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MENTAL HEALTH AND COPING CONTINGENCIES AMONG ADULTS RESIDING IN THE UNITED KINGDOM DURING THE COVID-19 LOCKDOWNS

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ABSTRACT*: Restrictions on movement and basic human rights can inevitably cause a negative impact on the mental health of individuals worldwide. This could become particularly apparent in the UK where the government placed firm restrictions on the movement and freedom of the public in response to COVID-19. This study aimed to determine associations between mental health and strategies adopted by residents to cope with lockdowns during the COVID-19 pandemic. Self-reported data were collected from 647 adults through an online survey. Results revealed that over 20% of participants reported symptoms of Post-Traumatic Stress Disorder. Multivariable logistic regression analysis confirmed that participants reporting use of positive coping strategies (for example spending time meditating and with pet companions) had significantly lower odds of experiencing symptoms of PTSD; whereas those who spent time social distancing by communicating with others online and exercising at home showed increased odds of experiencing PTSD symptoms. This study signifies COVID-19 as a major source of mental distress for adults residing in the UK and advocates various methods of coping during such stress-inducing times.*

KEYWORDS: COVID-19, coping, mental health, lockdowns, UK, adults

INTRODUCTION

Constraints on movement can inevitably produce a severe and detrimental impact on the mental health and wellbeing of individuals worldwide. This could become particularly apparent in the United Kingdom (UK) where the government have continued to place harsh lockdowns and firm restrictions on the movement and freedom of the general-public as a response to COVID-19; in their attempt to slow the spread of a virus, 'protect the National Health Service (NHS)' and to 'save lives' (GOV.UK, 2021a). These constraints have brought about chronic bouts of law-enforced and threatening orders to self-isolate; quarantine; socially distance; stay home and avoid all unnecessary movement and travel. This resulted in limits on fresh air, exercise, and social interaction; whilst simultaneously encouraging sedentary behaviour (Dawson and Golijani-Moghaddam, 2020), poor eating habits (Mason, et al 2020), and increased propensity to psychiatric comorbidities that have been triggered by psychological stress (Banerjee, 2020). The World Health Organization (WHO) acknowledges this risk for poor mental health by rapid social change, stressful working conditions and violations of human rights (WHO, 2018). The COVID-19 pandemic lends itself to these precursors for poor mental health especially in the UK (see e.g., Bu, et al., 2021; Wright, et al, 2021).

BACKGROUND LITERATURE

The UK government has imposed strict lockdown measures and ongoing controls over the movement of individuals, with continuous closure of businesses and leisure and entertainment establishments, in response to the COVID-19 pandemic (GOV.UK, 2021a). The impact that such measures have on the mental health and wellbeing of individuals is likely to be particularly visible in the UK where restrictions have been severe (The Health Foundation, 2021; World Health Organization, 2021; GOV.UK, 2021b). On March 20th 2020, all pubs, restaurants, cinemas, nightclubs, theatres, gyms, and leisure centers were closed in the UK. The UK Prime Minister, Boris Johnson, announced the first national lockdown on March 23rd, allowing UK residents to leave their homes only for emergencies (e.g., for essential food supplies; to seek medical assistance). Johnson announced the first easing of Britain's lockdown, allowing people to sunbathe in parks and leave the house to exercise in May 2020; and on June 1st, schoolchildren in Reception, Year 1 and Year 6 temporarily returned to classroom learning. This partial opening of facilities and amenities was short lived as on September 18th, Johnson announced a second wave of coronavirus in the UK; and on 24th of that month a 10pm curfew was imposed on all entertainment facilities including pubs, bars and restaurants in England. A new three-tier system of restrictions was then put in place on October 12th. A further four-week lockdown was announced in the UK on 31st October. England went into a new and strengthened three-tier system of restrictions on December 2nd. Christmas (public festivities) was cancelled for much of the east and south-east of England. Children were continuing to be home-schooled by their working-from-home parents and restrictions in movement and mask-wearing remained in place into 2021. On January 4th, 2021, Johnson announced a third national

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lockdown requiring all schools to re-close and for people to stay at home again. Lockdown measures were eased in the UK on May 17th and the country was set to open fully on June 21st. However, many Brits remained skeptical that this reopening would transpire as there had already been hints in the mainstream media that the new '*Indian variant*' of the coronavirus would delay plans for reopening the country (e.g., Culbertson, 2021). This delay in reopening the country was indeed lived out as predicted as restrictions were further extended into the summer months of 2021.

What we do know so far is that mental health is fundamental to reaching and sustaining individual and collective health and wellbeing (WHO, 2021) and so it is therefore paramount that research focuses on ways in which it can be enhanced, improved, and preserved during a pandemic. However, what we have yet to confirm is the extent to which this global COVID-19 issue and the associated lockdowns are causing strain on mental health for UK residents. This would be due to concerns about loss of life, health, wealth, rights, and freedoms. Moreover, we have yet to delineate the impact of added challenges associated with restrictions in movement, reduced access to healthcare and disruptions to education that are further aggravating pandemic-related post-traumatic stress.

Therefore, in order to gain a more thorough and comprehensive appreciation of the mental health, wellbeing, and coping contingencies during COVID-19 restrictions among adults' resident in the UK, we surveyed adults who were living in the UK during the pandemic. The overarching aim of the study was to determine associations between the mental health status and strategies adopted by UK residents to cope with lockdowns and restrictions during the COVID-19 pandemic. Coping strategies are the thoughts and behaviours that people use to manage stressful internal and external demands during the COVID-19 pandemic. Specifically, these strategies might include behaviours taken to change the relationship with the environment (problem focused coping), changing the interpretation of the environment (emotion focused coping), or seeking other people or tasks as social diversion distraction (Restubog, et al, 2020). Any one of these strategies can be beneficial or harmful depending on the ability of the individual to handle the situation; and can contribute to the impact of psychological responses in stressful situations (Scott, et al, 2021).

The key objectives of this study were threefold: Firstly, to understand UK residents use of positive and negative coping strategies during COVID-19 government restrictions; Secondly, to explore associations between mental health, wellbeing, and positive/negative coping strategies; and finally, to identify any differences in mental health, wellbeing, and coping styles between sub-populations (e.g., genders, age groups).

METHODOLOGY

Using an online survey approach, the present study explored UK residents' mental health and wellbeing during COVID-19. This quantitative study collected self-reported data through an online survey. The survey was launched on 29th June 2020 and data were collected up to the end of 2020. The study recruited respondents who were 18 years and above, who were able to read, with access to the internet and who consented to participate.

As this study formed part of a multi-site research programme, ethical approval was obtained from several Human Research Ethics Committees, including at the Institute of Public Health of the Obafemi Awolowo University Ile-Ife, Nigeria (IPHOAU/12/1557), with supplementary approval obtained from India (D-1791-uz and D-1790-uz), Saudi Arabia (CODJU-2006F), Brazil (CAAE N° 38423820.2.0000.0010) and the UK (13283/10570).

An online survey platform using SurveyMonkey® was used for data collection purposes. Restrictions were applied to the settings so that each participant could only take the survey once. Participants were able to edit their answers freely until they chose to submit. Email addresses were not stored to ensure that responses were anonymous. Study participants were recruited through crowdsourcing using Facebook and sent via WhatsApp and email to eligible participants in the collaborators' networks. There were two data collectors from the UK. They disseminated the English version of the survey tool using the links to those in their networks and social media contacts. The survey instrument was administered anonymously using close-ended questions. The survey was preceded by an introduction about the study team, study objectives and time needed to complete the questionnaire. This was followed by a consent form assuring participants of the confidentiality of their responses and emphasizing that their participation was voluntary. Only participants who consented could proceed to the survey.

The survey collected demographic information from participants about their age, sex at birth, education, employment, and relationship status. Post-Traumatic Stress Disorder (PTSD) was measured using the widely used and previously validated PTSD Checklist – Civilian Version (PCL-C), which is a government document that is in the public domain. Respondents indicated how much they have been bothered by a symptom over the past month using a 5-point scale. Responses range from 1 - Not at All to 5 – Extremely. A total severity score can be calculated by summing the total scores. Scores of 44 and below are considered positive and scores of 45 and over are calculated as negative. Respondents were asked to identify which items from an 11-item self-care strategy checklist were used during the pandemic. Participants responded 'yes' or 'no' to each item. Coping strategies were measured using several indexes of coping with participants reporting on a five-point Likert-type scale the extent to which each statement, such as "I look for creative ways to alter difficult situations", described their

behaviours and actions. Scores ranged between 5-15 with increasing scores indicative of more positive coping. The instrument used for this survey underwent four iterative processes for content validation. The overall content validity index of the survey was 0.83.

SPSS software version 23.0 (IBM Corp., Armonk, N.Y., USA) was used for the statistical analysis. Descriptive statistics were calculated as means and standard deviations or frequencies and percentages. A multivariable logistic regression model was produced to explore associations with mental health, mood, and coping among UK residents during the COVID-19 pandemic. The multivariable model identified associations with PTSD symptomology and various predictors, including sociodemographic factors and coping styles.

RESULTS

Of the total 647 participants, 133 (20.6%) reported symptoms of PTSD. The mean age of participants was 43.4 (SD=12.8) years, 482 (74.5%) were female, 543 (83.9%) had a university education, and 481 (74.3%) were employed at the time of completing the survey. As can be seen in Table 1., participants showing positive symptoms of PTSD were significantly younger than those with negative symptoms (mean age in years 40.4 and 44.2, P= 0.002) and showed significantly lower positive coping strategies (mean coping score= 9.5 and 10.7, P< 0.001). A significantly lower percentage of participants with positive PTSD symptoms than those with negative PTSD symptoms were employed (66.2% and 76.5%, P= 0.015), talked with friends or family through video chat (61.7% and 78.6%, P< 0.001), exercised in their home (42.1% and 56.4%, P= 0.003) and exercised outdoors (48.9% and 58.8%, P= 0.04).

Table 1. Sample characteristics and coping strategies by PTSD symptoms

Variables	**Categories**	**PTSD negative symptoms N = 514 (79.4%)**		**PTSD positive symptoms N = 133 (20.6%)**		**p value**
Age	Mean/SD	44.2	12.6	40.4	13.5	0.002
Sex at birth	Female	379	73.7	103	77.4	0.382
	Male	135	26.3	30	22.6	
Education level	No education	76	14.8	28	21.1	0.079
	University degree	438	85.2	105	78.9	
Employment	Employed	393	76.5	88	66.2	0.015
	Unemployed	121	23.5	45	33.8	
Coping score	Mean/SD	10.7	2.2	9.5	2.4	<0.001
	No	122	23.7	38	28.6	0.249

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Talk to friends/family on telephone	Yes	392	76.3	95	71.4	
Talk to friends/family through video chat	No	110	21.4	51	38.3	<0.001
	Yes	404	78.6	82	61.7	
Talk to friends/family face to face, in person	No	265	51.6	72	54.1	0.596
	Yes	249	48.4	61	45.9	
Spend time with pets	No	345	67.1	78	58.6	0.067
	Yes	169	32.9	55	41.4	
Meditate or other mindfulness practices	No	374	72.8	95	71.4	0.759
	Yes	140	27.2	38	28.6	
Exercise in/around the home	No	224	43.6	77	57.9	0.003
	Yes	290	56.4	56	42.1	
Exercise/spend leisure time outdoors like at a park or walking trail	No	212	41.2	68	51.1	0.040
	Yes	302	58.8	65	48.9	
Yardwork/gardening	No	329	64.0	96	72.2	0.077
	Yes	185	36.0	37	27.8	
Participate in creative activities or hobbies	No	323	62.8	83	62.4	0.926
	Yes	191	37.2	50	37.6	
Learn a new skill or engage in distant learning	No	389	75.7	98	73.7	0.634
	Yes	125	24.3	35	26.3	
Taking breaks from the news or social media	No	268	52.1	71	53.4	0.798
	Yes	246	47.9	62	46.6	

The multivariable logistic regression model in Table 2 shows that participants with higher coping scores had significantly lower odds of experiencing positive PTSD symptoms (AOR: 0.807; 95%CI: 0.733, 0.889; p<0.001), and older participants had significantly lower odds of showing positive symptoms of PTSD (AOR: 0.979; 95%CI: 0.964-0.995; p=0.011). Participants who reported talking to friends or family through video chat had significantly higher odds of positive PTSD symptoms (AOR: 1.965; 95%CI: 1.214-3.179; p=0.006); and those who exercised in or around their homes had significantly higher odds of positive PTSD symptoms (AOR: 1.771; 95%CI: 1.099-2.854; p=0.019). However, participants who spent time with pets and those who meditated had significantly lower odds of positive PTSD symptoms (AOR= 0.602, 95%CI: 0.384-0.943; p=0.027 and AOR= 0.593, 95%CI: 0.354-0.993; p=0.047).

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Table 2. Adjusted Odds Ratios (AOR) coefficients for PTSD symptoms

Variable		95% Confidence	Interval for AOR	P value
	AOR	Lower	Upper	
Work status	0.678	0.431	1.067	0.093
Coping score	0.807	0.733	0.889	<0.001
Sex at birth	1.279	0.779	2.102	0.331
Age	0.979	0.964	0.995	0.011
Education	1.091	0.635	1.877	0.752
Talk to friends/family on telephone	0.922	0.561	1.517	0.750
Talk to friends/family via video chat	1.965	1.214	3.179	0.006
Talk to friends/family in person	0.916	0.579	1.449	0.708
Spend time with pets	0.602	0.384	0.943	0.027
Meditate/other mindfulness practices	0.593	0.354	0.993	0.047
Exercise in/around the home	1.771	1.099	2.854	0.019
Exercise/leisure time spent outdoors	1.256	0.793	1.989	0.332
Yard-work/gardening	1.324	0.816	2.146	0.255
Participate in creative activities	0.771	0.481	1.237	0.281
Learn a new skill/distance learning	0.684	0.415	1.128	0.137
Take breaks from news/social media	0.936	0.605	1.446	0.765

DISCUSSION

Key findings from the present study revealed significant associations between mental health status and the strategies adopted by UK residents to cope with lockdowns and restrictions during the COVID-19 pandemic. First, there was an inverse relationship between coping and presence of PTSD symptoms, with higher coping scores associated with lower odds of having PTSD symptoms. Secondly, spending time with pets and meditating were behaviors associated with lower odds of having positive PTSD symptoms, while respondents who appeared to maintain social distancing measures by communicating with friends or family through video chats, and those who reported exercising in or around the home had higher odds of PTSD symptoms.

The novelty of these findings is one of the strengths of this study as this is one of the few studies to examine mental health and coping strategy correlates in the context of the COVID-19 pandemic lockdown among residents of the UK. Self-care measures

identified through this study may be useful as PTSD-preventive strategies adopted and promoted for use during the COVID-19 pandemic. The interpretation of these findings, however, should be carried out with caution as this paper reports on a cross-sectional study so establishing any causal relationship between the variables proves challenging. Moreover, data were collected during the first wave of the pandemic and prior to the COVID-19 vaccine emergency roll-out. Therefore, any changes in the COVID-19 response and individuals understanding of COVID-19 may potentially impact coping behavior and strategies adopted for managing psychological and emotional stress.

Furthermore, the use of video and audio communication with family members and friends through online applications (such as Skype, Messenger, and WhatsApp); playing online games with friends; watching TV series and movies; performing home sports; gardening; reading books; and learning skills (e.g., knitting, cooking and painting), reduce mental health problems allowing individuals to withstand stress generated from feelings of imprisonment and fears of becoming infected (Dawson and Golijani-Moghaddam, 2020). Results of the present study however indicate that the effect of coping on stress for residents in the UK are not all the same. We found that the higher the coping strategy scores, the lower the odds for having PTSD symptoms. Higher coping scores are suggestive of a degree of resilience on the part of the respondents to find new and creative ways in which to deal with the potential mental stress caused by a pandemic. Spending time with pets and meditating were factors associated with lower odds of having positive PTSD symptoms. Indeed, interacting with pets can decrease levels of cortisol and lower blood pressure, whilst reducing loneliness, increasing feelings of social support, and boosting mood (News in Health, 2018). Finally, meditation has also been reported to assist individuals to focus their attention and eliminate the stream of thoughts that may be crowding the mind and causing stress; thereby enhancing physical and mental wellbeing (Mayo Clinic, 2021).

In fact, the present study identified that maintaining social distancing, as a coping strategy for protecting against COVID-19, may not be as effective towards safeguarding one's psychological health, as the present study indicated that this approach produced greater odds of experiencing PTSD symptoms. This finding implies that people who have concerns with and fear about contracting COVID-19, which itself can be a trigger of emotional stress, may opt for coping tools that foster social distancing. This is one of the few studies to explore mental health and coping at a location where lockdown measures have been strict; and it highlights that use of avoidant coping behavior is positively associated with indices of distress and negatively associated with wellbeing. The present findings concur with prior evidence of relationships between coping strategies and emotional stress such as frustration and loneliness. However, unlike the present study, the use of meditation was associated with higher odds of reporting emotional stress (anger) among the Nigerian population (See and Essau, 2010). This conflict in findings suggests that situational, cultural, and environmental context may influence the effectiveness of coping strategies in ameliorating the impact of COVID-19 pandemic related stress on individuals. There is a growing body of literature

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indicating that cultural deviations relating to stress and coping do exist as culture informs interactions between the individual and the environment (Cheng, et al., 2013).

IMPLICATIONS TO RESEARCH AND PRACTICE

In the face of the severity of the impact of the pandemic and the measures taken to contain it within the UK, individuals may need to select needs and exigencies in keeping with their goals and values whilst meeting the demands and pressures that the pandemic imposes. The choices made for social adjustment depend also on the ability of the individual to draw on cognitive resources to carry out actions to exercise control (Bandura, 2008). The seminal works by Seligman and colleagues (Maier and Seligman, 1976) on the concept of learned helplessness address the urgency perhaps for UK citizens to take back some control over their lives to conserve their long-term psychological health.

Also, cultural factors can inform perception of control and thus it is plausible to ascertain whether the mental health impact of COVID-19 is modulated by culture. Beck's (Beck and Lund, 1981) classic social cognition theory aligns wellbeing with perceived control and posits that human beings are self-developing, self-regulating, self-reflecting and proactive (Bandura, 2008). As agencies, individuals are therefore able to adapt and change to keep up with their goals and values when environmental stress factors impact upon their personal vulnerability (Eriksena, 2021). Values are inevitably shaped by culture (Dyczewski, and Sławik, 2016), thus, a complex web of culture, use of coping strategies and control of emotional stress is weaved.

CONCLUSION

COVID-19 is a major source of mental distress (Shevlin, et al., 2020) and the present study has identified various methods of coping that are advocated for use by UK citizens during this period. The UK is a multi-cultural country, and it is acknowledged that these present findings may not be generalisable to cultural minorities resident in the UK. Nevertheless, the study findings indicate that having a pet as a companion and practicing relaxation and meditation techniques may prove to be effective techniques in reducing symptoms of COVID-19-related PTSD. In contrast, communicating through video chat and exercising in or around the home may prove less effective for maintaining psychological health during lockdowns.

FUTURE RESEARCH

The cultural dimension attached to the adoption and effectiveness of various coping strategies deserves further exploration and implies that there is a current shortage of research investigating the role that culture plays in coping with lockdowns and restrictions during the COVID-19 epoch.

References

Banerjee, D. (2020) The other side of COVID-19: Impact on obsessive compulsive disorder and hoarding. Psychiatry Research, 288, 1-2. https://doi.org/10.1016/j.psychres.2020.112966.

Bandura, A. (2008). The reconstrual of "free will" from the agentic perspective of social cognitive theory. In Baer, C. Kaufman, & R. F. Baumeister (Eds.), Are we free? Psychology and free will (pp. 86-127). Oxford: Oxford University Press.

Beck, K. H., and Lund, A. K. (1981). The effects of health threat seriousness and personal efficacy upon intentions and behavior. Journal of Applied Social Psychology, 11,401-405.

Bu F, Steptoe A, Fancourt D. Loneliness during a strict lockdown: Trajectories and predictors during the COVID-19 pandemic in 38,217 United Kingdom adults. Soc Sci Med. 2020; 265:113521.

Cheng C, Cheung SF, Chio JH, Chan MP. (2013) Cultural meaning of perceived control: a meta-analysis of locus of control and psychological symptoms across 18 cultural regions. Psychological Bulletin,139(1):152-88.

Culbertson, A. (2021) COVID-19: England's R number rises slightly to between 0.8 and 1.1. https://news.sky.com/story/covid-19-englands-r-number-rises-slightly-to-between-0-8-and-1-1-12422988.

Dawson, D., and Golijani-Moghaddam, N., (2020) COVID-19: Psychological flexibility, coping, mental health, and wellbeing in the UK during the pandemic. Journal of Contextual Behavioral Science, 17, 126-134. https://doi.org/10.1016/j.jcbs.2020.07.010.

Dyczewski, L., & Sławik, Z. (2016). Values – the core of culture. Politeja, 44, 143–170. http://www.jstor.org/stable/24920299.

Eriksen, S., Lisa E. Schipper, F. Scoville-Simonds, M. Vincent, K. Adam, H. Brooks, N. Harding, B. Khatri, K. Lenaerts, L. Liverman, D. Mills-Novoa, M. Mosberg, M. Movik, S. Muok, B. Nightingale, A. Ojha, H. Sygna, L. Taylor, M. Vogel, C. Joy J. West, J. (2021) Adaptation interventions and their effect on vulnerability in developing countries: Help, hindrance or irrelevance? World Development, 141, 105383, doi.org/10.1016/j.worlddev.2020.105383.

GOV.UK (2021a) https://www.GOV.UK/guidance/covid-19-coronavirus-restrictions-what-you-can-and cannot-do. Last accessed 3rd June 2021.

GOV.UK (2021b) https://www.GOV.UK/government/news/new-tv-advert-urges-public-to-stay-at-home-to-protect-the-nhs-and-save-lives. Last accessed 3rd June 2021.

Maier, S. F., & Seligman, M. E. (1976). Learned helplessness: Theory and evidence. *Journal of Experimental Psychology: General, 105*(1), 3–46. https://doi.org/10.1037/0096-3445.105.1.3

Mason, T., Barrington-Trimis, J., and Leventhal, A., (2020) Eating to cope with the COVID-19 pandemic and body weight change in young adults. Journal of Adolescent Health, 1-7. https://doi.org/10.1016/j.jadohealth.2020.11.011.

Mayo Clinic (2021) https://www.mayoclinic.org/tests-procedures/meditation/in-depth/meditation/art-20045858. Last accessed 4th October 2021.

New in Health (2018) https://newsinhealth.nih.gov/2018/02/power-pets. Last accessed 4th October 2021.

See C.M., Essau C.A. (2010) Coping Strategies in Cross-Cultural Comparison. In: Mayer B., Kornadt HJ. (eds) Psychologie – Kultur – Gesellschaft. VS Verlag für Sozialwissenschaften. https://doi.org/10.1007/978-3-531-92212-6_7.

Scott, S., McGowan, V., and Visram, S. (2021) I'm gonna tell you about how Mrs Rona has affected me. Exploring young people's experiences of the COVID-19 pandemic in North East England: A qualitative diary-based study. International Journal of Environmental Research in Public Health, 18, 3837doi: 10.3390/ijerph1807387.

Shevlin, M., McBride, O., Murphy, J., Miller, J. G., Hartman, T. K., Levita, L., Mason, L., Martinez, A. P., McKay, R., Stocks, T., Bennett, K. M., Hyland, P., Karatzias, T., & Bentall, R. P. (2020). Anxiety, depression, traumatic stress and COVID-19-related anxiety in the UK general population during the COVID-19 pandemic. BJPsych open, 6(6), e125. https://doi.org/10.1192/bjo.2020.109.

The Health Foundation. (2021). COVID-19 policy tracker 2020. https://www.health.org.uk/news-and-comment/charts-and-infographics/covid-19-policy-tracker.

WHO (2020) WHO COVID-19: resources for adolescents and youth. WHO; World Health Organization.http://www.who.int/material_child_adolescent/links/covid-19-mncah-resources-adolescents-and-youths/en/.

WHO (2021). Timeline of WHO's response to COVID-19. https://www.who.int/emergencies/diseases/novel-coronavirus-2019/interactive-timeline#

Restubog SLD, Ocampo ACG, Wang L. Taking control amidst the chaos: Emotion regulation during the COVID-19 pandemic. J Vocat Behav. 2020; 119:103440.