

1 **Reflections, Resilience, and Recovery: A qualitative study of the COVID-19 impact on an**  
2 **international general population’s mental health and priorities for support**

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13 **Author Notes**

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### Abstract

The impact of the coronavirus 2019 (COVID-19) pandemic on different countries and populations is well documented in quantitative studies, with some studies showing stable mental health symptoms and others showing fluctuating symptoms. However, the reasons behind why some symptoms are stable and others change are under-explored, which in turn makes identifying the types of support needed by participants themselves challenging. To address these gaps, this study thematically analysed 925 qualitative responses from five open-ended responses collected in the UCL-Penn Global COVID Study between 17 April to 31 July 2021 (wave 3). Three key themes comprised of 13 codes were reported by participants across countries and ages regarding the impact of COVID-19 on their health, both mental and physical, and livelihoods. These include: 1) *Outlook on self/life*, 2) *Self-improvement*, and 3) *Loved ones (friends and family)*. In terms of support, while 2.91% did not require additional support, 91% wanted support beyond financial. Other unexpected new themes were also discussed regarding vulnerable populations suffering disproportionately. The pandemic has brought into sharp focus various changes in people’s mental health, physical health, and relationships. Greater policy considerations should be given to supporting citizens’ continued access to mental health when considering pandemic recovery.

**Keywords:** COVID-19; mental health; behavioural change; qualitative; financial burden; support.

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We are not all in the same boat.  
We are all in the same storm.  
Some are on super-yachts.  
Some have just the one oar.

- Damian Barr (2020)

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The novel coronavirus 2019 (COVID-19) pandemic took the world by surprise in early 2020 (World Health Organization, 2020), forcing many of us to reassess our priorities and rethink the future. It did not take long for countries and individuals to learn that we are in the same storm but indeed, not in the same boat. The COVID-19 pandemic has brought into sharp focus society's disparities at all levels. Health has become a key topic of everyday conversations as we grapple with the precarity of 'good health' – both physical and mental health. Pandemic policies, restrictions, and repeated lockdowns – though varying in length and severity by country – have undoubtedly impacted people's livelihoods and outlook on life, some for the short-term, others for much longer (Carollo et al., 2021a; 2021b; Panchal et al., 2021; Singh et al., 2020; Wang et al., 2021). Rippling effects are still being observed at the global economic level and in key sectors like healthcare and education arguably for years to come (McKibbin & Fernando, 2021). The last two years has seen an ever-widening gap between the developing and developed world in access to vaccines, contrasts between governments' action and inaction, and the rising global death toll. To overcome this pandemic – and future pandemics to come – the international community must come together in solidarity to fight this virus.

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One way of coming to a shared resolution is to understand the impact of the pandemic on people's lives and the support they might need. At the time of this article, international media coverage has primarily focused on the economic and financial costs brought on by the COVID-19 pandemic. Whether this is a key focus on people's minds is less clear. Additional European lockdowns over the winter are being put in place (e.g., Austria, Germany, Netherlands) and the UK has reinstated mandatory face masks in shops and public transport. The costs of partial and

94 full lockdowns on businesses as well as the rapid circulation of the new Omicron variant has also  
95 meant that countries like New Zealand who has maintained a ‘zero covid policy’ has had to also  
96 accept that COVID is here to stay. Parts of Asia which heavily rely on tourism have been  
97 rebuked for its long and stringent quarantine rules (21 days to 1 month) yet have maintained their  
98 stance in slowly imported cases. And as the world rolls-out potential covid antiviral pills, clinical  
99 trials on needleless vaccines, and booster jabs for the population – still, less than half of the  
100 world is currently vaccinated (42.4%), with only 6% of the African population having received  
101 the first dose. As policymakers worldwide continue to react to, rather than staying on top of new  
102 variants, the pandemic by prioritising the financial and economic gains over more punitive public  
103 health safety measures, scientific evidence and data are becoming increasingly vital in informing  
104 current and future public health policy and recovery strategies.

105 In particular, research on the impacts of COVID-19 on mental health since the start of the  
106 pandemic has seen exponential growth. Numerous quantitative studies from different countries  
107 have reported on the impacts of the COVID-19 pandemic on the general population’s mental  
108 health (Rossi et al., 2020; Sauders et al., 2021; Wang et al., 2020) but many more studies have  
109 focused on specific populations including: healthcare professionals and providers (see review  
110 Braquehais et al., 2020; Gupta & Sahoo, 2020), educational professionals (see review Ozamiz-  
111 Etxebarria et al., 2021), patients with existing mental health conditions (Fond et al., 2021), young  
112 children and adolescents (Portnoy, Bedoya, & Wong, 2021; Ravens-Sieberer et al., 2021; Waite  
113 et al., 2021), and young adults and undergraduates (Son et al., 2020; Sideropoulos et al., 2021) to  
114 name a few. While most studies are cross-sectional or focused on the first 12 to 18 months of the  
115 pandemic (Wong et al., 2021), a handful of studies have also continued beyond that to report on  
116 the longer-term health impacts of the COVID-19 pandemic on health (Varga et al., 2021).  
117 Studies on the stability and changes in rates of mental health symptoms while informative do not  
118 by design offer insight into the underlying *reasons* for the stability and change as well as  
119 *potential solutions* in the way that is captured by qualitative studies. As such, qualitative studies  
120 are immensely valuable in generating a more in-depth understanding of how populations are  
121 faring during the pandemic.

122 To date, qualitative studies examining the impact of the COVID-19 pandemic on sub-  
123 populations’ mental health have uncovered a variety of experiences. In one semi-structured  
124 telephone and video interview study of UK older adults aged 70 years and above ( $N = 20$ )

125 conducted between May and September 2020, researchers found that ‘fears for mortality’,  
126 ‘grieving normal life’, and ‘concerns for the future’ were identified as potential threats to this  
127 group’s mental wellbeing (Mckinlay, Fancourt, & Burton, 2021). Participants spoke about  
128 coping activities and behaviours including ‘adopting a slower pace of life,’ ‘maintaining routine,’  
129 ‘socialising,’ and ‘using past coping skills’ as protective factors of mental health. Unsurprisingly,  
130 participants also drew on personal experience to manage the fear and uncertainty brought on by  
131 the pandemic and used lockdown to reflect or organise end-of-life affairs for this group. These  
132 themes were consistent with another study of a geriatric population (60+ years) in Buenos Aires  
133 conducted during a similar period (April to July 2020), where distress, anxiety, anger,  
134 uncertainty, exhaustion, and expressed fear of contagion from themselves and their loved ones  
135 were key themes as well (Pisula et al., 2021). In addition, this study identified more vulnerability  
136 in people living alone, in small and closed environments, with weak relational networks, or  
137 limited access to technologies - a key factor in staying connected.

138 In other qualitative studies of young children and families, Sullivan et al (2020)  
139 interviewed Irish families ( $N = 48$ ) and found clear negative impacts of COVID-19 restrictions  
140 on young people’s mental wellbeing. These included negative feelings of social isolation,  
141 depression, anxiety, and increased maladaptive behavioural changes especially for younger  
142 children including clinginess were common. Families with children with autism spectrum  
143 disorders (ASD) in particular, reported increased mental health difficulties. These findings are  
144 consistent with quantitative studies of UK families with special education needs children and  
145 disabilities in the UK (Sideropoulos et al., 2020) and families even with typically developing  
146 children (Waite et al., 2021). Drawing on these studies, it is evident that individual and those  
147 with different family structures should be taken into consideration when developing appropriate  
148 support.

149 Studies of individuals living with pre-existing mental health conditions paint a similar  
150 picture. Taking a co-production participatory approach, Gillard et al (2021) conducted an online  
151 video interview study between 18th May and 8th July 2020 and found that mental health  
152 difficulties were further exacerbated in those with pre-existing mental health conditions.  
153 Specifically, some people struggled with staying connected and accessing mental health support  
154 and services, while others found new ways to cope and stay connected with the community. For  
155 some people, access to mental health care through technology was possible, but for others, there

156 were substantial barriers. Specifically, individuals from black and ethnic minority (BAME)  
157 communities reported heightened pandemic-related anxiety, stigma, and racism that further  
158 impacts their mental health. These contrastive experiencing highlight the need for a better  
159 understanding of providing targeted and effective support for sub-groups in the population.

160 Global studies of health-care professionals and medical staff are fairly consistent, too. In  
161 a semi-structured interview study of Iranian healthcare professionals ( $N = 97$ ) conducted between  
162 10 March and 4 July 2020, four themes were highlighted by this group: ‘Working in the  
163 pandemic era’, ‘Changes in personal life and enhanced negative affect’, ‘Gaining experience,  
164 normalization and adaptation to the pandemic’ and ‘Mental Health Considerations’ (Ardebili et  
165 al., 2021). Similar themes were reported by Swedish frontline doctors ( $N = 20$ ) working in  
166 intensive care units (ICU) during Spring 2020 - ‘Professionalism in work-life’ (adaption, the  
167 patient’s welfare, insecurity, and security), ‘Community Spirit’ (responsibility and contribution),  
168 and ‘Institutional organisation’ (the role of management, loss of freedom, and information)  
169 (Mortensen et al., 2021). This is not dissimilar to the reports of Italian healthcare professionals  
170 ( $N = 19$ ), where individual motivations/ethics, interpersonal relationships and support, and  
171 work/organizational leadership and messaging were identified as risk and protective factors  
172 during the pandemic (Leo et al., 2021). Although individuals from the same occupation group  
173 were being interviewed, the resultant themes from different countries were more similar than  
174 different, suggesting that the impacts of the global pandemic may be more universal for some  
175 groups than country specific. However, as interview questions may differ across studies and with  
176 a focus on just one small group of individuals absent of comparison groups, these data are  
177 limited in that comparisons on qualitative experiences across different occupational groups or  
178 country are not possible.

179 The current qualitative study aims to understand the positive and negative impacts of the  
180 COVID-19 pandemic on people’s experiences, perspectives, and livelihoods. A key question is  
181 to identify whether there are country-specific and/or universal themes that people have raised  
182 and how they may inform international policies in pandemic recovering plans. To the best of our  
183 knowledge, few existing studies have looked at the varying socioeconomic and emotional  
184 impacts of COVID-19 across multiple countries, and even fewer studies have aimed to  
185 understand country similarities and contrasts in people’s perceptions and need for support post-  
186 pandemic. Should individuals voice the same needs regardless of whether they are in the same

187 country, this would suggest that universal strategies are needed, while country-specific needs  
188 may better serve country-specific recovery plans. As such, our study tests three main hypotheses  
189 and one open-ended hypothesis:

- 190 1. How has people's health (mental and physical) and livelihoods been negatively impacted  
191 by the COVID-19 pandemic? We hypothesize that the impacts of the pandemic have  
192 primarily been negative (e.g., covid-related anxiety, staying connected, mental health  
193 access) with some positive impacts as well. [3.1-3.3]
- 194 2. How do the above effects differ by country, gender, age and socioeconomic status? [3.2]
- 195 3. What support do people need? We hypothesize that there will be country-specific and  
196 universal needs, and different needs for different groups of participants. [3.4]
- 197 4. We also predict there to be differences in experiences and solutions, hence unexpected  
198 themes may also be generated and shed light on future research directions. [3.5]

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## 2. Methods

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### 2.1. Participants

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Over 2,300 adult volunteers took part in a 30-minute online survey in Wave 1 (April to July 2020), 1,806 in Wave 2 (October 2020 to January 2021), and 952 in Wave 3 (April to July 2021). Participants were recruited via online advertising of the study, university lists, charity lists, LinkedIn, Twitter, Instagram, and word-of-mouth. All adults aged 18 years and above with access to the study website [GlobalCOVIDStudy.com](https://osf.io/4nj3g/) could take part. The survey was available in English and seven other languages (Greek, Italian, Spanish, Chinese Traditional, Chinese Simplified, French, German). Forward translations were first conducted by Google translate and cross-checked and corrected by one or more native speakers. This study was pre-registered (<https://osf.io/4nj3g/> on 17 April 2021) and ethical approval was obtained from the University College London Institute of Education Ethics and Review Committee on 8<sup>th</sup> April 2020 (REC 1331; Wong & Raine, 2020). Informed consent was sought from participants at the start of the 30-minute online Qualtrics survey and at subsequent follow-ups, with opt-out options available throughout. Participants could skip the question if they did not wish to answer it.

The analytic sample for this study is from Wave 3 only and consists of qualitative responses from 925 participants (females = 75.7%,  $M = .81$ ,  $SD = .51$  years) from the United Kingdom (47.8%), USA (11.6%), Italy (6.3%), Greece (5.5%), Hong Kong (3.0%), Canada

218 (2.6%), and China (2.1%) (see Appendix A). Additional participant information can be found in  
 219 Table 1.

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221 **Table 1.** *Participant Characteristics*

<i>Characteristic</i>	<i>N</i>	<i>%</i>
<i>Participant gender</i>		
Male	207	22.4%
Female	701	75.7%
Other	16	1.7%
Missing	2	0.2%
 <i>Current employment status</i>		
Undergraduate student (Full/Part-time)	61	6.6%
Postgraduate student [e.g., MSc/MA] (Full/Part-time)	39	4.2%
Graduate student [e.g., PhD/DPhil] (Full/Part-time)	194	21.0%
Working (paid employee)	380	41.0%
Working (self-employed)	77	8.3%
Not working	50	5.4%
Retired	49	5.3%
Prefer not to answer	2	0.2%
Unemployed	22	2.4%
Furloughed	10	1.1%
In between jobs	11	1.2%
Missing	31	3.3%
 <i>Estimate of entire household income (pre-tax) in the previous year</i>		
Less than £10,000	90	9.7%
£10,000 to £19,999	108	11.7%
£20,000 to £29,999	91	9.8%
£30,000 to £39,999	84	9.1%
£40,000 to £49,999	68	7.3%
£50,000 to £59,999	76	8.2%
£60,000 to £69,999	57	6.2%
£70,000 to £79,999	40	4.3%
£80,000 to £89,999	34	3.7%
£90,000 to £99,999	41	4.4%
£100,000 to £149,999	76	8.2%
£150,000 or more	96	10.4%
Missing	55	7.1%

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223 **2.2. Design**

224 The current qualitative study is based on five open ended questions embedded in a larger  
225 battery of questionnaires administered as part of the UCL-Penn Global COVID Study (Wong &  
226 Raine, 2020). This study was conducted and reported in line with the Consolidated Criteria for  
227 Reporting Qualitative Research (COREQ) where appropriate. All questions gauged the impact of  
228 the COVID-19 pandemic on the general population’s mental health, livelihoods, and need for  
229 future support as of 17 April to 31 July 2021.

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232 **2.3. Measures**

233 The five open-ended qualitative questions asked to better understand the impact of the  
234 COVID-19 pandemic on people’s lifestyle, behaviours, and mindset and importantly, potential  
235 support that individuals and families would need in the next 6 months were:

- 236 1. Reflecting on the past year, how has COVID-19 changed your lifestyle, behaviors and  
237 thinking for the BETTER? (Q52)
- 238 2. Reflecting on the past year, how has COVID-19 changed your lifestyle, behaviors and  
239 thinking for the WORSE? (Q73)
- 240 3. Did you learn anything new about yourself or others during the pandemic? (Q74)
- 241 4. Reflecting on the past year, name a few things you did to better cope and become more  
242 resilient during the pandemic? (Q71)
- 243 5. Thinking ahead, what support would you/your family need in the next 6 months to thrive  
244 and recover from the pandemic? (Q72)

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246 **2.4. Data analysis**

247 Braun and Clark’s (2006) six-step thematic analysis were conducted on our qualitative data.  
248 Three researchers (KW, KM, KL) independently conducted the steps to minimize bias as best as  
249 possible and met as a team when discussing discrepancies in coding. The following steps were  
250 conducted in an iterative manner:

- 251 1. Familiarizing ourselves with the data (all researchers)
- 252 2. Generating initial codes systematically (consensus on coding scheme)
- 253 3. Re-viewing codes and cross-checking for inter-rater reliability between codes

- 254 4. Adding new codes and refining codes
- 255 5. Searching for themes
- 256 6. Defining and naming themes

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258 Data were analysed using SPSS (2021) and Microsoft Excel. Data were stripped of basic  
259 participant background information (e.g., sex, age, country of origin, socioeconomic status) to  
260 minimise researcher bias. Missing data for each question were coded as -99 (no answer) or -999  
261 (answer did not make sense) and described in Appendix 2.

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#### 263 **2.4 Establishing Inter-Rater Reliability (IRR)**

264 To ensure that all coders were consistent in applying the same codes across all responses,  
265 data were first reviewed independently by each researcher to identify example quotes and  
266 respective codes and repeated through subsequent iterative meetings. Inter-rater reliability (IRR)  
267 checks were conducted between researchers KL and KM with KW providing a third-party  
268 opinion, first on responses from Q52 to develop a set of 13 refined codes (see Appendix 3 for  
269 detailed IRR process and notes).

270 Briefly, 13 initial codes were established after all three coders independently reviewed  
271 the data: mental health, outlook on life, loves ones, sedentary behaviour, self-improvement, loss  
272 of motivation, optimism about future, financial security, COVID policy, access to services, loss,  
273 virtual living, frustration towards others, distrust in media/government, and does not need  
274 support (see Table 2). Next, KL and KM coded Q52 independently against the 13 initial codes  
275 and took notes after each round of independent coding to document potential issues for group  
276 discussion. Aiming for an IRR above 80%, a random number generator identifying 10% of coded  
277 responses in Q52 resulted in a low IRR threshold in the first meeting (64%) and second meeting  
278 (75%), but a high reliability by the third meeting, (81.2%). At each iteration, discordant codes  
279 were discussed between researchers and addressed in subsequent iterations. After the third  
280 meeting, the team coded the rest of the responses in the dataset. Non-English responses (e.g.,  
281 Italian, French, Greek) were translated through Google Translate, taking care that translations of  
282 smaller chunks of inputted text resulted in more accurate translations.

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285 **Table 2.** *13 codes derived from participant responses.*

Code	Code Name
1	Mental health (perceptions, feelings, and cognitions)
2	Outlook on self / life
3	Loved ones (friends, family)
4-	Sedentary behaviours (inactive, decrease in behaviours)
4+	Self-improvement (active, increase in behaviours)
5-	Loss of motivation / pessimism about the future
5+	Motivation / optimism about the future
6	Finances / work / studies
7	COVID policies
8	Access to services / support
9	Loss / bereavement
10	Virtual living / virtual events
11	Frustration towards others
12	Distrust in media and government
13	Does not need support
-999	Neutral responses
-99	Missing

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### 3. Results

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 288  
 289 Thematic analysis across our dataset revealed three key themes comprised of 13 codes of varying  
 290 degrees of overlap: 1) Outlook on self/life, 2) Self-improvement, and 3) Loved ones (friends and  
 291 family). See example quotes in Table 3 and a visual representation of overlap themes across  
 292 questions in Figure 1.

294 **Table 3**

295 *Example and prevalence of codes across five questions from 925 participants (total 4,625*  
 296 *responses).*

Code	Frequency (N=4,625)	Proportion	Examples
1: Mental health (perceptions, feelings, and cognitions)	443	9.57%	<p>“My mental health was fine prior to the pandemic, but now it’s certainly not”</p> <p>“Feeling lonely and not talking to friends when I feel sad”</p> <p>“Slightly more wary of acquaintances less open to new relationships more guarded”</p>
2: <b>Outlook on self / life</b>	1,036	<b>22.4%</b>	<p>“Live life and enjoy yourself”</p> <p>“slower pace of life”</p> <p>“live more present”</p> <p>“worry less”</p> <p>“I’ve learned to accept myself as I am, instead of chasing some ideal version of myself”</p>
3 <b>Loved ones (friends, family)</b>	726	<b>15.6%</b>	

4-: Sedentary behaviours (inactive, decrease in behaviours)	555	12%	<p>“I feel closer to my husband and have really enjoyed seeing him more”</p> <p>“Appreciating others around me”</p> <p>“Feel closer to family”</p> <p>“I feel worried that I may have become more sedentary and make less effort to go out.”</p> <p>“Antisocial”</p>
<b>4+: Self-improvement (active, increase in behaviours)</b>	957	<b>20.6%</b>	<p>“Hermit”</p> <p>“I’ve been trying to get better about spacing things out and doing more than usual when I know I’m feeling good since bad days will come”</p> <p>“Started doing weight-lifting, learning ukulele, not judging my food cravings”</p>
5-: Loss of motivation / pessimism about the future	65	1.38%	<p>“Losing interest in things”</p> <p>“Hard to stay active”</p>
5+: Motivation / optimism about the future	54	1.16%	<p>“Being hopeful about the future, trying to find jobs and opportunities that interest me to pursue after my studies”</p>
6: Finances / work / studies	679	14.6%	<p>“Lowered job prospects”</p> <p>“Workload”</p>

			“Partner needs to find a job”
7: COVID policies	404	8.73%	“No more lockdowns ... lifting of international travel restrictions.” “I want other people to get vaccinated.”
8: Access to services / support	206	4.45%	“It has improved my access to health services because I can access services from home instead of having to find adequate public transportation.”
9: Loss / bereavement	4	0.08%	“I lost my nan ... and I feel disappointed about all the things we can’t do.”
10: Virtual living / virtual events	156	3.37%	“videoconferencing and dialoguing with colleagues”
11: Frustration towards others	149	3.22%	“More people than I thought turned out to be stupid ... Anti vaccine and such.”
12: Distrust in media and government	123	2.65%	“Stopped watching government covid broadcasts, and the news.”
13: Does not need support	135	2.91%	“Nothing additional to what we already have.”
-999: Neutral responses	363	7.84%	“no”

“yes”  
 “it has/has not”

-99: Missing 1,040 22.4% blank

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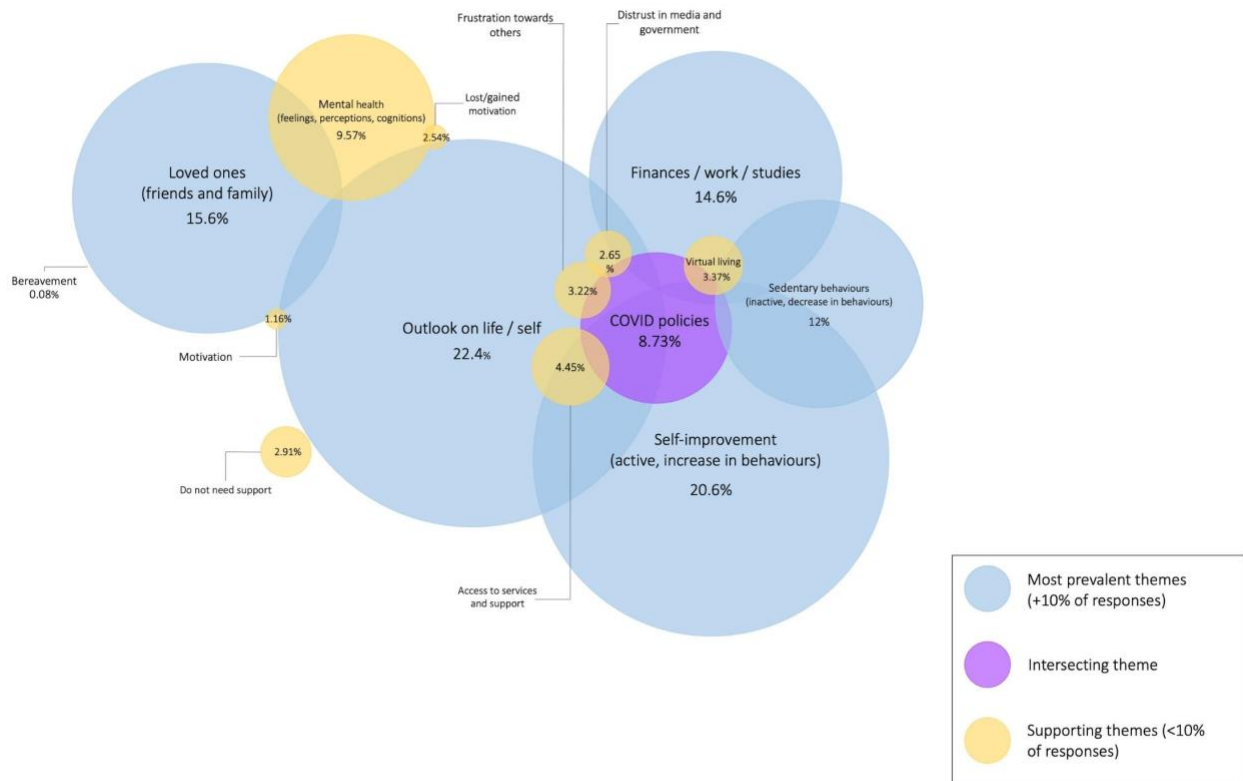
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299 **Figure 1**

300 *Visual summary showing the relationship between the 13 codes and the extent of*  
 301 *overlapping themes across the data set. The size of the circles is relative to their prevalence*  
 302 *rates in the dataset, whereby a larger circle represents higher prevalence (e.g., the relative size*  
 303 *of the circles were made by setting the length and width of the circles equivalent to their*  
 304 *prevalence rate).*

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308 To investigate which codes had the greatest proportional overlap with one another,  
 309 descriptive tables were generated for all five questions and yielded a total of 488 unique  
 310 combinations of codes (e.g., codes 1,2,3). The following table shows the distribution of codes for  
 311 each question (see Appendix 4 for example codes) and the percentage of overlap between codes  
 312 across the five questions (Table 4).

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314 **Table 4**

315 Distribution of codes for each question (all *Ns* = 925)

Code	Q52	Q71	Q72	Q73	Q74	Percentage of overlap ( <i>N</i> =488)
1: Mental health (perceptions, feelings, and cognitions)	7.14%	3.03%	5.73%	6.49%	3.24%	21.1%
2: Outlook on self/life	15.0%	17.3%	6.60%	27.0%	46.1%	36.6%
3: Loved ones (friends, family)	13.7%	15.4%	10.8%	18.2%	12.5%	41.3%
4-: Sedentary behaviours (inactive, decrease in behaviours)	9.19%	5.84%	0.75%	42.0%	1.83%	33.1%
4+: Self-improvement (active, increase in behaviours)	24.0%	53.3%	13.6%	8.76%	4.00%	32.7%
5-: Loss of motivation/pessimism about the future	0.75%	0%	0%	6.06%	0.21%	7.58%



5+: Motivation/optimism about the future	2.59%	0.10%	0.97%	0.32%	1.73%	7.58%
6: Finances/work/studies	24.6%	7.46%	20.6%	14.1%	6.60%	34.0%
7: COVID policies	10.0%	2.70%	17.2%	10.2%	3.57%	28.4%
8: Access to services/support	3.46%	4.11%	12.2%	2.05%	0.43%	15.7%
9: Loss/bereavement	0%	0%	0.21%	0.10%	0.10%	1.02%
10: Virtual living/virtual events	6.06%	6.70%	0.43%	1.40%	2.27%	13.9%
11: Frustration towards others	0.64%	0.21%	2.05%	4.65%	8.98%	14.5%
12: Distrust in media and government	2.70%	2.70%	2.59%	6.27%	5.84%	11.8%
13: Does not need support	2.05%	0.64%	0.64%	5.62%	0.21%	2.98%
-999: Neutral responses	11.1%	3.89%	1.73%	8.11%	14.3%	
-99: Missing	22.5	22.7%	24.7%	17.9%	25%	

317 **3.1.1. COVID-19 restrictions such as social distancing and travel restrictions, have**  
318 **negatively impacted people’s livelihoods**

319 While a minority of all participants mentioned no changes in lifestyle, behaviour or  
320 thinking for the better (21.8%) or for the worse (17.3%), the majority reported positive (78.2%)  
321 or negative changes (82.7%) in areas such as motivation, work, studies, and difficulties in  
322 accessing services or support due to the impact of COVID policies. Many participants reported  
323 on a general lack of motivation and concentration due to isolation and having to adapt to  
324 spending more time at home. Many also reported being more negative when it came to feelings  
325 about the future, ranging from “feeling optimistic about the future to ambivalent at best.” This  
326 sentiment often presented alongside a change in work environment or work life balance, and  
327 “getting so bored working from home.”

328 Another theme centred on how the COVID-19 pandemic impacted participants’ finances,  
329 work and studies. Many participants spoke of how changes to the work environment and  
330 workload have negatively or positively impacted their livelihoods. Participants reported  
331 widespread issues including worries about long-term job security, such as worries about  
332 “teaching contract[s] not being extended”, and the impact of drastic increases in workload since  
333 working from home (e.g., “work-life balance has decreased significantly”; “My workload has  
334 increased a lot last year and I have job insecurities”; “My work has been moved primarily  
335 online ... which has resulted in my workload increasing by at least 50% in terms of effort and  
336 time.”). For some participants, these issues were further compounded by pre-existing financial  
337 struggles, and they reported a desperate need for a steady cash flow just to get by. The impact of  
338 an increase in workload and work-related stressors further impacted participants’ relationships  
339 (e.g., wanting “a workload that isn’t crippling so I can spend more time with my son.”).  
340 Furthermore, participants also voiced their frustrations about not being able to see family due to  
341 tighter restrictions and, for some, not being able to grieve over the loss of their loved ones.  
342 Whilst staying socially connected with others has been proven difficult during COVID-19 , the  
343 responses further highlighted the impact of lockdown restrictions on people’s access to services  
344 such as mental health support, including the pandemic being a stimulus to starting therapy or  
345 counselling sessions for those who can afford it (e.g., “I started online therapy ... knowing that  
346 this was going to be a rough ride.”; “I learned how to deal with trauma memories ... [after]  
347 attempted suicide in February”; “starting to attend trauma therapy.”).

348

349 **3.1.2. People’s attitudes toward themselves and others have changed for the better and**  
350 **worse**

351 The pandemic prompted significant changes in people’s outlook on life and this theme  
352 appears to be the most prominent (37.7% of all responses). This included significant changes in  
353 participants’ attitudes toward others. Firstly, participants reported less trust towards governments  
354 due to their response to the pandemic, as shown in policymaking. In elaborating, some  
355 participants described their government body as “selfish,” “corrupt” or “self-serving.”  
356 Dissatisfaction with governments’ COVID-19 response also included “vaccine role out”,  
357 “financial cuts” and not being able to “keep infections under control”. There was an overarching  
358 sense that what participants wanted was “a government that is focused on supporting people  
359 rather than pandering to their financial backers”, and for governments to focus on implementing  
360 evidence-based support systems to local communities.

361 Secondly, participants had reported feeling “angry,” “frustrated” and “depressed” about  
362 the spreading of COVID-19 misinformation “shared... [on] social media”. Thirdly, frustration  
363 towards others over differences in opinion on how strongly one should adhere to COVID-19  
364 policies (e.g., social distancing or getting vaccinated) was observed. Participants commented on  
365 how “lots of people don’t care about others,” and how the pandemic has shown them just “how  
366 selfish some people are” and how some people are “unwilling to make sacrifices to protect  
367 other(s).” Lastly, mixed impressions towards friends and family were reported. While some  
368 participants were “more appreciative of their friends and family,” others commented they have  
369 learned “who their real friends are,” suggesting that reduced social contact with loved ones has  
370 prompted periods of introspection and reassessment. Emotions were mixed for some participants  
371 who moved back in with their families to weather out the pandemic, including feeling “more  
372 irritable,” “more frustrated,” “more thankful” and that “talking [to them] helped them cope and  
373 validate their feelings.”

374 The COVID-19 pandemic has also changed participants’ attitudes toward themselves,  
375 providing “more time to understand their jobs,” “find new opportunities after they finish [their]  
376 studies,” and made them “excited” to “reconnect with friends and family.” Some expressed how  
377 the pandemic has prompted them to re-think their current priorities in life, bringing about  
378 “significant changes in terms of their lifestyle, behaviour and thinking.” Others have found the

379 pandemic to be a transformative experience of “learning,” “realisation” and “rediscovery,” one  
380 that prompted self-reflection on the areas of their life. Changes in an individual’s outlook on life  
381 and on themselves have therefore encouraged many participants to be more motivated and  
382 optimistic for their future.

383

### 384 **3.1.3. People’s mental and physical health have been primarily negatively impacted by the** 385 **COVID-19 with some positive impacts**

386 Many participants reported how their mental health was negatively impacted by the  
387 pandemic. Participants who were living alone during lockdown reported feeling lonely and  
388 missing social contact from their loved ones. Participants further expressed feeling “more  
389 anxious”, “constant anxiety” or worried about “being around other people,” and some expressed  
390 that they would rather be on their own to minimise the risk of contracting COVID-19.  
391 Participants reported mixed success in how they have coped with COVID-19, with some  
392 feeling “more resilient” and others that their mental health was the worst it has ever  
393 been (e.g., “all time low”; “rock bottom”).

394 Participants’ physical health was also negatively impacted by the pandemic.  
395 Unsurprisingly, many participants spoke about reduced physical exercise and social activities  
396 with others, in line with the COVID-19 restrictions, which have prevented people  
397 from “visit(ing) friends and family abroad” and has contributed to more sedentary behaviours  
398 such as staying indoors and at home for longer periods of time. Some participants recounted  
399 poorer physical health due to increases in alcohol consumption (e.g., “drinking more alcohol”;  
400 “worse alcohol intake”; “drink more, put on weight”), drug usage (e.g., “doing cocaine again”;  
401 “relapsed into smoking/vaping”) or “addiction to social media.” For other participants, such  
402 behaviours resulted in stronger “reluctance to leave home” for exercise or social contact.

403 Even so, some participants also described an increase of engaging in coping behaviours.  
404 Examples included making more effort to stay in touch with friends and family virtually (e.g.,  
405 “increased socialisation through social means”) and practicing meditation and mindfulness (e.g.,  
406 “sustained a meditation regime”; “meditation, reflecting, prayer”).

407 Overall, while the impacts of COVID-19 were largely negative, we were able to identify  
408 the aspects in which certain groups of individuals could cope better.

409

410 **3.2. Key themes on support – are there group differences?**

411 Many people expressed the need for more support as part of the post-COVID-19 recovery  
412 – support that extends beyond solely financial support: “*Better access to physical and mental*  
413 *health support and if necessary, treatment, would be of huge impact to me and my family*” (ID  
414 235). To identify potential group differences in code frequency, independent *t*-tests were  
415 conducted on gender, country, age and income groups. There was a significant difference in code  
416 frequency between male and female respondents ( $p < 0.01$ ), with insufficient power in the non-  
417 binary group to compare with. Countries from which we received the most responses were  
418 analysed — UK (47.8%), US (11.6%), Italy (6.3%), and Greece (5.5%). Significant differences  
419 in code frequencies were found between the UK-USA ( $p < 0.01$ ), UK-Italy ( $p < 0.01$ ), USA-  
420 Greece ( $p = 0.03$ ), UK-Greece ( $p < 0.01$ ) and USA-Italy ( $p = 0.018$ ). However, no significant  
421 differences were found between Greece and Italy ( $p = 0.954$ ). There were significant differences  
422 in code frequencies between participants aged above or below 38 (the mean age of the sample),  
423 ( $p = 0.05$ ). Lastly, and perhaps most interestingly, there was no significant difference in code  
424 frequency between respondents who earned  $<£40k$  versus  $>£40k$  in household income ( $p = 0.762$ ).  
425 See Appendix 6 for visual summaries of these group differences.

426

427 **3.3. Unexpected themes**

428 A recurring, yet unexpected, theme in the responses revealed that many participants had  
429 used the questionnaire as an avenue to air out their worries or concerns and to rant, almost as a  
430 form of catharsis (see Appendix 5 for examples). In these ruminations, participants often  
431 identified points of “realisation” and recounted their reactions to situations and identified their  
432 resultant thoughts or emotions. For example, the longest recorded response was 697 words long  
433 (see ID 235 in Appendix 5) and dictated a response about the types of support this participant  
434 and their family may need in the next 6 months. In addition, these long ruminations enabled the  
435 identification of specific, vulnerable populations who have suffered disproportionately throughout  
436 the pandemic. Such populations included single parents who described having “struggle[s] with  
437 childcare, [and had] started therapy [and even] started therapy for [their] kids.” Another  
438 identified population was individuals trapped in unstable and unsafe relationships, where some  
439 participants reported needing to move out of their homes due to relationship conflict and

440 breakdown (e.g., “I need to buy a house real quick so I can move out ... I have no support from  
441 anyone.”).

442

## 443 **4. Discussion**

444

### 445 **4.1. Main Findings**

446 The aim of this study was to explore the impact of the COVID-19 pandemic on  
447 people’s experiences, perspectives, and livelihoods. To our knowledge, this is the first study to  
448 examine a range of socioeconomic, behavioural, and mental health impacts of the COVID-19  
449 pandemic across countries in a large sample of over 900 participants. Each of our study findings  
450 are discussed in turn.

451

#### 452 *Theme 1: COVID-19 restrictions such as social distancing and travel restrictions, have* 453 *negatively impacted people’s livelihoods*

454 With regard to our first hypothesis, our study has uncovered three main themes  
455 comprised of 13 codes capturing the wide ranging positive and negative impacts of the pandemic  
456 on different populations. It is clear that COVID-19 lockdown restrictions have led to decreased  
457 motivation and concentration, increased workload and worries relating to long-term job security,  
458 and distrust towards government policy and action – similar to experiences reported by  
459 individuals working in healthcare (Ardebili et al., 2021; Braquehais et al., 2020; Gupta & Sahoo,  
460 2020), young adults in school (Sideropoulos et al., 2021; Son et al., 2020), and education  
461 (Ozamiz-Etxebarria et al., 2021). Restrictions also preceded the increased use of mental health  
462 services - for those who were able to access free counselling or those who had the financial  
463 capital to afford private services – yet highlighting those who were not able to have continued  
464 access or afford mental health and healthcare support during the pandemic. These findings were  
465 consistent with past studies uncovering difficulties in mental health access (Gillard et al., 2021)  
466 from those with existing mental health conditions (Fond et al., 2021) and families with young  
467 children and children with special education needs (Portnoy et al., 2021; Ravens-Sieberer et al.,  
468 2021; Sideropoulos et al., 2021; Waite et al., 2021).

469 COVID-19 restrictions, such as social distancing and travel restrictions, significantly  
470 contributed to a negative impact on livelihoods across the world. Many participants reported

471 feeling despondent and reduced motivation and concentration from needing to spend more time  
472 at home. Finances, work, and studies (Code 6) was particularly prevalent, with participants  
473 reporting struggles with long-term job security and stable funding, which is consistent with past  
474 studies. This has further implications for their ability to afford healthcare and essentials,  
475 consistent with past studies (Sideropoulos et al., 2021), identifying a potential vulnerable group  
476 that deserves further support and attention.

477

478 ***Theme 2: People’s attitudes towards themselves and others has changed for the better***  
479 ***and worse***

480 Second, the pandemic has also caused changes in self-perception. Many reported  
481 introspective self-discoveries, such as knowing more about themselves. Often times, this  
482 followed by greater optimism and motivation for the future that indicated significant personal  
483 growth, a more optimistic outlook when compared to studies of older age groups (Mckinlay,  
484 Fancourt, & Burton, 2021). It was clear that greater time spent in isolation prompted episodes of  
485 self-revelation and discovery for many. We also received many responses indicating distrust in  
486 others due to the apparent lack of responsible action taken, which has also been found to be  
487 associated with poorer mental health (Wong et al., 2021) and adoption of health behaviours (Han  
488 et al., 2021). Varying attitudes towards how governments across the world have supported or  
489 unsupported their citizen’s recovery from the pandemic were also observed. Some participants  
490 expressed frustration and having a lowered or lack of trust in their government.

491

492 ***Theme 3: People’s mental and physical health have been primarily negatively impacted***  
493 ***by the COVID-19 with some positive impacts***

494 Third, people reported a toll on health - both mentally and physically. While the minority  
495 – 2.91% - reported minimal distress, coped adequately, and/or reported improved mental health,  
496 an alarming number of responses illustrated deterioration of mental health and an inability to  
497 cope with significant life stressors, 66.85%. This was especially for those who lived alone and  
498 individuals who were already battling with pre-existing mental health difficulties, consistent with  
499 previous qualitative studies (Pisula et al., 2021). We know from last studies that mental health  
500 symptoms fluctuate throughout the pandemic lockdown periods for both adults and young  
501 children, thus more mental health support should be deployed for especially strict lockdown

502 periods (Carollo et al., 2021a; 2021b; Waite et al., 2021). For this group, it seems that changes in  
503 lifestyle habits (e.g., social isolation, productivity, and habits) became stressors for the onset of  
504 mental health problems including self-harm behaviours to ruminative thinking and symptoms of  
505 anxiety and depression, which has also been evidenced in past studies (Wong et al., 2021).  
506 Consistent with previous findings (Gillard et al., 2021), individuals with pre-existing mental  
507 health conditions were worse off. Similarly, our participants also spoke of worsening physical  
508 health, in the form of increased substance abuse and addictions (e.g., alcohol, food, social media)  
509 – consistent with other studies showing increased risk for overdose during the pandemic (Ali et  
510 al., 2021) – and the reluctance to leave home to engage in social or physical activity (Andriyani  
511 et al., 2021; Petersen et al., 2021). However, 20.6% of participants also reported positive  
512 physical health outcomes due to an increased effort to exercise, practicing mindfulness and  
513 meditation, or reducing their substance use.

514

#### 515 **What support do people need?**

516 While the majority of respondents reported that they did not need support (2.41%), 24%  
517 of participants expressed that flexibility at work would help (e.g., “[I] need my work to be  
518 understanding with childcare”; “reduced workload”). In addition, 22% of participants expressed  
519 the need for either access to or continued “mental health support” or “therapy” (e.g.,  
520 “counselling or other mental health services to deal with the trauma of the past year”; “I would  
521 appreciate ... better access to mental health support because I am not a citizen, I do not qualify  
522 for mental health care”). Overall, there was a clear demand for support both at the individual  
523 (mental health, finances) and community level (workplace, local infrastructure). Of those who  
524 wanted more support, 91% of participants expressed that they needed more support for their  
525 post-COVID-19 recovery – support that extends beyond financial support.

526 The findings from this study emphasises that global leaders and governments should give  
527 stronger consideration to their citizens’ mental health, community relationships and access to  
528 services, and that more funding and resources should be allocated to key organisations that serve  
529 their citizens. Furthermore, the findings from this study have highlighted that community  
530 connections and local authorities can be more impactful than government action in terms of  
531 supporting individuals throughout the pandemic.

532



533           **Unexpected themes**

534           The fact that a considerable number of participants took the time to exhaustively report  
535 their thoughts and feelings in the questionnaire highlights how many felt emotionally  
536 overwhelmed at the point of data collection. Due to the questionnaire being anonymous, perhaps  
537 participants felt more comfortable recounting exceedingly detailed information about their  
538 personal lives and experiences. Such detailed responses emphasise the strong desire for people to  
539 be heard in periods of crisis, especially having been isolated from social life for such an  
540 unprecedented period of time.

541           The questionnaire was successful in capturing the experiences from individuals in more  
542 vulnerable populations. These responses presented a sharp contrast to those who reported not  
543 needing much support for post-pandemic recovery, highlighting the vast demographic disparities  
544 that have arisen or have been exacerbated by COVID-19. As COVID-19 restrictions have clearly  
545 affected individuals disproportionately, future research should explore the pandemic's unique  
546 impact on vulnerable populations and identify possible avenues for support for those who will  
547 need more than 6 months to recover from the pandemic.

548

549           **4.2. Strengths and Limitations**

550           This study is not without limitations. First, the lack of pre-pandemic data on participants'  
551 situation and health limited our ability to assess real change and impact beyond self-reported  
552 data, which will ultimately have a certain level of bias. Thus, future studies triangulating  
553 participant data across official clinical health database and self-report data will overcome this  
554 limitation. Second, an open-ended survey from a global convenient sample does not allow  
555 follow-up elaborations and the translations of non-English responses, though fairly accurate, are  
556 both taken at face value and may not capture the nuances that some participants may have  
557 intended. Third, participants from different countries have experienced varying levels of  
558 COVID-19 restrictions and so the collected responses may reflect only those who have been  
559 most impacted in countries with strict lockdowns rather than less severe lockdowns (e.g., the UK  
560 had national lockdowns whilst most Asian countries did not have full national lockdowns).  
561 Hence, future qualitative studies from specific countries can help address this limitation.

562           Despite these limitations, this study has several noteworthy strengths. First, a key  
563 strength of this study is the large, cross-country sample representing a range of ages and socio-

564 economic statues that has allowed testing for group differences. Second, thematic analysis was  
565 conducted blind to participants' demographic data, which minimised researcher bias on the  
566 impact of the pandemic, increasing the validity of our interpretations. Third and finally, the  
567 strongest aspects of this study were the long responses from the study participants. While  
568 participants were not paid (only entered into a prize raffle), the detailed responses reflected a  
569 highly motivated and willing group of participants who wished to share their insights with the  
570 study team.

571

## 572 **5. Conclusion**

573 The COVID-19 pandemic has changed how individuals see themselves and the world,  
574 whilst also highlighting the substantial inequalities in support for the most vulnerable in times of  
575 crisis. Whilst popular new media coverage focuses on COVID-19 pandemic's impact on the  
576 global economy, our study findings contribute to the growing literature advocating for more  
577 consideration for the impact on individual's perceptions, behaviours, and relationships.

578 Lockdowns have clearly taken a toll on everyone, but particularly for vulnerable groups who find  
579 themselves in particularly isolating and challenging times. Non-profits and third sectors working  
580 tirelessly to support vulnerable groups need additional funding to provide adequate support, not  
581 funding cuts. Local communities and authorities with potential to provide targeted support are  
582 lifelines to the population and can help bridge citizen's growing distrust and dissatisfaction  
583 toward governments and its pandemic policies. It is our hope that this pandemic – ahead of other  
584 pandemics to come – will mend relationships between individuals and governments globally and  
585 motivate world leaders to work together to recover stronger from this pandemic.

586

587

588

589

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**Online Supplementary Materials**

734

**Appendix 1**735 **Table S1**736 *Responses by country*

Countries	<i>N</i>	%
Argentina	1	0.1%
Australia	16	1.7%
Austria	1	0.1%
Barbados	1	0.1%
Belgium	1	0.1%
Brunei Darussalam	1	0.1%
Bulgaria	1	0.1%
Canada	<b>24</b>	2.6%
China	<b>19</b>	2.1%
Colombia	3	0.3%
Cyprus	2	0.2%
Finland	2	0.2%
France	5	0.5%
Gambia	1	0.1%
Germany	22	2.4%
Greece	<b>51</b>	5.5%
Hong Kong (S.A.R.)	<b>28</b>	3.0%
India	11	1.2%
Indonesia	8	0.9%
Ireland	2	0.2%
Israel	3	0.3%
Italy	<b>58</b>	6.3%
Jamaica	1	0.1%
Japan	4	0.4%
Lebanon	2	0.2%
Luxembourg	2	0.2%



Malaysia		5	0.5%
Malta		2	0.2%
Mexico		4	0.4%
Netherlands		7	0.8%
New Zealand		7	0.8%
Norway		1	0.1%
Pakistan		1	0.1%
Philippines		6	0.6%
Poland		4	0.4%
Portugal		4	0.4%
Qatar		2	0.2%
Republic of Moldova		1	0.1%
Romania		1	0.1%
Rwanda		1	0.1%
Saudi Arabia		1	0.1%
Singapore		13	1.4%
South Africa		1	0.1%
Spain		2	0.2%
Sweden		7	0.8%
Switzerland		4	0.4%
Turkey		1	0.1%
United Arab Emirates		2	0.2%
United Kingdom of Great Britain and Northern Ireland		<b>443</b>	47.8%
United States of America		<b>107</b>	11.6%
Missing	-9	29	3.1%

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742 **Table S2***Housing status*

	N	%
En-suite (Renting)	29	3.1%
Single bedroom flat (Renting)	87	9.4%
Double bedroom flat (Renting)	134	14.5%
Room in shared house (Renting)	75	8.1%
House (Renting)	87	9.4%
En-suite (Owned)	7	0.8%
Single bedroom flat (Owned)	13	1.4%
Double bedroom flat (Owned)	79	8.5%
Room in shared house (Owned)	21	2.3%
House (Owned)	316	34.1%
Other	41	4.4%
Missing -99	4	0.4%
-9	33	3.6%

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745

**Appendix 2**746 **Table S3**

747 *Number of missing data cells (-99) and cells where answers did not make sense (-999) by*  
 748 *question*

Question Number	Frequency of (-99)	Frequency of (-999)
Q52	208	102
Q71	208	37
Q72	229	15
Q73	165	75
Q74	230	133

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750

## Appendix 3

### Achieving Inter-Rater Reliability (IRR)

#### *Calibration Meeting 1.*

In the first calibration meeting, the team found that code 2 (“outlook on life”) was applied inconsistently. Its definition was subsequently revised to encompass only introspective responses. We also highlighted that codes 4+ (“doing more activities”) and 4- (“sedentary behaviours”) were assigned to responses which were behavioural in nature. During this meeting, 37% of responses were blank, 29% of responses had a code match, and 71% of responses did not have a code match. These responses were discussed, and discrepancies were addressed. In the second calibration meeting, 22 cells were blank, 64% of responses had a code match and 36% of responses did not have a code match. These responses were discussed, and discrepancies were addressed.

#### *Calibration Meeting 2.*

After the second calibration meeting, the team came to a consensus to code responses mentioning an “increase in social distancing” or “keep(ing) distance” as (7,4-). While it was an increase in behaviour, the response was treated as a decrease in socialisation. It was also noted that any mention of money or finances was to be coded as 6. Responses that mentioned “work from home” were also to be coded as 6. Responses that mentioned “friends or family” were to be coded as 3. Responses that mentioned “studies” were also to be coded as 6. Two more codes were added to the coding scheme: “-999” (to denote neutral responses such as “not really”, “no”, “yes” with no further explanation) and “-99” (for blank responses). The team achieved an IRR of 75% by the third calibration meeting (see Appendix 1 for final code scheme), where the team evaluated 31 cases, of which 11 were blank and 5 were discussed.

#### *Calibration Meeting 3.*

KM and KL reviewed the codes for responses to Q52, KL reviewed codes for responses 1-463 and KM reviewed responses 464-927. KL added an additional tab to the coding Excel spreadsheet called “Consensus” in which matching code cells were identified by a green “Match” label and non-matching code cells were identified by a red “No Match” label. IRR was significantly increased by ensuring all blank cells were coded as “-99” and the order of matching

782 codes was the same in both coder's columns. For the "No Match" cases, an alternative code set  
783 was proposed and highlighted in blue. After a team meeting on 20/10/2021, it was decided that  
784 the alternative code sets would be used for the "No Match" cases. By the end of this process,  
785 IRR for the responses to Q52 was 81.2%.

786

787

## Appendix 4

788

### Quotations from Results Section

789

*3.1.1 COVID-19 restrictions such as social distancing and travel restrictions, have negatively  
790 impacted people's livelihoods*

791

792

**ID 804:** *"Feeling guilty about being less productive than usual, not being able to see  
793 family (abroad) or friends, not being able to engage with activities outside of the home,  
794 particularly the social kind."*

795

796

**ID 3087:** *"I was creating paintings of things and situations I liked- this helped me to  
797 appreciate things more and thus helped me transition to things. I seeked help from  
798 counsellor. I stayed in touch with my friends."*

799

800

**ID 1515:** *"Greater prioritising of activities that are better for physical and mental health  
801 over work. Keeping in touch with long-distance friends and family more often."*

802

803

**ID 1779:** *"I'm getting so bored working from home. I hate the isolation and feel so much  
804 less engaged. It's so much harder for me to concentrate."*

805

806

**ID 1155** *"It's interfered with my efforts to break negatively reinforcing habits and has  
807 reinforced my sense of isolation and depression. I have gone from optimistic about the  
808 future to ambivalent at best."*

809

810 **ID 792** *“zunehmende Antriebs-*  
811 *und Motivationslosigkeit, Desillusionierung über Kompetenzen und guten Willen der Reg*  
812 *ierung.” [increasing lack of drive and motivation, disillusionment with skills and*  
813 *goodwill of the government].*

814  
815 **ID 1314** *“overall pessimism on future-outlook, inability to plan ahead”.*

816  
817 **ID 662** *“I have gotten significantly more negative and pessimistic especially when*  
818 *thinking about the future. worklife balance has decreased significantly as we move to use*  
819 *online tools for work and school. concentration has definitely decreased too.”*

820  
821 **ID 1164** *“Emotional fatigue from social isolation. Not able to travel to see parents in*  
822 *home country. Mental health definitely worsened. Became much more sedentary, gained*  
823 *weight, indulged in comfort eating. Became quite difficult to follow a healthy routine or*  
824 *schedule. Motivation was low from about 6 months into the pandemic and restrictions.”*

825  
826 **ID 1708** *“Anxiety levels have increased, unable to motivate myself to do work, feeling*  
827 *lonely and not talking to friends when I feel sad, sleeping and eating have been very very*  
828 *irregular, feel a lot more hopeless and I don't trust things to stick around anymore”*

829  
830 **ID 1188** *“Worried about my teaching contract not being extended”*

831  
832 **ID 3037** *“For everything to not be shut down again, or to at least figure out how to sell*  
833 *online and not need outdoor events to make money.”*

834  
835 **ID 577** *“Able to work and handle childcare-being able to juggle a lot of things at once”*

836  
837 **ID 1138** *“Money: regular and unconditional so that I don't waste brain time on job shit.*  
838 *I'm disabled and while I could work some jobs with support, I have never gotten all of*  
839 *what I need so I think that in the current situation, it makes sense for jobs to go to other*  
840 *people who could do them better. That doesn't mean my partner and I could suddenly*

841 *survive on air, however. I need therapy, so that also takes money; I need PIP for this, so I*  
842 *need help fighting the DWP for the disability support I've never had and still need. My*  
843 *partner needs therapy and job support too. My family needs disability support and*  
844 *childcare, especially while my stepdad is an essential worker. My friends desperately*  
845 *need money for living expenses, therapy and — my god — recreation to make life worth*  
846 *living.”*

847  
848 **ID 24** *“Many restrictions, not being able to do things/work/study (access to primary*  
849 *sources for my research)”*

850  
851 **ID 93** *“Working from home has increased my workload and affected my motivation.*  
852 *Finally, homeschooling has been exhausting.”*

853  
854 **ID 297** *“nature of work, workload and work pattern has completely changed*  
855 *my lifestyle is more isolated from others”*

856  
857 **ID 1408** *“My workload has increased a lot last year and I have job insecurities. It was*  
858 *hard to only focus on work and household duties without having opportunities for fun.”*

859  
860 **ID 462** *“Increased workload, not enough time for hobbies/doing things for myself”*

861  
862 **ID 1729** *“My work (teaching) has been moved primarily online environment, which has*  
863 *resulted in my workload increasing by at least 50% in terms of effort and time and has*  
864 *degraded my ability to understand and respond to my student's needs. I also am less*  
865 *hopeful about the future and find myself thinking about just surviving the next few years*  
866 *and not really planning anything new in my life.”*

867  
868 **ID 827** *“A workload that isn't crippling so I can spend more time with my son.”*

869

870 **ID 625** *“I learned how to deal with trauma memories thanks to my therapist. I attempted*  
871 *suicide in February and am now having sessions with a listening place around where I*  
872 *live.”*

873  
874 **ID 1704** *“I started online therapy with a good therapist - knowing that this was going to*  
875 *be a rough ride. I think that helped me. I made it a project to learn how to cope better”*

876  
877  
878 *3.1.2 People’s attitudes towards themselves and others have changed for the better and for*  
879 *worse*

880  
881 **ID 1959** *“The pandemic has taught me just how little this government cares about the*  
882 *everyday person and important issues. It has become clear how unkind and insensitive*  
883 *most people are. Our health care system is broken. I have learnt that shared housing is*  
884 *terrible for mental health and people need pets. I have also learnt that there are other*  
885 *career options for me that I cannot access because of funding.”*

886  
887 **ID 1511** *“Stress about COVID and how the government has handled it, including the*  
888 *handling of the vaccine rollout. Working from home I can now vape at my computer so I*  
889 *might vape slightly more.”*

890  
891 **ID 41** *“I have asked for help so many times before and it’s just not available or the*  
892 *quality so poor as to make it ineffective. The public sector is now run by people who have*  
893 *no idea about working class life and the struggles people face. This leads to there being*  
894 *no help available when people really need it.”*

895  
896 **ID 528** *“I will be for ever thankful for Marcus Rashford for the vouchers in lockdown*  
897 *made a huge difference and also a moral boost.”*

898  
899 **ID 280** *“Financially, another stimulus check or two would be ideal. I kept my job but lost*  
900 *my supplemental income”*

901

902 **ID 452** *"I spend less time with friends in the UK. I have not been able to travel to my*  
903 *home country and visit friends and family there as much as I would have before the*  
904 *pandemic. I do more yoga and exercise than before the pandemic. I go out less often, and*  
905 *I rarely go somewhere that requires travelling by public transport. I worry a bit more*  
906 *than I used to."*

907

908 **ID 1811** *"being a single mom, struggled with childcare, started therapy, started therapy*  
909 *for my kids"*

910

911 **ID 1223** *"I need to buy a house real quick so I can move out. It has caused me so much*  
912 *mental stress I can't even operate anymore. I have no support from anyone."*

913

914 **ID 3050** *"Had to move house because of not getting along with my family member during*  
915 *lockdown"*

916

917 **ID 1355** *"I have found that my family are not as supportive as they could be."*

918

919 **ID 528** *"Prior to the pandemic we were already worn down by trying to live on £800 per*  
920 *month universal credit after years of being on zero hours and a redundancy. Sometimes*  
921 *the only way I could pay for shopping was to use PayPal as that took 3 days to clear. To*  
922 *not have food for your child is the most stressful thing." "They [DWP] said they would*  
923 *refer us to a food bank but it was in the church at the end of my road and I felt so*  
924 *ashamed to go."*

925

926 **ID 1138** *"can't afford a therapist so my self-hatred has spiraled massively. I've been*  
927 *fighting with the DWP (Department for Work and Pensions) again to try for*  
928 *PIP (Personal Independence Payment) again, but every mental effort is*  
929 *so exhausting, and I have no idea where anything is, if I even have copies to begin with. I*  
930 *feel like other disabled people need more help, so when they ask for "proof" to support*  
931 *my "claim," I don't have any "evidence" from adult social care that I need help they're*



932 *probably too underfunded to give. Everything is too much and I'm angry that I have to*  
933 *tiptoe around saying how overwhelmed I am to avoid being sectioned, which would of*  
934 *course make everything better!"*

935  
936 **ID 41** *"I learnt that I can trust those closest to me and with the help of an amazingly kind*  
937 *therapist got through my mother being ill and dying (I seriously don't think I would have*  
938 *got through it otherwise.)"*

939  
940 **ID 725:** *"Trust in government has deteriorated, not sure if this government can properly*  
941 *run the country."*

942  
943 **ID 3301:** *"I have been feeling so much anger towards my government and its*  
944 *administration. There are days when this anger would consume me."*

945  
946 **ID 2258:** *"I feel much worse about the state of our country and about the*  
947 *selfish behaviours of other people. I hate reading the news because it always makes me*  
948 *sad."*

949  
950 **ID 847:** *"La mia fiducia nell'umanità è estremamente calata.*  
951 *Una pandemia poteva essere il nemico comune, quell'escamotage di*  
952 *cui l'umanità aveva bisogno per agire ed interagire come un*  
953 *sol popolo. Invece OGNI singolo ha pensato ad i propri interessi = [My confidence in*  
954 *humanity has dropped extremely." [A pandemic could be the common enemy, that ploy*  
955 *that humanity needed to act and interact as one people. Instead, EVERY individual has*  
956 *thought of their own interests].*

957  
958 **ID 1937:** *"Only in regard to strengthening my belief that the majority of humans are self-*  
959 *obsessed and thoughtless. Think only of themselves and their wants in the very short term*  
960 *and give absolutely no thought to the environment or anything or anyone outside their*  
961 *immediate circle. There is no hope for the future of this planet when even a global*  
962 *pandemic can't make those people think about more than themselves."*

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**ID 1923:** *“Unfortunately I learnt that many of my acquaintances were idiots, posted COVID misinformation etc. on social media.”*

**ID 1216** *“the members of my household have been quite stressed during the pandemic and I have worked hard on taking time out for myself to unwind and not get caught up in the rollercoaster of other people’s emotions.”*

**ID 2057:** *“I have learned that some people are selfish and that I don't want to be connected to them, but I've learned that I have a fantastic support system that I appreciate very much.”*

**ID 3087:** *“I am a lot more irritable now that I am staying with my parents who bicker a lot but somehow are happy. The conflicts / previous issues that I believe sorting are causing significant amount of stress too. Like they have become unavoidable too.”*

**ID 1907:** *“I am more appreciative of being able to spend time with friends and family.”*

**ID 1771:** *“I have learnt how to take care of myself better - what makes me feel good when I'm off, what habits make my day better and how to deal with things a bit more on my own.”*

**ID 1188:** *“I learned to appreciate the time together with my toddler and to emphasize my own mental health. This is something I carry into my teaching. I have completely revised my course policies to emphasize mental health and compassionate teaching as a result of my own and my students' experiences during the pandemic. I think COVID-19 has made me a better teacher and a better human being in the classroom.”*

**ID 1675:** *“Covid-19 pandemic brought significant changes in terms lifestyle, behaviour and thinking. Explicitly, it allowed me a full resetting - from am overambitious person, with lots of professional responsibilities and a quite stressful life, I am now a person focusing*

994 *on family life, healthy lifestyle, inner peace, etc. The pandemic gave me the opportunity to*  
995 *clearly see what is really essential in my life and determined me to focus on that.”*

996  
997 **ID 3403:** “各有利弊吧。也算是一种新的学习和生活方式，且在这个过程中确实找  
998 到了自己更喜欢的未来方向。除了学术，在生活和财务上反而是有所好转的（一直  
999 都不喜欢出门），在这个过程中也学到了一些事情。” *[Each has its pros and cons. It*  
1000 *can be regarded as a new study and lifestyle, and in the process, I have indeed found a*  
1001 *future direction I prefer. In addition to academics, my life and finances have improved (I*  
1002 *have never liked to go out), and I have learned a few things in the process.]*

1003  
1004 **ID 434:** “*Opportunities to develop and grow, and patience to get there. Allowing more*  
1005 *time to get back on track and find motivation. It takes a lot more to motivate me at*  
1006 *the moment but I know it’s still in there.”*

1007  
1008  
1009 **3.1.3. People’s mental and physical health have been primarily negatively impacted by the**  
1010 **COVID-19 with some positive impacts**

1011  
1012 **ID 1313:** “*constant anxiety and less resilience*”

1013  
1014 **ID 1539:** “*More antisocial than ever before, panic attacks in shops etc., gained weight*  
1015 *from not going to the gym etc., don't want people to touch or even stand near me even if I*  
1016 *know them, I'm sure it'll take years to undo some of the behaviours I've now learnt over*  
1017 *the course of the pandemic. Being around people without panicking seems impossible.”*

1018  
1019 **ID 1355:** “*I have had deterioration in mental health including psychosis and self-harm.*  
1020 *My eating disorder, anorexia has retriggered. I am craving cannabis.*  
1021 *I feel afraid in public places, and I avoid going anywhere with crowds. I am quite socially*  
1022 *isolated. My daughter has cut off all communication with me, so I feel hurt, angry and*  
1023 *unsupported.”*

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**ID 847:** *“Il mio peccato capitale è la pigrizia e il lockdown mi ha solo permesso di indulgere nell'accidia.” [My cardinal sin is laziness, and the lockdown has only allowed me to indulge in sloth]*

**ID 235** *“Self-funding and starting to attend trauma therapy, which has been life changing in so many ways and has definitely helped me to survive one of the most challenging times of my life as well as to finally have a professional relationship that is focused on validating me and my experiences, being understood and someone actually believing, and as such helping me to believe, that I can progress to recovery and what this means (not a cure but a chance to not let the past control my life like it has for so long).”*

**ID 60** *“Worse in the sense of anxiety and having to manage alone without having the physical support of family who do not live near me. Worse in that it has restricted physical activities and school, which has impacted on my oldest child who has autism and has struggled as she has lost her routines, been restricted in activities and contact with school and wider family. Worse in the sense of anxiety due to the incompetence of central government, lack of transparency and accountability, lack of media openness and the corruption of central government around PPE contracts etc, impact on the NHS waiting lists and services provided, impact on health and care workers, and sense of loss for people who I work with who have had to shield.”*

**ID 149** *“For the first time I am starting to feel lonely. I miss the social interaction I got from being at work (my business has us all working from home still). My mental health has deteriorated slightly as a result.”*

**ID 439** *“My mental health was worse during lockdown. This has improved as life is very much back to normal in my country.”*

**ID 485** *“I've had a lot of anxiety about what the right thing is to do in different situations. Even though I think we are more cautious than many people, I worry about the risks we*

1055 *do take and their impact on the community. I have remained fairly active but I do sit more*  
1056 *and walk much less now that I don't commute. My mental health has fluctuated with some*  
1057 *bouts of anxiety or depression.”*

1058

1059 **ID 780** *“Mental health is very fragile. I need to consciously make an effort every day to*  
1060 *feel 'okay'. Little things will set me off crying.”*

1061

1062 **ID 807** *“It was already hard to socialise (in-person) prior to the pandemic, but now*  
1063 *there's another layer of stress caused by my focus on social distancing. My mental health*  
1064 *was fine prior to the pandemic, but now it's certainly not. I used to be more physically*  
1065 *active, but that has dropped. My decreasing physical health throughout the pandemic*  
1066 *(partly caused by and partly \*causing\* the decreased physical activity) is not good.”*

1067

1068 **ID 1032** *“Made me more able to put up with boring circumstances, mental health*  
1069 *improved as I had a chance to practice coping mechanisms in a more sterlised*  
1070 *environment, made me value my friendships and freedom more”*

1071

1072 **ID 1188** *“I learned to appreciate the time together with my toddler and to emphasize my*  
1073 *own mental health. This is something I carry into my teaching. I have completely revised*  
1074 *my course policies to emphasize mental health and compassionate teaching as a result of*  
1075 *my own and my students' experiences during the pandemic. I think COVID-19 has made*  
1076 *me a better teacher and a better human being in the classroom.”*

1077

1078 **ID 1658** *“Isolated. Increased social anxiety now there are lots of people out again.*  
1079 *Gained weight. Boredom eating. Lazy. More worried if I don't hear from some people for*  
1080 *while. Paranoid. Really missed meeting up with friends in the week for lunch. Sleep more*  
1081 *in the day. Prevented me from going to mental health support places in the day. Being*  
1082 *judged eg if not wearing a mask.”*

1083

1084 **ID 1690** *“I had made me stress about the future, my mental health has declined. I feel*  
1085 *alone and that nobody understands me.”*

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**Appendix 5**

**ID 761** *“My level of underlying, constant stress has increased so that it's always there. Even when I'm relaxed or not worrying about my work, I still get stressed anytime I have to leave my apartment to go pick up food or groceries or end up around people who aren't wearing masks or social distancing. I get worried anytime a close relative decides to do something that seems unsafe, like go on a trip or to a large gathering. I get frustrated anytime a friend flaunts protective measures to travel, go to bars, host a party, or other generally unsafe behavior. I have a constant level of worry for the elderly people in my life, even if I know they're being mostly safe. When people I know decide to reward themselves for 'being good' or decide it's safe to do something just because it's something they really want to do without concern for other people, I have an immediate gut reaction of rage and frustration for the fact that I've spent most of the last year+ inside and haven't even seen any friends or family members or travelled at all. Anytime someone invites me to a party or large gathering, I worry about how to decline the invitation and worry that they will see me as crazy or stupid, or just assume I'm living in fear when I'm actually trying to keep others safe. I'm extremely paranoid now of what others must think of me as I'm usually the only person in my circles actually following guidelines to keep both myself and others safe, and don't really trust anyone anymore who I had previously thought were caring of others or smart enough to be safe. It has made me feel isolated and like I don't truly have any friends, because only 1-2 of my friends have actually tried to follow safety guidelines, and the rest have selfishly done whatever they wanted when it was something fun they wanted to do or an event they didn't want to miss out on. I've started to feel like I hate mostly everyone, and that just makes me hate myself. I don't want to be so mad at everyone all the time, and now I feel mostly just jaded and bitter and everyone else's lack of caring, which in turn has made me feel like I'm the one who is uncaring. I hate that caring for other people's health and safety has made me an angry person, mostly due to how others have treated me. I get treated like I'm the selfish one for saying no to events and parties, or visits with family, but I'm terrified of someone I know or someone I don't know getting COVID due to my actions. I don't want to be responsible*

1117 *for community spread or any other person having horrible effects from COVID or*  
1118 *developing a long term disability. I don't even mind all that much not ever going out for*  
1119 *work, socialization, travel, or shopping. What bothers me most is not feeling solidarity*  
1120 *with others in my life or with my community. It always feels like I'm the only one even*  
1121 *trying or doing anything for the sake of others, and constantly seeing everything get*  
1122 *worse makes me feel like my efforts haven't mattered or even achieved anything.”*

1123  
1124 **ID 235** *“That people who choose to be employed in the caring professions are not always*  
1125 *'caring'. I've realised from going through the pandemic, who are my true friends and*  
1126 *exactly what that means. I've realised that I am stronger than I ever thought but that*  
1127 *despite making a huge amount of progress I need to build my support network, move*  
1128 *somewhere that I finally be happy and safe and settled long-term and really work on*  
1129 *building a positive future by setting and gradually achieving goals that I've dreamed of*  
1130 *and put off for too long. I think the time has really come for me to fight to be able to have*  
1131 *the life that I've longed for and deserved for so long, as if I don't, I don't think that I can*  
1132 *continue with living the life/existence that I have been for too long because I haven't*  
1133 *realised that I am capable of so much more even with all of the obstacles in my path. I've*  
1134 *learned to appreciate and be grateful for things a lot more, even the little things that I*  
1135 *took for granted for so long. I've realised the importance of making creativity a priority*  
1136 *in my life and I've realised that my dad is unlikely to ever change and that I need space*  
1137 *and low expectations where he is concerned to prevent any further heartbreak being*  
1138 *caused by him. I've realised that I want to make a difference and that I want to be a*  
1139 *positive influence in the lives of people I come into contact with, whilst continuing to be*  
1140 *honest and authentic. I've realised how much my mum means to me even more now that*  
1141 *we have become closer than ever during the pandemic, even despite the distance, and it*  
1142 *means so much for our relationship to finally be all I ever dreamed for it to be and more.*  
1143 *Most of all I've realised that it's during the darkest times that you notice any light at all,*  
1144 *even if it's just a distant glimmer, and the importance of focusing on those.”*

1145  
1146 **ID 235** *“To get as far away from South Wales, my abusive neighbour and the appalling*  
1147 *public services who have not only enabled him but really impacted negatively on my*

1148 *mental health. If it wasn't for them I would be much further along on my recovery journey*  
1149 *than I am. I am hoping to relocate to England where hopefully there will be better*  
1150 *services, attitudes, wellness and care for both my physical and mental health, that I can*  
1151 *be physically closer to my family which is a huge safety factor for me and I hope that in*  
1152 *time, as our relationship improves that I will be able to be more of a support to them. I*  
1153 *will also have many more options of pursuing hobbies, interests, courses/education and*  
1154 *perhaps some form of flexible voluntary or freelance work.*

1155  
1156 *Better access to physical and mental health support and if necessary treatment, would be*  
1157 *of huge impact to me and my family. The pandemic has put a lot of tests and in-person*  
1158 *specialist appointments on hold or at the end of huge waiting lists. An example of this, my*  
1159 *mother in her 60s has been waiting for a couple of months already for an urgent liver*  
1160 *scan which then adds to stress and worry for her and our family as well as meaning that*  
1161 *she has to continue to struggle with difficult symptoms whilst holding down a full-time*  
1162 *job. I have developed an eating disorder and I need to have assessment and treatment by*  
1163 *specialist mental health professionals that I can trust, an assessment for ocd and more*  
1164 *support for my ptsd.*

1165  
1166 *I think opportunities for people to access support groups both within and outside of the*  
1167 *mental health team, as a lot of friendships/relationships have suffered.*

1168  
1169 *Reassurance that the government can be relied upon to manage any concerning peaks in*  
1170 *the covid rates as early as possible with less intrusive methods rather than leaving things*  
1171 *to continue and the UK needing to go into yet another long term pandemic, as I know that*  
1172 *this would be a hugely negative experience for me and my entire family. I also think that*  
1173 *as soon as possible there needs to be an independent enquiry, not just into how the*  
1174 *pandemic could have been handled better (especially initially), why propaganda from*  
1175 *anti-vaxxers, that has led to some people becoming fearful of the vaccine, has been*  
1176 *allowed to spread so easily with very little of it being challenged quickly enough by a*  
1177 *variety of trusted people (not politicians) and a clear communication of the facts. How*



1178 *many people have been affected by long-covid and what sorts of treatment/care/support*  
1179 *they need and how this can be best provided.*

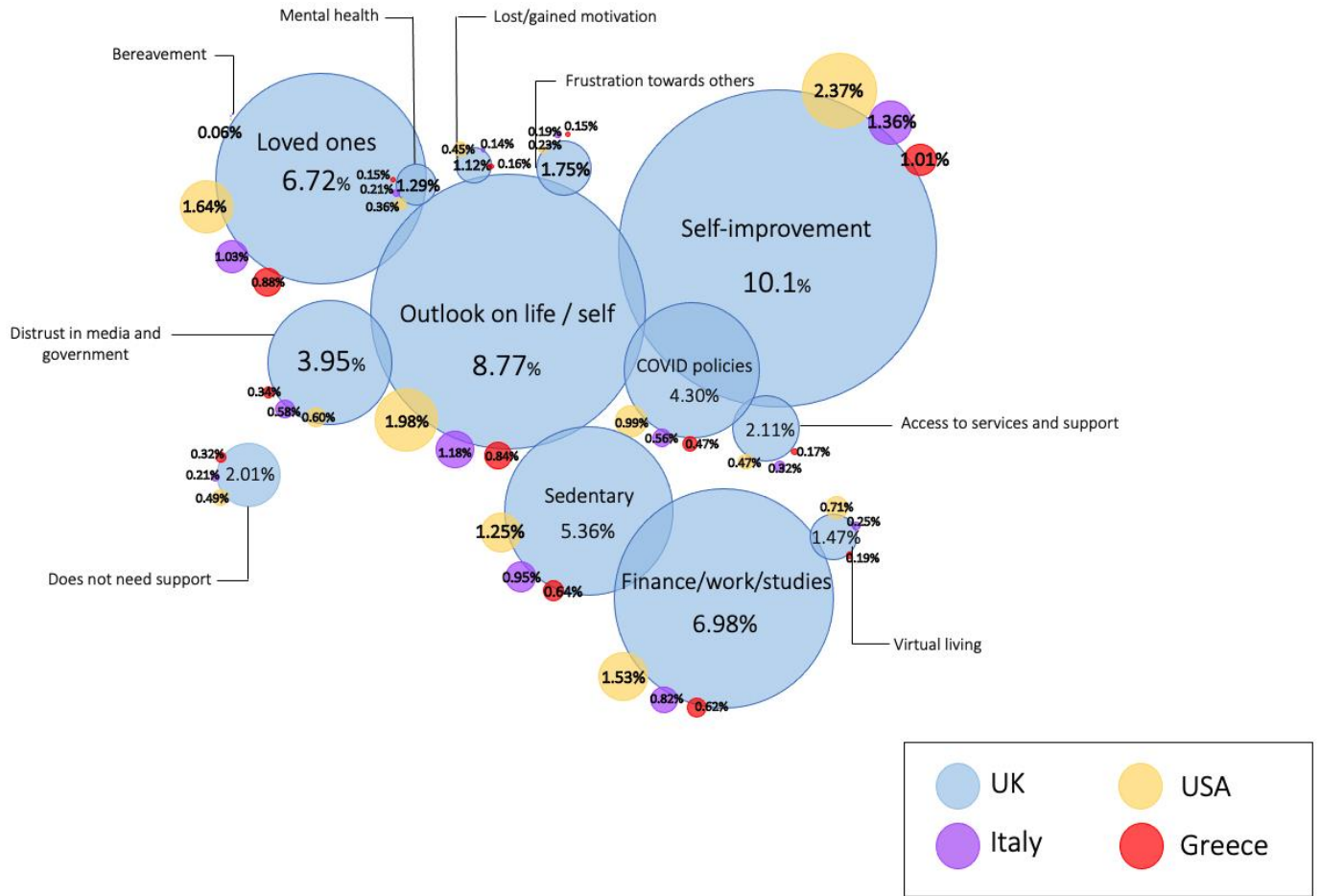
1180  
1181 *And a really huge one for me (which in turn impacts my family hugely) is a report into*  
1182 *how those with mental illness have been during the pandemic (studies like this will be*  
1183 *incredibly useful for this), those who have developed or relapsed mental illnesses, how*  
1184 *they have been treated (was treatment even available/accessible - especially for those*  
1185 *who were shielding etc?), how many people have lost their lives during lock down as a*  
1186 *result of mental illness,how many of these deaths could have been prevented? What could*  
1187 *have helped? What needs to be put in place urgently and in the long-term to ensure that*  
1188 *those suffering do not get left on waiting lists etc and things escalate unnecessarily?*  
1189 *These are such important questions but I doubt the government and public services would*  
1190 *be willing to be held accountable. My only hope is that if they do not undertake these*  
1191 *enquiries themselves that, a probably better and, more likely trustworthy method, would*  
1192 *be for a charity/charities or organisation/organisations will investigate this as I think it is*  
1193 *so important for us to not just get caught up in the joy of returning to some form of*  
1194 *normality and see this whole experience with Rose tinted glasses, while it is good to*  
1195 *appreciate what was successful, it is always good to acknowledge that nothing is ever*  
1196 *handled perfectly and so it is good to learn whether things can be done better/differently*  
1197 *next time/in any similar situation for a more positive outcome.”*

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## Appendix 6

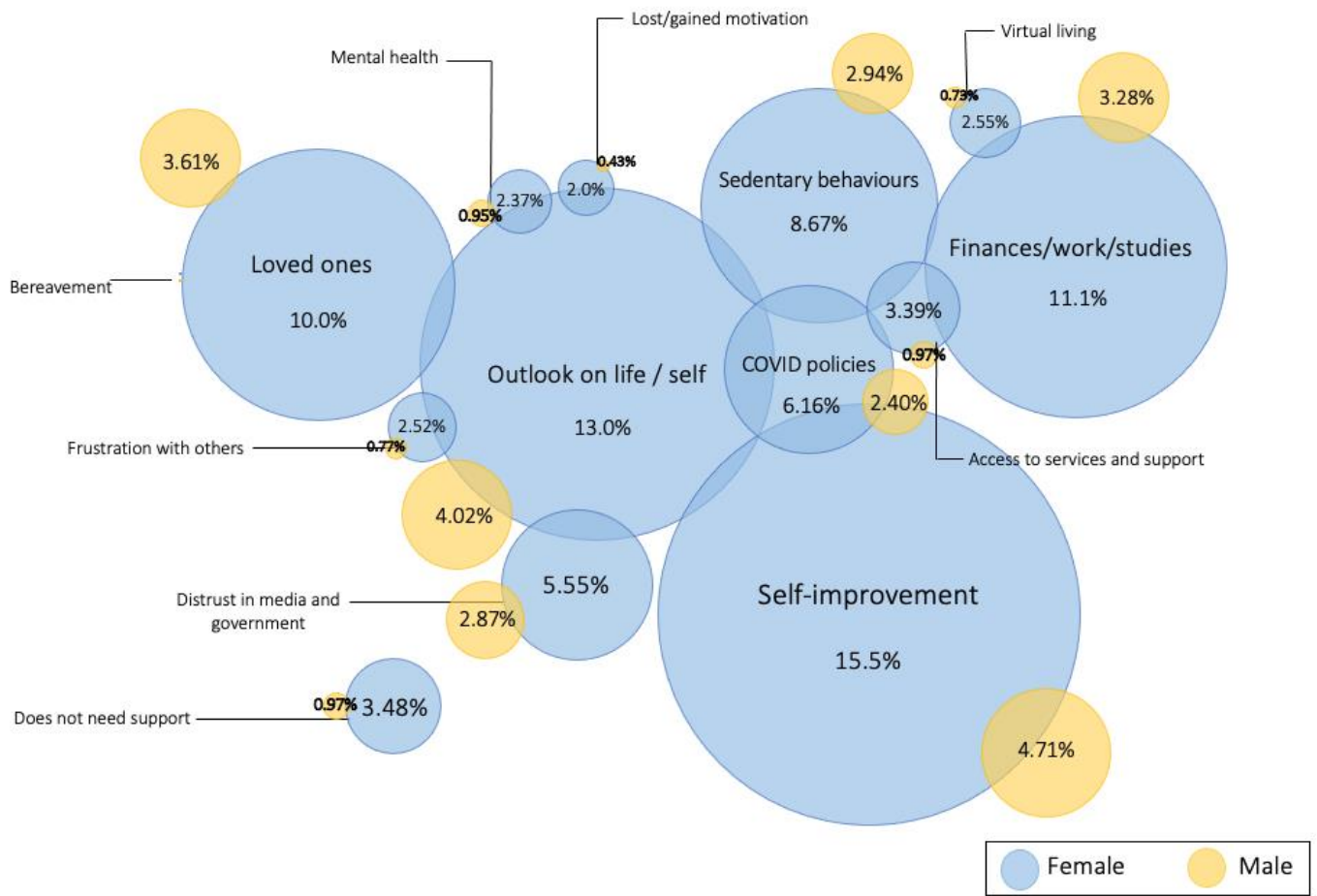
### Themes Between Countries



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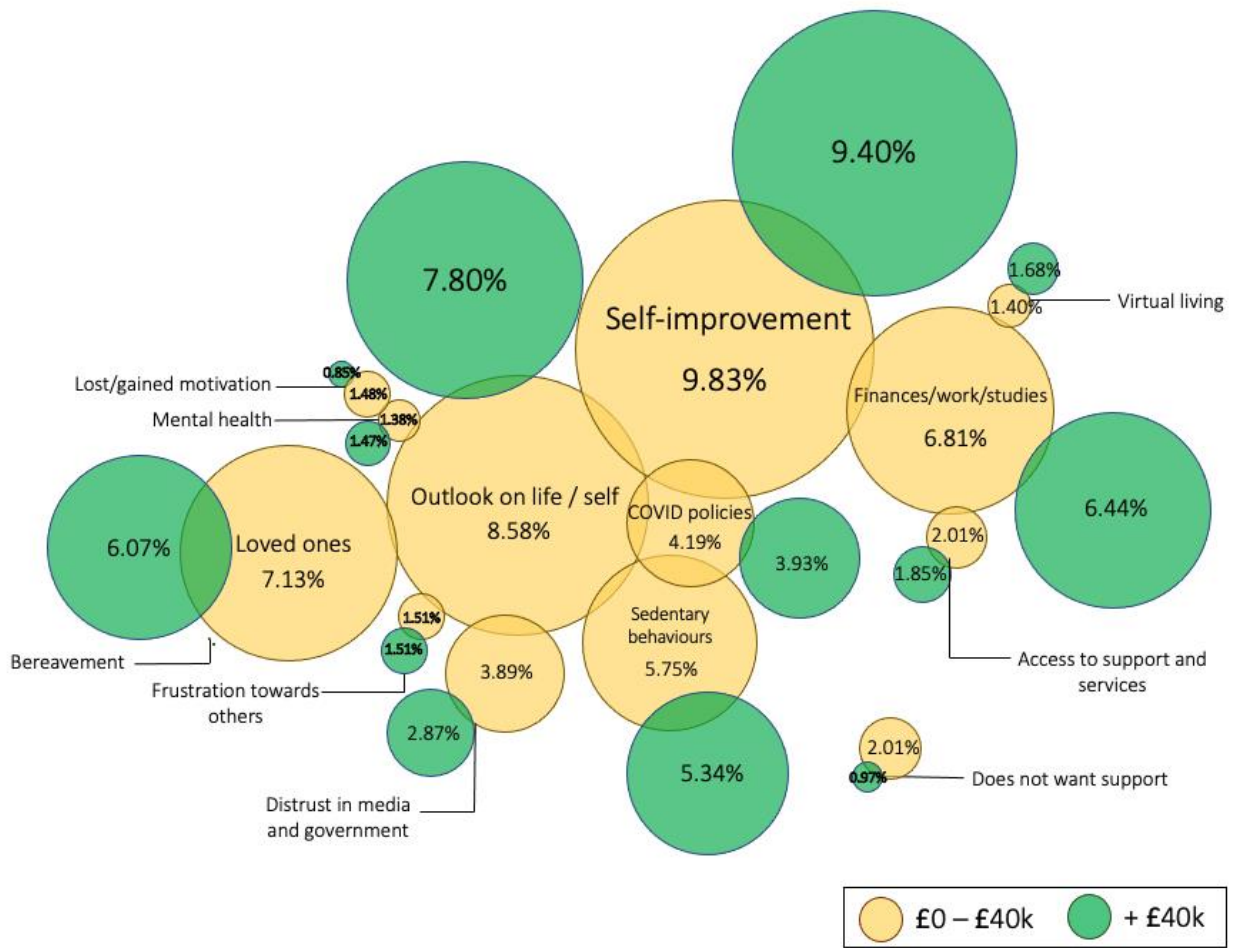
### Themes Between Gender Groups



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**Themes Between Income Groups**



**Themes Between Age Groups**

