Keeping well physically and psychological wellbeing during the Government “lockdown”, and impact on adherence to social distancing measures

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Summary

Keeping well physically

* Going out of the house more to exercise, go to the shops, go to work, and help or provide care for vulnerable people were each associated with reporting that you were keeping well physically, as was agreeing that personal behaviour can impact spread of coronavirus. Going out to meet family or friends was not associated.
* Having seen or heard advice on looking after your mental wellbeing while staying at home was associated with keeping well physically, as was feeling you were getting the information you need from Government and other public authorities.
* There was no evidence for an association between worry about coronavirus or perceived risk of coronavirus and keeping well physically.
* Having a coronavirus-relevant chronic illness oneself, a household member having a chronic illness, and living in a more deprived area were associated with not keeping well physically.

Psychological wellbeing

* Going out of the house more to exercise, and for reasons that are not “allowed” by current restrictions (e.g. shopping for items other than groceries/pharmacy and to visit friends or family who do not live with you) in the last seven days were associated with better psychological wellbeing.
* Having seen or heard advice on looking after your mental wellbeing while staying at home was associated with better psychological wellbeing, as was feeling you were getting the information you need from Government and other public authorities. Agreeing that personal behaviour can impact spread of coronavirus was also associated with better psychological wellbeing.
* Increased worry about coronavirus, increased perceived risk of coronavirus to oneself, increased perceived likelihood of catching coronavirus, increased worry about impact of coronavirus on general (personal) wellbeing, and increased worry about impact of coronavirus on the NHS were associated with worse psychological wellbeing.
* Keeping well physically was not correlated with psychological wellbeing.
* Having a coronavirus-relevant chronic illness oneself was associated with worse psychological wellbeing, as was a household member having a chronic illness.

Adherence to social distancing measures

* Worry about the impact of coronavirus on the NHS was associated with adhering to current social isolation measures.
* Keeping in touch with friends/family who don’t live with you (the item does not specify how you kept in touch) was associated with adherence to social isolation measures. Promoting connectedness via social media may help drive adherence to social distancing measures.
* Finding your current living situation difficult (driven by practical concerns about the impact of coronavirus on aspects including personal finances, way of life, overseas travel) was associated with not adhering to social distancing measures.
* There was no association between feeling that you are not coping with childcare demands and adherence to social distancing measures.
* We were unable to draw conclusions from analyses investigating the impact of wellbeing factors on self-isolation if symptomatic due to small sample size.

Recommendations

* Groups who report they are not keeping well physically (people with chronic illnesses themselves, who have a household member with a chronic illness, and those who live in more deprived areas) could be targets for programmes to increase physical fitness. This could be from the Government or external organisations (e.g. walking groups or gyms). Programmes may need to be tailored to fit the needs of these populations.
* Keeping connected during the “lockdown” is likely to be beneficial for psychological wellbeing. Messages should promote keeping connected with friends or family who do not live with you through virtual platforms.
* Upgrading system level factors, increasing availability of better internet connection which can cope with greater demand (e.g. from increased videocalls), should be considered. This should first target those who are most at risk of worse psychological wellbeing and who are less likely to be able to afford upgrades.
* Managing concerns about the impacts of coronavirus on practical aspects of lifestyle may positively affect adherence to social distancing measures.
* Continuing to emphasise the importance of social distancing measures to reduce the impact of coronavirus on the NHS may promote adherence to social distancing measures.
* Including standardised measures of wellbeing, quality of life and physical health in future surveys will allow for comparison with normative data.

Limitations

* Items are self-report. We cannot tell if agreement with the item “I am keeping well physically” is a good measure of objective physical health.
* For other items, we do not know what pre-pandemic levels were. Using standardised measures of wellbeing, quality of life and physical health will allow us to compare results from data collected during the lockdown to population norms.
* The overall predictive power of most adjusted regression models was low, thus the effect sizes of each factor in the models was generally small. Further research into the effect of different factors may be needed, for example through focus groups or through analyses of other datasets.

Table 1. Associations between psychological factors, sociodemographic characteristics, employment characteristics and keeping well physically and psychological wellbeing.

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|  | Keeping well physically | Psychological wellbeing |
| Positive association | Older age, being employed, having a degree or higher (education), being married/partnered/in a relationship, having seen or heard advice on looking after your mental wellbeing while staying at home, going out more for exercise in last seven days, going out to the shops for items such as groceries/pharmacy two or more times in the last seven days, going out to the shops for items other than groceries pharmacy in the last seven days, going out to work, going out to help or provide care for a vulnerable person, perceived risk to people in the UK, agreeing that personal behaviour can impact spread of coronavirus, feeling you are getting the information you need from the Government and other public authorities, worry about impact of coronavirus on the UK economy. | Male gender, older age, being employed, being of Black or minority ethnicity, having a degree or higher, having more people living in your household, having seen or heard advice on looking after your mental wellbeing while staying at home, going out more for exercise in last seven days, going out to the shops for items other than groceries pharmacy in the last seven days, going out to meet up with friends or family, agreeing that personal behaviour can impact spread of coronavirus, feeling you are getting the information you need from the Government and other public authorities. |
| Not associated | Gender, ethnicity, household size, sole carer for dependent children, employment type (i.e. having a permanent contract vs not), being self-employed, highest earner in household is manual worker, going out to meet up with friends or family, thinking you’ve ever had coronavirus, worry about coronavirus, perceived risk of coronavirus (self, to friends or relatives), perceived severity of coronavirus, perceived likelihood of catching coronavirus, worry about impact of coronavirus on general (personal) wellbeing, worry about impact of coronavirus on NHS. | Having a dependent child, being the sole carer for any dependent children, index of multiple deprivation, marital status, employment type, being self-employed, highest earner in household is manual worker, going out to the shops for items such as groceries/pharmacy, going out to work, going out to help or provide care for vulnerable people, perceived risk of coronavirus (to friends or relatives, and people in the UK), perceived severity of coronavirus to oneself, thinking you’ve ever had coronavirus, worry about impact of coronavirus on the UK economy. |
| Negative association | Having a dependent child, having a coronavirus-relevant medical condition (self), household member having any chronic illness, living in greater deprivation. | Having a coronavirus-relevant medical condition (self), household member having any chronic illness, increased worry about coronavirus, increased perceived risk of coronavirus to oneself, increased perceived likelihood of catching coronavirus, increased worry about impact of coronavirus on general (personal) wellbeing, increased worry about impact of coronavirus on NHS. |

Table 2. Associations between wellbeing factors and non-adherence to social distancing measures and self-isolation if symptomatic.

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|  | **To go to the shops, for groceries/pharmacy (2 or more in the last seven days)** | **To go to the shops, for things other than groceries/pharmacy (1 or more in the last seven days)** | **To meet up with friends and/or family that you don’t live with (1 or more in the last seven days)** | **Not self-isolating if symptomatic** |
| Weak positive association | Keeping well physically, finding current living situation difficult. | Keeping well physically, psychological wellbeing, worry about impact of coronavirus on general (personal) wellbeing, finding current living situation difficult. | Finding current living situation difficult. |  |
| Not associated | Psychological wellbeing, worry about impact of coronavirus on general (personal) wellbeing, worry about impact of coronavirus on UK economy, feeling you are not coping with childcare demands. | Worry about impact of coronavirus on NHS, worry about impact of coronavirus on UK economy, feeling you are not coping with childcare demands. | Keeping well physically, psychological wellbeing, worry about impact of coronavirus on general (personal) wellbeing, worry about impact of coronavirus on UK economy, feeling you are not coping with childcare demands. | Keeping well physically, psychological wellbeing, worry about impact of coronavirus on general (personal) wellbeing, worry about impact of coronavirus on UK economy, finding current living situation difficult, keeping in touch with friends/family who you don’t live with, feeling you are not coping with childcare demands. |
| Weak negative association | Worry about impact of coronavirus on NHS, keeping in touch with friends/family who you don’t live with. | Keeping in touch with friends/family who you don’t live with. | Worry about impact of coronavirus on NHS, keeping in touch with friends/family who you don’t live with. | Worry about impact of coronavirus on NHS. |

*Please note that this work has been conducted rapidly and has not been peer reviewed or subject to normal quality control measures.*

Datasets used: Department of Health and Social Care weekly tracker

* Wave 11 (data collected: 6-8 April, n=2002) and 12 (data collected: 14-15 April, n=2001)
* Composite measures (q24):
	+ Physical wellbeing – “I am keeping well physically”
	+ Psychological wellbeing – summed responses to “I am sleeping well”, “I feel positive on a day-to-day basis”, “I feel positive about the future”, “I am keeping well mentally”, and “I am managing any stress/anxiety that I am feeling”
		- There was no evidence for an association between keeping well physically and psychological wellbeing.
	+ Children – summed responses to “I can make sure my children are learning and developing”, and “my children are entertained and occupied”.
* Composite measures (q23), worry about coronavirus on:
	+ general (personal) wellbeing (summed responses to “your mental health”, “your personal financial situation” and “your job or main source of income”)
	+ functioning of the NHS (summed responses to “the health and wellbeing of your family and friends” and “the NHS being able to cope)
	+ the economy (single item used, “the UK economy”).
* We investigated associations between adherence to social distancing, worry, perceived risk, feeling that you had enough information from Government, worry about the impact of coronavirus on specific aspects of life, having seen or heard information on mental wellbeing while staying at home, and socio-demographic factors and physical and psychological wellbeing.
* We investigated associations between psychological wellbeing, keeping well physically, worry about impacts of coronavirus (on general wellbeing, on the NHS, on the UK economy), finding your current living situation difficult, keeping in touch with friends/family that you don’t live with, coping with childcare demands, and socio-demographic factors and adherence to social distancing measures and self-isolation measures if symptomatic.
	+ Analyses investigating adherence to self-isolation measures if symptomatic included data from waves 10 (data collected: 30 March –1 April), 11 and 12 due to small numbers.
* Analyses controlled for survey wave (results not reported), region (results not reported), gender, age, having a coronavirus-relevant chronic illness, having a household member with any chronic illness, employment status (working vs not), education (degree or higher vs lower), ethnicity, and household size.
* Market research company commissioned: BMG Research.

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Appendix 1. Selection of factors to analyse

* We used factor analyses to group together items that measured the same constructs from items measuring worry about the impact of coronavirus on different aspects (q23, e.g. health, mental health, personal financial situation) and items measuring impact on different aspects of behaviour in the last seven days (q24, e.g. working to usual standard, adapting to staying at home).
* Analyses identified that items about worry about the impact of coronavirus were measuring three main factors: worry about the impact of coronavirus on your general (personal) wellbeing [responses to “your mental health”, “your personal financial situation” and “your job or main source of income”]; worry about the impact of coronavirus on the NHS [responses to “the NHS being able to cope” and “the health and wellbeing of your family and friends”]; and, worry about the impact of coronavirus to the economy [responses to “the UK economy”].
* Analyses identified that items about behaviour in the last seven days were measuring three main factors: psychological wellbeing [ “I am sleeping well”, “I feel positive on a day-to-day basis”, “I feel positive about the future”, “I am keeping well mentally”, and “I am managing any stress/anxiety that I am feeling”]; finding your current living situation difficult; and, keeping in touch with family and friends who you don’t live with.
* Analyses comparing underlying factors across both these items indicated that finding your current living situation difficult (q24) was associated with responses to worry about the impact of coronavirus on your mental health, your personal financial situation, your way of life e.g. ability to see friends, attend events, your overseas travel plans, your job or main source of income, and children’s education (q23). Therefore, this item (“I am finding my current living situation difficult”) seems to be driven by practical concerns, rather than psychological wellbeing.
* Additional analyses also identified another factor, measuring feeling able to cope with childcare demands [driven by “I can make sure my children are learning and developing” and “my children are entertained and occupied”].