

## Life during the 1st National Lockdown in the UK

Speaker:

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**Time: 4:00 - 5:30pm**

**Zoom Link: <https://lingnan.zoom.us/j/93619762659>**

*Cut-off Time for Entry: 15 Minutes after the Seminar Starts*

Zoom Link ↓



### Abstract:

The COVID-19 pandemic in the UK and subsequent lockdown may have affected the mental health of the population. We examined two research questions. The first was whether the period of lockdown in the UK coincided with an increase in the prevalence and incidence of common mental disorders (CMD) in the UK adult population and whether changes in CMD were associated with stressors related to the pandemic and lockdown. Our second question examined whether the “shielding” policy in the UK which identified and supported people who were “clinically extremely vulnerable” to COVID-19 actually reduced the incidence of the disease in the population.

From April 2020 onwards, a series of longitudinal monthly surveys from a representative sample of the UK adult population collected data on the social, health and wellbeing conditions of over 15,000 people, which were linked to their responses prior to the pandemic (Understanding Society COVID-19 surveys).

Around 29% of adults without CMD less than a year earlier had a CMD in April 2020. However, by July 2020, monthly incidence of CMD had reduced to 9%. Most employment, financial and psychological ‘shocks’ were at their highest levels in April and reduced steadily in later months. Despite the lifting of some lockdown conditions by July, stressors related to loneliness, unemployment, financial problems and domestic work continued to influence CMD. Moreover, the prevalence of coronavirus symptom reporting or testing positive was around 4.2% (95% CI: 1.4%-7.2%) lower among individuals living in households which reported receiving a shielding letter compared to those in households which did not get such a letter. This difference increased to 10.7% (95% CI: 3.1%-18.2%) among individuals in the highest COVID-19 risk group.

Some COVID-19 policy responses such as furloughing may have been effective in mitigating the increase in CMD for some groups of employees. Despite some reduction in levels of pandemic and lockdown-related stressors by the middle of 2020, loneliness and financial stressors remained key determinants of incidence in CMD among the UK adult population. Furthermore, the policy to shield high risk groups was successful as, in the context of the lockdown when the general population was staying at home, the shielding policy further reduced the risk of coronavirus symptoms and infections. This reduction was observed for the individual but was also apparent more broadly at the household level.

### Biography:

Tarani is a Professor of Medical Sociology. He joined the University of Manchester and the Cathie Marsh Institute in April 2010, was the head of the Disciplinary Area of Social Statistics (2012-2014) and the director of the Cathie Marsh Institute (2013-2016). He was formerly at the UCL Research Department of Epidemiology and Public Health, and prior to that completed his PhD and post-doc at Nuffield College, University of Oxford. He is a co-director the ESRC International Centre for Lifecourse Studies in Society and Health (ICLS: [www.ucl.ac.uk/icls](http://www.ucl.ac.uk/icls)), and a co-director of SOC-B, the ESRC-BBSRC Centre for Doctoral Training in Biosocial Research.

Tarani's research is primarily on the social determinants of health, focusing on health inequalities and psychosocial factors, and the analysis of longitudinal cohort studies. Much of his research is on stress at work, and its effects on health and related biomarkers. He leads the academic network on Health, Work and Wellbeing ([manchester.ac.uk/hawnn](http://manchester.ac.uk/hawnn)), sits on the Health & Work advisory board for Public Health England.