



## **Mental Wellbeing Vulnerability Index**

**Isle of Wight**

October 2021

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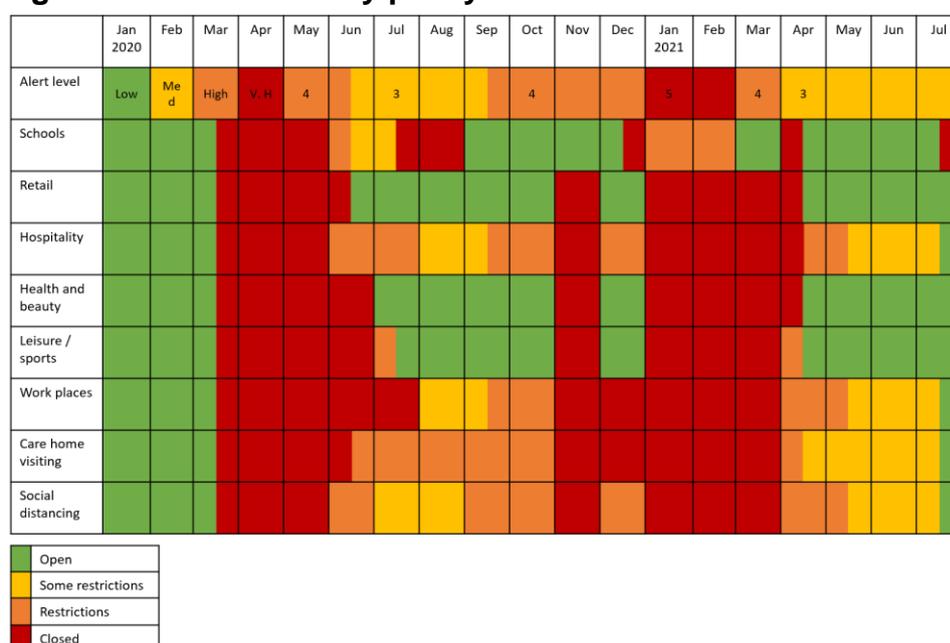
## Key findings

- No group in the Isle of Wight’s population has been unaffected by COVID-19 restrictions. Throughout COVID-19 the entire population has been at risk of declining mental wellbeing, not just those with certain characteristics or existing mental health conditions.
- People who have never experienced adverse mental health in the past may be experiencing mental health conditions for the first time during and after COVID-19. Similarly, those who have past or ongoing experiences with their mental health may have also felt a decline in their mental wellbeing related to COVID-19. Both populations should have access to appropriate mental wellbeing support which relates to their circumstances in relation to COVID-19.
- People who live in deprived areas are not necessarily more likely to have vulnerable mental wellbeing as a result of COVID-19 restrictions, although in many cases deprivation and mental wellbeing vulnerability are related.
- The main areas to focus on are Parkhurst, Newport, Ryde and Cowes Castle East. These are the areas where the populations most likely to have vulnerable mental wellbeing as a result of COVID-19 restrictions live.
- The two groups which consistently have vulnerable mental wellbeing as a result of COVID-19 restrictions on the Isle of Wight are young people and ethnic minorities.
- The types of characteristics which make people vulnerable to poor mental wellbeing in rural and urban areas differ on the Isle of Wight. Those in urban areas tend to be vulnerable to poor mental wellbeing due to their demographics; being young, ethnic minorities and also working in industries most affected by furlough. Those in rural areas tend to be vulnerable to poor mental wellbeing due to factors relating to their employment and health, particularly in the northeast of the Island.

## Background

As COVID-19 cases began to rise in England, non-pharmaceutical interventions (NPI's) were put in place to restrict the population's movement, as seen in Figure 1. It was quickly evident that both COVID-19 and the associated NPI's had an impact on the population's mental health and wellbeing. COVID-19 restrictions have allowed groups who in the past have had positive mental health to be affected alongside those who have previous or ongoing experience of mental ill health.

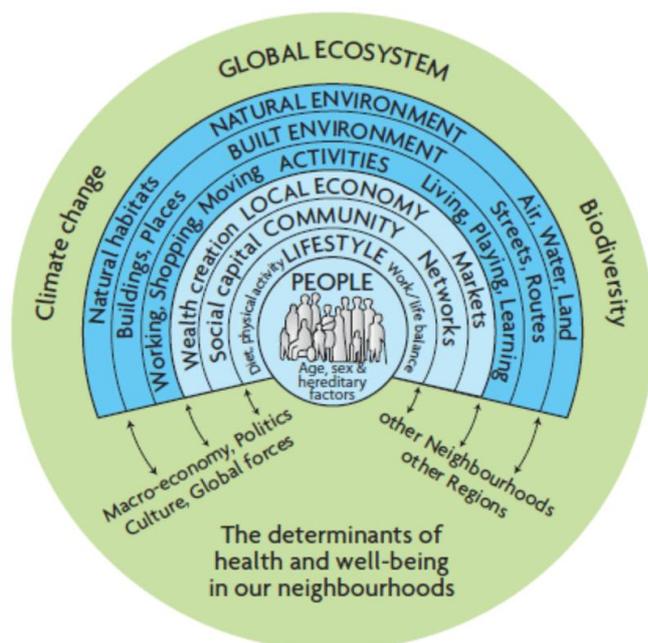
**Figure 1: Timeline of key policy decisions**



Using evidence and literature which emerged during the first wave of COVID-19, a Mental Health and Wellbeing Vulnerability Index has been created to identify populations on the Isle of Wight who are more likely to have vulnerable mental health because of the restrictions put in place during the first wave of COVID-19.

As seen in Figure 1, many of these restrictions were eased and tightened periodically throughout the remainder of the pandemic, and the effects of these restrictions will be long lasting. Some interventions, such as furlough and working from home are likely to continue to impact people's lives; many companies continue to encourage their staff to work from home after the pandemic, and many individuals who had been put on furlough during COVID-19 are now facing challenges relating to their employment. Other NPIs introduced during COVID-19, such as social distancing and the effects of reduced socialisation due to lockdown will also continue to impact the behaviour and lives of many people beyond the pandemic.

**Figure 2: Barton and Grant's Health Map**



Source: Barton and Grant, 2006

Using the health map above (Figure 2), the impacts which COVID-19 and the restrictions put in place throughout the pandemic have had on people's mental wellbeing can be visualised at a range of different scales.

As previously mentioned, the groups who were affected most by these NPIs during the early stages of COVID-19 may not have had any mental health challenges before COVID-19. They may not live in areas typically associated with poor mental health (such as areas with high levels of socio-economic deprivation<sup>1,2,3</sup>). Regardless, there is evidence that aspects of the restrictions could have taken a toll on their mental health.

It is also important to recognise the general low feeling amongst the population due to the changes to daily life which were experienced during the first lockdown, as well as the subsequent periods in lockdown, or tight restrictions. This may create difficulty when trying to identify groups who have experienced vulnerable mental health for the first time during COVID-19, as they may not be able to distinguish their mental health challenges from this general low mood which was widely reported during the first lockdown. It is vital that those with mental health challenges are able to recognise their symptoms, so that they can be made aware of the services which are available

<sup>1</sup> [2. Mental health: environmental factors - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/mental-health-environmental-factors)

<sup>2</sup> [Neighbourhood deprivation and health: does it affect us all equally? | International Journal of Epidemiology | Oxford Academic \(oup.com\)](https://www.oup.com/academic/journals/09595474/article-abstract/doi/10.1093/aje/kwz001)

<sup>3</sup> [Poverty and Mental Health.pdf](https://www.mentalhealth.org.uk/information-support/poverty-and-mental-health)

to them and how to access them. Without proper support, these populations are at risk of their mental health worsening beyond COVID-19 if they are unable to return to life as normal.

These populations need to be supported appropriately, alongside those with long-term, ongoing mental health conditions who are also at increased risk of worsening mental health as a result of restrictions in place during COVID-19. These populations have also seen a change to the mental health support they've been able to receive during COVID-19, which will present them with challenges managing their conditions.

## **Methodology**

This index includes datasets from a range of sources (provided in Appendix x) identified through statistics and literature published throughout the first wave of COVID-19 in 2020\*. The indicators included in this index aim to cover a wide range of characteristics which were identified as creating inequalities between people's experience of COVID-19 early in the pandemic.

The index is comprised of Z-Scores for all the 11 indicators. These Z-scores are calculated using separate averages for Hampshire and the Isle of Wight. Calculating Z-scores off separate averages for Hampshire and the Isle of Wight allows results to be more accurate for the Isle of Wight as it's demography is not influenced by Hampshire's larger population, and therefore vulnerability is measured relative to each UTLA's average. An overall score is calculated for each LSOA, as well as a score for each domain of vulnerability. These Z-scores are then placed into deciles, and the deciles correspond with the shading on the maps, darker shading showing higher levels of vulnerability.

The four domains of vulnerability are:

1. Demographic
2. Health
3. Economic
4. Living situation

\*Note: There were several other vulnerable populations which were present in literature, but indicators including these specific populations were not included for a variety of reasons, outlined in Appendix x.

## **Isle of Wight Mental Wellbeing Index and the Index of Multiple Deprivation (IMD)**

This index does not include an indicator for deprivation, despite there being well established links between deprivation and mental wellbeing<sup>4,5</sup>. This decision was made due to the nature of what this Index aims to identify. COVID-19 and the associated NPI's did not only affect those living in deprived areas. No group is

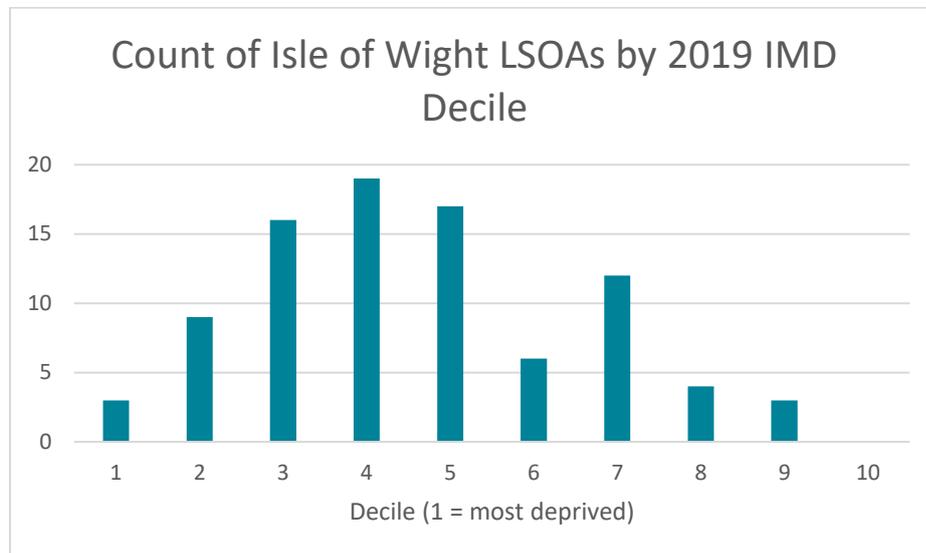
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<sup>4</sup> [Health inequalities: Income deprivation and north/south divides \(parliament.uk\)](https://www.parliament.uk/newsroom/news/2020/07/16/health-inequalities-income-deprivation-north-south-divides)

<sup>5</sup> [Latest data highlights a growing mental health crisis in the UK](https://www.bbc.com/news/health-55811111)

excluded from the far-reaching consequences of COVID-19 and the restrictions put in place. Despite this, many of the indicators included in this index are indicative of deprivation, for example low income and lone parents.

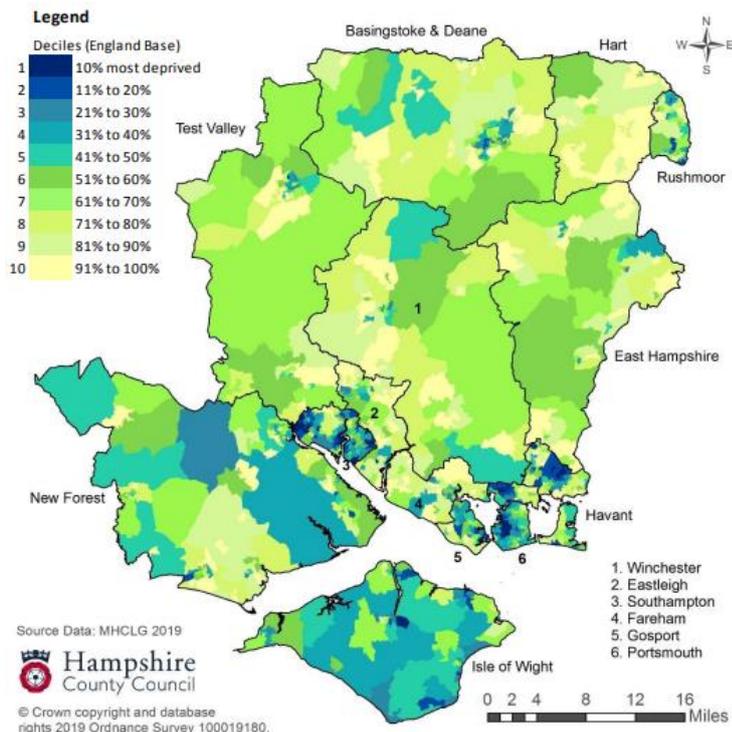
**Figure 3: Isle of Wight LSOA 2019 Index of Multiple Deprivation Deciles**



Source: [English indices of deprivation 2019 - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

As seen in Figure 3, the Isle of Wight has fairly high levels of deprivation. None of the LSOAs on the Isle of Wight are in the 10% least deprived nationally, and only 3.37% (3) are in the 20% least deprived nationally. 13.4% (12) are in the 10% and 20% most deprived nationally. Almost two thirds (58.4%) of the LSOAs on the Isle of Wight are in Deciles 2, 3 and 4. Figure 4 shows that pockets of the most and least deprived areas are evenly spread across the Island.

**Figure 4: Hampshire and Isle of Wight 2019 IMD**



Source: PowerPoint Presentation (hants.gov.uk)

## **Isle of Wight Mental Wellbeing Vulnerability**

### **Overview**

There are two populations on the Isle of Wight which are highlighted throughout this Index as being particularly vulnerable.

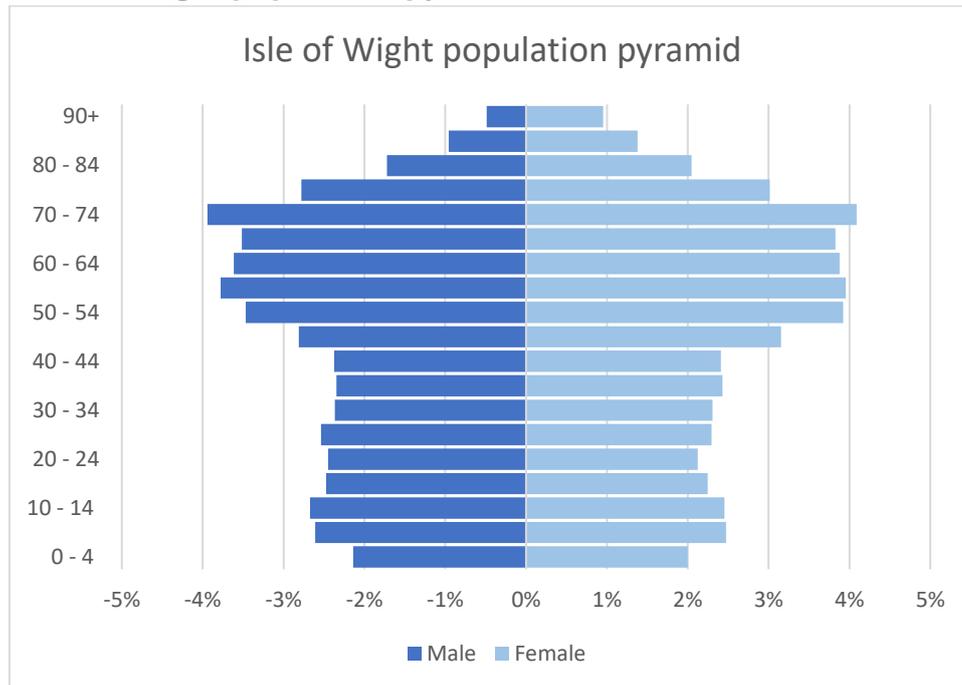
1. Ethnic minorities – In the 2011 Census 2.7% of the population on the Isle of Wight were recorded as a non-white ethnic group<sup>6</sup>. This population live in the urban areas on the Island, mostly in Cowes, Newport, Ryde and Ventnor. At the time of the last census the ward with the highest percentage of ethnic minorities living was Parkhurst ward which is influenced by the prison population in the three prisons on the Island<sup>7</sup>.
2. Young people – Similar to the population of ethnic minorities on the Isle of Wight, this population also live in the densely populated, urban areas. As seen in Figure 5, the young population on the Isle of wight is much smaller than the elderly population.

The areas in which these two populations live can be seen in the Demographic domain map. The main areas to focus on are Parkhurst (as it contains the prison, which contains high numbers of ethnic minority inmates) and Newport, Ryde and Cowes Castle East.

<sup>6</sup> [2552-Census-Atlas-2011-Section-2-Population-religion-and-ethnicity.pdf \(iow.gov.uk\)](#)

<sup>7</sup> [2552-Census-Atlas-2011-Section-2-Population-religion-and-ethnicity.pdf \(iow.gov.uk\)](#)

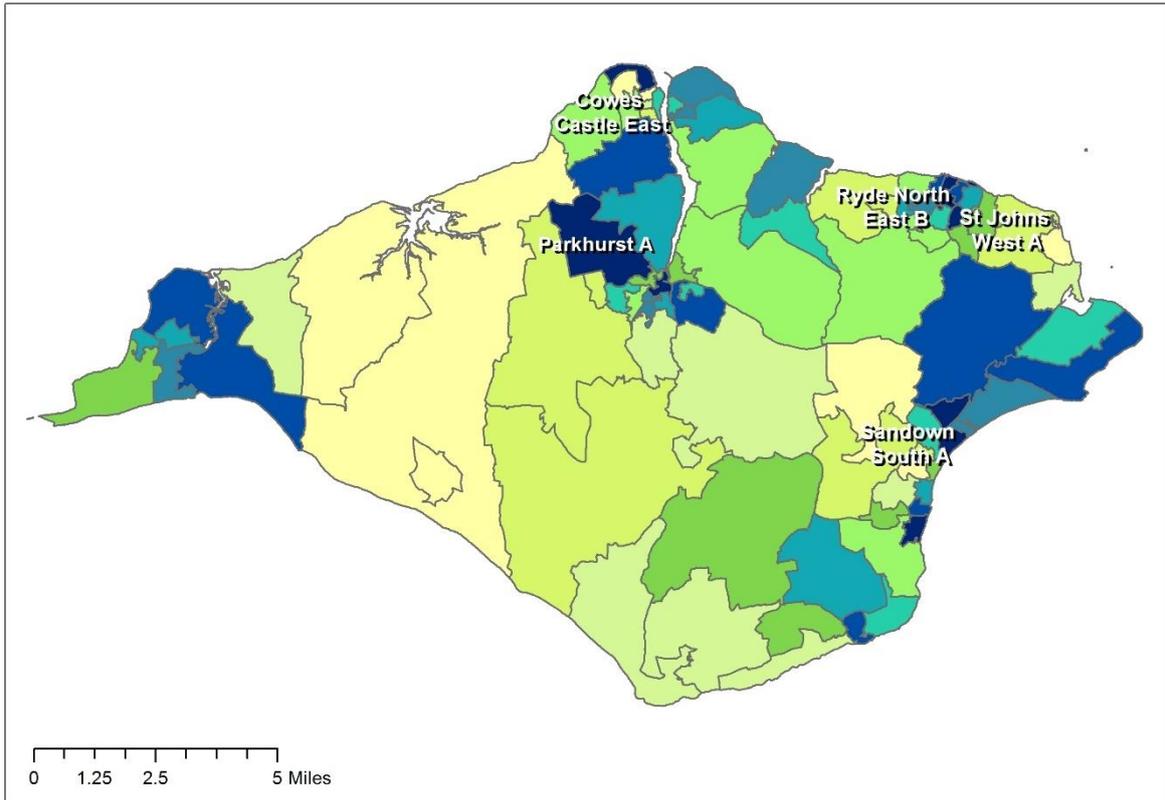
**Figure 5: Isle of Wight population pyramid**



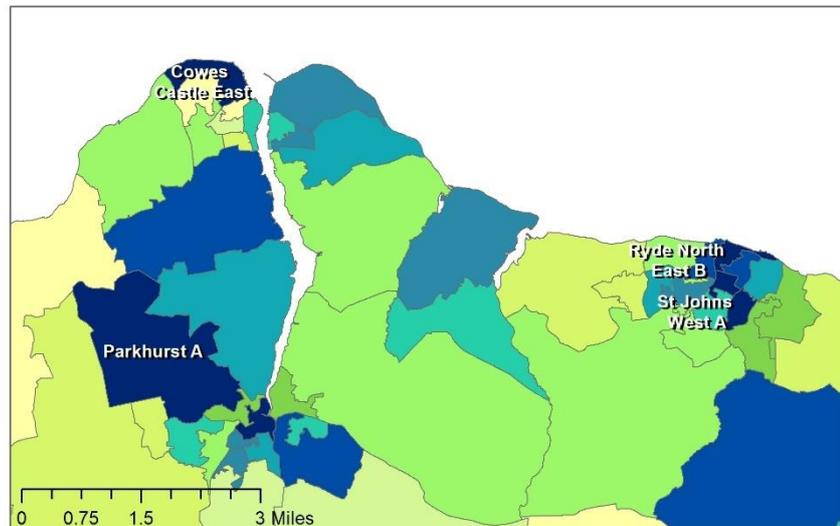
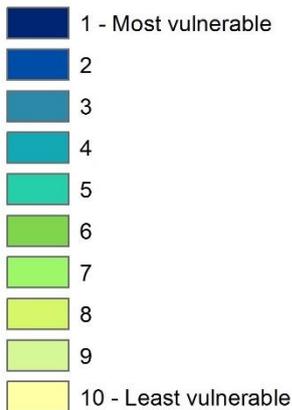
**Findings**

The following maps show the Isle of Wight population’s mental wellbeing vulnerability overall and in each domain by LSOA, with the five LSOAs most likely to be vulnerable being labelled on each.

**Figure 6: Isle of Wight Mental Wellbeing Vulnerability by LSOA and Decile**



**Decile**



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The general pattern of vulnerability on the Island (Figure 6) shows that those in the rural South, West and central parts of the Island are less likely to have vulnerable mental wellbeing as a result of COVID-19 restrictions. Those in the urban areas (e.g. Cowes, Newport, Ryde and the Bay) are more likely to have vulnerable mental wellbeing. There is also a pocket of vulnerability on the West of the Island, in an urban area which is less densely populated than the areas mentioned above.

**Figure 7: Five most vulnerable LSOAs overall**

<b>LSOA Local Name (2011)</b>	<b>LSOA Name (2011)</b>	<b>Index Value</b>
Sandown South A	014D	16.7
Parkhurst A	009E	16.1
Cowes Castle East	001A	15.6
St Johns West A	007E	13.6
Ryde North East B	004B	11.5

The LSOAs in Figure 7 are all within the more urban areas of the Isle of Wight, being near Cowes, Newport, Ryde and Sandown in the bay on the East of the Island.

### **Sandown South A**

The population of Sandown South A is the most likely to be vulnerable. This population is particularly vulnerable because of the types of work that people do. This area has more people who are self-employed than the Isle of Wight average, and a large number of people who work in furloughed industries or health care, which is likely due to the high levels of tourism in the area. This area is also more ethnically diverse than the Isle of Wight average, and has a young population who are more likely to rent and be single parents than the Isle of Wight average. This population is also more likely than the Isle of Wight average to have two or more LTC's, for both those below 65 years, and those aged 65 years or above.

### **Parkhurst A**

This LSOA has a large number of residents of communal establishments and institutions, this is because the LSOA includes HMP Isle of Wight. This LSOA also contains Camp Hill prison site, which was still in use at the time of the 2011 census, so residents in this prison will contribute to the vulnerability score, although this prison was closed in 2013<sup>8</sup>. This LSOA is also has a much more ethnically diverse population than the Isle of Wight average, and also has a large young population. Both of these characteristics are reflective of the three prisons. The majority of prisoners are working age and the sites have a large population of ethnic minorities<sup>9</sup>. The population of the prison are also well known to have severe existing mental health issues, which makes this population particularly concerning in regards to mental health issues during COVID-19<sup>10</sup>. These characteristics and the high number of people living in this LSOA who work in health care and furloughed industries may be because this LSOA is adjacent to the LSOA which includes St. Mary's hospital.

### **Cowes Castle East**

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<sup>8</sup> [Annual Report](#)

<sup>9</sup> [2552-Census-Atlas-2011-Section-2-Population-religion-and-ethnicity.pdf \(iow.gov.uk\)](#)

<sup>10</sup> [Independent Monitoring Board Annual Report for HMP Isle of Wight 2011](#)

Cowes Castle East is at the northern point of the Island, wrapping around the coastline and including the majority of Cowes high street. This may explain why there are a high number of people in this LSOA who are employed in furloughed industries and healthcare as high street employees may live within walking distance. There is also a large population who rent their accommodation, this may be due to the high house prices in this area and the type of accommodation available along the waterfront above the high street shops. The LSOA adjacent to Cowes Castle East includes Cowes Golf Club and Cowes Enterprise college, which alongside the harbour space and the central urban location in Cowes Castle East are likely to contribute to the high house prices, which may drive people to rent instead of buy. There is a large population of people aged 65 years or older who live alone, this may be reflective of this age group's financial ability to own property in this area. There are also more people aged 65 years or above with two or more LTC's in this LSOA when compared against the Isle of Wight average. The ethnic minority community is larger in this LSOA than the Isle of Wight average, reflective of the urban nature of this LSOA when compared to some of the smaller, more rural towns on the Island.

### **St Johns West A**

St Johns West A is more ethnically diverse than the Isle of Wight average and has a young population with a large amount of its residents renting their accommodation. This population also has a high number of lone parents with dependent child(ren). This LSOA is densely populated and has a mixture of semi-detached houses and blocks of flats, housing types which are often associated with young renters. According to the 2019 Indices of Multiple Deprivation, this LSOA was within the 20% most deprived in England<sup>11</sup>.

### **Ryde North East B**

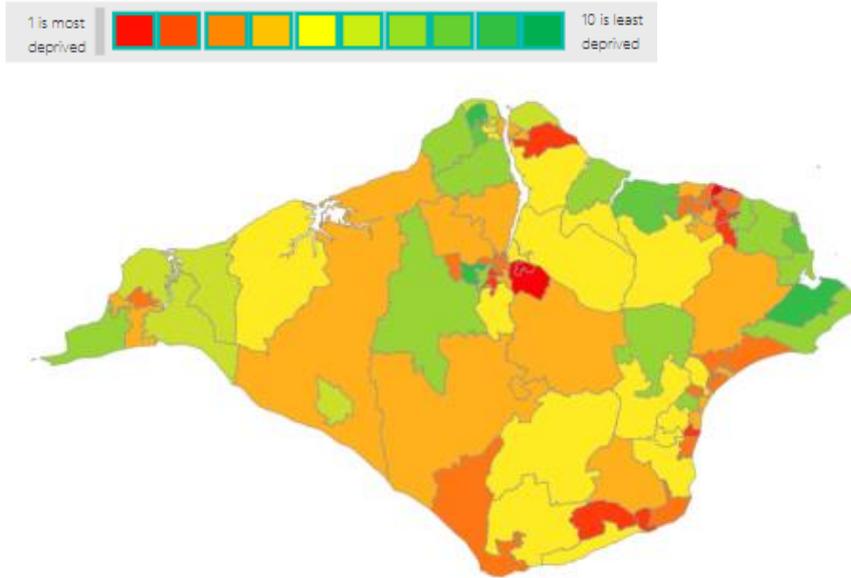
The geography of this LSOA is similar to Cowes Castle East, but this area has much higher levels of deprivation. It runs along the coastline of central Ryde, including the Esplanade and high street. The population of Ryde North East B also share many of the same characteristics as those living in Cowes Castle East. According to the 2019 Indices of Deprivation, this LSOA is within the 10% most deprived in England<sup>12</sup>. Ryde North East B's population is made up of young people who rent their accommodation, which is likely due to the central urban location. Despite the high street being in this LSOA, the number of people who work in furloughed industries or healthcare is only slightly above the average for the Isle of Wight.

## **Figure 8: IMD 2019 Isle of Wight overall deprivation**

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<sup>11</sup> [Microsoft Power BI](#)

<sup>12</sup> [Microsoft Power BI](#)



Source: Microsoft Power BI

The general patterns seen in Figure 8 from the 2019 IMD (when compared against England, which this Vulnerability Index is not) reflect some of the trends found in this Vulnerability Index. There are urban pockets of high deprivation, namely Newport and Ryde. Many of the areas which are deprived have also come up as areas most likely to have vulnerable mental wellbeing in this Index, showing the link in some cases between deprivation and vulnerable mental wellbeing as a result of COVID-19 restrictions. An example of this is Ryde North East B which is in the most deprived decile in the IMD and is one of the 5 LSOAs identified to be most likely to have vulnerable mental wellbeing. However, there are other areas such as Cowes Castle East (which is in Decile 6 of the IMD but is the 3<sup>rd</sup> most vulnerable LSOA in this Index overall) which do not have the link between deprivation and vulnerable mental wellbeing. This illustrates that the link between deprivation and vulnerable mental wellbeing is present in some populations, but other populations which are not living in deprivation have still been impacted upon by the COVID-19 restrictions and have vulnerable mental health as a result.

The five LSOAs least likely to have populations with vulnerable mental wellbeing as a result of COVID-19 restrictions will be discussed below. The populations of these LSOAs live in wealthy areas with low levels of deprivation, in large generally detached housing. They are more likely to be self-employed than the average for the Island and are also more likely to be aged 65 years or above and live alone.

**Figure 9: Five least vulnerable LSOAs overall**

LSOA Local Name (2011)	LSOA Name (2011)	Index Value
Cowes Castle West A	Isle of Wight 002A	-13.8
Seaview and Nettlestone B	Isle of Wight 010E	-11.7

Brighstone and Calbourne B	Isle of Wight 013B	-10.1
Newchurch A	Isle of Wight 015C	-10.1
Brighstone and Calbourne A	Isle of Wight 013A	-8.7

### **Brighstone and Calbourne B and Brighstone and Calbourne A**

Two of the five LSOAs least likely to have vulnerable mental wellbeing are in the rural Western part of the Island, showed by the light shading. One of these LSOAs is the town of Brighstone (Brighstone and Calbourne B, 013B), which has very low deprivation (shown in Figure 4). This town has large, detached houses and an elderly population, scoring slightly above the Isle of Wight's average for lone households aged 65 years and older and those aged 65 years or older with two or more LTC's. In every other indicator, it is below the average for the Island. The other LSOA in this region (Brighstone and Calbourne A, 013A) is rural and sparsely populated. This LSOA scores lower than the average for every indicator other than people who are self-employed. This is reflective of the rural location of the houses in this area.

### **Cowes Castle West A**

Cowes Castle West A (002A) is the neighbouring LSOA to one of the LSOAs most likely to be vulnerable, Cowes Castle East (001A). Cowes Castle West A contains Cowes Golf Club and Cowes Enterprise college. This LSOA is below the average for the Island in every indicator, it has particularly low numbers of people who are low earners and people who work in furloughed industries or healthcare.

### **Seaview and Nettlestone B**

Seaview and Nettlestone B (010E) lies on the northeast coast of the Island, in the town of Nettlestone just east of Ryde. This town generally has large, detached housing and the population is elderly, with far fewer people working in furloughed industries or healthcare than the average for the Island. The only indicators which this LSOA scores higher than the Island's average for are lone households aged 65 years or older, and people aged 65 years or older with two or more LTC's.

### **Newchurch A**

Newchurch A (015C) is a sparsely populated rural area of the Isle of Wight which has large, detached housing. It sits just behind the more urban areas in the Bay on the East of the Island. This LSOA scores lower than the average for the Island in every indicator except for the number of people who are self employed. In this indicator it comes slightly higher than the average. This LSOA includes small villages such as Alverstone Garden Village and Newchurch.

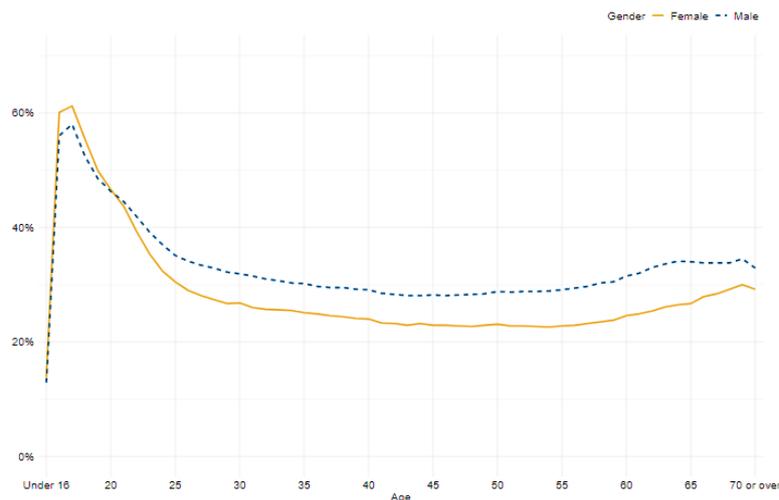
### **Demographic domain**

The demographic domain aims to identify people who are likely to experience vulnerable mental wellbeing as a result of their age and ethnicity.

### **Young people aged 16-24 years**

Young people aged 16-24 years old have a range of different experiences during COVID-19 as they are at different stages in their life. Those who have entered employment have experienced high levels of furlough, with people aged 17 years the most likely of all ages to be affected by the Coronavirus Job Retention Scheme during COVID-19, as seen in Figure 10<sup>13</sup>.

**Figure 10: Furlough take-up rate by age and gender**



Source: [Coronavirus Job Retention Scheme statistics: July 2020 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/coronavirus-job-retention-scheme-statistics-july-2020)

In the UK in 2019 42.9% of young people were employed in the three industries most consistently affected by furlough and the tightening of restrictions throughout the pandemic so far: wholesale, retail and trade, accommodation and food services and arts, entertainment and recreation<sup>14</sup>. For young people who reported that COVID-19 had affected their work, the most commonly reported impacts were a reduction in working hours, concerns about health and safety at work, and having been asked to work from home<sup>15</sup>. Young people who work in retail, accommodation and other public facing services' concern about their health and safety when working with the public is likely due to the lack of Personal Protective Equipment (PPE) at the start of the pandemic, and their high level of exposure to people outside of their household or 'bubble'.

Young people who have started working full time are unlikely to have the financial stability that those who have been in employment for longer have established. Working in these industries part-time or seasonally puts them at high risk of financial

<sup>13</sup> [Coronavirus Job Retention Scheme statistics: July 2020 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/coronavirus-job-retention-scheme-statistics-july-2020)

<sup>14</sup> [Employment by age, industry and occupation, UK, 2010, 2015 and 2019 - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk/peopleinwork/employmentandemployeetypes/bulletins/employmentbyageindustryandoccupationuk/20102015and2019)

<sup>15</sup> [Coronavirus and the social impacts on young people in Great Britain - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk/peopleinwork/employmentandemployeetypes/bulletins/coronavirusandthesocialimpactsoneyoungpeopleingreatbritain)

difficulties when furloughed, only receiving 80% of their usual pay, or if they are made redundant.

There are many people aged 16-24 who are still in education, all of whom have experienced extended periods of disrupted education at critical times for development<sup>16,17,18</sup>. In all stages of education, young people have had to adapt to learning online from home rather than face to face. This has led to a decrease in young people's socialisation, and in July 2020 92% of young people reported missing being face-to-face with other people, and 73% of young people reported experiencing digital fatigue and feeling tired of being online all the time<sup>19</sup>.

Young people consistently report high levels of loneliness, and the changes experienced during COVID-19 have exacerbated this, with those aged 16-34 reporting feeling lonely 'often' more than older age groups throughout the pandemic, with all three age groups growing further apart over time<sup>20,21</sup>. 42% of young people have reported that COVID-19 is making their mental health worse, although the majority were optimistic about how long they expected the pandemic to last. Between April and May 2020 55% of young people reported that they expected their lives to be back to normal in the next six months, far higher than any other age group<sup>22</sup>. This may explain the diverging levels of loneliness, and the levels of anxiety in young people, which are also consistently higher than older age groups<sup>23</sup>.

### Figure 11: Percentage of respondents 'often' feeling lonely by age group<sup>24</sup>

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<sup>16</sup> [Coronavirus Job Retention Scheme statistics: July 2020 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/coronavirus-job-retention-scheme-statistics-july-2020).

<sup>17</sup> [Living-Safely-with-Covid-ADPH-Guidance-1.pdf](#)

<sup>18</sup> [Mitigating the wider health effects of covid-19 pandemic response | The BMJ](#)

<sup>19</sup> [ymca-back-on-track.pdf](#)

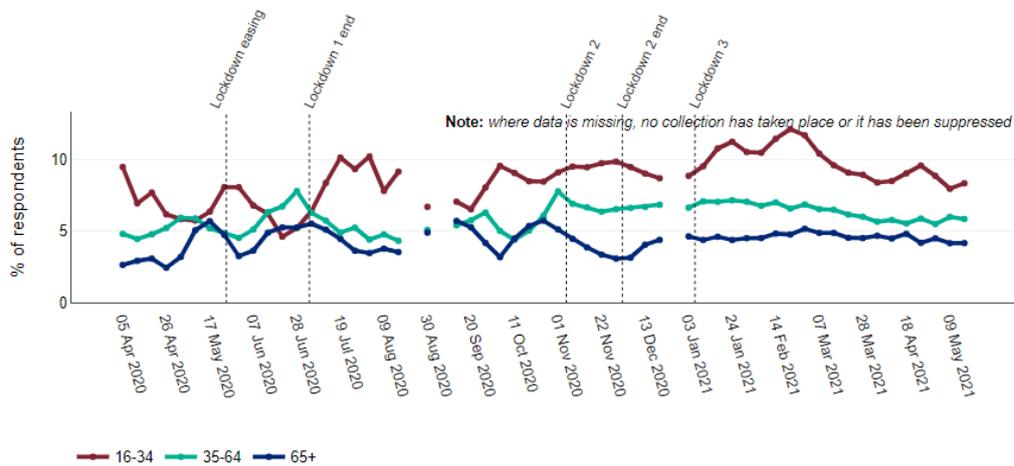
<sup>20</sup> [Children's and young people's experiences of loneliness - Office for National Statistics \(ons.gov.uk\)](#)

<sup>21</sup> [Wider Impacts of COVID-19 \(phe.gov.uk\)](#)

<sup>22</sup> [Coronavirus and the social impacts on young people in Great Britain - Office for National Statistics \(ons.gov.uk\)](#)

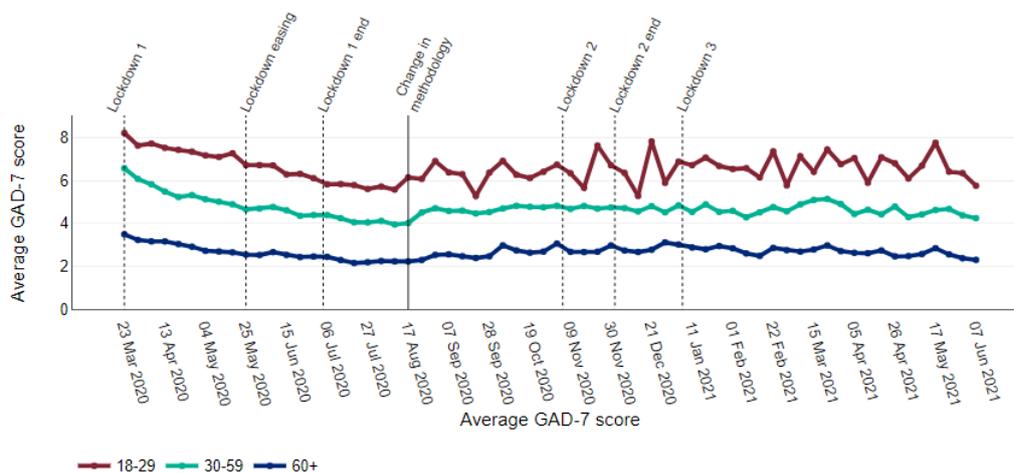
<sup>23</sup> [Wider Impacts of COVID-19 \(phe.gov.uk\)](#)

<sup>24</sup> <https://analytics.phe.gov.uk/apps/covid-19-indirect-effects/>



Source: UCL COVID-19 Social Study

**Figure 12: Trend in average anxiety (GAD-7) score in United Kingdom, by age group<sup>25</sup>**



Source: PHE analysis of Opinions and Lifestyle Survey data from Office for National Statistics, 2021

### Ethnic minorities

Ethnic minority communities have been disproportionately impacted by COVID-19 clinically, having experienced higher mortality rates throughout the pandemic than the white population, but they have also been disproportionately affected by the restrictions in place during COVID-19<sup>26</sup>.

Having experienced higher mortality rates from COVID-19, people from ethnic minority backgrounds are likely to experience anxiety and stress surrounding the possibility of contracting COVID-19 and being seriously ill themselves or passing it on to family members. There are several reasons those from ethnic minorities may be more anxious about this than the white population.

<sup>25</sup> <https://analytics.phe.gov.uk/apps/covid-19-indirect-effects/>

<sup>26</sup> [Coronavirus \(COVID-19\) related deaths by ethnic group, England and Wales - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/peoplepopulationandcommunity/healthandlife/articles/coronavirus-covid-19-related-deaths-by-ethnic-group-england-and-wales)

Ethnic minorities are overrepresented in healthcare roles and are likely to be exposed to the virus at work regularly, with 31% of White NHS staff reporting having worked on a COVID-19 ward or area compared to 47% of NHS staff from an ethnic minority<sup>27,28</sup>. NHS staff from ethnic minorities were also less likely to report working from home than their white colleagues and were also less likely to report feeling safe at work than their white colleagues<sup>29</sup>. This lower percentage of people reporting feeling safe at work may be reflective of the racial discrimination many NHS staff face when at work, with 48% of all discrimination experienced by NHS staff being related to their ethnicity<sup>30</sup>. This outweighs any other reason for discrimination.

Those working in healthcare roles are also likely to experience poor mental health during COVID-19 due to extreme work pressure and having to make decisions which are morally challenging, with some workers reporting symptoms of Post-Traumatic Stress Disorder<sup>31,32</sup>.

Additionally, ethnic minority communities are more likely than the white British population to live in overcrowded housing, and those from Indian, Bangladeshi and Chinese backgrounds are more likely to live in multi-generational households<sup>33,34</sup>. This creates significant challenges when isolating, socially distancing and shielding to protect family members and prevent household transmission<sup>35</sup>. The working age members of the household are likely to have anxiety surrounding contracting the virus at work, but also the fear of spreading the virus when they return home to elderly family members. This fear is not experienced to the same extent by the white population who are much less likely to live in these types of households. Only 2% of White households live in overcrowded housing, compared to approximately 33% of Bangladeshi families, and 16% of Black African families<sup>36</sup>.

In addition, those from ethnic minorities are also less likely than the white population to have access to private outdoor green space, which during periods of lockdown

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<sup>27</sup> [ST20 National briefing \(nhsstaffsurveys.com\)](https://nhs.uk/staffsurvey/2020/national-briefing)

<sup>28</sup> [NHS workforce - GOV.UK Ethnicity facts and figures \(ethnicity-facts-figures.service.gov.uk\)](https://nhs.uk/staffsurvey/2020/national-briefing)

<sup>29</sup> [ST20 National briefing \(nhsstaffsurveys.com\)](https://nhs.uk/staffsurvey/2020/national-briefing)

<sup>30</sup> [ST20 National briefing \(nhsstaffsurveys.com\)](https://nhs.uk/staffsurvey/2020/national-briefing)

<sup>31</sup> [Mental health impacts of COVID-19 on NHS healthcare staff - POST \(parliament.uk\)](https://www.parliament.uk/news-and-analysis/2020/sep/23/mental-health-impacts-of-covid-19-on-nhs-healthcare-staff)

<sup>32</sup> [The psychosocial impact of the COVID-19 pandemic on 4,378 UK healthcare workers and ancillary staff: initial baseline data from a cohort study collected during the first wave of the pandemic | medRxiv](https://www.medrxiv.org/content/10.1101/2020.08.14.20168441v1)

<sup>33</sup> [Why have Black and South Asian people been hit hardest by COVID-19? - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/peoplepopulationandcommunity/ethnicityandnationality/articles/why-have-black-and-south-asian-people-been-hit-hardest-by-covid-19)

<sup>34</sup> [Unequal impact? Coronavirus and BAME people - Women and Equalities Committee - House of Commons \(parliament.uk\)](https://www.parliament.uk/news-and-analysis/2020/sep/23/unequal-impact-coronavirus-bame-people)

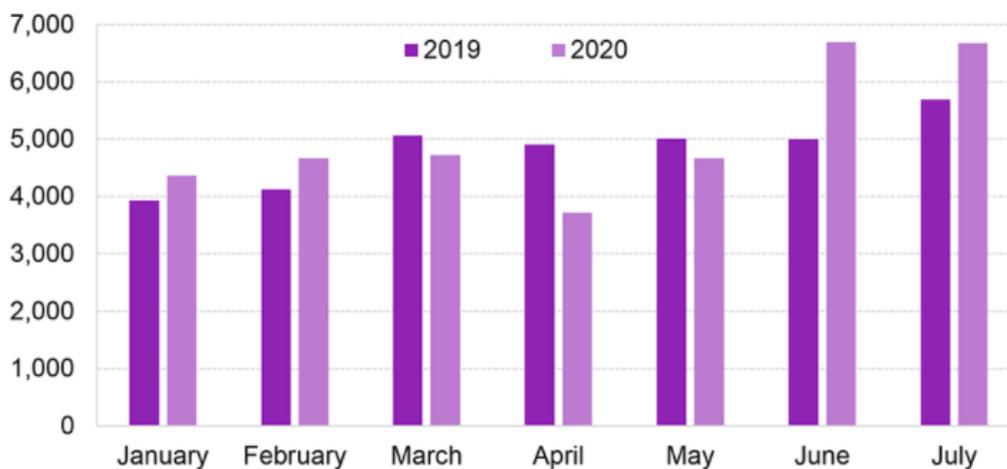
<sup>35</sup> [Overcrowded households - GOV.UK Ethnicity facts and figures \(ethnicity-facts-figures.service.gov.uk\)](https://nhs.uk/staffsurvey/2020/national-briefing)

<sup>36</sup> [Unequal impact? Coronavirus and BAME people - Women and Equalities Committee - House of Commons \(parliament.uk\)](https://www.parliament.uk/news-and-analysis/2020/sep/23/unequal-impact-coronavirus-bame-people)

can impact negatively on people’s mental health as it was not permitted to sit in public green spaces<sup>37</sup>.

Throughout COVID-19, evidence has been emerging that Asian ethnic minority communities have been subjected to race-based hate crimes as a result of COVID-19 being thought to have originated in Wuhan, China<sup>38,39</sup>. Police data in Figure 11 shows that in June and July 2020 (more recent data is not yet available) there was an increase in racially or religiously aggravated offences compared to 2019, following a slight decrease in the prior months<sup>40</sup>. These experiences should not be overlooked as they will contribute greatly to the mental wellbeing of people within these communities.

**Figure 13: Number of racially or religiously aggravated offences recorded by the police, January to July 2019 and 2020**



Source: Police recorded crime, Home Office.

## Demographic domain results

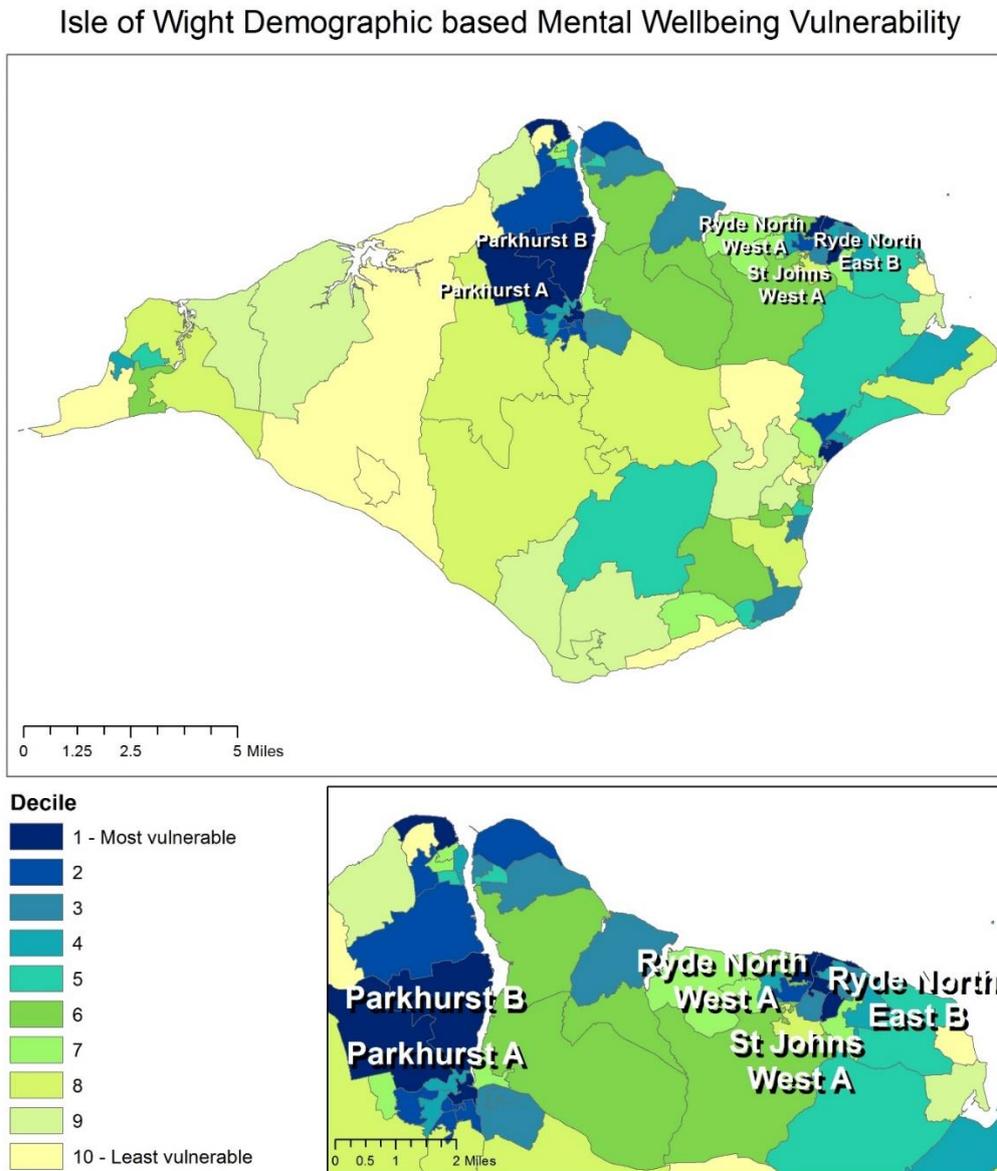
<sup>37</sup> [Unequal impact? Coronavirus and BAME people - Women and Equalities Committee - House of Commons \(parliament.uk\)](#)

<sup>38</sup> [Coronavirus: 'Racist attack' on Chinese in Southampton - BBC News](#)

<sup>39</sup> [University of Southampton lecturer 'beaten up in racist attack' - BBC News](#)

<sup>40</sup> [Hate crime, England and Wales, 2019 to 2020 - GOV.UK \(www.gov.uk\)](#)

**Figure 14: Isle of Wight demographic domain mental wellbeing vulnerability by LSOA and Decile**



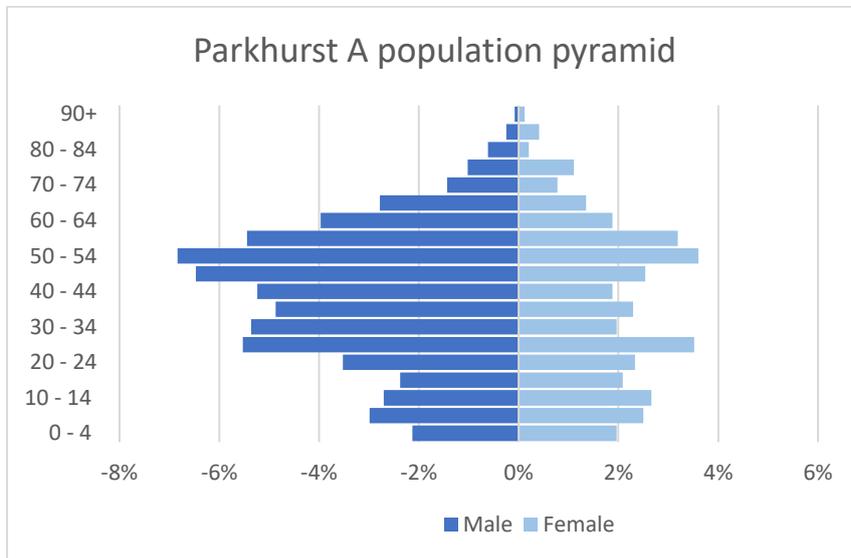
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The demographic vulnerability on the Isle of Wight is concentrated in the densely populated, urban areas to the North and East of the Island. It highlights two key towns; Ryde and Newport. The rural areas of the Island have much lower chances of mental wellbeing vulnerability in this domain.

The centre of Newport has high vulnerability because of the younger population which live there, whereas Parkhurst A and B have a younger population with ethnic minority groups as well. This is a result of the prison sites and St Mary's hospital

being located in these LSOAs. The prison is male only, which is why the population of the LSOAs which include it have such a large male population.

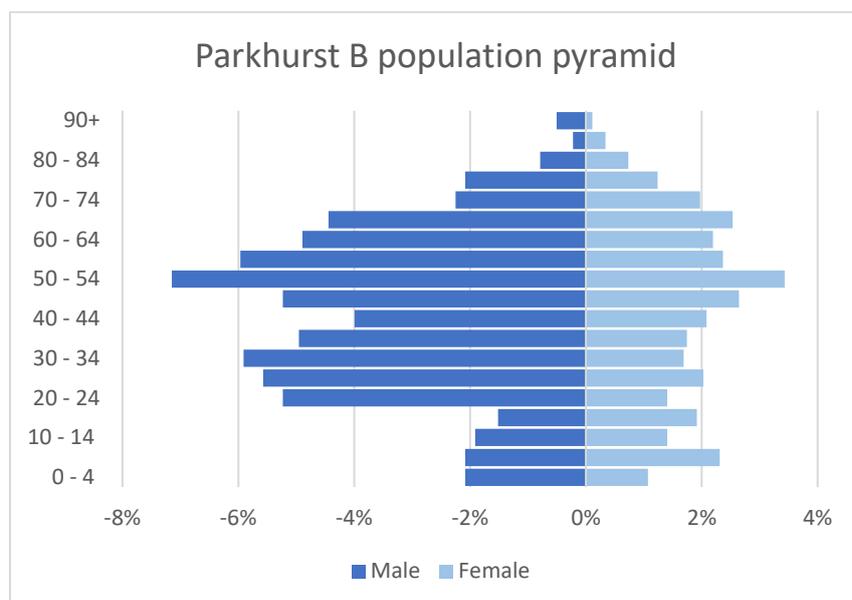
**Figure 15: Parkhurst A population pyramid<sup>41</sup>**



Parkhurst B, which includes St. Mary's hospital and part of HMP Albany has demographic vulnerability driven more so by the ethnic minority groups which live there, rather than it's young population. This is a similar pattern to the vulnerability which is present in Cowes Castle East, which is only slightly above the Island's average for young people.

<sup>41</sup> [Lower layer Super Output Area population estimates \(supporting information\) - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/population-demography/population/population-estimates)

**Figure 16: Parkhurst B population pyramid<sup>42</sup>**



There are also hotspots of vulnerability in Ryde and concentrated areas of Sandown. Whilst Sandown has a very similar z-scores for both its young population and its population of ethnic minorities, Ryde's demographic vulnerability is driven mainly by the young population rather than ethnic minority groups.

It is clear that whilst the demographic vulnerability on the Island is concentrated in urban areas, the demographics of the population varies between towns.

### **Health domain**

The health domain aims to identify people who may have vulnerable mental wellbeing as a result of having long-term poor health which may affect their daily life during COVID-19.

#### **People aged below 65 years with two or more long term conditions (LTCs)**

#### **People aged 65 years or above with two or more long term conditions (LTCs)**

Those with two or more long term conditions are clinically at increased risk of COVID-19 compared to the healthy population, being more likely to become seriously ill or die from the virus<sup>43</sup>. People with some of the conditions included in this indicator are considered clinically extremely vulnerable by the NHS, although at the start of the pandemic it was unclear who was at increased risk as a result of their health conditions<sup>44</sup>. As a result of their real, or perceived increased clinical risk to COVID-19, this population have been disproportionately affected by the restrictions

<sup>42</sup> [Lower layer Super Output Area population estimates \(supporting information\) - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk)

<sup>43</sup> [People with Certain Medical Conditions | CDC](https://www.cdc.gov)

<sup>44</sup> [Who is at high risk from coronavirus \(clinically extremely vulnerable\) - NHS \(www.nhs.uk\)](https://www.nhs.uk)

in place during COVID-19. They are likely to have been shielding during periods when lockdown and restrictions eased for the general population, and this extended period of social isolation without having proper contact with family and friends and not being able to resume life as normal will have had an impact on many people's mental health<sup>45</sup>.

This indicator is split into those who are 65 years and older and those aged below 65 years as each group is likely to face different challenges relating to their age.

Those aged 65 years or older are at increased clinical risk to COVID-19 as a result of their age<sup>46,47</sup>. This clinical vulnerability can cause further anxiety surrounding contracting the virus, which may push this group to take restrictions such as social distancing more seriously than those in the younger age groups. This age group are also more likely to live in care homes. The restrictions placed on families visiting care homes has stripped this population of their ability to connect with their loved ones, isolating this population from family and friends and putting them at increased risk of feeling socially isolated and lonely<sup>48</sup>.

Those aged below 65 years are more likely to be in employment than the older age group, which can cause stress and anxiety if home working is not an option. There will be anxiety surrounding increased exposure to the virus in the workplace, as well as increased exposure associated with traveling to and from work<sup>49</sup>. However, if they are eligible to shield or can work from home then they are likely to see their socialisation and interaction with peers decrease as a result, which can impact mental wellbeing. Additionally, those who can work from home have had to adjust to a new work-life balance, with unpaid work such as childcare and housework being done simultaneously with paid work, and paid work often being continued into the evenings as a result. These changes can all lead to chronic stress, and mental ill health<sup>50</sup>.

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<sup>45</sup> [Coronavirus and shielding of clinically extremely vulnerable people in England - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk/coronavirus/articles/shielding/2020-04-27)

<sup>46</sup> [People with Certain Medical Conditions | CDC](https://www.cdc.gov/nczod/coronavirus/2019-nCoV/clinical/people-with-certain-medical-conditions.html)

<sup>47</sup> [Deaths involving COVID-19, England and Wales - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk/coronavirus/articles/deaths/2020-04-27)

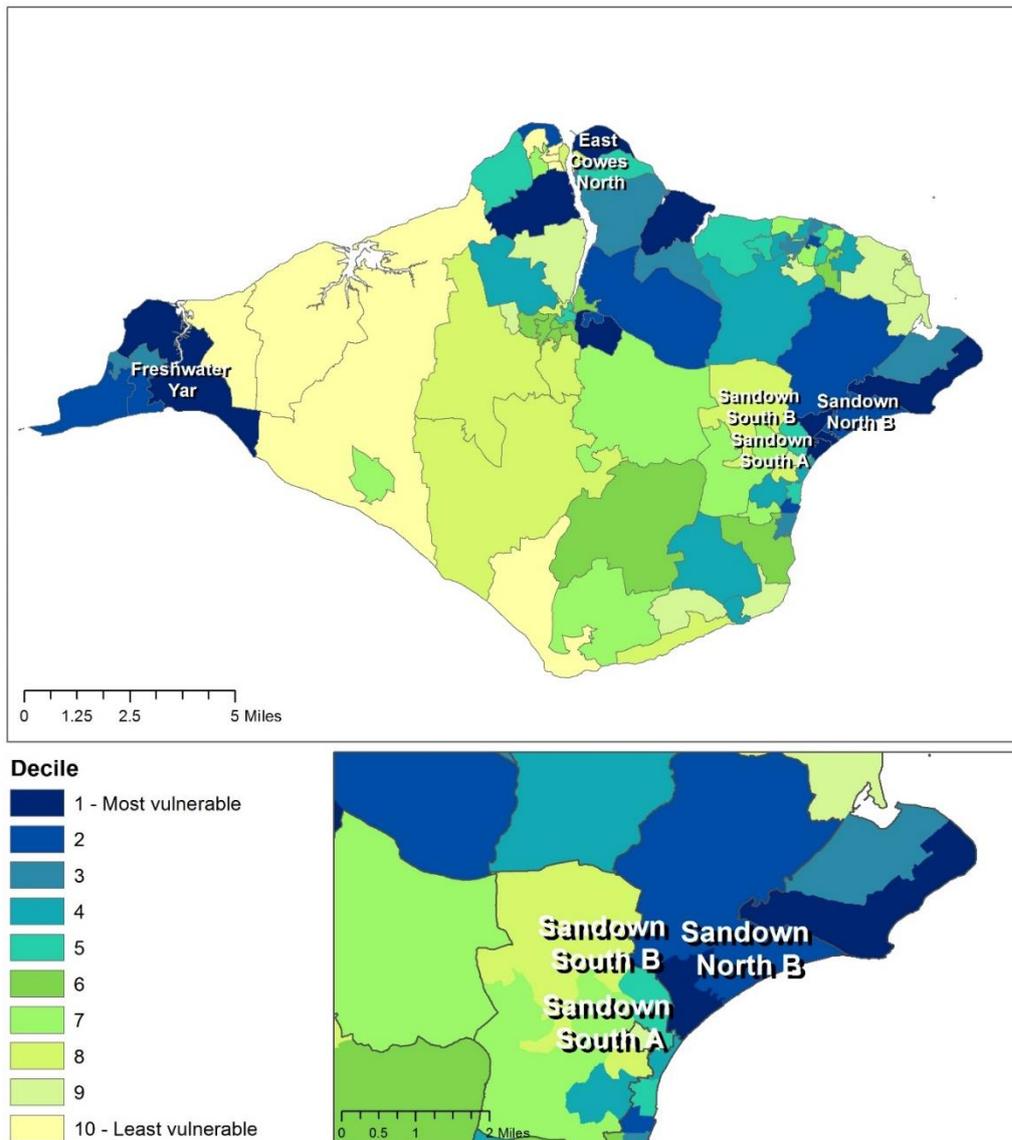
<sup>48</sup> [Microsoft Word - Tackling loneliness this COVID winter FINAL \(ageuk.org.uk\)](https://www.ageuk.org.uk/information-advice/articles/microsoft-word-tackling-loneliness-this-covid-winter-final/)

<sup>49</sup> [Coronavirus \(COVID-19\): Mental health support for employees | CIPD](https://www.cipd.com/resources/research-and-analysis/insights/articles-and-press/coronavirus-mental-health-support-for-employees/)

<sup>50</sup> [Gender differences in unpaid care work and psychological distress in the UK Covid-19 lockdown \(plos.org\)](https://doi.org/10.1371/journal.pone.0234441)

## Health domain results

**Figure 17: Isle of Wight health domain mental wellbeing vulnerability by LSOA and Decile**

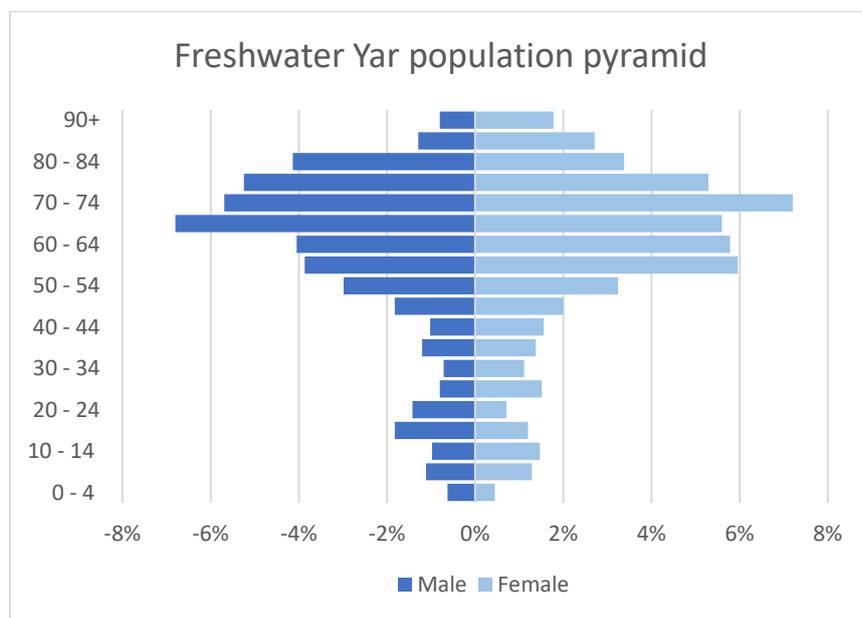


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The pattern of mental wellbeing vulnerability which exists in the health domain shows a clear divide between areas on the Island. There is high vulnerability in the northeast, as well as the West of the Island in the area of Freshwater. Populations with low levels of vulnerability live in the centre and southern rural areas of the Island. Interestingly, this is the one domain where Ryde has lower vulnerability than the surrounding less densely populated areas. All of the five most vulnerable LSOAs have more people aged 65 years and above with two or more LTC's than people aged below 65 years with two or more LTC's. There are only two LSOAs on the island where the opposite is true, these are Parkhurst A (where the prison is located) and St Johns West A in Ryde.

The population of Freshwater Yar has the exact average number of people aged under 65 years with two or more LTC's, so this population's vulnerability comes from the extremely high number of people aged 65 years and above with two or more LTC's. 50% of this LSOA's population is comprised of people aged 65 years and older. On the Isle of Wight the elderly populations are more concentrated in the coastal areas such as the West Wight and Sandown and Lake, which is mirrored by the results of this domain's vulnerability<sup>51</sup>. These areas are traditionally retirement areas.

**Figure 18: Freshwater Yar population pyramid by age and sex<sup>52</sup>**



The three LSOAs in Sandown which have high mental wellbeing vulnerability as a result of poor mental and physical health are all above the Island's average in both age groups, except for Sandown South B which has slightly less people aged 65 years and above with two or more LTC's.

**Economic domain**

**Low earners**

This indicator is taken from the income deprivation domain of the 2019 IMD and includes those who are out of work and those who are eligible to receive a variety of allowances, for example Universal Credit and Income Support<sup>53</sup>. This population will

<sup>51</sup> [2552-Census-Atlas-2011-Section-2-Population-religion-and-ethnicity.pdf \(iow.gov.uk\)](#)

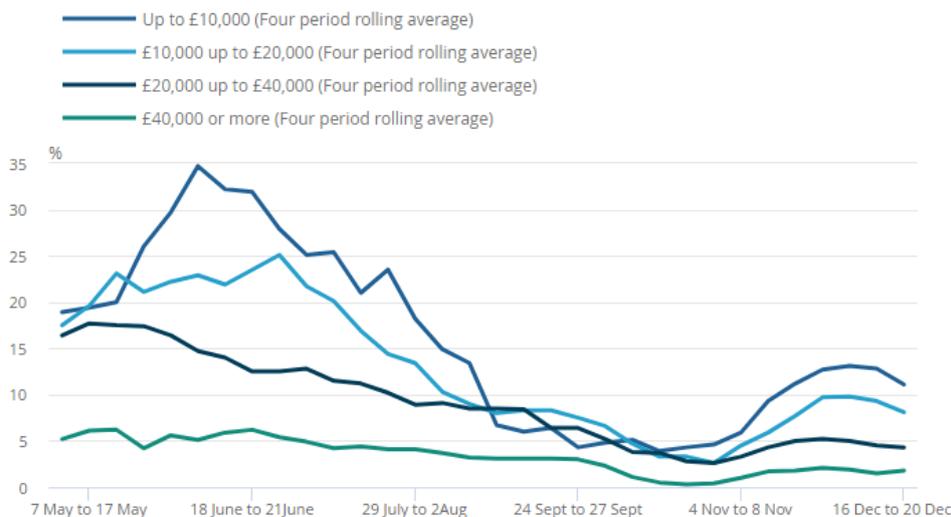
<sup>52</sup> [Lower layer Super Output Area population estimates \(supporting information\) - Office for National Statistics \(ons.gov.uk\)](#)

<sup>53</sup> [English Indices of Deprivation 2019: technical report \(publishing.service.gov.uk\)](#)

have experienced financial stress throughout COVID-19, as they are unlikely to have the financial reserves to carry them through these periods of uncertainty.

Furthermore, those with low salaries have been disproportionately affected by furlough, with those on a household income of less than £10,000 being 60% more likely to be furloughed than the general population<sup>54</sup>. Those who are low earners were also more likely to report being paid in part rather than in full when their work was affected by COVID-19<sup>55</sup>.

**Figure 19: Share of the population reporting that they had been furloughed, by income bracket, Great Britain, 30 April to 20 December 2020<sup>56</sup>**



Source: Office for National Statistics Opinions and Lifestyle Survey

For those who are low earners, the reduced income as a result of being furloughed or having working hours reduced may not be sufficient to cover monthly expenses. The rising costs of food which many people experienced during COVID-19 will have put financial strain on these households. Reasons for this include struggling to afford supermarket delivery fees, reduced access to budget shops and budget branded goods within supermarkets and relying on others to help with food shopping if isolating or shielding but feeling too shamed to dictate brand or supermarket choices<sup>57</sup>.

In these cases, many individuals with low incomes will turn to services such as food banks, which saw increased demand throughout COVID-19<sup>58</sup>. This financial stress

<sup>54</sup> [Personal and economic well-being in Great Britain - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk)

<sup>55</sup> [Personal and economic well-being in Great Britain - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk)

<sup>56</sup> [Personal and economic well-being in Great Britain - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk)

<sup>57</sup> [The lived experience of food insecurity under Covid-19](https://ons.gov.uk)

<sup>58</sup> [UK foodbank users 2021 | Statista](https://www.statista.com)

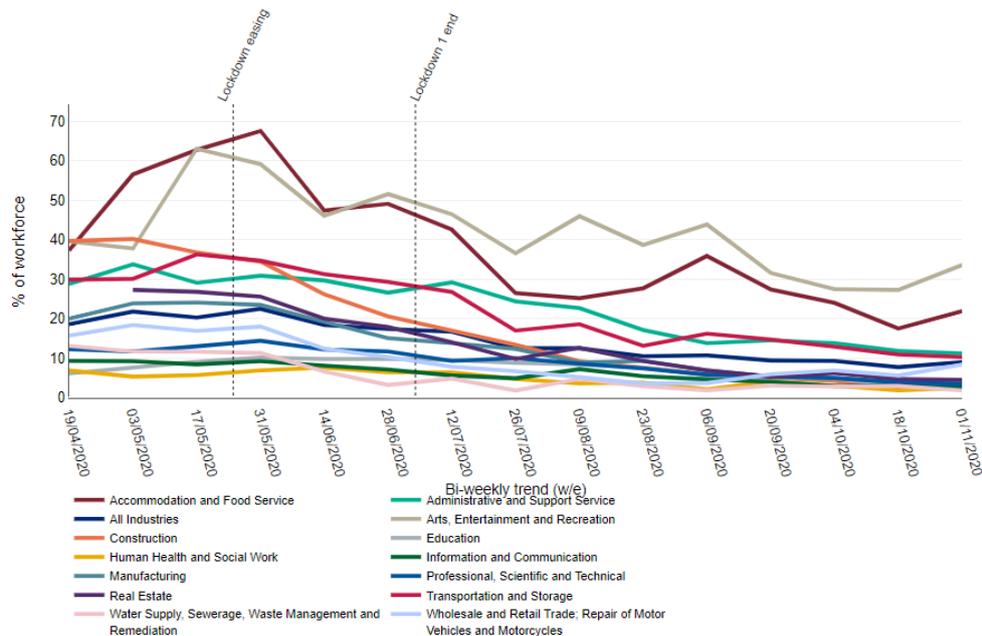
can cause feelings of anxiety and embarrassment when reaching out for help to friends, family, neighbours and organisations<sup>59</sup>.

### People employed in healthcare and sectors most heavily affected by furlough

Throughout COVID-19 there have been two business sectors consistently disproportionately affected by furlough, these are Accommodation and Food Service and Arts, Entertainment and Recreation.

**Figure 20: Percentage of workforce on furlough leave (U.K.) by industry<sup>60</sup>**

Percentage of workforce on furlough leave (United Kingdom) by industry



Source: <https://analytics.phe.gov.uk/apps/covid-19-indirect-effects/>

Employees in these sectors have had an experience which is unique to COVID-19. The Coronavirus Job Retention Scheme allowed them to be paid 80% of their salary whilst not working as their business was unable to operate.

Those on furlough are likely to have seen a reduction in their socialisation. Whilst many other industries were able to adapt to working from home, keeping employees in contact with one another through regular online calls; those on furlough may not have sustained that interaction throughout COVID-19. This led to many people reporting feeling lost and having a lack of purpose.

<sup>59</sup> [The lived experience of food insecurity under Covid-19](#)

<sup>60</sup> <https://analytics.phe.gov.uk/apps/covid-19-indirect-effects/>

**Figure 21: Job vacancies per 100 employee jobs for selected industries in the UK, seasonally adjusted, between February to April 2002 and February to April 2020**



Source: Office for National Statistics – Vacancy Survey

During COVID-19 there has also been a sharp decrease in the number of jobs available, particularly in healthcare, the previously mentioned industries, as well as construction which was also affected by furlough at the start of COVID-19<sup>61</sup>. This will be stressful for those on furlough in specific roles which may not bounce back from COVID-19 as quick as other services. For example, those working in food service venues are likely to see business bounce back quicker than those working in accommodation, which could lead to people becoming unemployed.

For many people who have been put on furlough, 80% of their salary will not be sufficient to sustain them long term, many of these people have been on furlough for over a year in total and will be struggling financially as a result.

The other group in this indicator are those who work in healthcare. This group have experienced an extremely large increase in demand for their services, many of which were already under strain. This has led to many employees facing burnout and 'moral injury'; a result of the challenges and decisions they have faced throughout COVID-19<sup>62</sup>. Those who are carers or are key workers in health and social care consistently have higher reported rates of anxiety and depression than the rest of the population, including other key workers<sup>63</sup>. Research into the mental wellbeing of NHS staff throughout COVID-19 has shown substantial levels of common mental

<sup>61</sup> [Vacancies and jobs in the UK - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk)

<sup>62</sup> [Undermined and undervalued: how the pandemic exacerbated moral injury and burnout in the NHS | The BMJ](https://www.bmj.com/)

<sup>63</sup> <https://analytics.phe.gov.uk/apps/covid-19-indirect-effects/>

health disorders, stress and PTSD, with those on the front-line twice as likely to have PTSD as those not on the frontline<sup>64,65</sup>.

### **People who are self-employed**

Those who are self-employed may not have experienced the same lifestyle change that those employed by a company have, moving from office working to home working. However, they have not been supported in the same way as employees on furlough have been. Generally, those who are self-employed have been supported by the government through the Self-Employment Income Support Scheme (SEISS). However, they had to meet certain criteria in order to be eligible for the SEISS. This includes trading since 2019, which excludes many people who have become recently self-employed<sup>66</sup>. This lack of support for many self-employed people will cause significant financial stress as they go through a period of economic uncertainty. This has caused an increase in poor mental health (including symptoms of depression and anxiety), which is particularly severe amongst women and young people<sup>67</sup>. In addition, those who are self-employed often have financial difficulties surrounding consistent and reliable income, being paid on time from clients, and managing their work-life balance which is particularly hard when working in the home<sup>68</sup>.

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<sup>64</sup> [The psychosocial impact of the COVID-19 pandemic on 4,378 UK healthcare workers and ancillary staff: initial baseline data from a cohort study collected during the first wave of the pandemic | medRxiv](#)

<sup>65</sup> ['Staggering rise' in mental health issues among NHS staff since Covid-19 | Nursing Times](#)

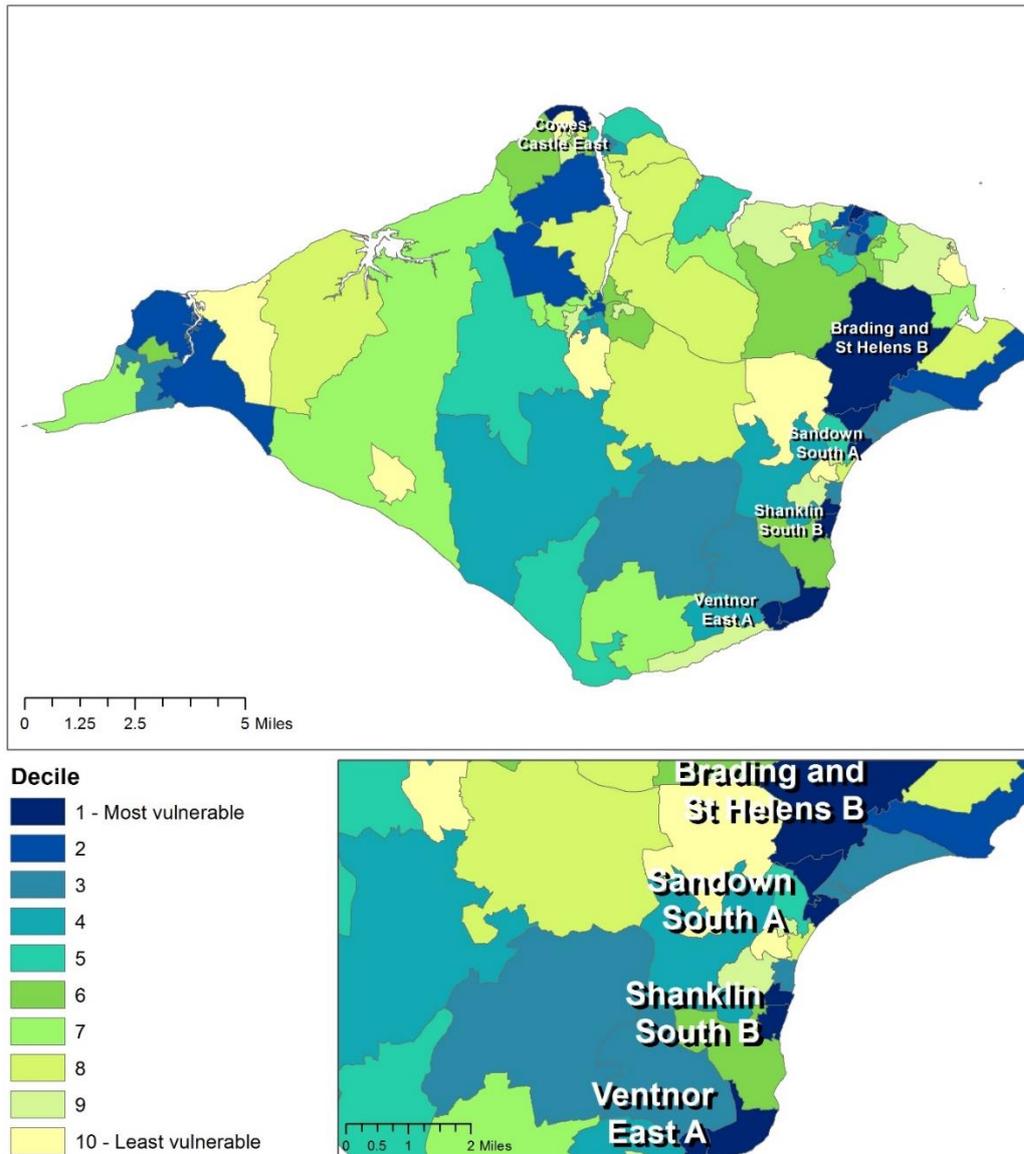
<sup>66</sup> [Check if you can claim a grant through the Self-Employment Income Support Scheme - GOV.UK \(www.gov.uk\)](#)

<sup>67</sup> [One in four self-employed struggling with mental health because of covid turmoil | IPSE](#)

<sup>68</sup> [How coronavirus has affected the mental health of the UK's self-employed | IPSE](#)

## Economic domain results

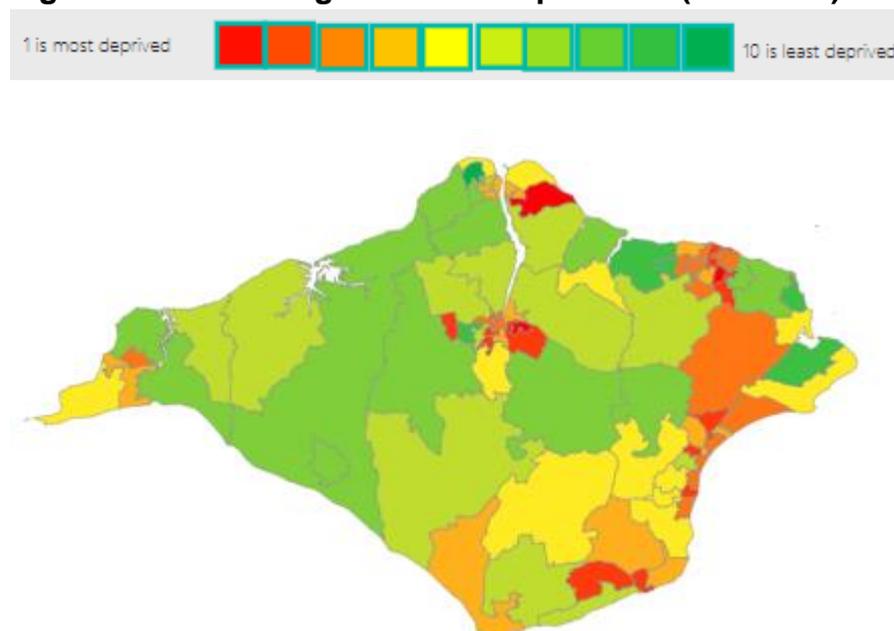
Figure 22: Isle of Wight economic domain mental wellbeing vulnerability by LSOA and Decile



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Patterns of mental wellbeing vulnerability caused by indicators in the economic domain differ from the previous two domains. Other than Cowes Castle East, the vulnerable LSOAs follow the East coast of the Island, which largely mirrors the Income deprivation found in the 2019 IMD. The centre of Ryde is also highlighted again.

**Figure 23: Isle of Wight Income Deprivation (IMD 2019)**



Source: Microsoft Power BI

*\*Note that the IMD includes people out of work and those who are low earners in the Income deprivation measure, this index does not include people who are out of work.*

Cowes Castle East is included as one of the five most vulnerable LSOAs in this Index, but is not one of the areas which is deprived based on income. This area's vulnerability is a result of the high number of people who are either self-employed, or are employed in furloughed sectors and health care. Cowes Castle East has a net outflow of commuters, meaning those who live there are likely to travel away for work<sup>69</sup>. This may be a result of the easy access to the mainland. Those who are self employed may work from home, or in businesses along the high street which is included in this LSOA.

Those in Sandown South A and Shanklin South B have very similar populations looking at the economic domain of vulnerability. They are both far above the Island's average for people who work in furloughed industries or health care and are also above the average for those who are self employed and low earners. These LSOAs are in a tourist hotspot on the island, which may explain the high number of people working in furloughed industries. The industry 'accommodation and food service activities' employs the most people out of the industries included in this indicator, and the Island overall is highly dependent on this industry<sup>70</sup>. As restrictions ease and people begin to feel more comfortable returning to these areas for holidays and days out, the economic strain that these households have faced should begin to ease. However, those who have had their mental health impacted by this stress may not see immediate mental health improvements.

<sup>69</sup> [PowerPoint Presentation \(iow.gov.uk\)](#)

<sup>70</sup> [PowerPoint Presentation \(iow.gov.uk\)](#)

Those in Ventnor East A and the more rural LSOA of Brading and St Helens B are vulnerable mainly because they have high numbers of people who are self-employed. Those in Ventnor East A are also likely to be low earners.

### **Living situation domain**

The living situation domain aims to identify populations whose household dynamics may put them at increased risk of poor mental wellbeing during COVID-19 based on the restrictions which were imposed.

### **Lone parent households with dependent children**

Parents have experienced stress throughout COVID-19, with many reporting feeling hopeless, worried, and more irritable<sup>71</sup>. These stresses are exacerbated for lone parent households (who are disproportionately mothers) with dependent children. These households were more vulnerable to poor mental health symptoms including stress, depression, and anxiety both before COVID-19 and during the pandemic<sup>72,73,74</sup>. It is likely that this is the result of months of assisting with their children's home-schooling routines, often with insufficient space or equipment, whilst also being required to adapt to working from home themselves. This is particularly difficult for single parent households as they are more likely to live in an overcrowded home<sup>75</sup>. Home-schooling has caused many parents to have worries that they would not usually experience whilst their children are still in school.

Single parent households are also likely to be financially precarious, living on low salaries and having to provide for their family in a time when they are likely to have experienced reduced income either through furlough or reduced hours (either forced, or voluntary) can cause financial stress as seen in Figure 19<sup>76,77</sup>.

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<sup>71</sup> [Parental mental health worsens under new national COVID-19 restrictions | University of Oxford](#)

<sup>72</sup> <https://www.medrxiv.org/content/10.1101/2020.11.30.20239954v1.abstract>

<sup>73</sup> [Parental mental health worsens under new national COVID-19 restrictions | University of Oxford](#)

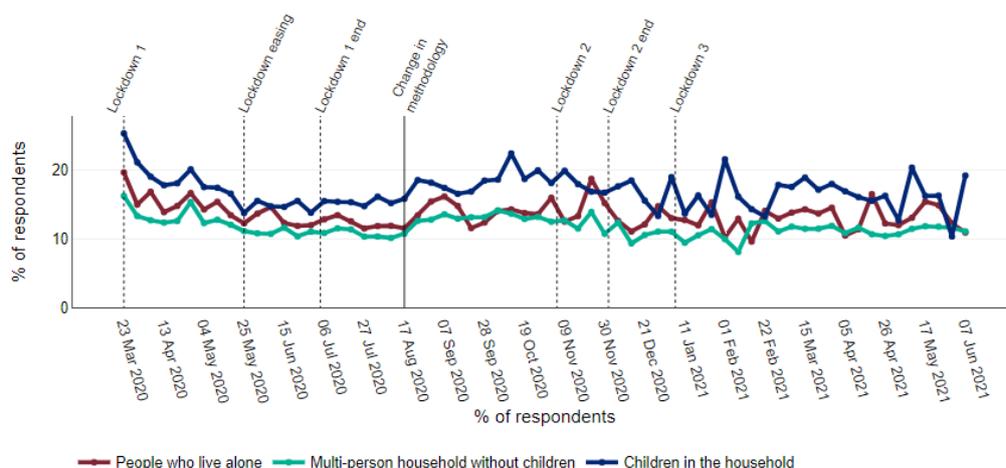
<sup>74</sup> [Lone parents with dependent children by marital status of parent, by sex, UK: 1996 to 2015 - Office for National Statistics \(ons.gov.uk\)](#)

<sup>75</sup> [Intersecting household-level health and socio-economic vulnerabilities and the COVID-19 crisis: An analysis from the UK - ScienceDirect](#)

<sup>76</sup> [Intersecting household-level health and socio-economic vulnerabilities and the COVID-19 crisis: An analysis from the UK - ScienceDirect](#)

<sup>77</sup> <https://analytics.phe.gov.uk/apps/covid-19-indirect-effects/>

**Figure 24: Trend in percentage (weighted) of respondents reporting major stress relating to finances in United Kingdom, by children in the household**



Source: UCL COVID-19 Social Study

### Renters

Approximately 30% of the Isle of Wight’s population rent their housing<sup>78</sup>. The population who rent their housing generally tend to be young, with monthly non-negotiable expenses<sup>79</sup>. Some households who rent will be unable to afford their rent and other monthly expenses if they are put on furlough, earning 80% of their salary for extended periods of time. Although there have been protection measures put in place for tenants who are being evicted, those who are only just managing to pay their rent with help from family, friends or savings are under high levels of financial stress and worry as the possibility of being evicted or having to borrow money can cause emotional distress and financial complications<sup>80</sup>.

Throughout COVID-19, those who rent their housing have been more likely to report low life satisfaction, anxiety, low self-worth, and loneliness; many of these have diverged further from those who have a mortgage or own their home outright as the pandemic has gone on, which may be reflective of the persistent pressure they are under to dip into savings to pay their rent<sup>81</sup>.

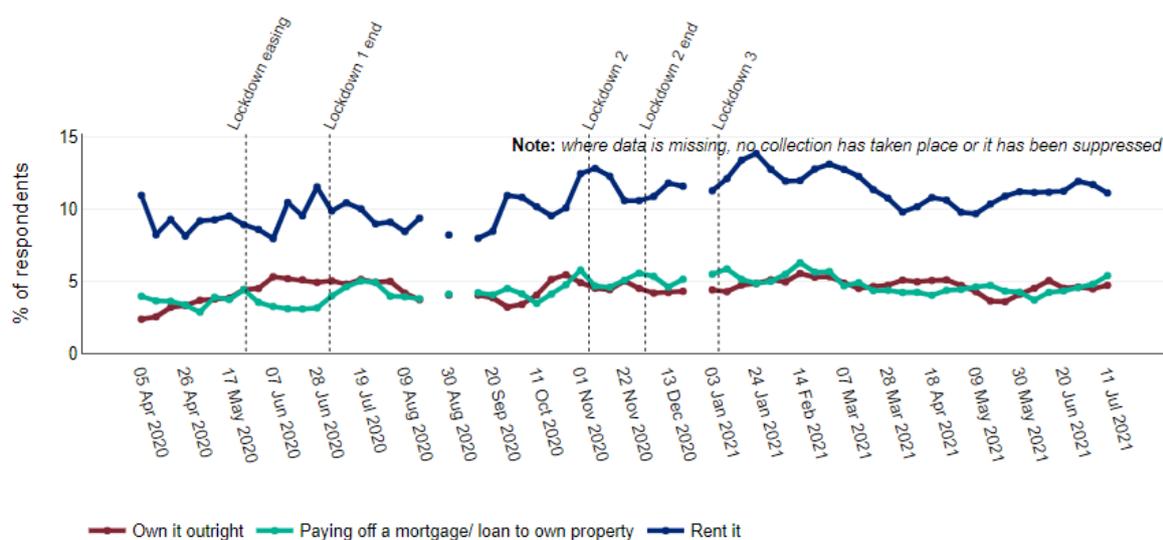
<sup>78</sup> [2552-Housing-Accommodation-Dec-2013-Final-Version.pdf \(iow.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/532222/2552-Housing-Accommodation-Dec-2013-Final-Version.pdf)

<sup>79</sup> [UK private rented sector - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/people-and-work/employment-and-unemployment/uk-private-rented-sector)

<sup>80</sup> [Guidance for landlords and tenants - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/guidance-for-landlords-and-tenants)

<sup>81</sup> <https://analytics.phe.gov.uk/apps/covid-19-indirect-effects/>

**Figure 25: Respondents who are 'often lonely' in England, by housing tenure<sup>82</sup>**



Source: PHE analysis of Opinions and Lifestyle Survey data from Office for National Statistics, 2021

### Single member households aged 65 years or above

Lone households aged 65 years or older were included in this index for a number of reasons. Firstly, their age means they have higher clinical vulnerability to COVID-19<sup>83,84</sup>. This was emphasised particularly at the beginning of the pandemic, which will have caused distress and fear for many elderly people who were aware of their clinical vulnerability and the possibility of spending the last year/s or months of their life alone. These feelings may cause elderly individuals to feel reluctant about going out during COVID-19 to avoid contracting the virus, becoming reclusive<sup>85</sup>. Those who become reclusive are likely to face loneliness, loss of confidence and increased stress which may be intensified by cognitive decline<sup>86</sup>.

The other characteristic which puts this population at risk is the fact that they live alone, which will exacerbate any feelings of social isolation or loneliness which may stem from staying at home. The restrictions put in place during lockdowns will have placed these individuals under conditions of complete isolation, which has negative associations with mental health, insomnia, and cognitive decline<sup>87</sup>. This population are likely to have experienced a reduction in social connectiveness as a result of

<sup>82</sup> [Wider Impacts of COVID-19 \(phe.gov.uk\)](https://www.phe.gov.uk/about-us/press-releases/2020/04/20200420-wider-impacts-of-covid-19)

<sup>83</sup> [The coronavirus is most deadly if you are older and male — new data reveal the risks \(nature.com\)](https://www.nature.com/articles/d41586-020-02432-2)

<sup>84</sup> [Deaths from Covid-19 \(coronavirus\): | The King's Fund \(kingsfund.org.uk\)](https://www.kingsfund.org.uk/news/2020/04/deaths-from-covid-19)

<sup>85</sup> [https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/health--wellbeing/the-impact-of-covid-19-on-older-people\\_age-uk.pdf](https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/health--wellbeing/the-impact-of-covid-19-on-older-people_age-uk.pdf)

<sup>86</sup> [the-impact-of-covid-19-on-older-people\\_age-uk.pdf \(ageuk.org.uk\)](https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/health--wellbeing/the-impact-of-covid-19-on-older-people_age-uk.pdf)

<sup>87</sup> [Frontiers | Associations of Social Isolation with Anxiety and Depression During the Early COVID-19 Pandemic: A Survey of Older Adults in London, UK | Psychiatry \(frontiersin.org\)](https://www.frontiersin.org/articles/10.3389/fpsyg.2020.00101/full)

their disinclination to use online communications to supplement their social interactions which were missing during periods of isolation, shielding (if eligible) and lockdown<sup>88, 89</sup>. Digital exclusion is a driver of social exclusion, anxiety and depression; all of which have increased for older people during the pandemic<sup>90</sup>. These emotions and conditions can result in self-neglect and loss of confidence<sup>91</sup>.

### **People living in institutions or communal establishments**

This indicator includes a wide variety of establishment types, listed in Appendix x. Some of these populations will be temporarily staying in these establishments, and others will be permanent. Both those who are in establishments temporarily and permanently, such as those living in care homes, prisons, and educational facilities (for example, University halls) will have experiences which have put their mental wellbeing at risk during COVID-19.

During COVID-19, many people who were living in communal establishments had increased clinical vulnerability, usually because of age or pre-existing conditions. This includes those in hospitals, care homes and prisons. Due to the confined nature of these establishments, outbreaks were common which causes distress and anxiety amongst those living there, both during the outbreak and at the prospect of future outbreaks.

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<sup>88</sup> [Loneliness, social isolation and COVID-19 | Local Government Association](#)

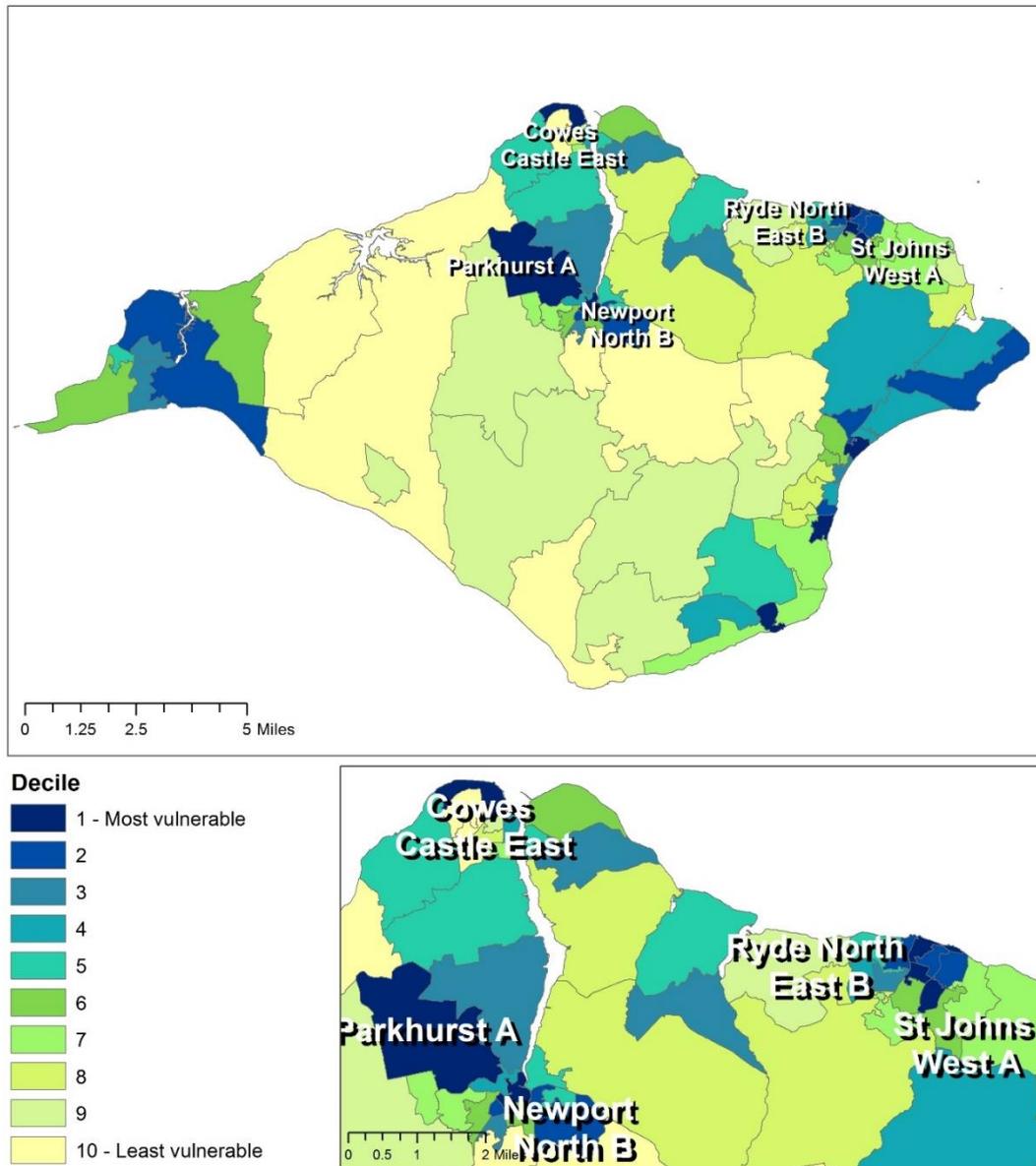
<sup>89</sup> [Nearly two million over-75s in England are still digitally excluded in a COVID-19 world | Press release | Age UK](#)

<sup>90</sup> [the-impact-of-covid-19-on-older-people\\_age-uk.pdf \(ageuk.org.uk\)](#)

<sup>91</sup> [Wider Impacts of COVID-19 \(phe.gov.uk\)](#)

## Living situation domain results

Figure 26: Isle of Wight living situation domain mental wellbeing vulnerability by LSOA and Decile



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The living situation domain shows similar patterns of vulnerability to the demographic domain, low vulnerability in the central and Southern rural parts of the Island, highlighting Parkhurst A, as well as urban areas to the North of the Island as areas where mental wellbeing is more likely to be vulnerable due to COVID-19 restrictions. Areas in Sandown and Shanklin in the Bay are also highlighted in this domain as being more vulnerable.

Again, the vulnerability between these areas differs by the characteristics of the populations. Those living in Newport and Ryde are younger, single parent households with dependent children and are likely to rent their housing. In the 2011 Census 10.1 % of the Island's households were lone parent households<sup>92</sup>. These households are likely to be under financial pressure to provide for their family which will impact on their mental wellbeing. These areas also have high levels of people living in institutions, particularly Parkhurst A as it contains the prison. This population will have mental health needs and challenges which differ from the rest of the Isle of Wight's population as they are living in a different setting to those living in their own homes.

The population of Cowes Castle East is older and is above the Island's average for households aged 65 years or older. This population's mental wellbeing may be impacted by their lack of communication with family and friends as they are less likely to use online forms of communication.

## **Appendices**

### **Appendix A: Indicators not included**

Under 65 single member households – This population was not included as those aged 65 years or older are more likely to experience negative mental health as a result of their living situation and reluctance to use online communication compared to this group.

People using Universal Credit – Low earners, employees of sectors impacted by furlough and single parent households with dependent children were used as proxies for this indicator. Universal Credit data is included in the 2021 Hampshire and Isle of Wight Business Vulnerability Index.

People in fuel poverty – Again, low earners and single parent households are used as proxies for this indicator. Data was not available at Lower Super Output Area level. Fuel poverty data available at higher geographies here: [Mental Health and Wellbeing JSNA - PHE](#)

Women – This population was deemed too broad to be included in a vulnerability index, despite evidence showing that women have experienced vulnerable mental health during COVID-19 as a result of NPI's.

Homeless people – Numbers would have been too small per LSOA and would've been suppressed. The inclusion of this indicator would highlight the town centres in each district as this is where homeless people tend to live.

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<sup>92</sup> [2552-Census-Atlas-2011-Section-2-Population-religion-and-ethnicity.pdf](#)  
[\(iow.gov.uk\)](#)

## **Appendix B: Indicator information**

This indicator includes the following establishments:

- General Hospital
- Mental Health Hospital/Unit (Including Secure Units)
- Other Hospital
- Children's Home (Including Secure Units)
- Care Home with Nursing
- Care Home Without Nursing
- Other Home
- Home or Hostel
- Sheltered Housing Only
- Care Home with Nursing
- Care Home Without Nursing
- Children's Home (Including Secure Units)
- Mental Health Hospital/Unit (Including Secure Units)
- Other Hospital
- Defence
- Prison Service
- Approved Premises (Probation/Bail Hostel)
- Detention Centres and Other Detention
- Education
- Hotel: Guest House; B&b; Youth Hostel
- Hostel or Temporary Shelter for the Homeless
- Holiday Accommodation (for Example Holiday Parks)
- Other Travel or Temporary Accommodation
- Religious
- Staff/Worker Accommodation Only
- Other

## **Appendix C: Indicator data sources**

### **Demographic domain**

Young people aged 16-24 years - ONS Mid year population estimates [Lower layer Super Output Area population estimates \(supporting information\) - Office for National Statistics \(ons.gov.uk\)](#)

Ethnic minorities - 2011 Census [KS201EW \(Ethnic group\) - Nomis - Official Labour Market Statistics \(nomisweb.co.uk\)](#)

### **Health domain**

People aged below 65 years with two or more long term conditions (LTCs) - Requested 2019/20 Quality Outcomes Framework data (QOF long term conditions by resident LSOA) from South Central and West Commissioning Support Unit. Request reference CHIA-00105.

People aged 65 years or above with two or more long term conditions (LTCs) - Requested 2019/20 Quality Outcomes Framework data (QOF long term conditions by resident LSOA) from South Central and West Commissioning Support Unit. Request reference: CHIA-00105.

### **Economic domain**

Low earners - 2019 Index of Multiple Deprivation, using the income rank. [English indices of deprivation 2019 - GOV.UK \(www.gov.uk\)](#)

People employed in healthcare and sectors most heavily affected by furlough - 2011 Census [KS605UK \(Industry\) - Nomis - Official Labour Market Statistics \(nomisweb.co.uk\)](#)

People who are self-employed - 2011 Census [KS601UK \(Economic activity\) - Nomis - Official Labour Market Statistics \(nomisweb.co.uk\)](#)

### **Living situation domain**

Lone parent households with dependent children - 2011 Census [KS107EW \(Lone parent households with dependent children\) - Nomis - Official Labour Market Statistics \(nomisweb.co.uk\)](#)

Renters - 2011 Census [KS402EW \(Tenure\) - Nomis - Official Labour Market Statistics \(nomisweb.co.uk\)](#)

Single member households aged 65 years or above - 2011 Census [KS105EW \(Household composition\) - Nomis - Official Labour Market Statistics \(nomisweb.co.uk\)](#)

People living in institutions or communal establishments - 2011 Census [QS421UK \(Communal establishment management and type - People\) - Nomis - Official Labour Market Statistics \(nomisweb.co.uk\)](#)