

# The Covid-19 Pandemic and Mental Health in Liverpool

Additional Data Report



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# Introduction

In March 2020, Liverpool, along with most of the world, went into lockdown as a response to the Covid-19 pandemic.

The impact was felt in many ways and will continue to be felt for many years to come – economically, socially, politically, personally, physically and mentally.

As the reality of lockdown became clear, Healthwatch Liverpool decided to ask people about how the changes to their lives were affecting their mental health. And, over several months, we continued to ask people about the longer-term mental health impacts of Covid-19, and their concerns for the future.

We developed an online survey based on feedback from local people of all ages, and we ran it from June 2021 to January 2022. In total we received input from 343 individuals, via the survey and a range of interviews and workshops.

We have grouped what people told us into a series of reports (covering 'Executive Summary and Recommendations', 'Key Findings', 'Children and Young People', 'Disabled People', 'Case Studies' and 'Additional Data') all of which can be found on our website [www.healthwatchliverpool.co.uk/Covid-MH-Report](http://www.healthwatchliverpool.co.uk/Covid-MH-Report).

We developed an online survey based on feedback from local people of all ages, and we ran it from June 2021 to January 2022. In total we received input from 343 individuals, via the survey and a range of interviews and workshops.

Some of the data charts we produced from the information people shared with us are included within our 'Key Findings' and 'Children and Young People' reports but this report contains additional data which lies behind the findings in the accompanying set of reports and has been included here for reference and transparency.

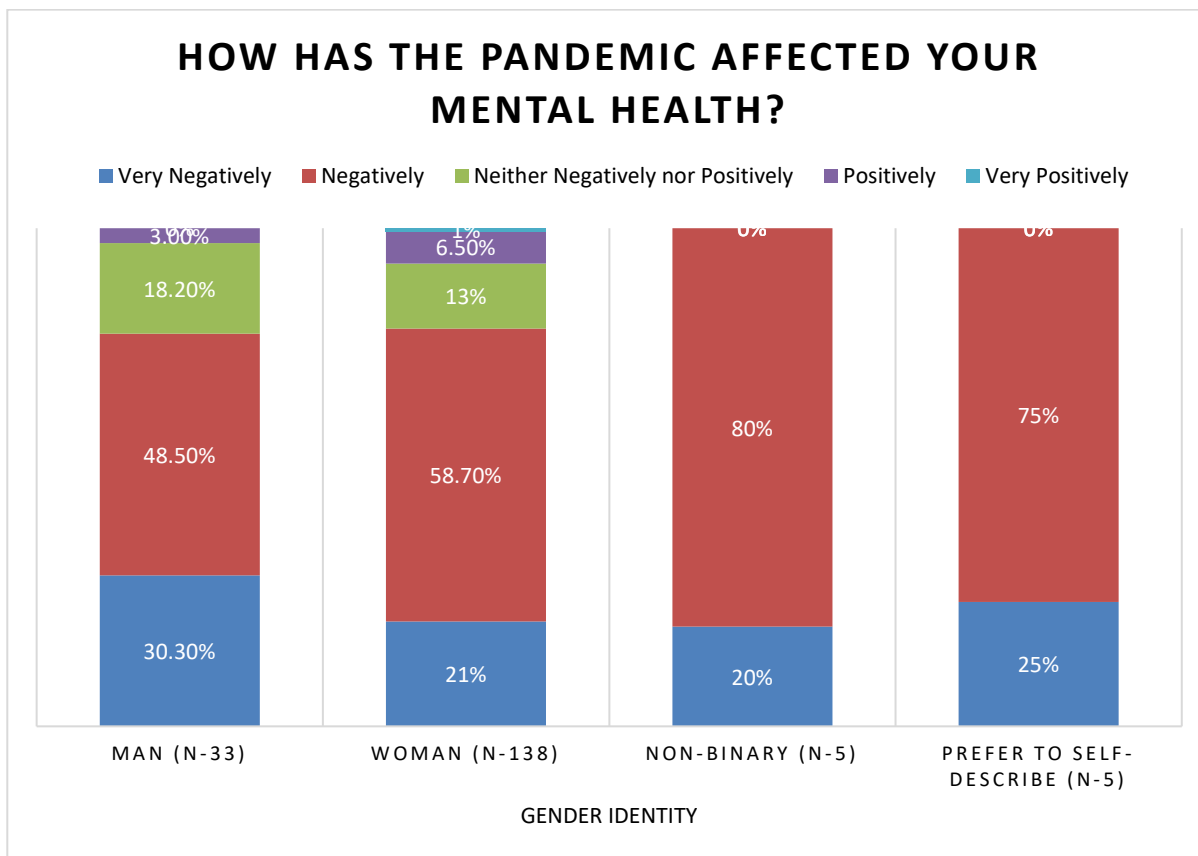


# Survey Data Analysis

## Pandemic Impact by Personal Characteristics and Experiences

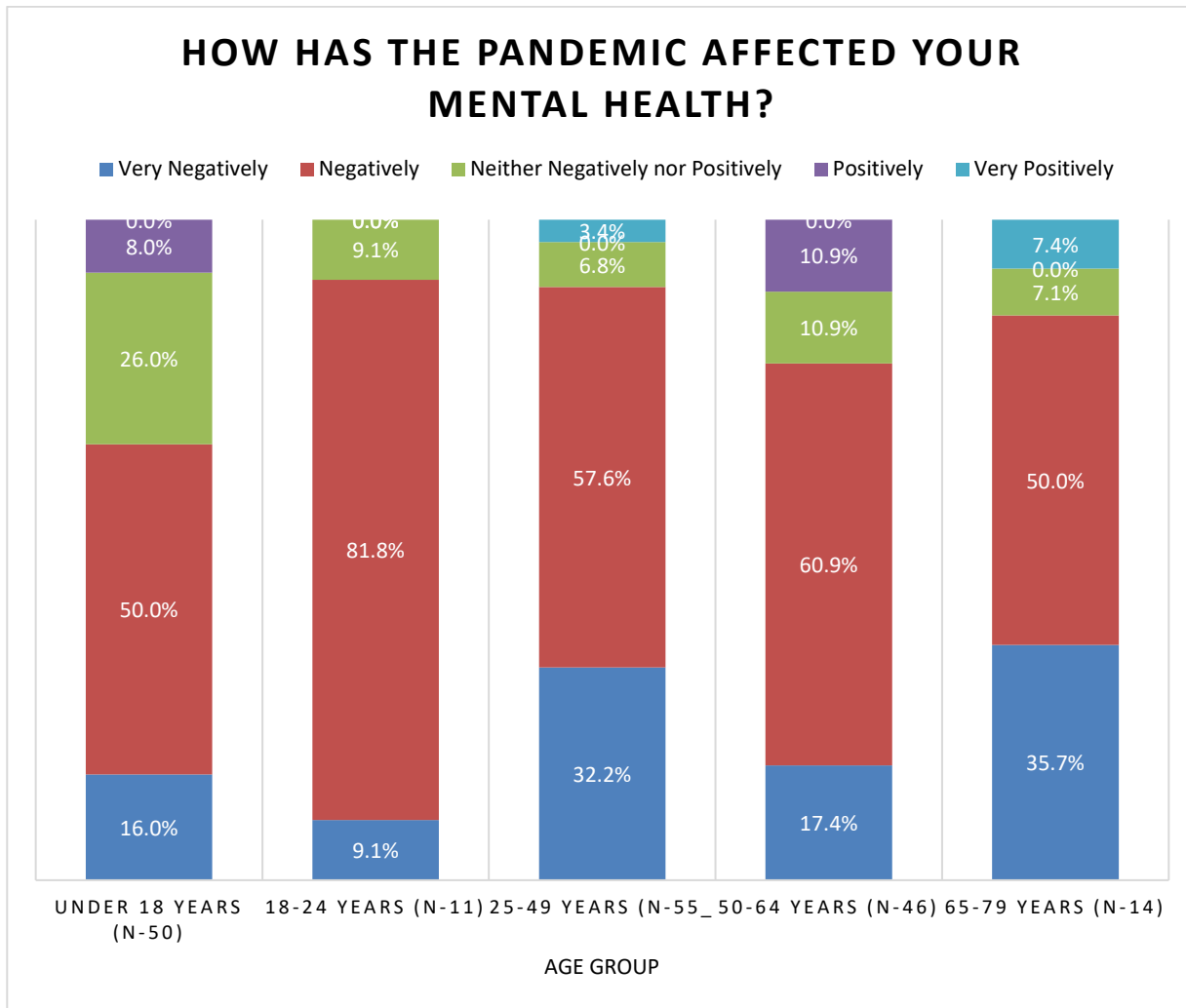
This section looks initially at responses to the question ‘How has the pandemic affected your mental health?’ when broken down by gender, age, disability, long-term health condition, sexuality, ethnicity, marital status and religion.

### Q1a x Gender

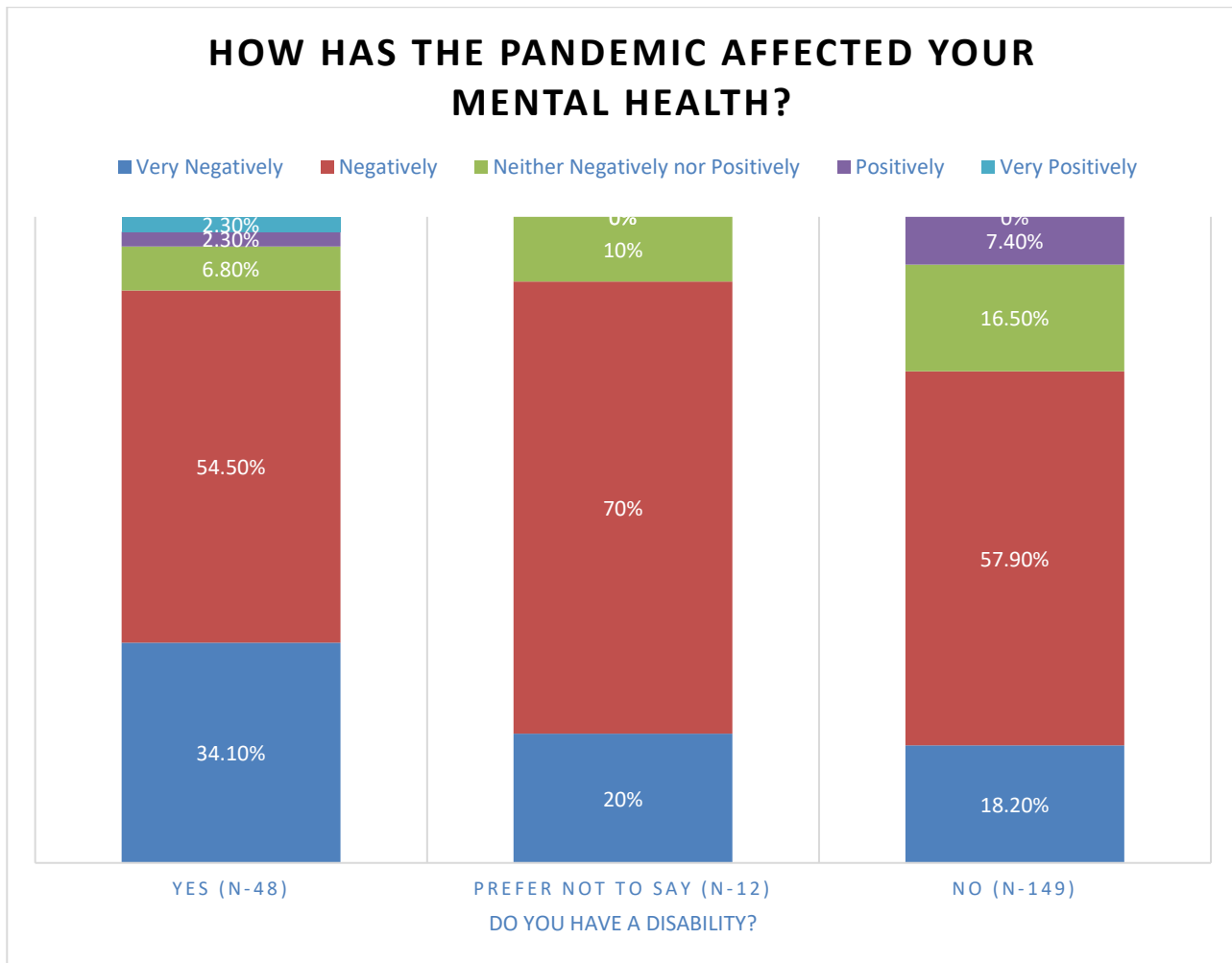


When we consider both ‘negative’ and ‘very negative’ responses together, men and women overall reported similar levels of negative experiences (women 80%, men 79%). However, men were more likely to report ‘very negative’ mental health experiences than

women, with 30% of male respondents reporting this compared with 21% of females. We did not have enough data from non-binary people or those who preferred to self-describe their gender identity to make any definite comments, however those who did respond did not report any neutral or positive experiences.



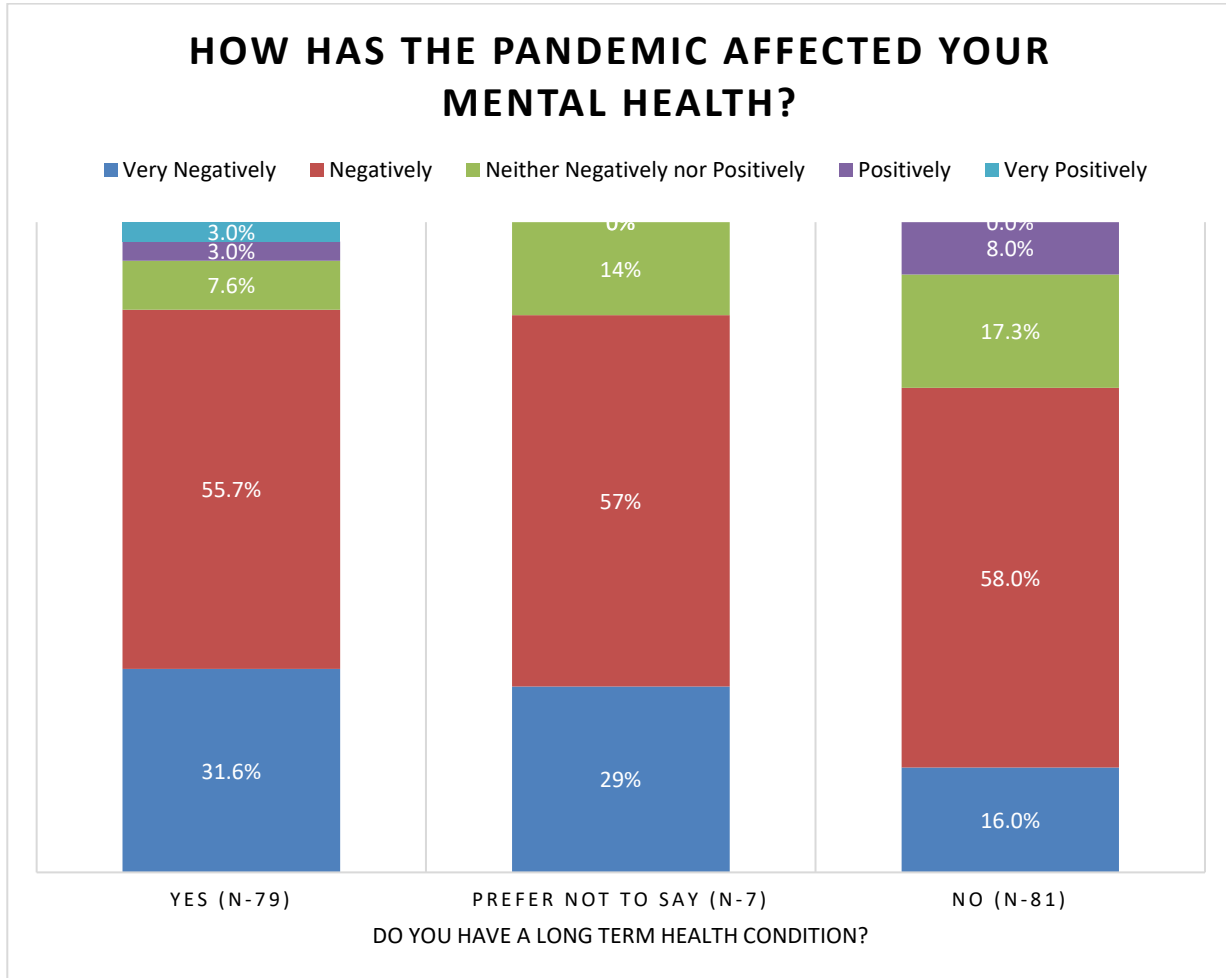
When looking at the impact of the pandemic on different age groups, Under-18s were most likely of all groups to report a neutral impact but were also least likely to report a positive impact. 66% reported a negative impact on their mental health. The majority of people in all age groups reported a negative impact although the sample sizes for 18-24 year olds and 65-79 year olds were relatively small (11 people and 14 people respectively).



Disabled people reported a greater overall negative effect on their mental health than those without a disability (Yes – 89%, No – 76%) although those without disabilities were slightly more likely to report ‘negative’ mental health effects (58%) than those with a disability (54%). However, people with a disability were almost twice as likely (34%) than those without (18%) to report ‘very negative’ mental health impacts.

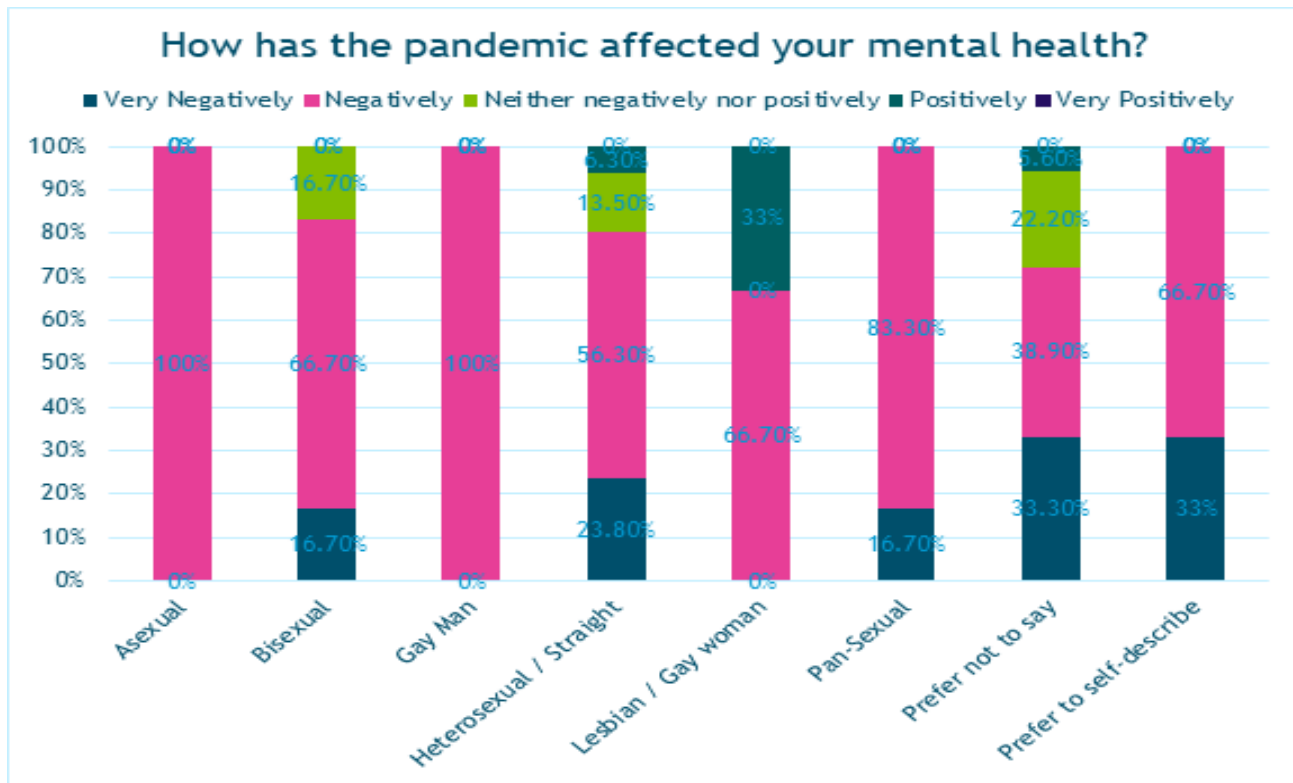


## Q1a x Long Term Health Conditions



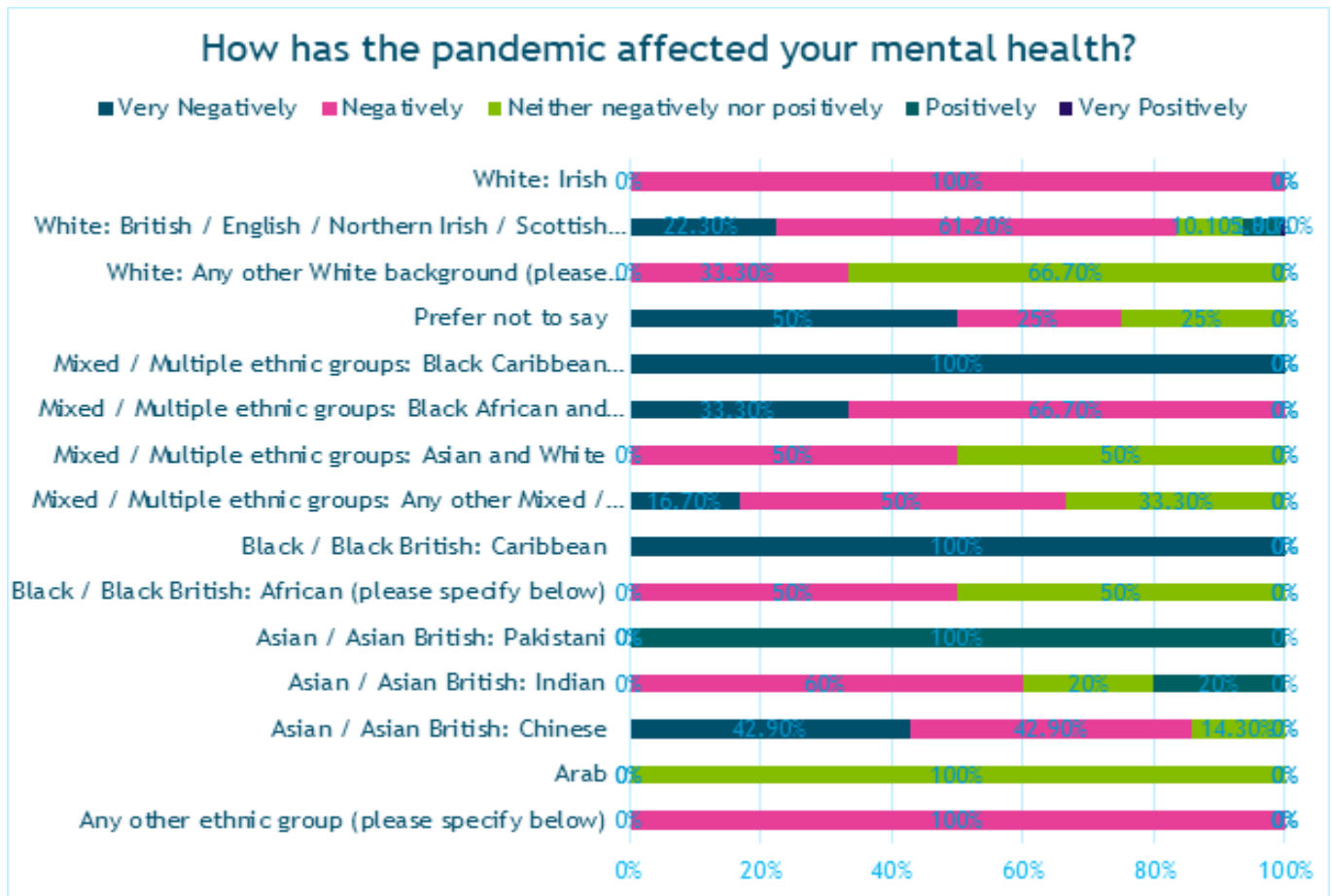
Overall, those with long-term health conditions were more likely to report negative mental health effects (87%) than those without (74%). Those without a long-term health condition reported 'negative' effects (58%) slightly more than those who had one (56%). However, those with a long-term health condition were almost twice as likely as those without one to report 'very negative' mental health effects related to the pandemic.

## Q1a x Sexuality



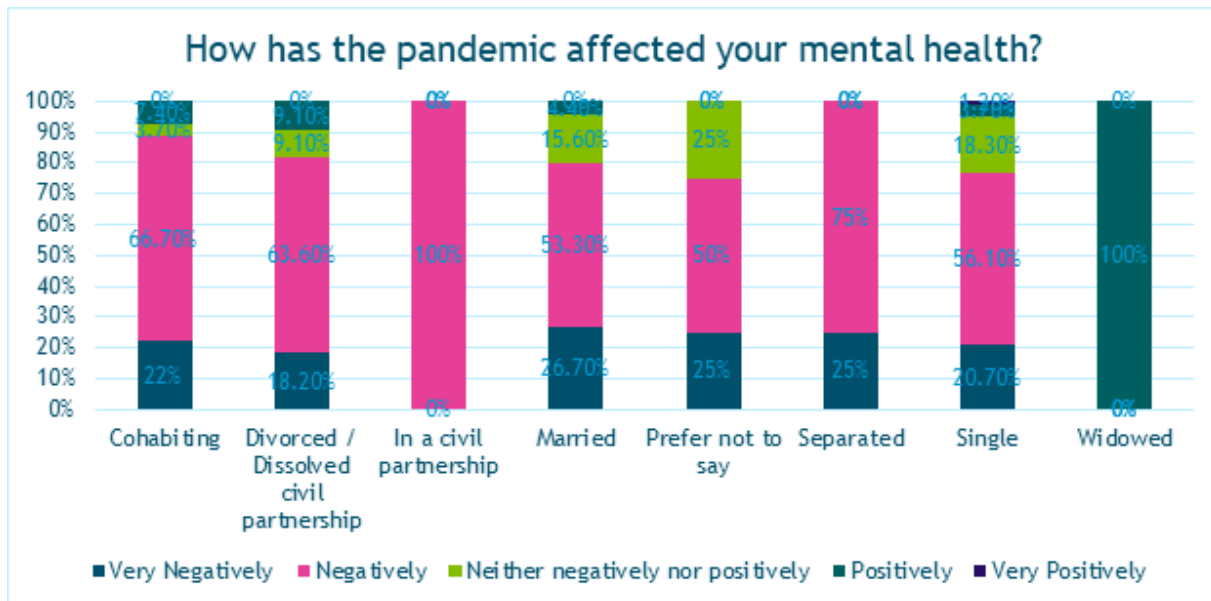
Although the numbers in each of the sexuality categories varied, the overall pattern shows that people in all groups were negatively impacted by the pandemic. Whilst almost a quarter (24%) of heterosexual people who shared their data with us were very negatively impacted, a third of lesbians (33%) experienced a positive impact (the largest positive impact of any group) – although two thirds of lesbians experienced negative impacts, which is much more in line with other groups.

## Q1a x Ethnicity



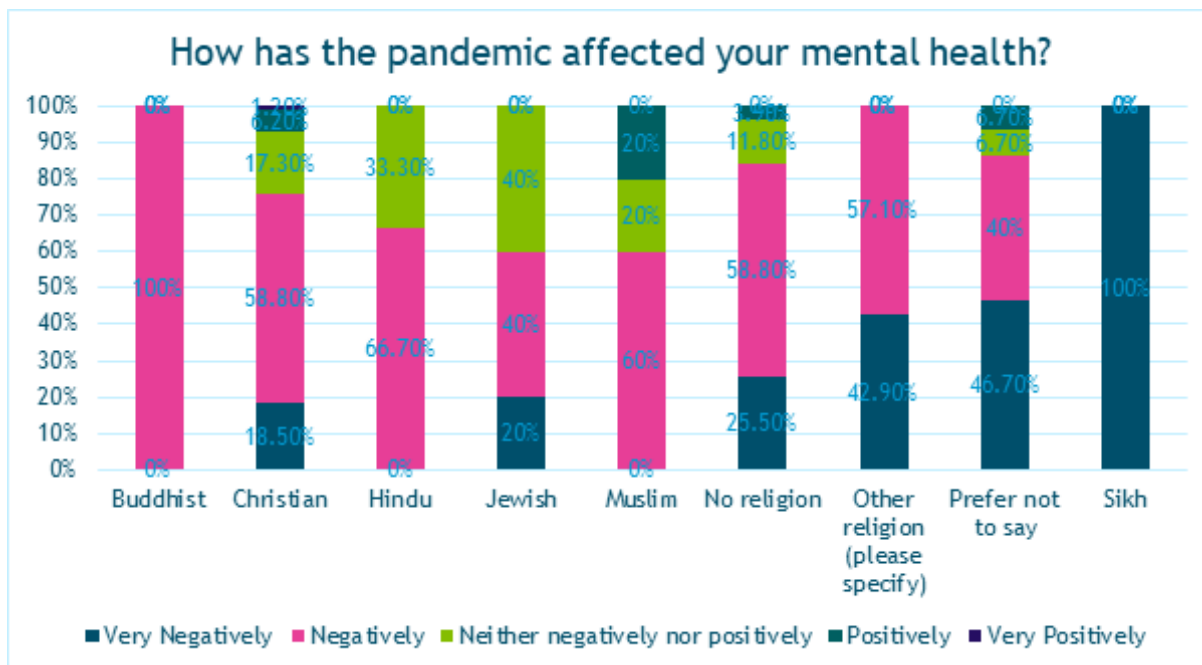
It is difficult to make any definitive comments on this data as it is so heavily skewed towards a White British demographic (78% of respondents were in this category, for further information see our ['Key Findings' report](#)). However, it is clear that most respondents experienced 'negative' or 'very negative' impacts or felt that their experience had been neutral. In the latter case, this may be because they already had poor experiences prior to the pandemic.

## Q1a x Marital Status



Almost half (46%) of respondents were single and a quarter (25%) were married. Both these groups reported very similar experiences, which were largely negative with a significant minority (18% of single people, 16% of married people) saying their experience had been neutral.

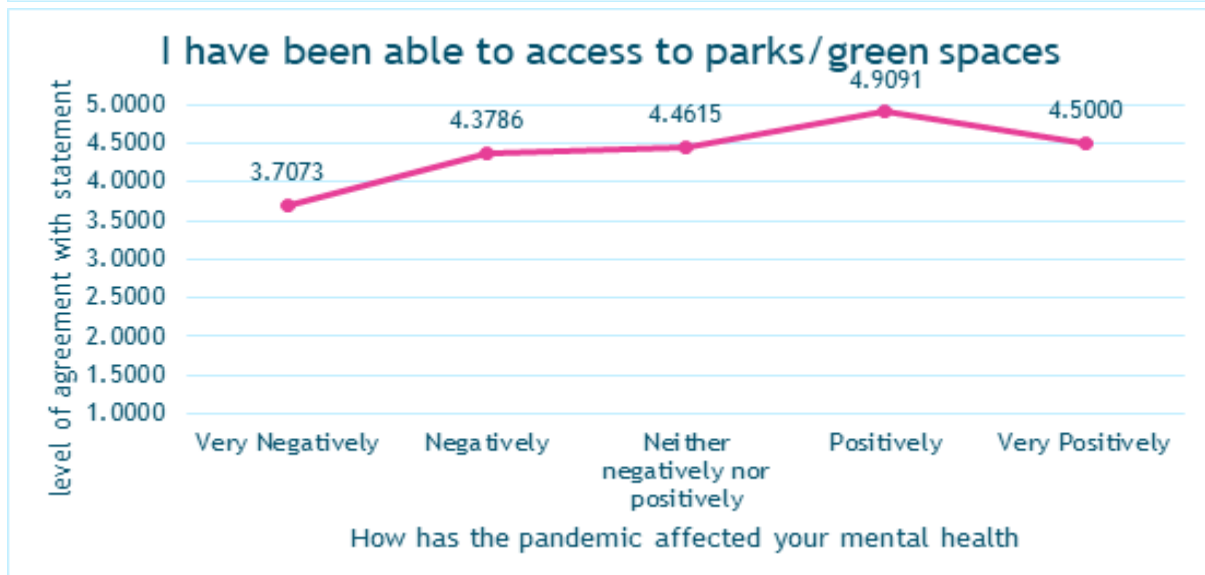
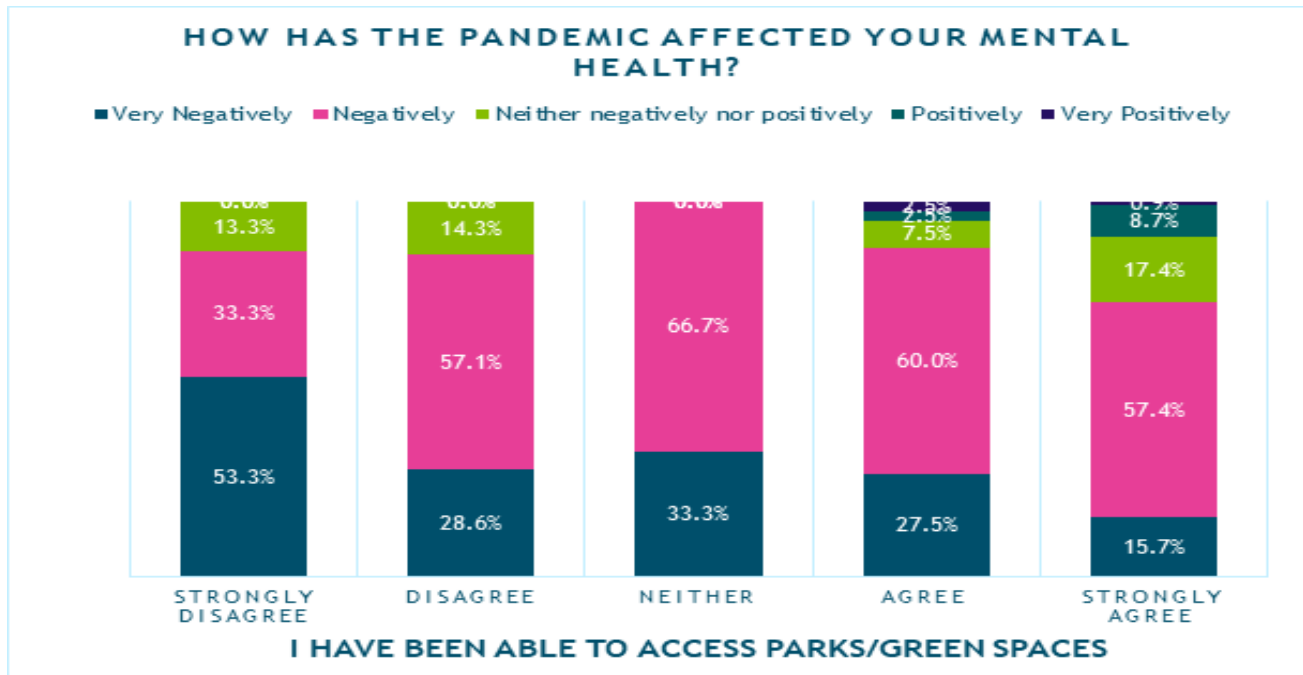
## Q1a x Religion



Again, the data here is skewed heavily towards people who identified as Christian (46%) or had no religious faith (28%). Both these groups reported a 59% negative experience.

**We then looked at whether people’s overall experiences of the pandemic had been affected by their ability to access parks or green spaces, maintain social contact, or take part in physical activity.**

Q1 x Q4a

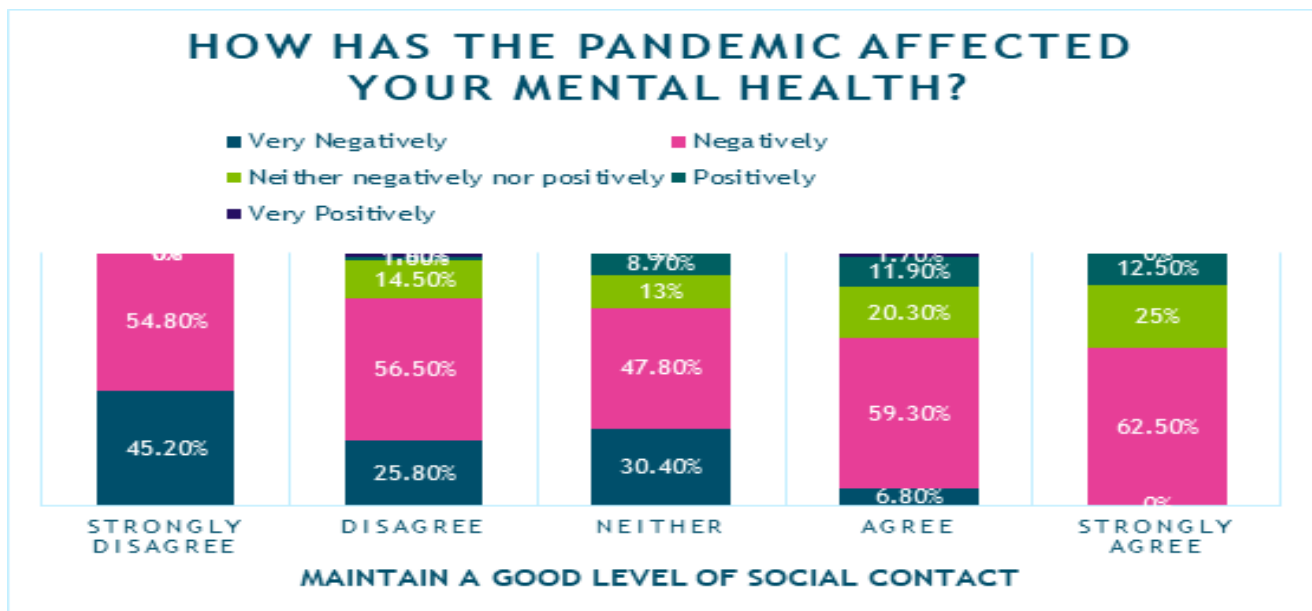


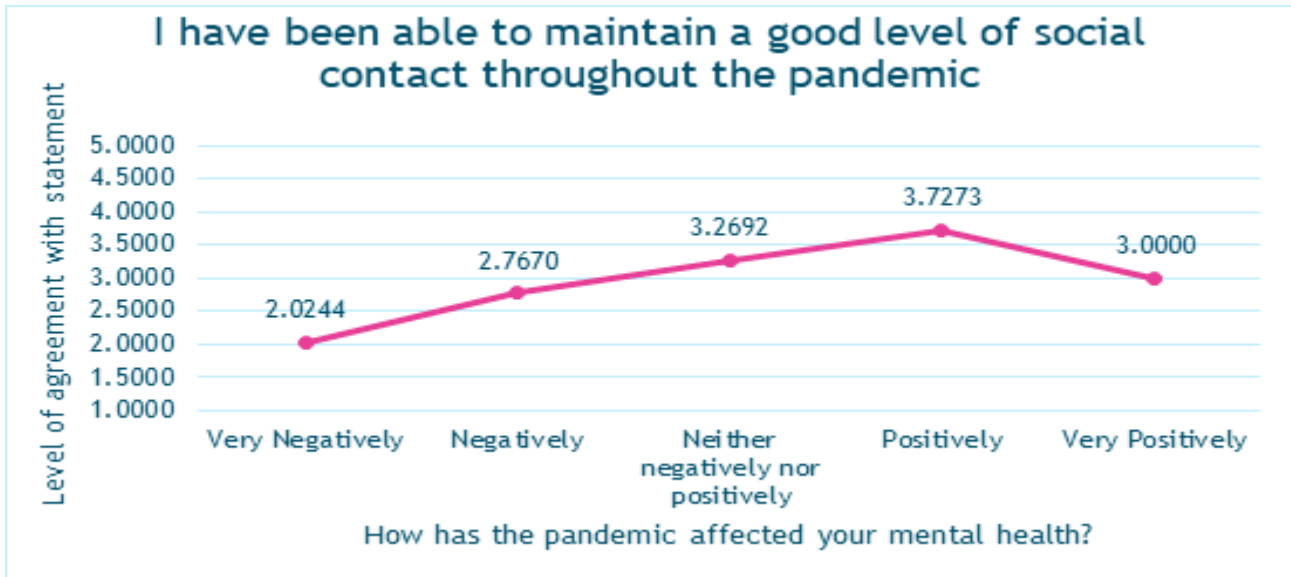
We treated the level of agreement as a scale ranging 1-5 with 5 being 'strongly agree' with the statement and 1 being 'strongly disagree'. The numbers show the average level of agreement for each response in Q1. For example, for those who stated their mental health was affected very negatively during the pandemic, the average response to the statement is 3.73.

The average level of agreement is higher for those who have had more positive mental health effects and the average score is lower for those who have experienced negative mental health effects.

The mean score for level of agreement with the statement '*I have been able to access parks and green spaces throughout the pandemic*' differs between those who have experienced either negative or positive mental health effects of the pandemic. The mean scores for those with negative mental health effects range between 3.7 and 4.3 and the mean scores for those with positive mental health effects range between 4.5 and 4.9. This shows that those with less access to parks and green spaces experienced more negative mental health effects than those who had greater access to parks and green spaces.

Q1 x Q4b



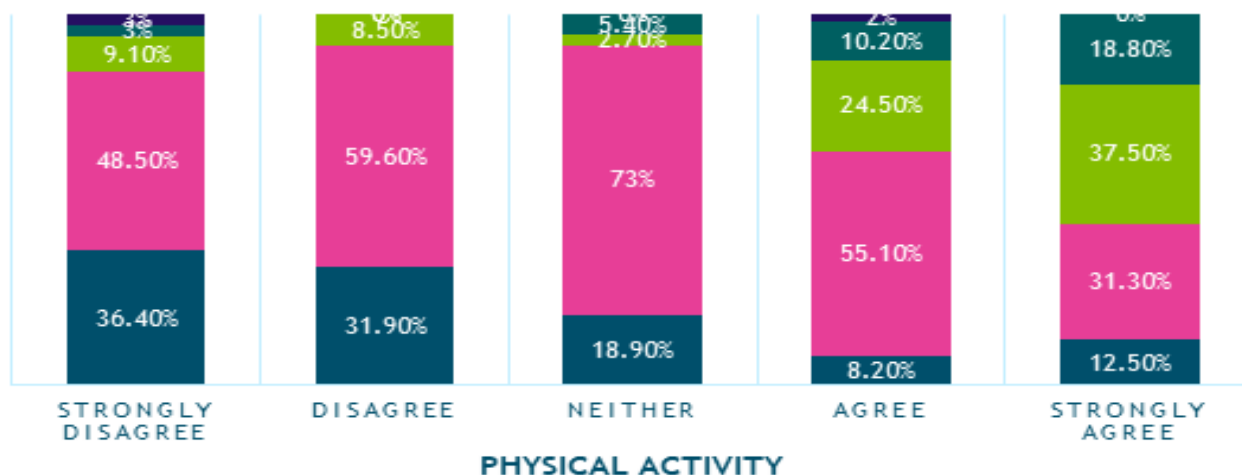


The mean score for level of agreement with the statement 'I have been able to maintain a good level of social contact throughout the pandemic' differs between those who have experienced either negative or positive mental health effects of the pandemic. The mean scores for those with negative mental health effects range between 2 and 2.7 and the mean scores for those with positive mental health effects range between 3 and 3.7. Those who have not been able to maintain good levels of social contact experienced more negative mental health effects than those who maintained a greater level of social contact.

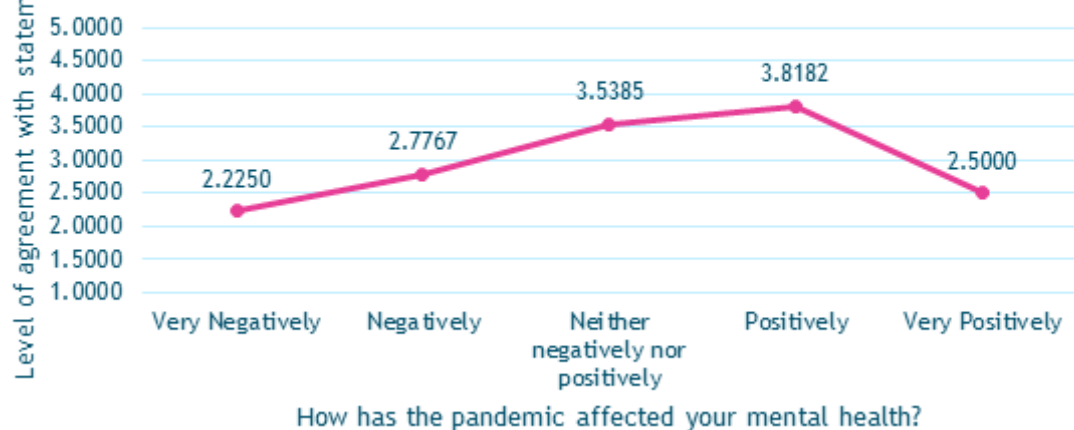
Q1 x Q4c

## HOW HAS THE PANDEMIC AFFECTED YOUR MENTAL HEALTH?

■ Very Negatively      ■ Negatively  
■ Neither negatively nor positively    ■ Positively  
■ Very Positively



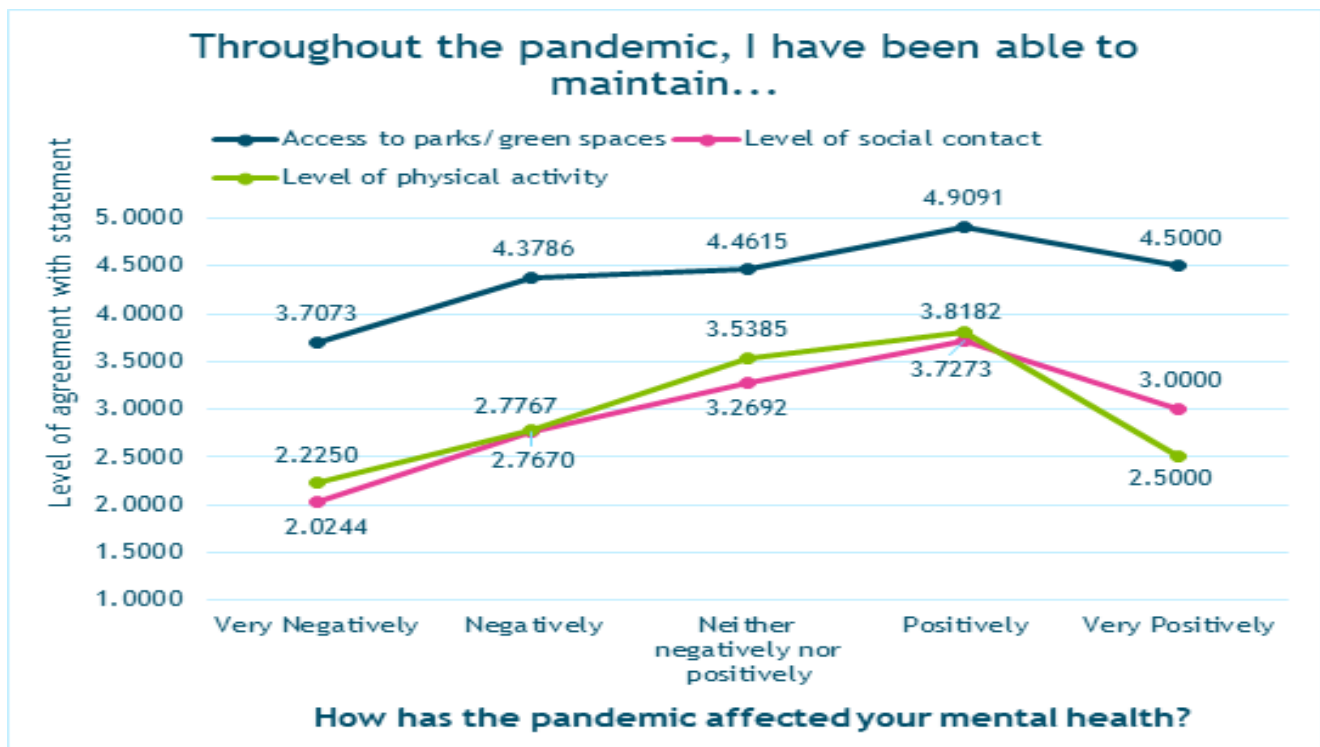
### I have been able to maintain a good level of physical activity throughout the pandemic



The mean score for level of agreement with the statement 'I have been able to maintain a good level of physical activity throughout the pandemic' differs between those who have experienced either negative or positive mental health effects of the pandemic. The mean scores for those with negative mental health effects range between 2.2 and 2.7 and the mean scores for those with positive mental health effects range between 2.5 and 3.8. Those who have not been able to maintain good levels of physical activity experienced more negative mental health effects than those who had maintained a greater level of physical activity.



Q1 x Q4abc COMBINED GRAPH



Looked at as a combined chart we can see that greater access to parks and green spaces, higher levels of social contact and higher levels of physical activity are associated with less negative mental health effects.

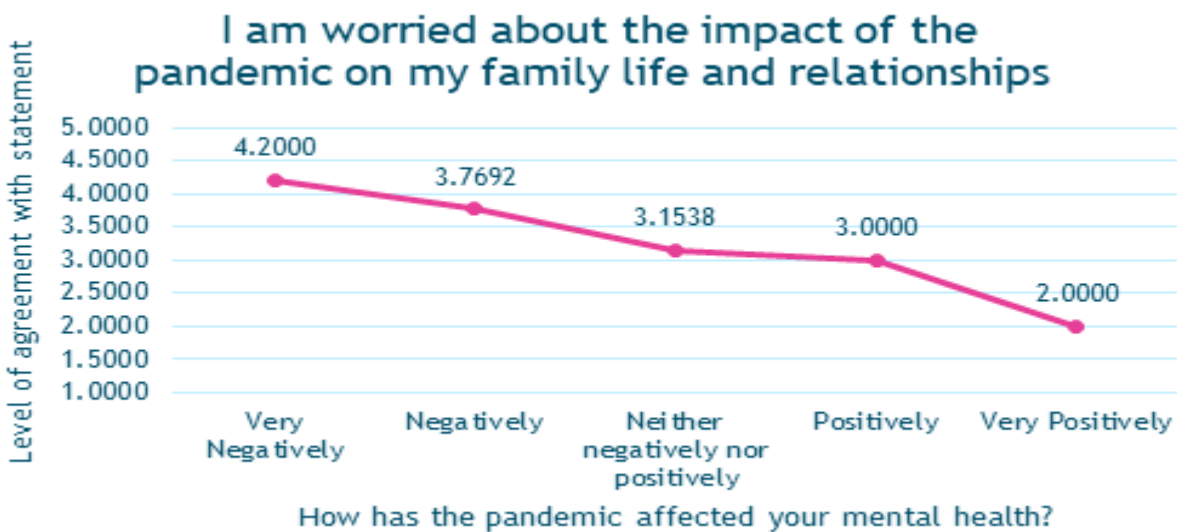
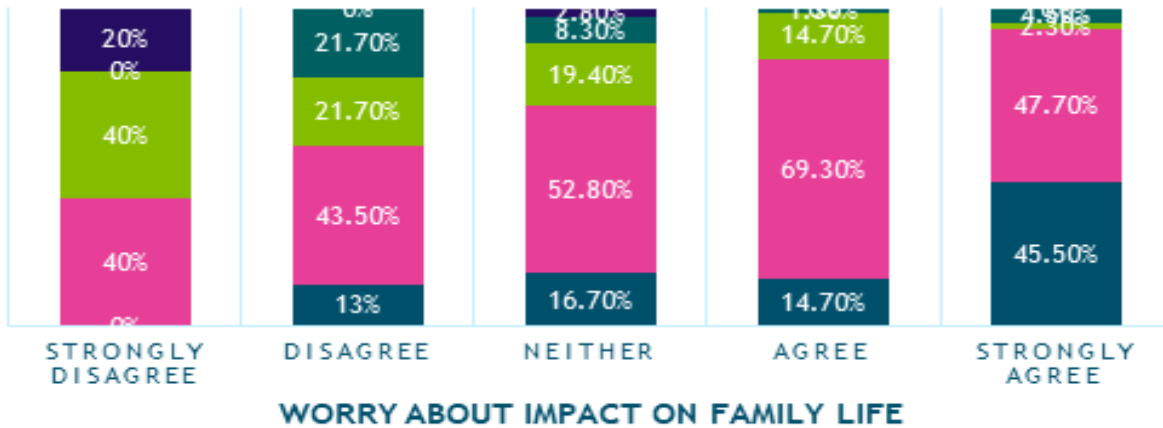
**Next, we looked at how fears about the impact of Covid-19 on family and personal life had contributed to respondents' overall mental health experience during the pandemic.**

We did this in a similar way to the previous questions, however the relationship between the two data sets runs the opposite way, so that high levels of agreement show greater negative impacts on personal mental health.

Q1 x Q5a

## HOW HAS THE PANDEMIC AFFECTED YOUR MENTAL HEALTH?

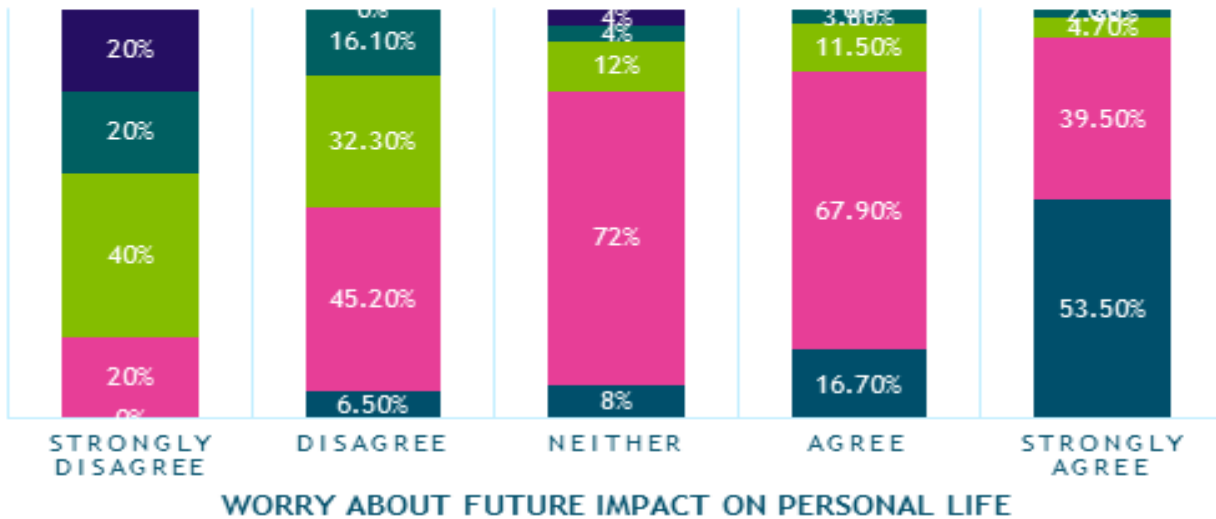
■ Very Negatively      ■ Negatively  
■ Neither negatively nor positively   ■ Positively  
■ Very Positively



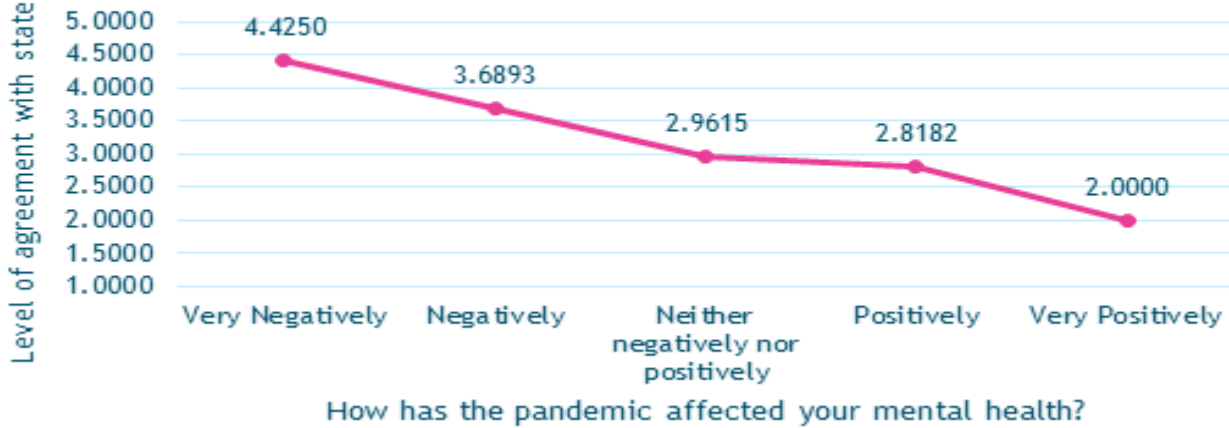
The mean score for level of agreement with the statement 'I am worried about the impact of the pandemic on my family and relationships' differs between those who have experienced either negative or positive mental health effects of the pandemic. The mean scores for those with negative mental health effects range between 3.7 and 4.2 and the mean scores for those with positive mental health effects range between 2 and 3. Those who reported greater levels of concern about the pandemic's impact on family and relationships experienced more negative mental health effects than those who expressed less concern.

## HOW HAS THE PANDEMIC AFFECTED YOUR MENTAL HEALTH?

■ Very Negatively      ■ Negatively  
■ Neither negatively nor positively    ■ Positively  
■ Very Positively

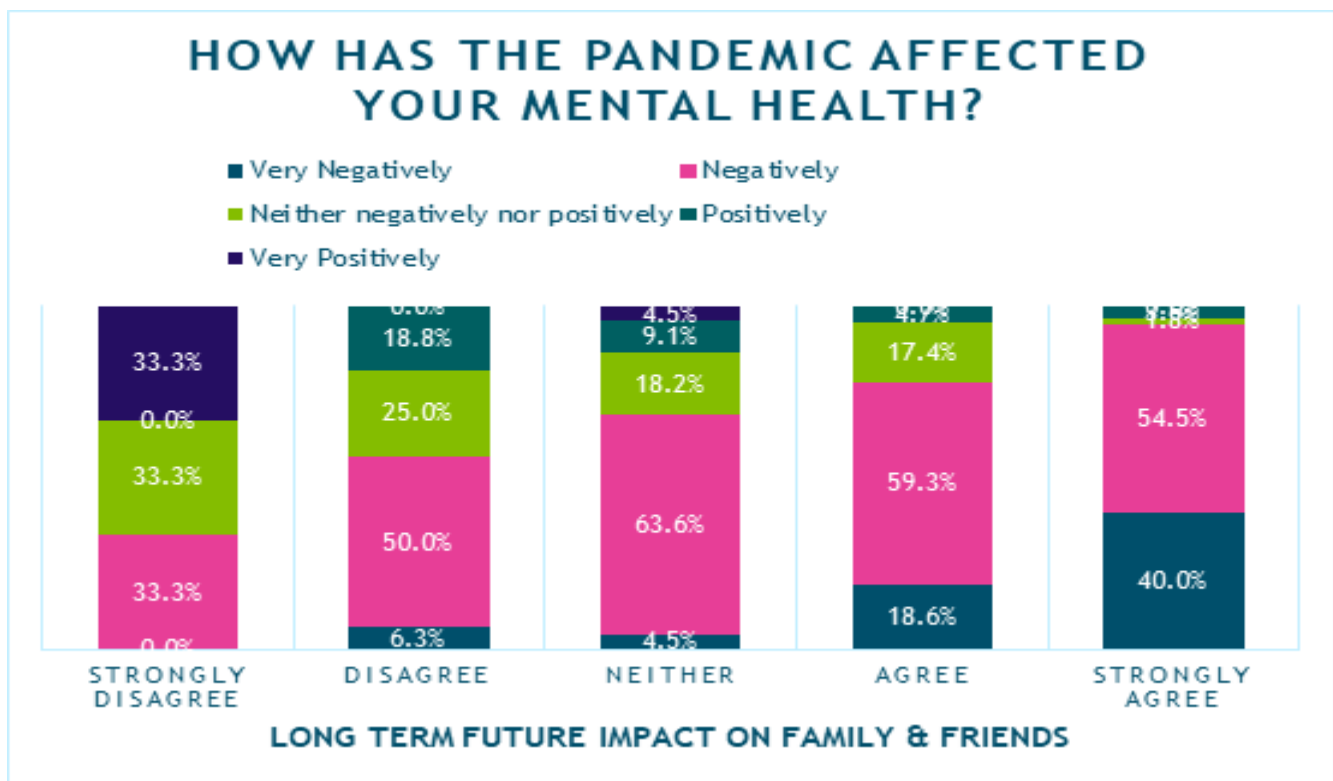


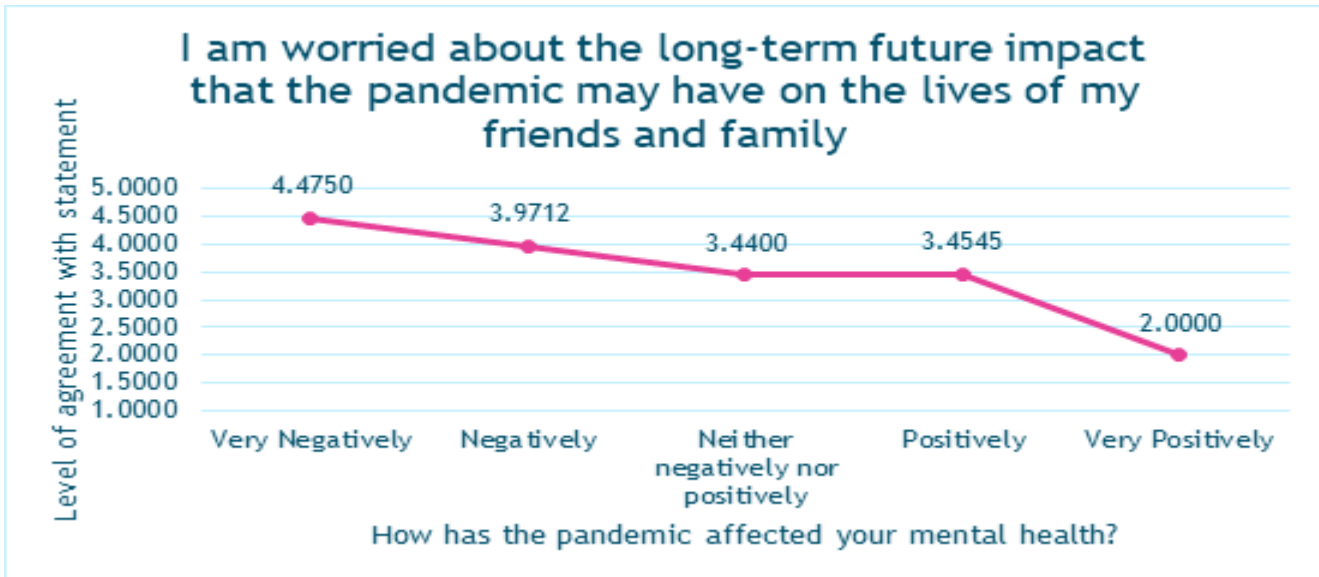
### I am worried about the long-term future impact that the pandemic may have on my personal life



The mean score for level of agreement with the statement 'I am worried about the long-term future impact the pandemic may have on my personal life' differs between those who have experienced either negative or positive mental health effects of the pandemic. The mean scores for those with negative mental health effects range between 3.6 and 4.4 and the mean scores for those with positive mental health effects range between 2 and 2.8. Those who reported greater levels of concern about the long-term future impact on their personal life experienced more negative mental health effects than those who expressed less concern.

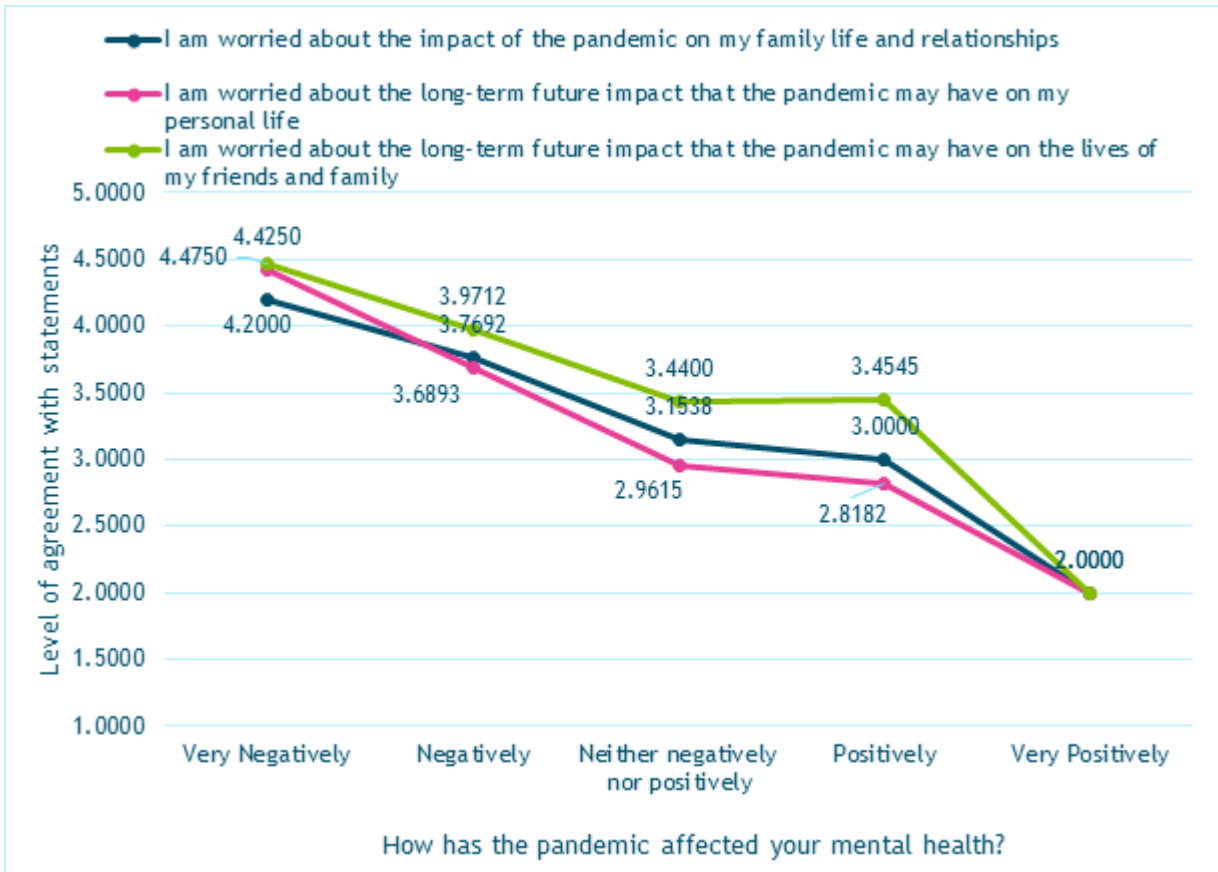
Q1 x Q5c





The mean score for level of agreement with the statement 'I am worried about the long-term future impact that the pandemic may have on the lives of my friends and family' differs between those who have experienced either negative or positive mental health effects of the pandemic. The mean scores for those with negative mental health effects range between 3.9 and 4.4 and the mean scores for those with positive mental health effects range between 2 and 3.4. Those who reported greater levels of concern about the long-term future impact on the lives of family and friends experienced more negative mental health effects than those who expressed less concern.

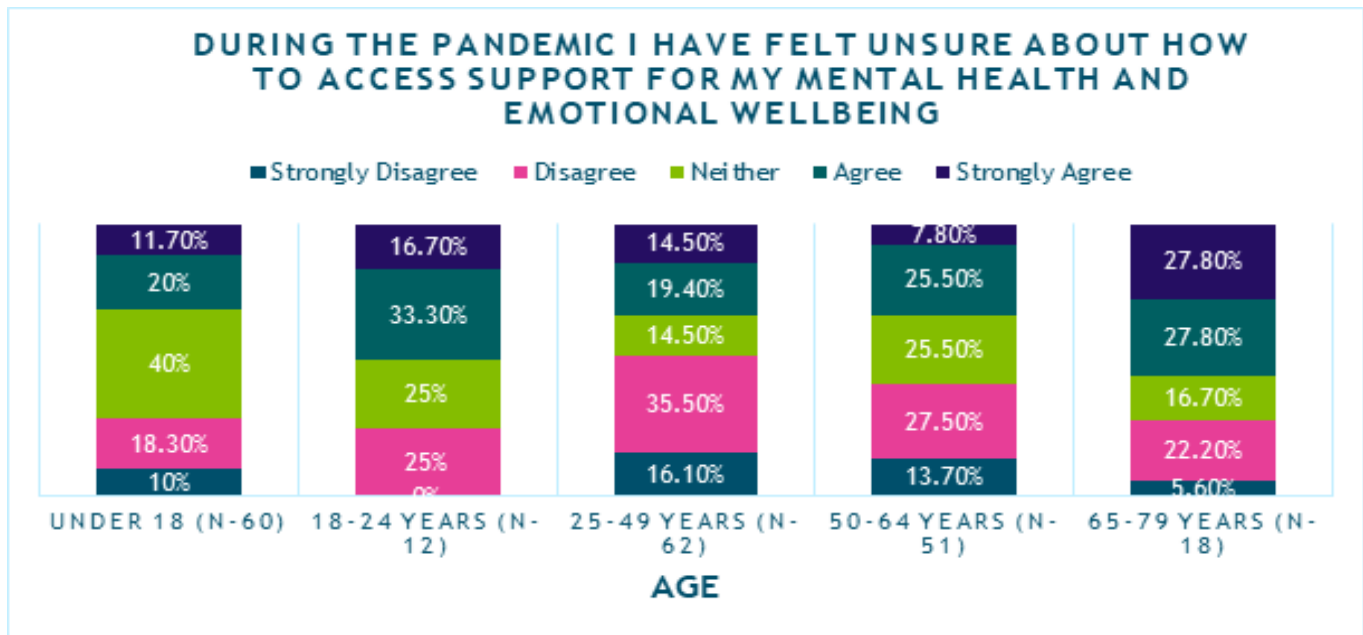
**Q1a x Q5abc COMBINED GRAPH**



Looked at as a combined chart we can see that worries about the impact of the pandemic on family life, relationships, personal life and friends are associated with more negative overall mental health experiences.

**Next we looked at how factors such as age, disability, health conditions may have contributed to individuals' overall levels of mental health during the pandemic.**

## Q6a x Age



Agreement with this statement indicates uncertainty about where to access help. 50% of those aged 18–24 years agreed to some extent with the statement, as did 56% of those aged 65–79 years, making these the most uncertain groups. However, these groups have the smallest sample sizes (numbering 12 and 18 respectively). 25–49 year-olds appear to be the most confident in knowing where to seek help and support for mental health and wellbeing with 52% disagreeing with the statement. All the age groups where the number is greater than 30 shared a similar level of agreement (31%–34%) with the statement.

## Q6a X Disability

**DURING THE PANDEMIC I HAVE FELT UNSURE ABOUT HOW TO ACCESS SUPPORT FOR MY MENTAL HEALTH AND EMOTIONAL WELLBEING**

■ Strongly Disagree ■ Disagree ■ Neither ■ Agree ■ Strongly Agree

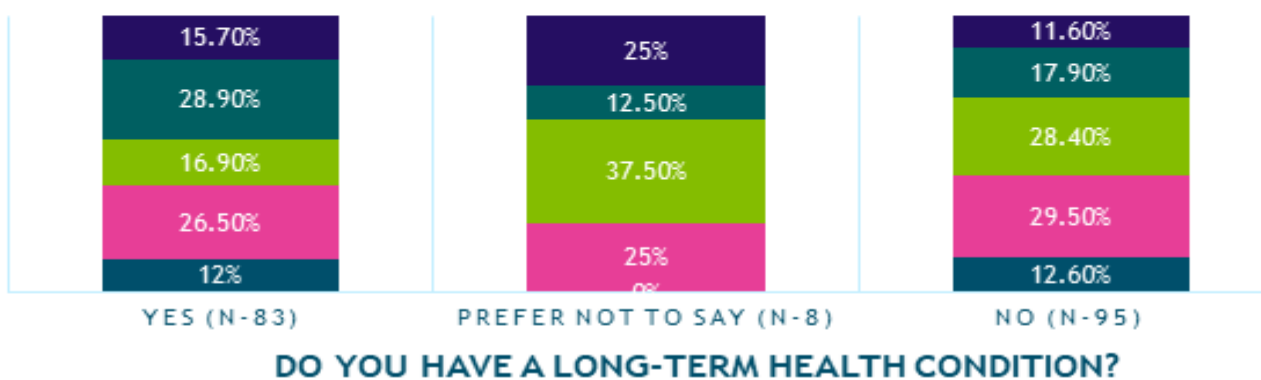


As we have shown, those with a disability were more likely to have had negative mental health impacts during the pandemic. We might, therefore, think those with a disability may have been more unsure about where to access support compared to those without disabilities. Those with a disability agreed to some extent that they were unsure about how to access mental health support (47%), whilst those without a disability agreed to less of an extent (31%), indicating that those with a disability were more unsure about how to access support than those without.

**Q6a x Long Term Health Conditions**

**DURING THE PANDEMIC I HAVE FELT UNSURE ABOUT HOW TO ACCESS SUPPORT FOR MY MENTAL HEALTH AND EMOTIONAL WELLBEING**

■ Strongly Disagree ■ Disagree ■ Neither ■ Agree ■ Strongly Agree

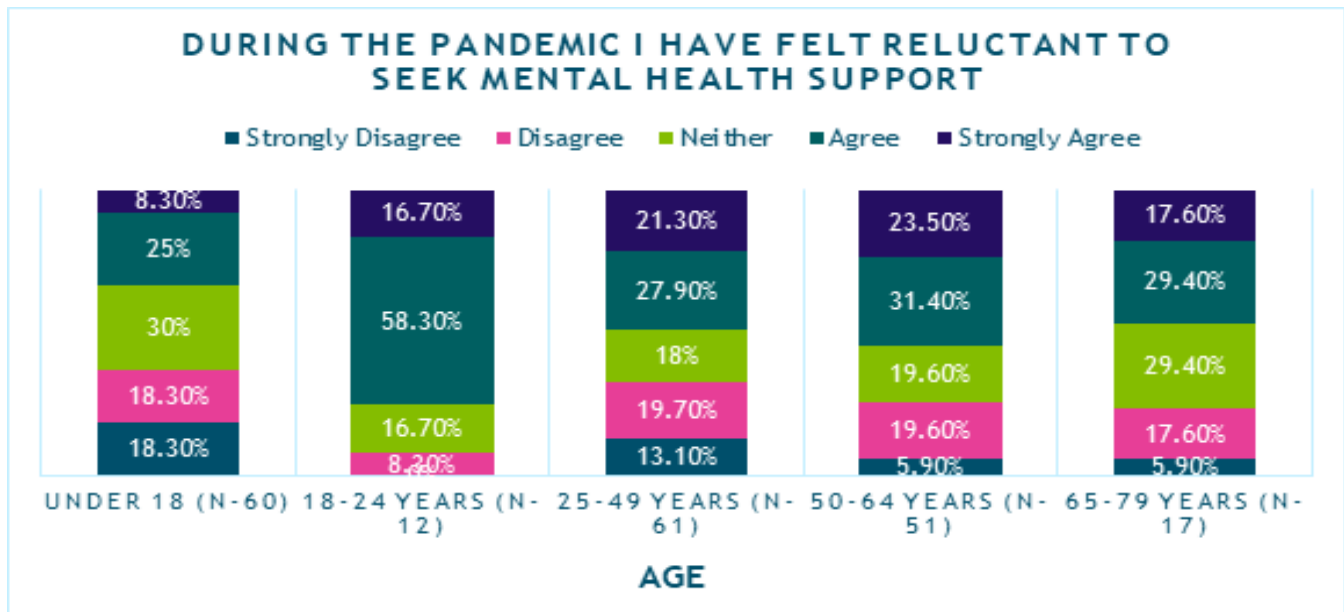




Similarly, 45% of those with a long-term health condition felt unsure to some extent about how to access support, compared to 30% of those without a long-term health condition (29.5%). Another clear disparity.

**We then looked at factors which may have contributed to a reluctance to seek mental health support.**

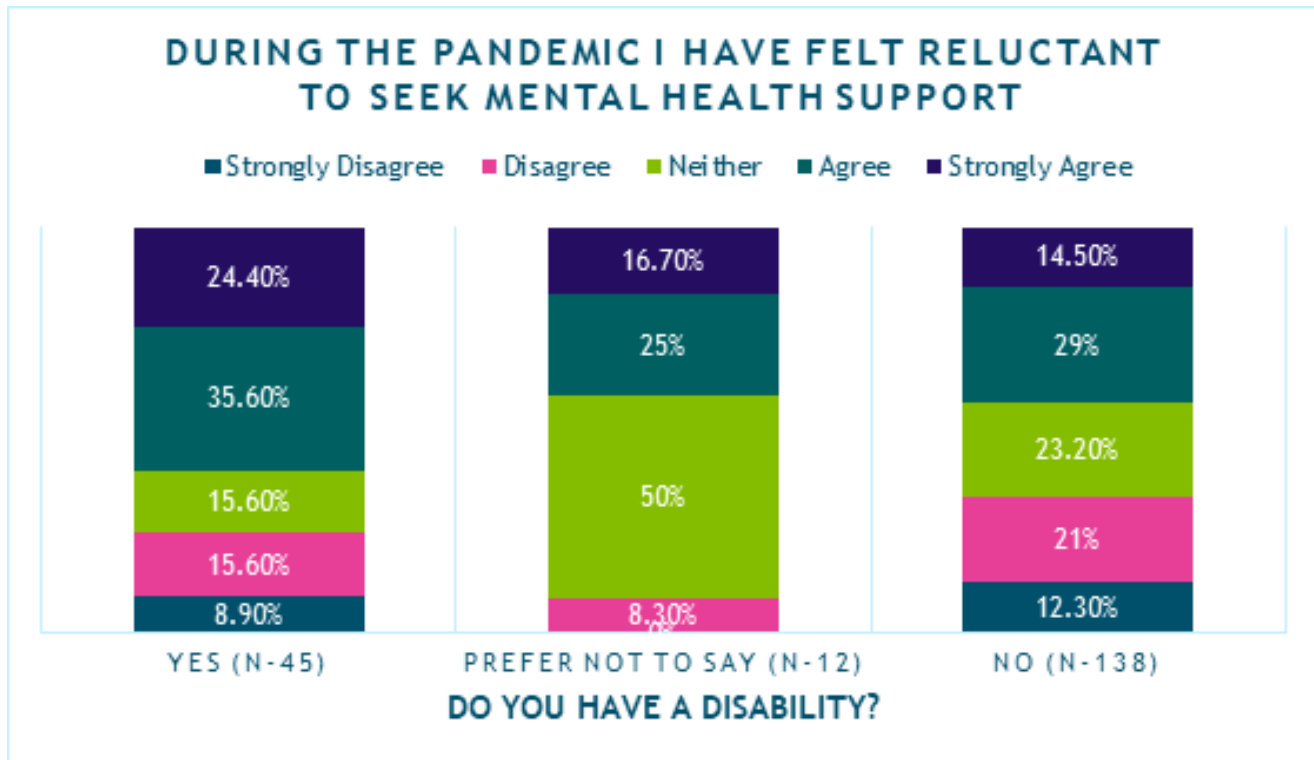
Q6b x Age



When we looked at age as a possible factor we found a mixed picture, which may have been influenced by small sample sizes in the 18-24 and 65-79 age groups.

33% of Under-18s 33% agreed with the statement to some extent, as did 75% of 18-24 year-olds, 49% of 25-49 year-olds, 55% of 50-64 year-olds, and 47% of 65-79 year-olds. The 50-64 age group was the most likely to 'strongly agree' that they were reluctant to seek support. These figures indicate that reluctance to seek help is a significant factor in preventing people from accessing the support they need. It also suggests that if they were to overcome their reluctance, there would be considerable additional pressure put on already overstretched services.

## Q6b x Disability

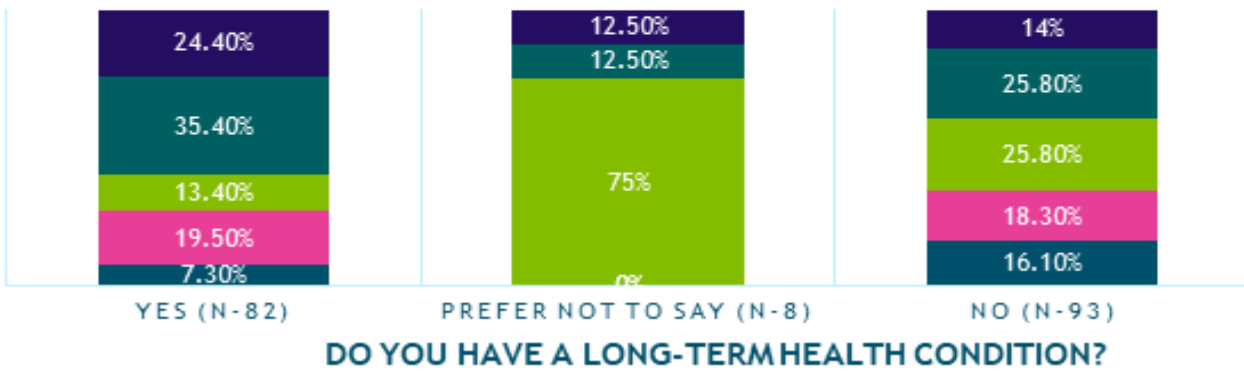


Of those with a disability, 60% agreed to some extent that they were reluctant to seek mental health support, compared with 44% of those without a disability. Another disparity and, perhaps, an indication that services do not feel accessible or welcoming to disabled people.

## Q6b x Long Term Health Conditions

## DURING THE PANDEMIC I HAVE FELT RELUCTANT TO SEEK MENTAL HEALTH SUPPORT

Strongly Disagree Disagree Neither Agree Strongly Agree



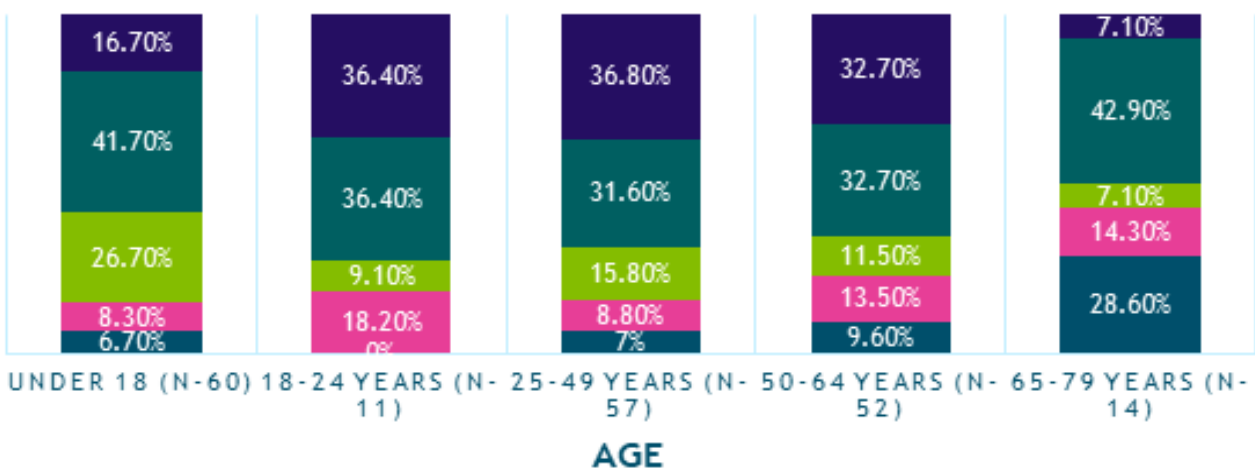
Similarly, 60% of those with a long-term health condition agreed with the statement, in contrast to 40% of those who did not have a one. Again, this may indicate that people in this situation may not feel that services are welcoming or accessible to them.

**We also looked at physical accessibility of services across a range of demographic groups.**

Q11a x Age

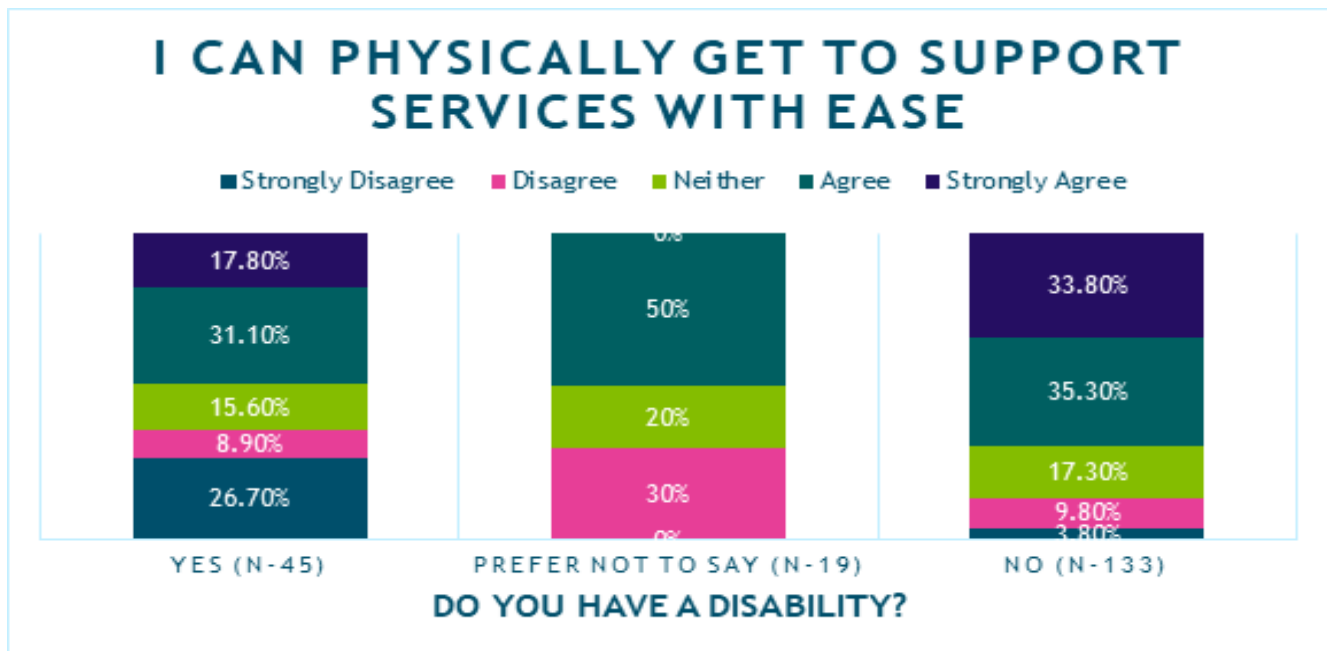
## I CAN PHYSICALLY GET TO SUPPORT SERVICES WITH EASE

Strongly Disagree Disagree Neither Agree Strongly Agree



The people who found it hardest overall to physically access support were 65-79 year-olds, with 43% finding this somewhat difficult. However, the small sample size means that this figure may be unreliable.

### Q11a x Disability

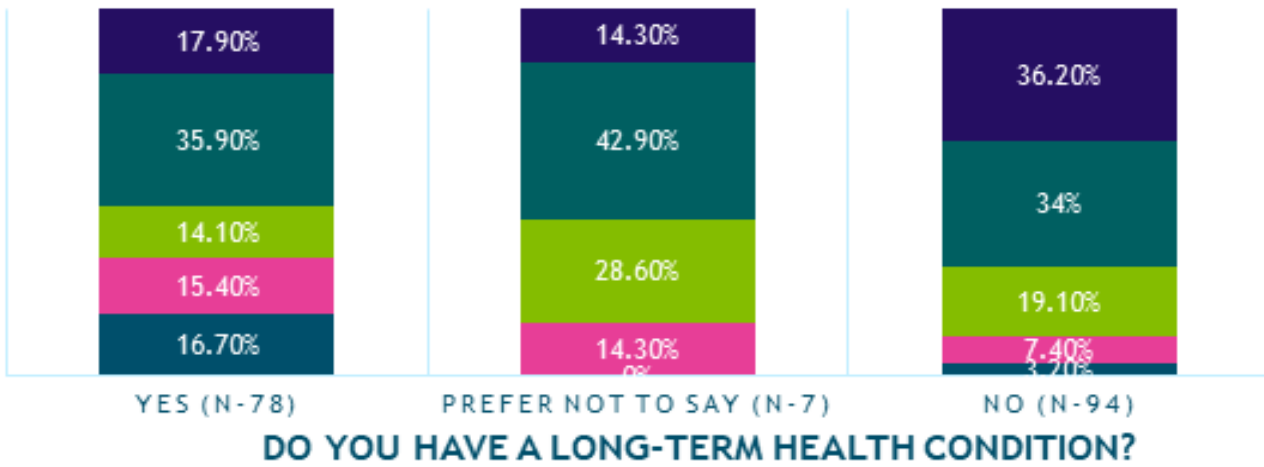


Those with a disability disagree to some extent (36%) with this statement. Considerably more than those without a disability (14%). Indeed, 27% of those with a disability strongly disagreed with this statement whereas only 4% of those without a disability did. This suggests that services need to become much more accessible to disabled people.

### Q11a x Long Term Health Conditions

## I CAN PHYSICALLY GET TO SUPPORT SERVICES WITH EASE

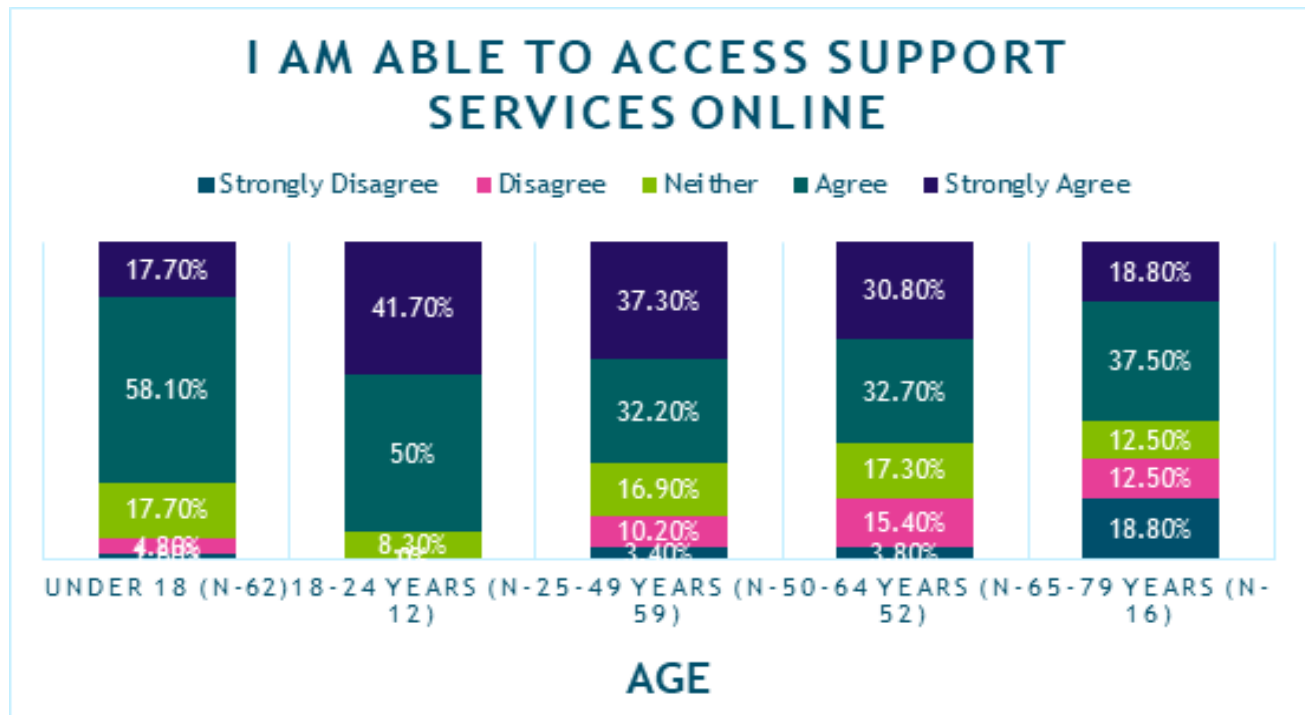
■ Strongly Disagree 
 ■ Disagree 
 ■ Neither 
 ■ Agree 
 ■ Strongly Agree



Those with a long-term health condition also disagreed with this statement to some extent (32%) considerably more than those without such a condition (11%). Again, indicating that people already in poor health find it more difficult than others to find additional support.

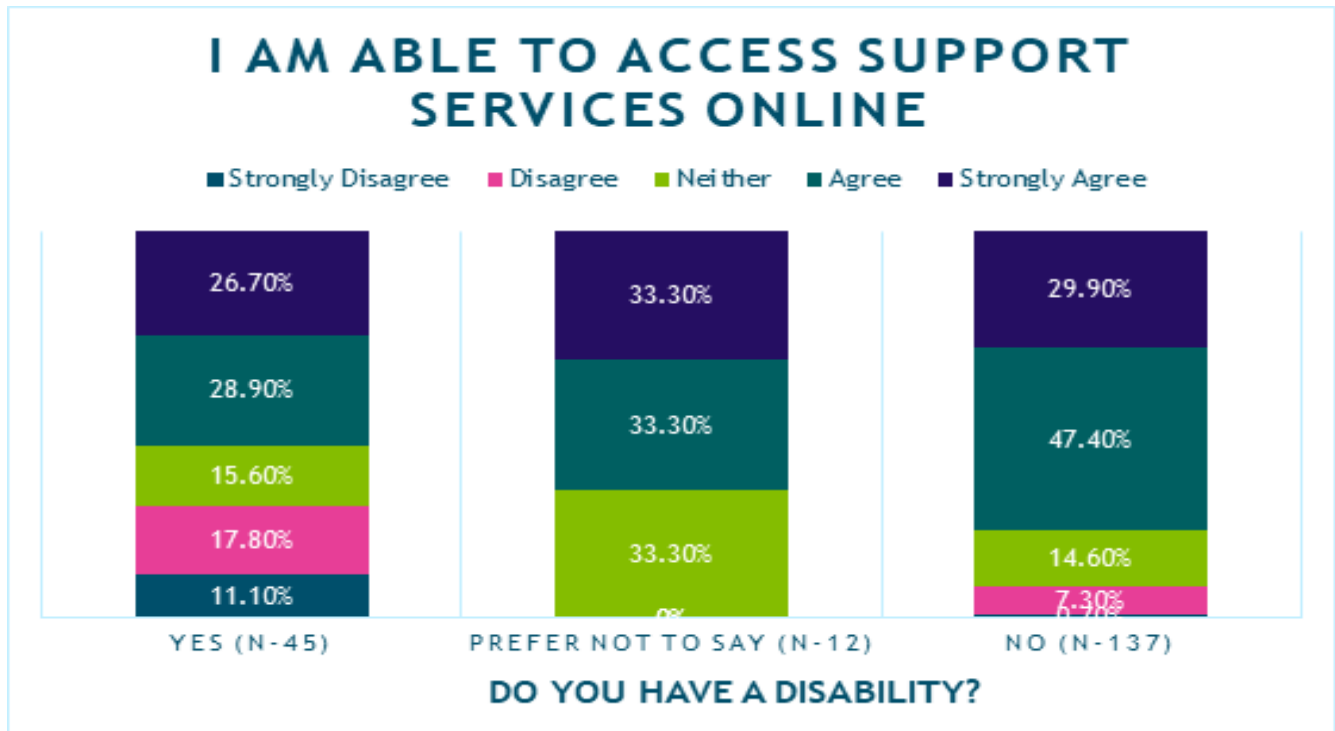
Next, we compared access to online support for different demographic groups.

Q11b x Age



Most age groups agreed to some extent with this statement however agreement decreased as age increased. Those aged 65–79 years felt the most unable to access support services online with 19% strongly disagreeing with the statement. However, again, there was a relatively small sample size for this group.

## Q11b x Disability



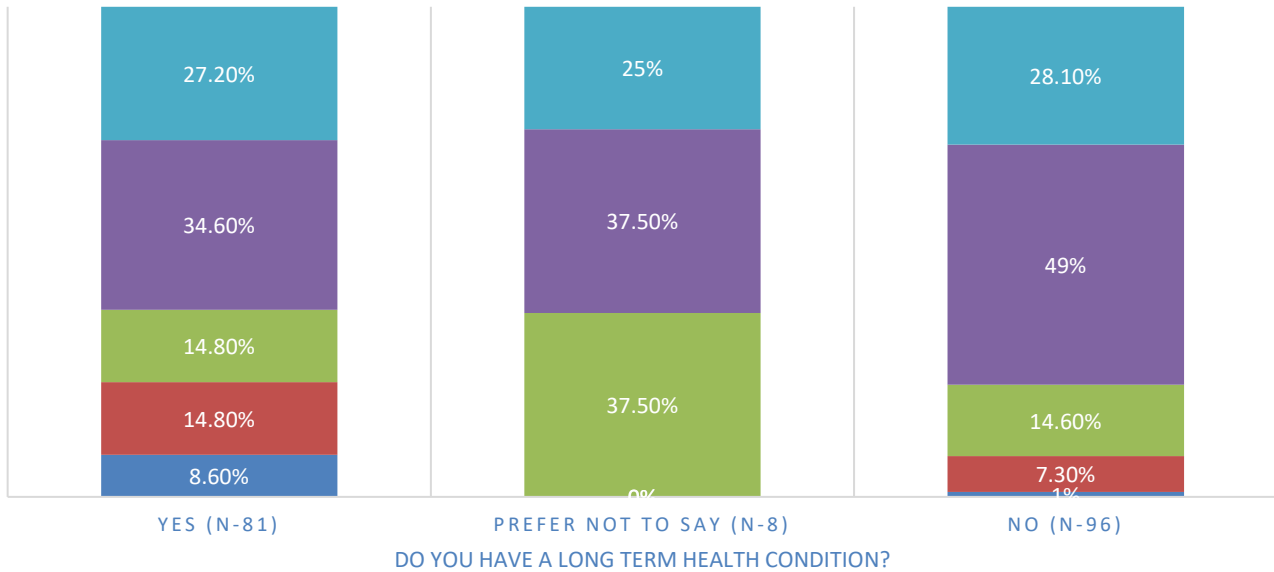
There are higher levels of overall agreement (77%) and lower levels of disagreement (8%) for those without a disability. These compare with 55% overall agreement and 29% disagreement from disabled people. Another clear disparity relating to digital inclusion.

## Q11b x Long Term Health Conditions



## I AM ABLE TO ACCESS SUPPORT ONLINE

■ Strongly Disagree ■ Disagree ■ Neither ■ Agree ■ Strongly Agree



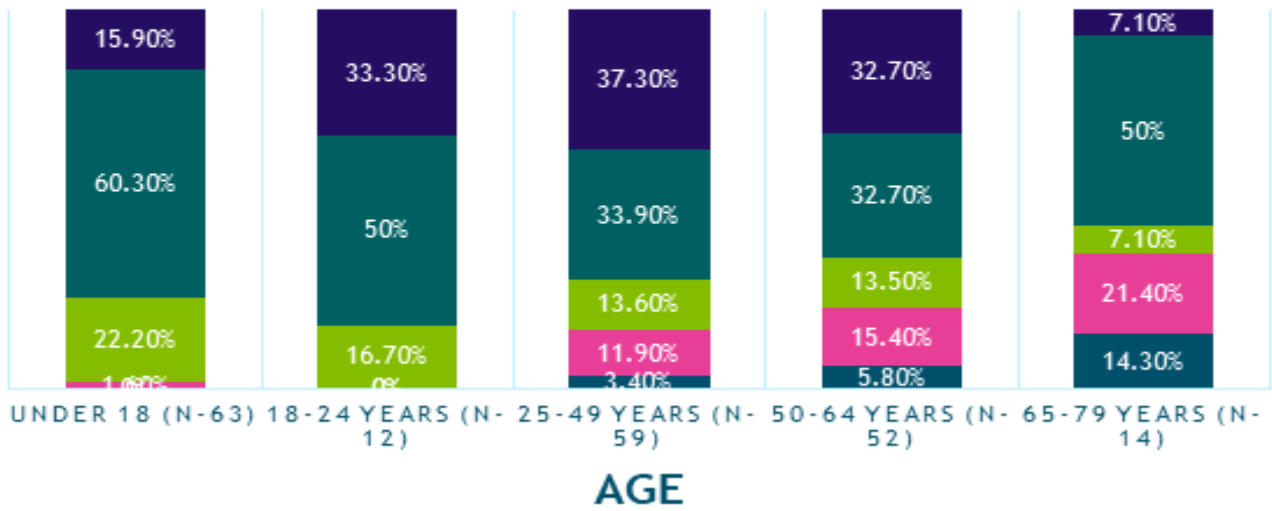
There were higher levels of overall agreement (77%) and lower levels of disagreement (22%) from those without a long-term health condition. This compares to 62% and 23% from those who had a long-term health condition.

**We also looked at access to telephone support services by these groups.**

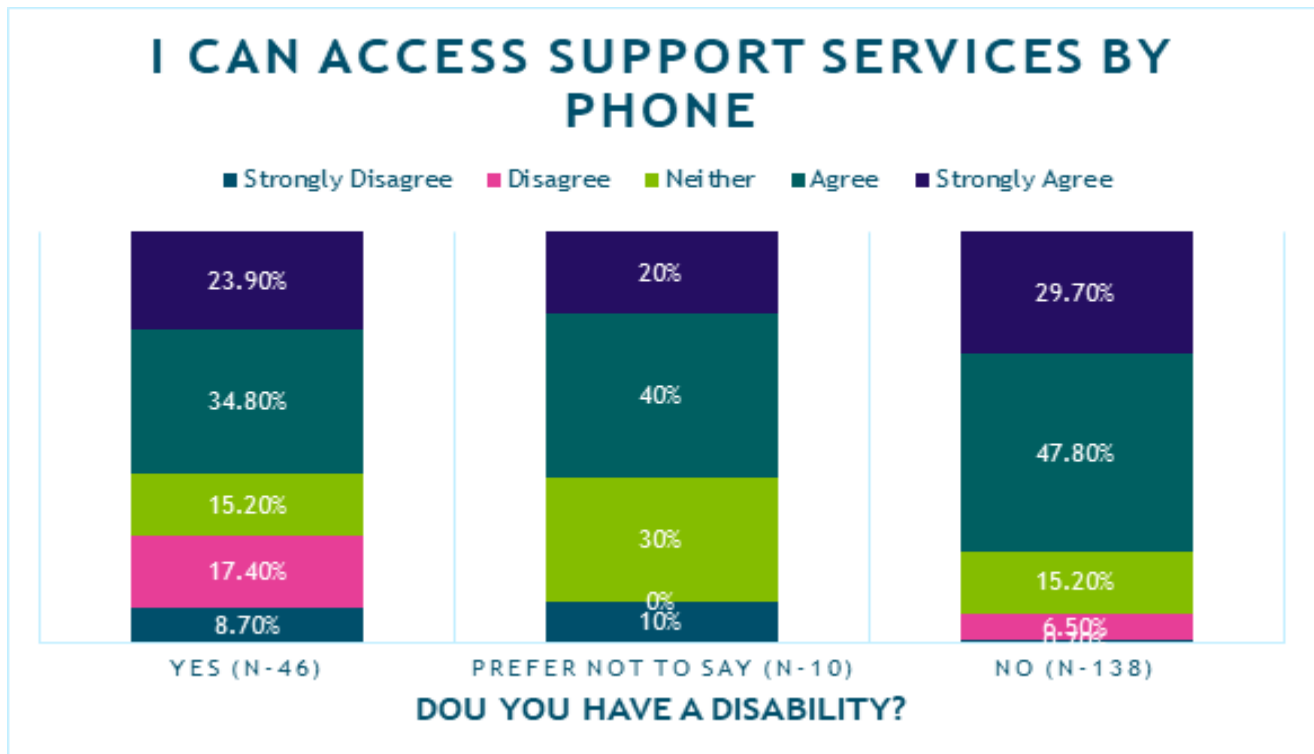
Q11c x Age

## I CAN ACCESS SUPPORT SERVICES BY PHONE

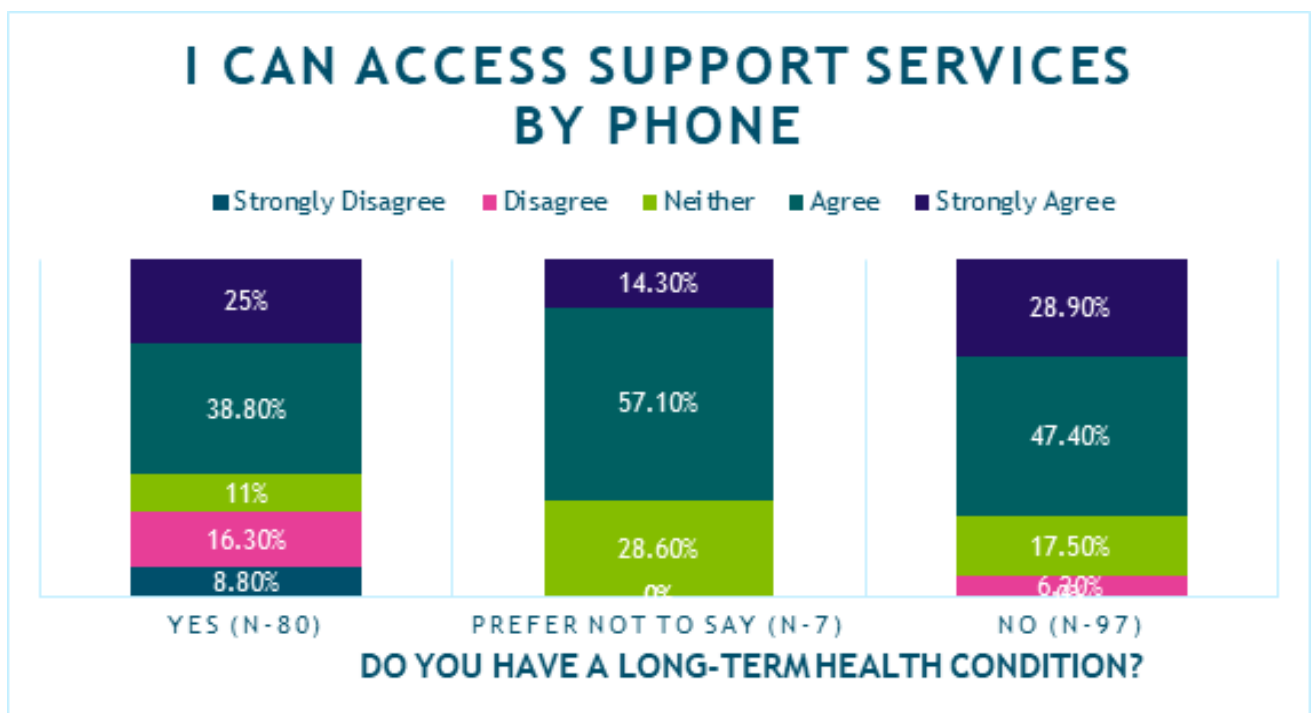
■ Strongly Disagree ■ Disagree ■ Neither ■ Agree ■ Strongly Agree



As with support services online, agreement was lower, and disagreement higher, for those in older age groups. This may be because these groups are less likely to have smart phones, which would put them at a considerable disadvantage.



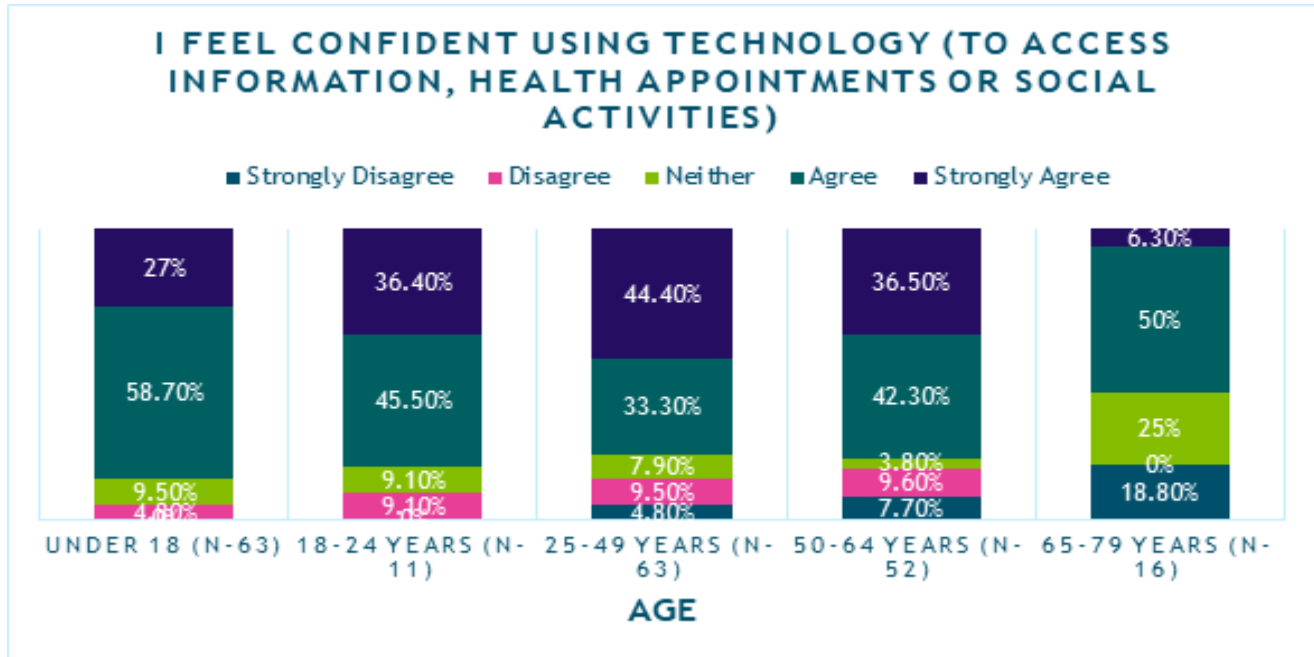
Those with a disability agreed less and disagreed more with the statement.



Those with a long-term health condition were more likely to disagree with the statement and less likely to agree overall.

**Finally, we looked more specifically at these groups’ ability to use digital technology to make appointments, search for information or find out about activities.**

**Q11d x Age**

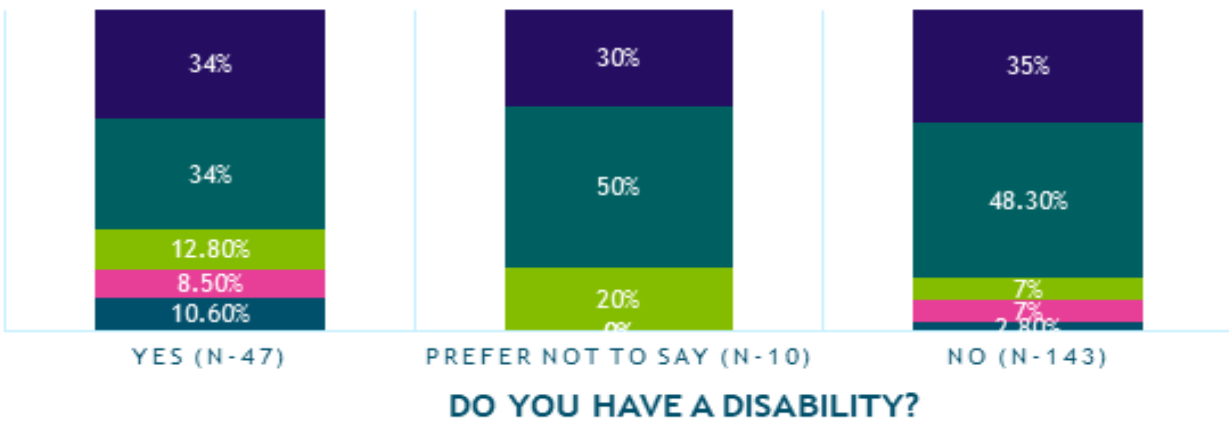


As with the previous statement, survey respondents indicated that as age increases, agreement with the statement generally decreases and disagreement increases, meaning that older people are likely to be less able to make appointments or find helpful information.

**Q11d x Disability**

### I FEEL CONFIDENT USING TECHNOLOGY (TO ACCESS INFORMATION, HEALTH APPOINTMENTS OR SOCIAL ACTIVITIES)

Strongly Disagree Disagree Neither Agree Strongly Agree

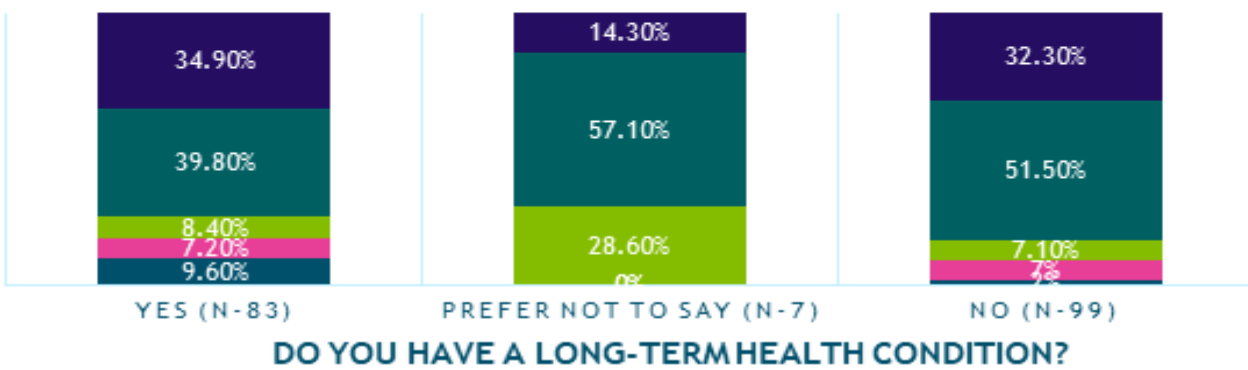


Although the majority of people with or without disabilities agreed to some extent that they felt confident using technology for these purposes, there was still a higher level of disagreement from those with a disability.

### Q1d x Long Term Health Conditions

### I FEEL CONFIDENT USING TECHNOLOGY (TO ACCESS INFORMATION, HEALTH APPOINTMENTS OR SOCIAL ACTIVITIES)

Strongly Disagree Disagree Neither Agree Strongly Agree



This was also the case for people with a long-term health condition.

# Acknowledgements

Thanks to everyone who took the time to share their stories, experiences, and information through surveys, workshops and interviews for this project. Their contributions were anonymous, but very much appreciated.

## About Healthwatch Liverpool

Healthwatch Liverpool is the independent champion for people who use health and social care services in Liverpool. We're here to make sure that those running services put people at the heart of care.

One of our main purposes is to understand the needs, experiences and concerns of people who use health and social care services and to speak out on their behalf.

As part of a national network made up of local Healthwatch organisations in every local authority area of England (and Healthwatch England, the national body) our work contributes to a nationwide perspective on health and social care services.

At Healthwatch Liverpool we also provide a dedicated information and signposting service which helps to put people in touch with services and activities that can help maintain and improve their health and wellbeing.

All our reports about the mental health impact of the Covid-19 pandemic are available online at [www.healthwatchliverpool.co.uk/Covid-MH-Report](http://www.healthwatchliverpool.co.uk/Covid-MH-Report)

If you require a copy of the report in another format or language, please contact us and we will do our best to help.



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