

## COVID-19 Longitudinal Health and Wellbeing National Core Study

<b>Research Theme</b>	<b>Mental health</b>
<b>Report Title</b>	Mental health inequalities in healthcare, economic, and housing disruption during COVID-19: an investigation in 12 longitudinal studies



<b>Date</b>	27 <sup>th</sup> May 2021
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People with pre-pandemic mental health difficulties have been more likely to suffer from severe COVID-19 disease and mortality and less likely to uptake vaccines. The non-infection related adverse impacts of the pandemic on these individuals is less well understood and people already experiencing mental ill-health may have been especially vulnerable. We quantify mental health inequalities in disruptions to healthcare, economic activity and housing.

### Key findings

People experiencing psychological distress pre-pandemic have been more likely to experience healthcare disruptions (medication access, procedures and appointments), economic disruptions (loss of employment, income, furlough), and clusters of disruptions across multiple domains during the pandemic.

Across the studies one to two-thirds of participants experienced at least one disruption, with 2.3-33.2% experiencing disruptions in 2 or more domains.

In Figure 1 (appendix 1) we demonstrate the extent of these impacts across twelve longitudinal studies with rich pre COVID-19 information. Overall, when these estimates were synthesized using a meta-analysis, one standard deviation higher pre-pandemic psychological distress was associated with: (i) increased odds of any healthcare disruptions (OR=1.30; [95% CI:1.20–1.40]) with fully adjusted ORs ranging from 1.33 [1.20–1.49] for disruptions to prescriptions or medication access and 1.24 [1.09–1.41] for disruption to procedures; (ii) loss of employment (OR=1.13 [1.06–1.21]) and income (OR=1.12 [1.06–1.19]) and reductions in working hours/furlough (OR=1.05 [1.00–1.09]); and (iii) no associations with housing disruptions (OR=1.00 [0.97–1.03]).

The extent of the impact of prior mental ill-health on the likelihood of these disruptions did not differ by sex, age, ethnicity and education. However, higher prevalence of mental ill-health in women, younger age groups and those with lower education levels means these groups are more impacted overall.

We also examined cumulative disruptions across domains, as although each disruption has potential independent associations with poorer prognosis in the longer-term; the experience of multiple disruptions is likely to have additive or even multiplicative adverse impacts. Increased likelihood of experiencing a disruption in at least two domains (OR=1.25 [1.18–1.32]) or in one domain (OR=1.11 [1.07–1.16]) relative to no disruption. When examining a binary high psychological distress (yes=1, no=0) exposure, high psychological distress was associated with an increased likelihood of experiencing disruptions in at least two domains OR 1.46 [1.28, 1.67] compared to OR 1.18 [1.04, 1.33] in one domain.

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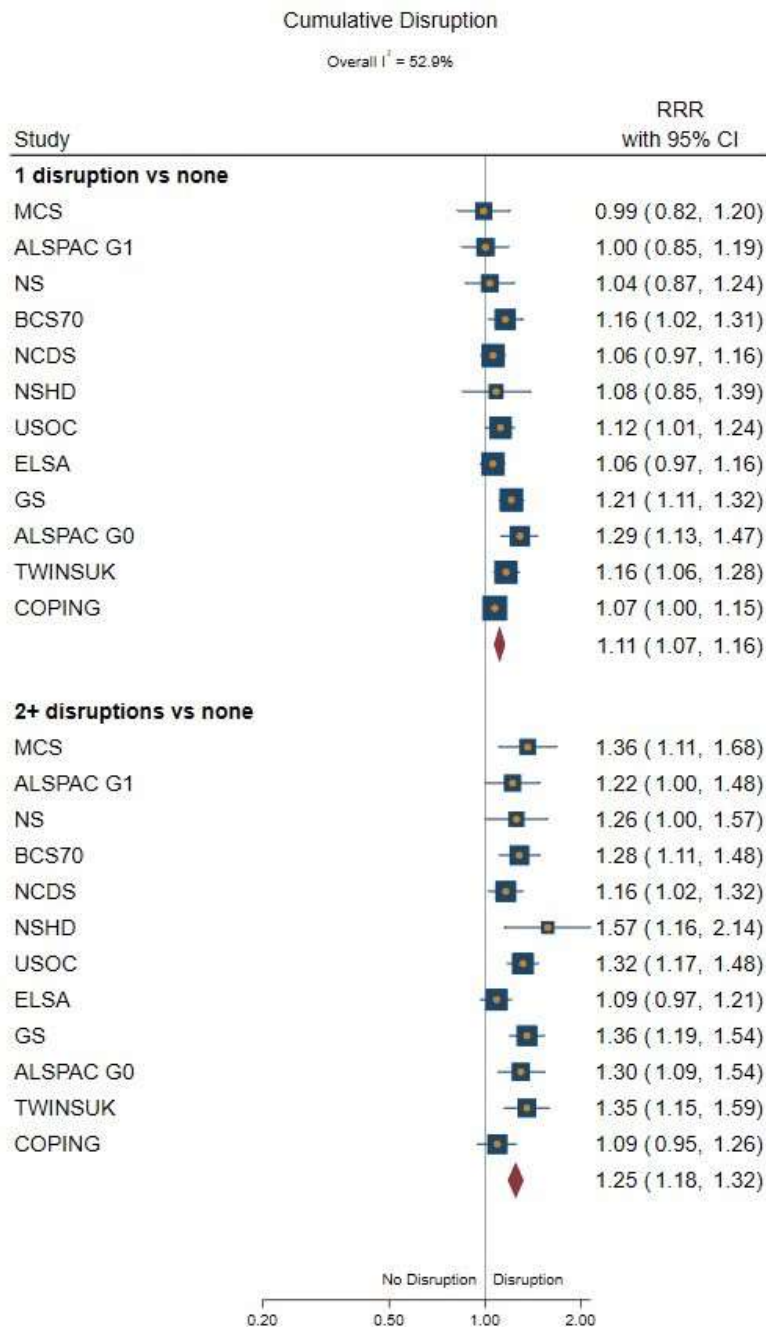


Figure 2. Associations between standardised psychological distress and cumulative disruptions. Models adjusted for age, sex, ethnicity, education, and UK Nation, partnership status, presence of children, housing tenure, occupational class, prior chronic conditions, and physical disability. RRR: Relative risk ratio.

**Policy Implications:** Individuals with poor mental health may need additional support to manage these pandemic-associated disruptions.

**For full paper see:** Mental health inequalities in healthcare, economic, and housing disruption during COVID-19: an investigation in 12 longitudinal studies

(<https://www.medrxiv.org/content/10.1101/2021.04.01.21254765v1>)

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**Appendix 1: Figure 1** The impact of pre-pandemic psychological stress and healthcare, economic and housing disruption across twelve longitudinal studies

