satisfaction with the economy, and trust in government. The analyses are based on longitudinal data collected in March 2021 and February 2022. N=1,669.

(5) The figure is based on a series of models that predict different forms of political participation in February 2022 based on COVID-19 stressors measured in March 2021. Specifically, the figure displays the differences in predictive margins between not at all and very stressed for restrictions on leaving home and reduction in social contacts. The analyses control for sex, age, age squared, university degree, identification with a political party and vote for the governing party at the last general elections. N ranges between 688 and 1,324.

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Heseltine Institute for Public Policy, Practice and Place
University of Liverpool, 1-7 Abercromby Square, Liverpool, L69 7WY

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About the authors

Luca Bernardi is a Senior Lecturer in Politics at the Department of Politics at the University of Liverpool. Among other things, his research agenda focuses on how mental health problems influence different domains of political behaviour, the link between mental health and political representation, and the impact of political stressors on people's mental health. He thanks the British Academy (COV19\200709) and the University of Liverpool (JYG10041) for the funding received for the research presented in this policy briefing, and YouGov for conducting these surveys.

Lara Fleischer is a policy analyst at the OECD Centre for Well-being, Inclusion, Sustainability and Equality of Opportunity (WISE) and works on well-being topics including trust and mental health. She also leads the flagship report series *How's Life?* The views expressed here are her own and do not represent the OECD.

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