The coronavirus papers 1.2

Hidden effects:
The mental health of the UK's Jewish population during the COVID-19 pandemic

October 2020

The coronavirus papers comprise a series of reports based on a national survey of Jews across the UK conducted by JPR in July 2020, during the COVID-19 pandemic. The studies look at the effects of the virus on Jewish people's health, jobs, finances, relationships and Jewish lives, and aim to provide Jewish organisations with the data they need to navigate their way through the pandemic, and to help reinvigorate Jewish life in its aftermath.

1 / Introduction

This is the second in a series of short papers investigating how the COVID-19 pandemic affected Jews across the UK during the four months from when the coronavirus outbreak began and the period when the data for this study were gathered in mid- to late July 2020. Each of these papers explores a different topic, variously touching on the themes of health, socioeconomics, community income, Jewish life, caring and support. Basic details about the methods used in the survey can be found at the end of this paper, as well as in a longer methodological paper available on the JPR website.

Here we consider the impact the coronavirus pandemic has had on Jewish people's mental health, to help community leaders, medical practitioners and other care professionals consider which initiatives might be implemented to mitigate any observed effects. In the paper we try to answer four primary questions: (1) How does the mental health of the Jewish population compare with that of the general population? (2) What is the prevalence of mental distress within the Jewish population and what are its main components? (3) Which groups within the Jewish population report the highest levels of mental distress? (4) To what extent has the coronavirus pandemic exacerbated mental distress among Jews in Britain?

2 / Measuring mental health

Lives have been disrupted by the COVID-19 pandemic in ways that are unprecedented for most people. The uncontrolled spread of a virulent and deadly virus alongside the social and economic turmoil that followed in its wake have understandably led to a considerable amount of research attention being focused on its direct health and economic effects. But there has also been interest in its impact on mental health. For example, the Office for National Statistics (ONS) has been exploring the issue in its Opinions and Lifestyle Survey and Annual Population Survey (APS) and there have been

several papers published, some in prestigious academic journals such as *The Lancet*.[1] In most cases, studies of mental health do not include analyses of religious minorities, but some, such as the APS, do gather data by religion.

All APS respondents – Jews and non-Jews – were asked 'Overall, how anxious did you feel yesterday?' on an 11-point scale from 'Not at all anxious' to 'Completely anxious'. This showed that in 2019, i.e. well before the pandemic, respondents in Great Britain scored on average (mean) 2.9 on this scale, i.e. well towards the not anxious end. In the same survey Jews scored 3.2 on average, indicating that **before the pandemic took hold, Jews reported slightly higher levels of anxiety than the general population**.[2] While we hope to explore the APS data in more detail going forward, alongside other measures of wellbeing, this single measure provides a helpful baseline for the present analysis. This is because it not only provides us with a clear understanding of whether, on average, Jews are more or less likely to report being anxious than the general population, it also gave us a question to replicate in our own research to assess the levels of anxiety in the Jewish population. When we asked this question in our COVID-19 survey, we found that the average anxiety score for Jews in July 2020 was 3.7, suggesting that **there has also been a rise in levels of anxiety in the Jewish community since the onset of the pandemic** (Figure 1).[3]

Figure 1. Level of anxiety reported by the Jewish and general populations of Great Britain, before and during the pandemic (N=140,001)

Truncated scale: 0 (Not at all anxious) to 10 (Completely anxious)
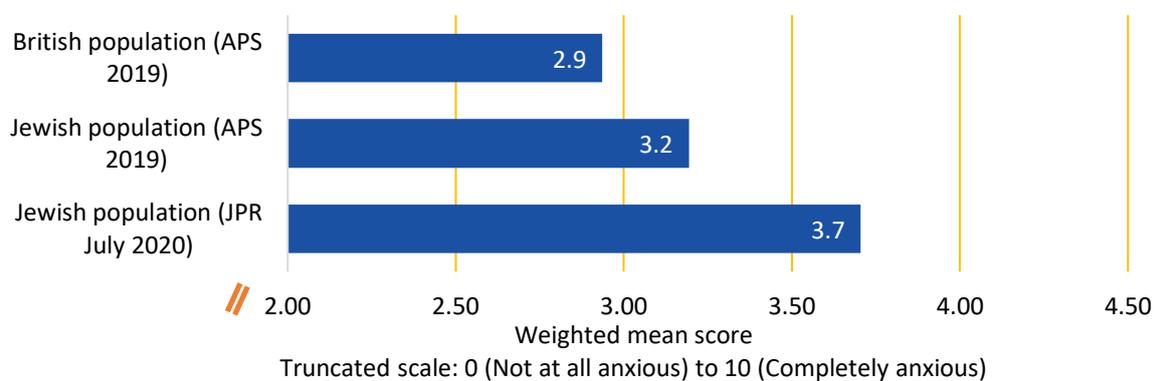
Question: Overall, how anxious did you feel yesterday?
Sources: Annual Population Survey (APS) (see footnote 2), and Institute for Jewish Policy Research.

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[1] Pierce M., Hope H., Ford T., Hatch S., Hotopf M., John A., Kontopantelis E., Webb R., Wessely S., McManus S., Abel K.M., 'Mental health before and during the COVID-19 pandemic: a longitudinal probability sample survey of the UK population,' *The Lancet*, July 2020.

[2] Authors' calculations using weighted mean data. Source: Office for National Statistics, Social Survey Division. (2020). Annual Population Survey, January - December 2019. [data collection]. 2nd Edition. UK Data Service. SN: 8632, http://doi.org/10.5255/UKDA-SN-8632-2.

[3] Comparative APS data for 2020, i.e. during the pandemic, were not available at the time of writing, but the ONS Opinions and Lifestyle Survey shows that the average score across the population of Great Britain rose to 5.2 between 20 and 30 March, before falling to 4.0 between 30 April and 10 May and remaining at approximately that level in July (see: ONS, 'Coronavirus and anxiety, Great Britain: 3 April 2020 to 10 May 2020', published 15 June 2020; and 'Dataset: Total population estimates on personal and economic wellbeing across time,' 10 September 2020). This aligns with the theory of "hedonic adaptation" (Diener, E., Lucas, R. E., & Scollon, C. N. (2006). 'Beyond the hedonic treadmill: Revising the adaptation theory of well-being.' *American Psychologist*, 61(4), 305–314. https://doi.org/10.1037/0003-066X.61.4.305), which maintains that when a shock event occurs, well-being is temporarily impacted, but people then quickly adapt so that it partially bounces back, though not necessarily to the same level.

In our study of the UK Jewish population, we also asked respondents to subjectively assess how they had felt over the previous two weeks based on eight indicators of mental wellbeing, drawn from other studies. Six indicators were worded negatively: 'Felt nervous, anxious or on edge'; 'Felt frustrated'; 'Felt down, depressed or hopeless'; 'Felt lonely or isolated'; 'Became easily annoyed or irritable' and 'Felt bored'; and two were worded positively: 'Felt calm and relaxed' and 'Felt content'. Each indicator was measured using a 5-point Likert scale: Frequently, Often, Occasionally, Rarely, Never.[4]

The data show that **frustration was most likely to be felt frequently or often and was experienced at this level by 31% of respondents** in the previous two weeks (Figure 2). This was followed by boredom (28%) and general irritability (28%). Feeling lonely and isolated was the least commonly experienced (or least prevalent) indicator, although almost one in five respondents (17%) reported feeling this frequently or often in the previous two weeks.

On the other hand, the two positively worded statements indicate that over half (57%) felt calm and relaxed and just over half (51%) felt content either frequently or often. Even so, 13% said they had rarely or never felt calm and relaxed, and 15% had rarely or never felt content in the previous two weeks.

Figure 2. Prevalence of various aspects of mental wellbeing in the UK Jewish population in the previous two weeks, ordered by Frequently + Often (n=6,984)
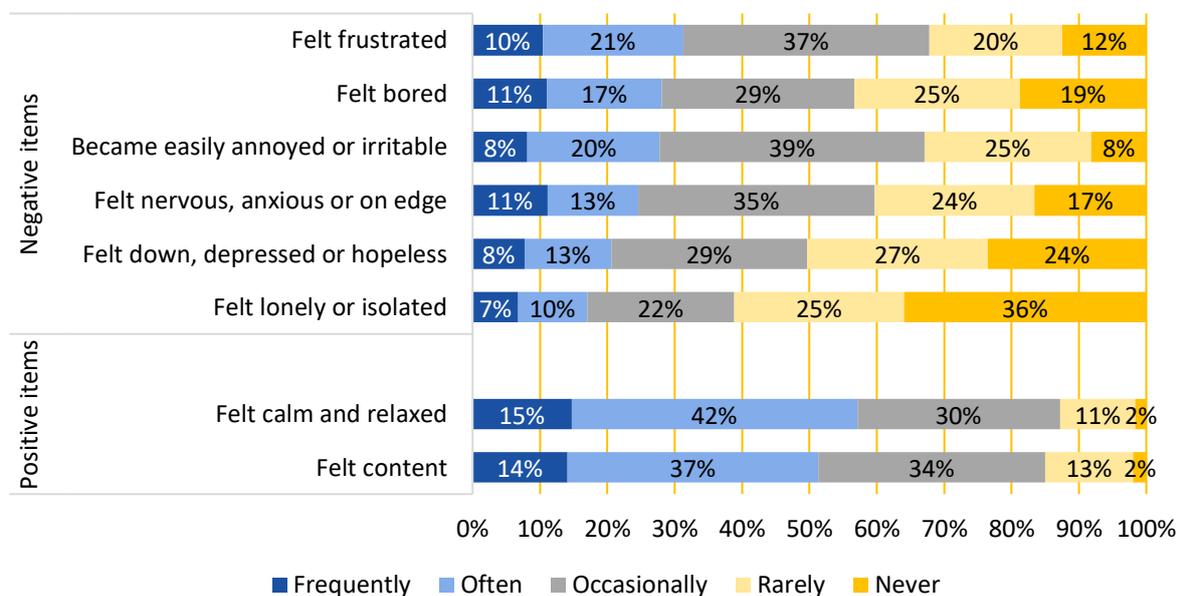
Question: Over the last two weeks, have you generally: [responses as shown on chart].

Whilst we see that the Jewish population was more likely to be frustrated, bored and irritable than anxious, depressed and lonely, a key aim of this investigation is to try and understand whether the coronavirus pandemic exacerbated (or improved) levels of mental distress among Jews. Several studies and other assessments have shown that this is very clearly the case both in the wider population of Great Britain and in populations elsewhere.[5] The extent to which this has occurred in

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[4] These indicators were selected from several COVID-19 studies carried out by: Centre for Longitudinal Studies (CLS), PEW, Nishma (United States), Wellcome, ONS, and the Australian Broadcasting Corporation (ABC).
[5] ONS August 2020 Coronavirus and depression in adults, Great Britain: June 2020; Pierce et. al. 2020, op. cit.; In the United States: McGinty E.E., Presskreischer R., Han H., Barry C.L. 'Psychological distress and loneliness

the Jewish population can be seen in Figure 3, which shows that for each of the eight indicators, respondents were asked to subjectively assess whether they 'feel this more now', 'feel this about the same now', or 'feel this less now', compared with how they felt in February 2020, just before the pandemic took hold. On the six negative items, we see that respondents were between three and seven times more likely to report a deterioration in their mental health than an improvement, and whilst the findings for the two positive items were rather less stark, they nevertheless show the same general pattern—a notable decline in mental wellbeing. The greatest changes were in feelings of frustration and feeling nervous, anxious or on edge with **almost half of the respondents (47%) saying they felt more frustrated and more anxious now than before the pandemic**.

But it is also the case that for some people, aspects of their mental wellbeing improved. The two positively worded indicators—'felt calm and relaxed' and 'felt content'—were included to help assess whether anyone felt they had benefited, at least in some ways, from the changes that have been brought about by the pandemic. For example, stress levels might have declined among individuals who no longer had to commute to work, rush to meetings or feel they were missing out on social events, or who simply had more time to appreciate the natural environment. Indeed, we see that 16% said they felt *more* calm and relaxed, and 12% *more* content now than they did before the pandemic (Figure 3). We also see that a minority (between 7% and 11%) reported improved wellbeing on the negative indicators with, for example, 11% saying they felt *less* lonely and isolated than before.

Figure 3. Level of change reported in various aspects of mental wellbeing: the previous two weeks compared with before the pandemic started (n=6,984)
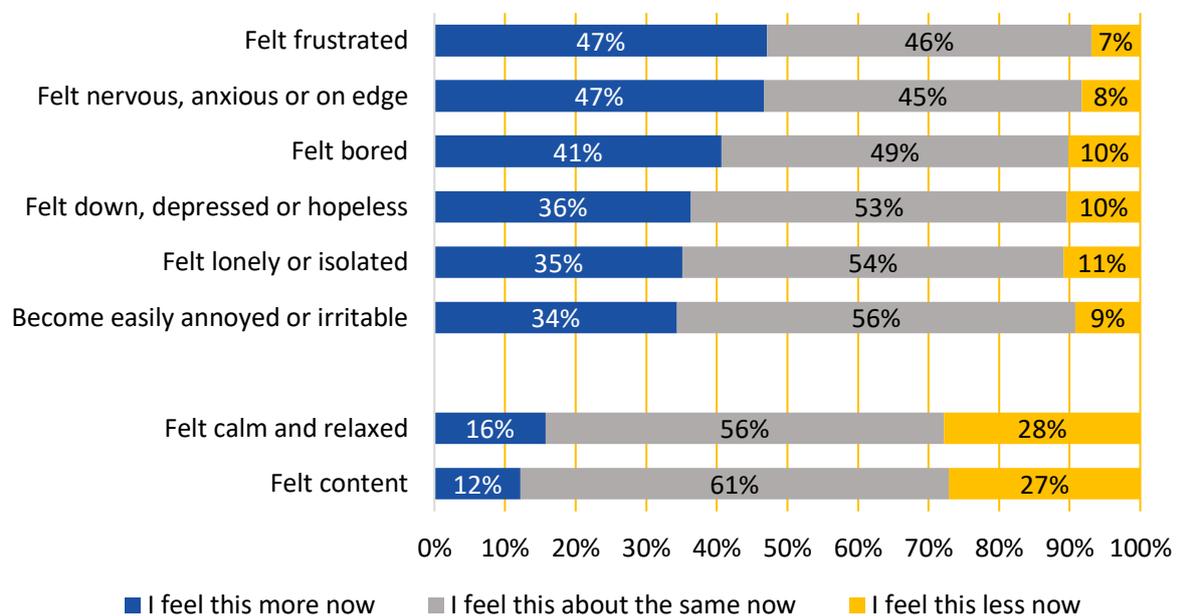
Question: And for each of these, do you currently feel more, less or about the same as you felt in February 2020, just before the coronavirus outbreak in the UK?

In the absence of alternative data, this approach provides some indicative information about change, but it is imperfect in certain respects. People may not be able to report accurately about their mental health retrospectively, we did not measure the magnitude of change, and taking a snapshot in a period

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reported by US adults in 2018 and April 2020.' JAMA 2020; published online June 3; In Australia: 'As Victoria endures prolonged coronavirus lockdown, mental health workers see devastating impacts of COVID-19,' ABC News.

of rapid and dramatic change will not tell us how things were, or are, at other times. Indeed, this survey was carried out during a relatively calm period in the course of the pandemic;[6] had it taken place one or two months earlier, during the height of the UK's lockdown which started on March 23rd 2020, it is likely that different results would have been obtained.[7] In time, we will look to address these issues by drawing on national data for this period when it becomes available, and by seeking to work with community organisations to analyse any data they collect.

3 / Developing scales of mental distress

Although these eight measures are drawn from a variety of different research sources, combining them to derive a summary indication of the level of mental distress for each individual gives us some useful insights into their overall level of mental health. In order to do so, the more frequently an indicator was experienced, the higher the score we applied in a scale (and vice versa for the two positive items).[8] In other words, the higher the score, the worse the respondent's mental state. The range of the resulting scale of mental distress is from 0 (no mental distress reported on any of the indicators) to 32 (the maximum level of mental distress recorded on all indicators). The distribution is fairly symmetrical with a slight skew towards lower levels of mental distress and an average (or mean) score for the sample of 13.2, as indicated by the red line in Figure 4.[9]

Figure 4. Distribution of mental distress scale for the UK Jewish population (red line indicates mean score) (n=6,984)

Mental distress scale (0 = none; 32 = severe)

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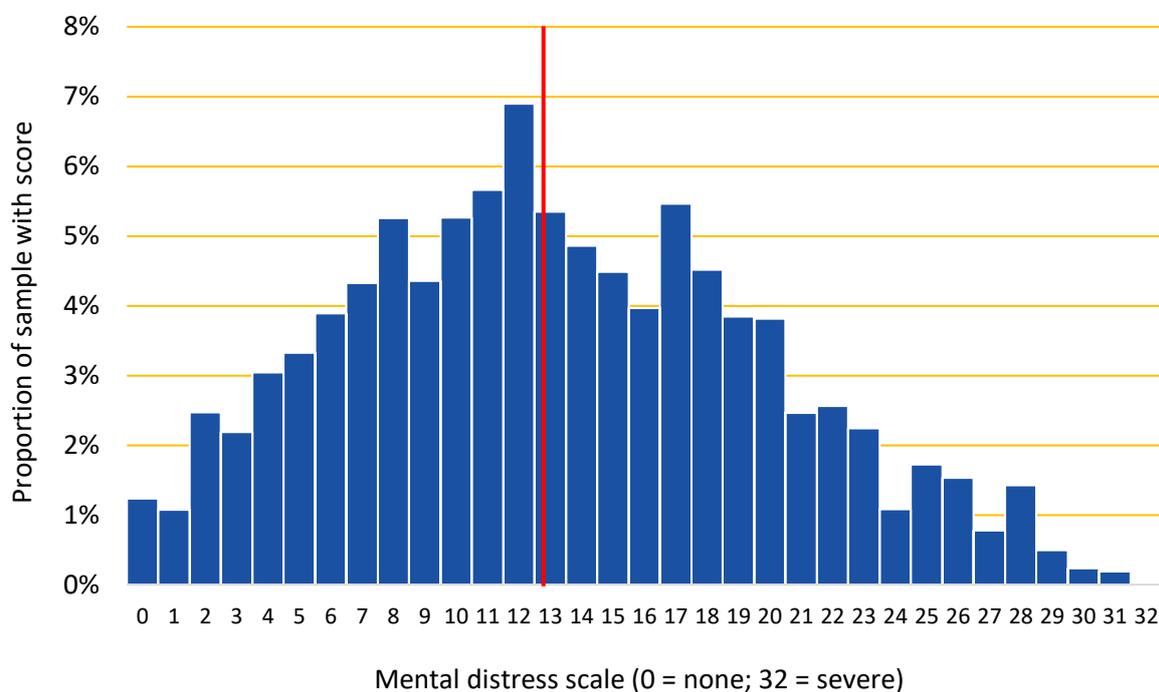
[6] The survey took place in July 2020, which in terms of COVID-19 deaths was long after the first peak had passed (~April 20th) and during which many restrictions were being eased and people were planning summer holidays abroad.

[7] With this in mind, JPR hopes to be able to measure change more directly by including standardised measures of mental wellbeing in future surveys enabling us to compare multiple points over time.

[8] Note the scale (Frequently to Never) is not perfectly symmetrical (the opposite of frequently is not never), but reversing the scale is preferable to losing the data from the two positive items entirely.

[9] The following statistics are associated with this distribution: Standard error=.08, Standard deviation=6.72, Skewness=.24, Kurtosis=-0.53; 25th percentile=8, 50th percentile=13, 75th percentile=18. 95% Confidence Interval for the mean: Lower Bound=13.1, Upper Bound=13.4.

We also developed a scale for measuring change in mental distress. If a respondent reported feeling a mental wellbeing indicator 'more now' i.e. more than before the pandemic began, it meant their mental wellbeing had *deteriorated* (on the negative items) and this was scored -1, whereas if they reported feeling it 'less now', their mental wellbeing had *improved* and was scored +1. Where there was no change the score was 0. The opposite approach was taken for the two positive items which were reversed (see footnote 8 on p.5). Scores for each respondent were then summed across all eight indicators to form an overall score of net change per person ranging from -8 (everything deteriorated) to +8 (everything improved). Whilst close to half score between -2 and +2, the results show a clear skew towards the negative values – indicating a deterioration in mental health – with an average (or mean) score for the sample of -2.1, shown by the red line in Figure 5.[10] 64% of respondents scored -1 or less, i.e. **almost two out of three respondents felt their mental wellbeing had deteriorated, at least to some extent, since the onset of the pandemic**, and over a quarter (28%) scored -5 or less, i.e. they experienced a deterioration in five or more of the eight indicators.

Figure 5. Distribution of change in mental distress scale for the UK Jewish population (red line indicates mean score) (n=6,984)

Change in mental distress score
(-8 = total deterioration; 0 = no change; +8 = total improvement)
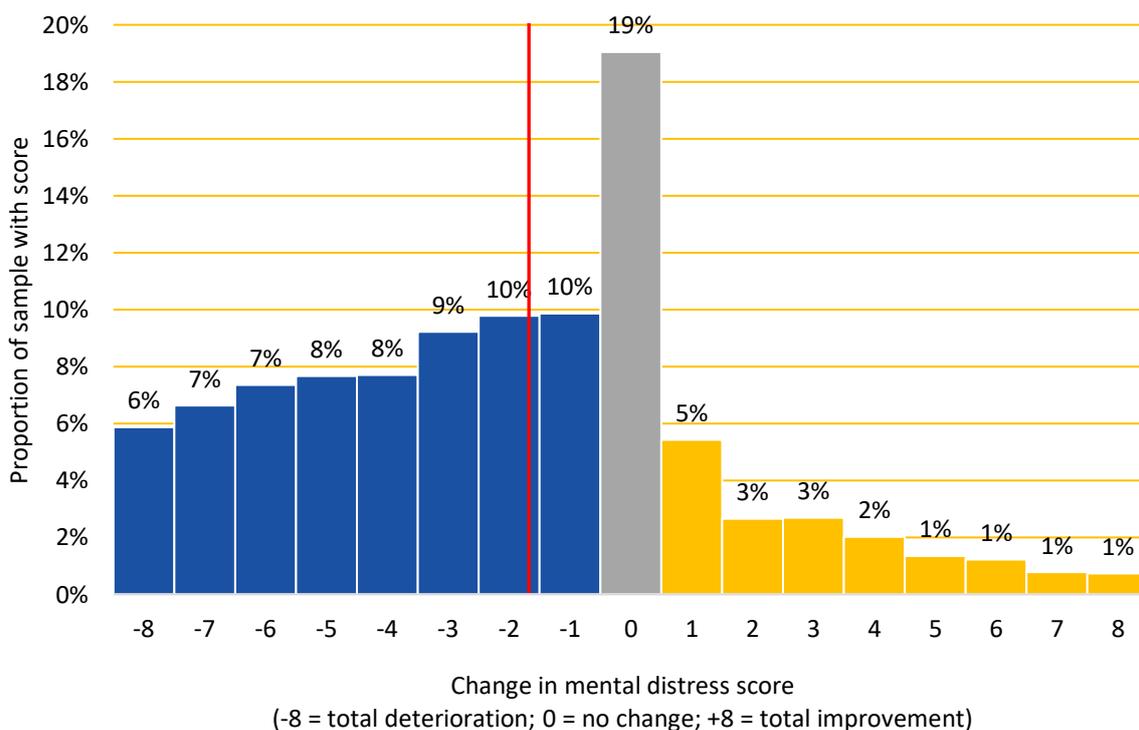
4 / Assessing mental distress by subgroup

Studies of the general population of Great Britain have shown that the pandemic has affected the mental wellbeing of certain subgroups more than others. For example, the Office for National Statistics reports that "Adults who were aged 16 to 39 years old, female, unable to afford an unexpected expense, or disabled were the most likely to experience some form of depression during

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[10] The following statistics are associated with this distribution: Standard deviation=3.46, Skewness=-0.29, Kurtosis=-0.14; 25th percentile=0, 50th percentile=-2, 75th percentile=-5. 95% confidence Interval for the mean: Lower Bound=-2.0, Upper Bound=-2.2.

the pandemic."[11] Similarly, a report in the medical journal *The Lancet* notes "The substantial increase in mental distress in the UK population has not affected all groups equally," with the authors stating that "being young, a woman, and living with children, especially preschool age children, have had a particularly strong influence on the extent to which mental distress increased under the conditions of the pandemic."[12]

4.1 / The effects of age

In our data on the Jewish population, **for every mental wellbeing indicator examined, the younger people were, the more likely they were to report mental distress** in the two weeks prior to the survey (Figure 6). For example, those aged 16 to 29 scored an average (mean) of 16.4 on the mental distress scale, compared to 14.4 among those in their thirties and 10.1 for those aged eighty and above.

When we examine the specific measures that comprise the scale, we see the same pattern. 13% of 16 to 29 year olds reported feeling frequently lonely and isolated, almost twice the proportion of those aged 30 to 39 (8%) who, in turn, were twice as likely to report feeling this as those aged 40 and above (4%). It is also the under forties who are most likely to report suffering from boredom: 25% of those aged 16 to 29 were frequently bored, twice the proportion found among those aged 30 to 39 (13%) which, again, is more than double the level found for those aged 40 and above (5%) (not shown graphically). Intuitively, this makes some sense: for most people in work, much of their lives continued as before, even if their circumstances changed, but for many younger people in school or higher educational institutions, much of their lives simply stopped.

Figure 6. Mean score on the mental distress scale by age group, UK Jewish population (n=6,984)
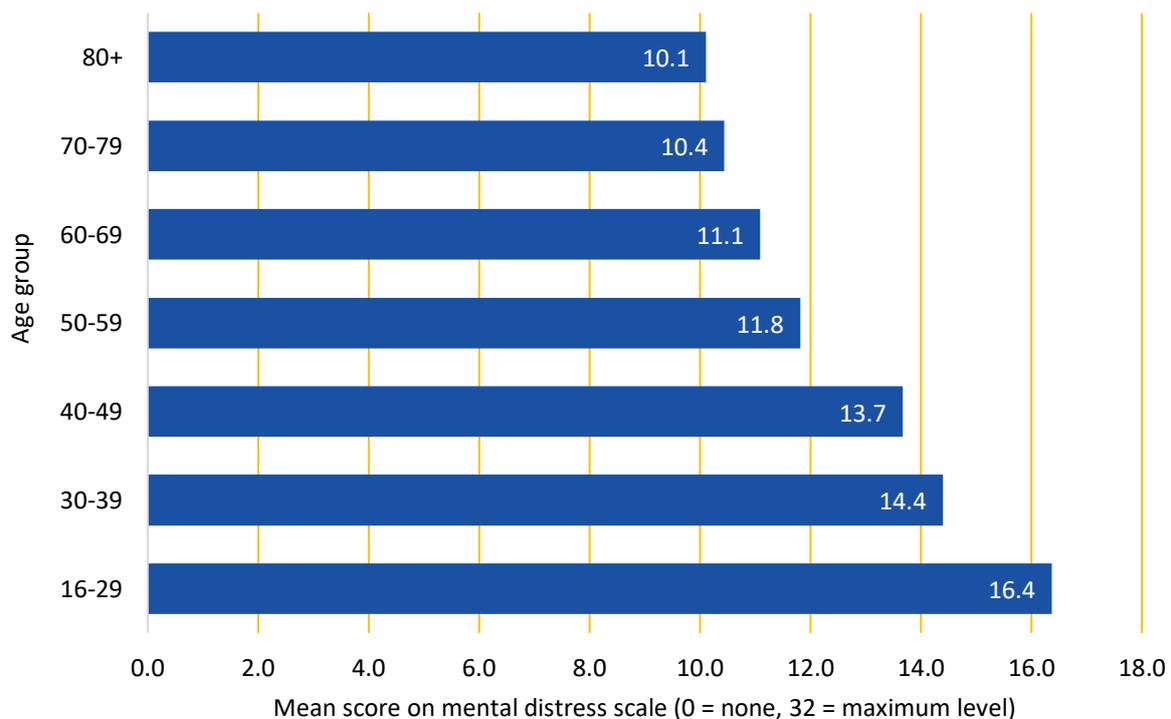

Question: Over the last two weeks, have you generally… [response options as listed on chart].

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[11] Office for National Statistics, 2020, 'Coronavirus and depression in adults,' Great Britain: June 2020. https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/coronavirusanddepressioninadultsgreatbritain/june2020.
[12] Pierce et. al. (2020), op. cit. p.7.

Figure 7 shows the change in mental state by age. For each age group, the proportion who reported a deterioration in their mental state (blue bars) since the outset of the pandemic is compared with the proportion who reported an improvement in their mental state (orange bars). Those who expressed no change in their mental state are not included. Again we see the majority of change was deterioration in all age groups, but we also see the same clear relationship with age, where **the younger respondents are, the more likely they are to report a deterioration in their mental state since the beginning of the pandemic**. For example, 74% of those aged 16 to 29 reported a net deterioration in their overall mental state since the beginning of the pandemic, compared with 57% for their parents and 51% for their grandparents.

Figure 7. Reported overall change in mental state* by age (n=6,984)
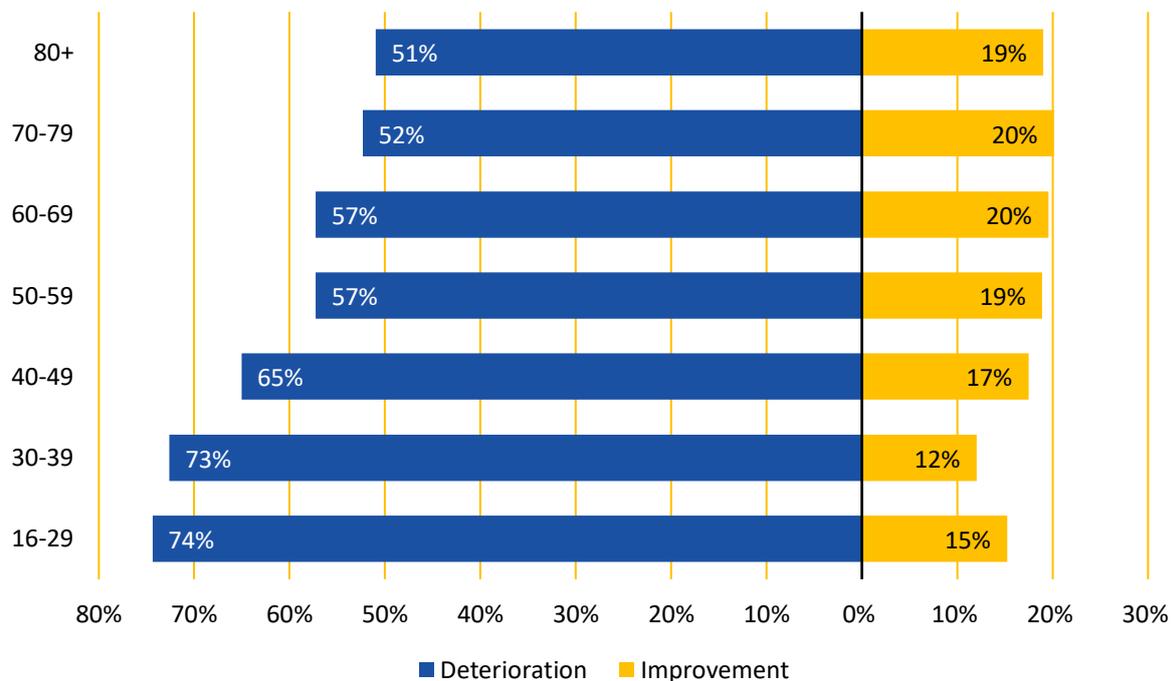
Question: And for each of these, do you currently feel more, less or about the same as you felt in February 2020, just before the coronavirus outbreak in the UK?
** Excluding no change.*

Taking these results (Figure 6 and Figure 7) together, we see two related trends: the younger people are, the more likely they are to report mental distress, *and* the more likely they are to report they have experienced a deterioration in their mental state since the beginning of the pandemic. This suggests **mental wellbeing among younger Jewish people has been more severely affected by the coronavirus outbreak than among older Jewish people,** which aligns well with the findings previously noted among the national population.

4.2 / The effects of gender

The literature also reports that the mental wellbeing of women has been more badly impacted by the pandemic than that of men. This is also reflected in our data where we find that male respondents exhibit a mean mental distress score of 12.1 compared with 14.2 for women. In Figure 8 we show the data on an item-by-item basis for those who experienced each item frequently in the previous two weeks. It is clear that Jewish women are more likely than Jewish men to have frequently experienced

every negative indicator, and less likely to have frequently experienced either of the two positive ones. For example, Jewish women are twice as likely as Jewish men to say that they frequently felt 'down, depressed or hopeless' in the previous two weeks, and almost twice as likely as men to say they frequently felt 'annoyed or irritable.' Conversely, women are only about half as likely to say they felt 'calm and relaxed'.

Figure 8. Aspects of mental wellbeing felt 'frequently' in the previous two weeks by sex (n=6,984)
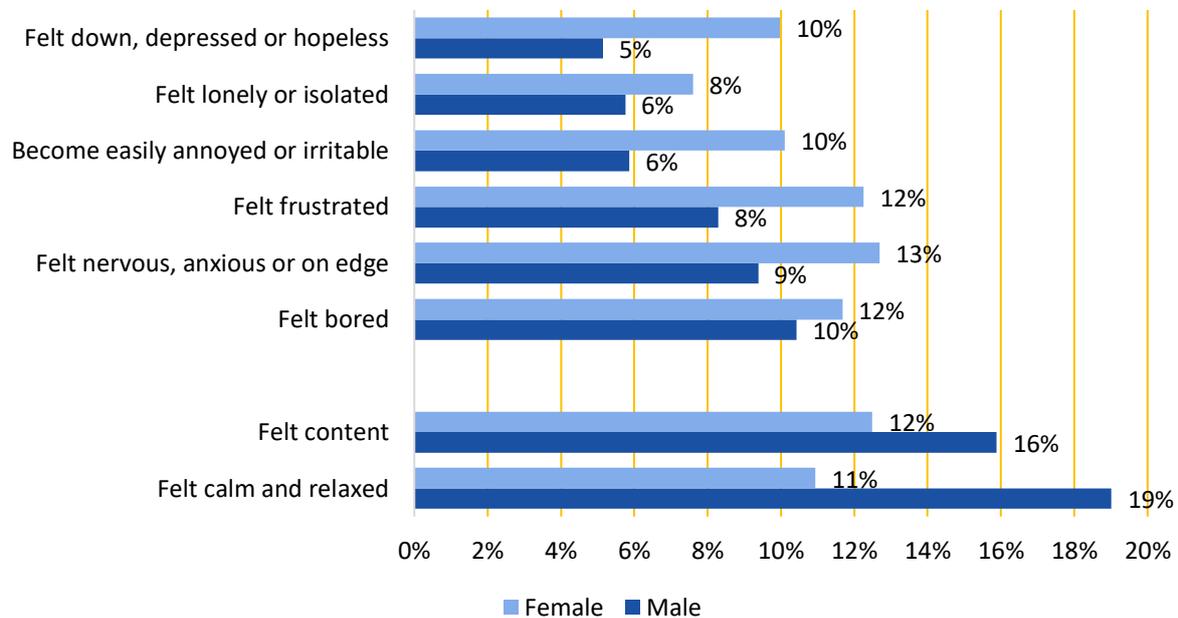
Question: Over the last two weeks, have you generally… [Responses as shown on chart].

Did Jewish women experience higher levels of mental distress than Jewish men before the pandemic, and has it exacerbated any gender differences? In Figure 9 we see that Jewish women were more likely than Jewish men to report a deterioration in their mental state overall (68% versus 59%), but they were also slightly more likely to report an improvement. The difference is greatest in terms of anxiety and smallest in terms of boredom. However, in short we can conclude that **not only do we see that self-assessed levels of mental distress are worse among Jewish women than Jewish men, but also that Jewish women are more likely than Jewish men to say their mental state overall has taken a turn for the worse since the outbreak began**.

Figure 9. Reported overall change in mental state* by sex (n=6,984)
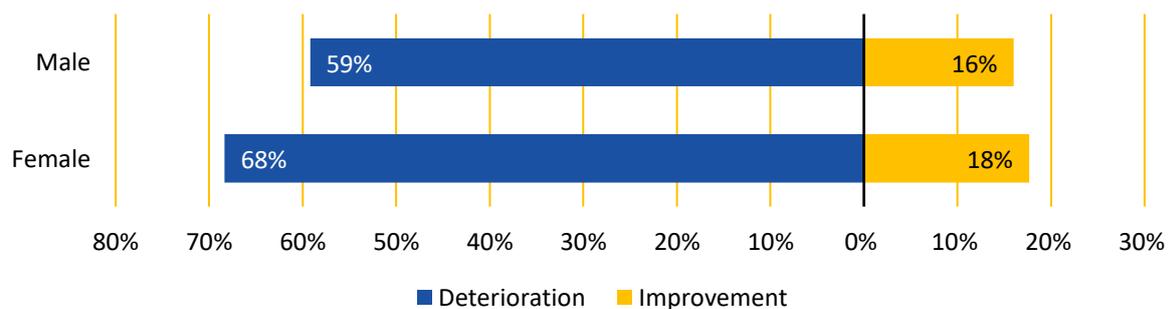
Question: And for each of these, do you currently feel more, less or about the same as you felt in February 2020, just before the coronavirus outbreak in the UK?
* Excluding no change

This begs the question, why? One potential explanation is that women may have been more negatively affected than men by the reduction in social interactions that has resulted from the spread of the virus. Another is that women are more likely to be burdened with childcare than men when schools close and extracurricular activities are stopped[13] and may also be more likely to have greater responsibility for elder care and general household management. It is also possible that women are more comfortable expressing negative feelings than men or, conversely, that men are less comfortable or more guarded about doing so.

4.3 / The effects of Jewish community engagement

One area on which the literature on mental wellbeing is silent is engagement with religious life in general, and thus Jewish life in particular. In our survey we see a clear trend with respect to synagogue membership. **Mental distress is notably higher among those who are not synagogue members than among those who are;** those who hold no synagogue membership exhibited a mean mental distress score of 14.7, compared with 12.2 for those who do (Figure 10). Moreover, there is also a relationship in terms of denomination, with more orthodox members exhibiting lower mean scores than the more progressive members. Part of the explanation here may be age, since just over half (51%) of the non-member group is under 40 years old, a larger proportion than any synagogue grouping, and, as we have shown above, younger people are far more likely to report mental distress than older people. On the other hand, a similarly high proportion of strictly Orthodox members are also aged under 40 years (48%) and they exhibit one of the lowest means (11.8), so age cannot be the only explanation. It is also possible that synagogue membership is acting here as an indicator of economic advantage – a topic we return to shortly – or other factors which may impact on the decision to become a synagogue member and are also associated with mental health.

Figure 10. Mean score on the mental distress scale by synagogue membership (n=6,984)
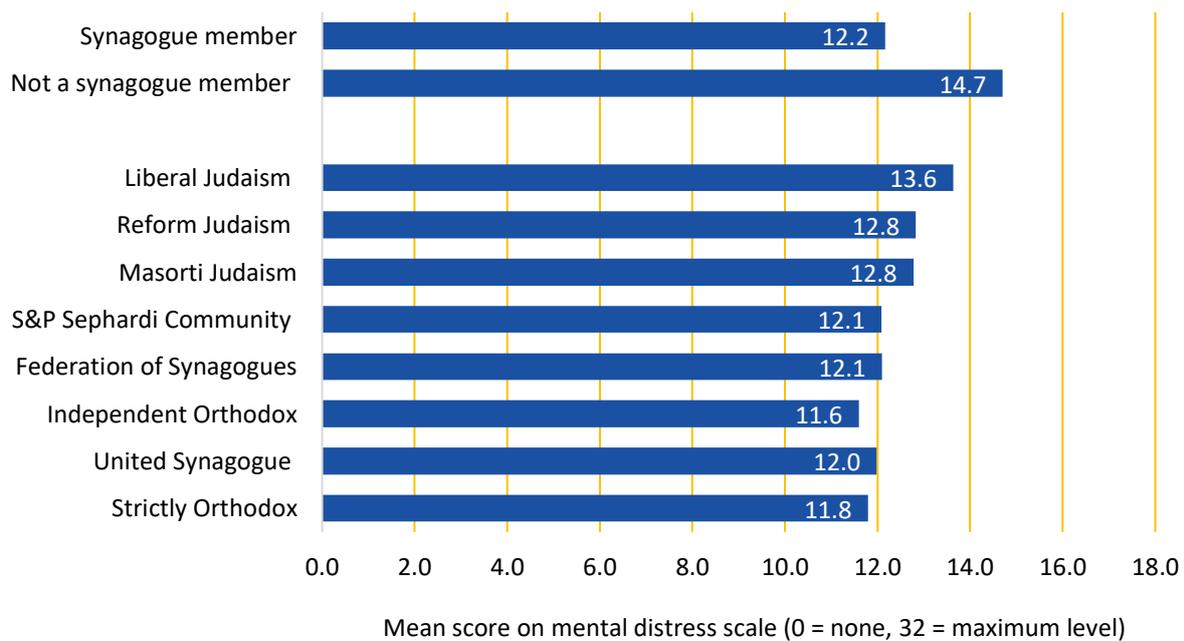
Mean score on mental distress scale (0 = none, 32 = maximum level)

Question: Over the last two weeks, have you generally… [response options as listed on chart].
Question: Which, if any, of the following types of synagogue are you currently a member of? If you belong to more than one synagogue, please select the one you typically attend most frequently.

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[13] Smith S. (2020). 'Back to school does not necessarily mean back to work for mothers', *The Conversation* https://theconversation.com/back-to-school-does-not-necessarily-mean-back-to-work-for-mothers-145083

What else might explain the poor mental wellbeing results among non-members? A hypothesis worth exploring is whether being part of a synagogue community at this challenging time benefits one's mental health, after controlling for other factors. Community membership might provide the individual with practical support, welcome contact, opportunities to volunteer, or a more general sense of purpose and belonging at a difficult time. Whilst this has not been tested fully in the current analysis, another finding potentially supports the hypothesis that it is synagogue membership rather than religiosity *per se* that predicts mental wellbeing: no clear relationship between mental wellbeing and secular-religious outlook was observed.[14] The feeling of communality associated with synagogue membership appears to be significant.

4.4 / The effects of having children at home

With the exception of very large households (those of seven persons or more), there is no clear relationship between household size and mental health.[15] Moreover, this one difference is probably explained by the findings above about Jewish communal life, since the largest households tend to be strictly Orthodox. Yet the presence or absence of children at home, especially of young children, is a different matter, and one that the literature has found increases mental distress.[16]

Overall, having children at home appears to reduce mental distress: householders with no children at home have a higher mean mental distress score (13.4) than those with at least one child at home (12.7) (Figure 11, overleaf). However, the difference is small, and much depends on the age of the householders and the age of the child(ren). Importantly, **among those who do *not* have children at home, householders aged under 60 are considerably more mentally distressed than householders aged over 60**. The mean mental distress score for householders without children at home and who are aged under 40 is 15.5, compared with 14.0 for those aged 40-59 and 9.7 for those aged over 60. This might be explained by the fact that the older group is more likely to have adult children who have left home (and who may also be able to provide additional support during the pandemic), whereas middle-aged people may be involuntarily childless or living without their children because of separation or divorce, and the youngest age group may be facing a mix of challenges.

For those who *do* have children at home, **the younger those children are, the more mentally distressed are their parents**. As with other findings, householders with children at home who are under school age are the most mentally distressed of this group, with levels of stress decreasing as the age of the children increases. In summary, for those under retirement age, the presence of children at home is associated with lower levels of mental distress than those without children at home. However, the younger the children are, the greater the levels of mental distress experienced.

As we have seen, those who exhibit greater levels of mental distress have also exhibited a relatively greater deterioration in their mental state since the beginning of the pandemic, and the same trend is seen here (Figure 12, overleaf). On average, among householders without children at home, 79% of those aged under 40, and 75% of those aged 40-59, reported a net deterioration in the state of their mental health since the beginning of the pandemic, compared with 52% of those aged over 60. Similarly, of those who do have children at home, the greatest deterioration was among those with the youngest children, under school age (66%).

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[14] Based on Jewish outlook mean mental distress scores were: Secular 13.2; Somewhat secular 13.7; Somewhat religious 13.4; Religious 12.7

[15] Mean mental distress scores for householders by household size: single person=13.5, multi-person=13.2, and 7+ person=10.6

[16] Pierce et. al. 2020, op. cit.

Figure 11. Mean score on the mental distress scale of householders with and without children at home by age of householder and age of child (N=2,678 households)


Mean score on the mental distress scale (0 = none, 32 = most severe)
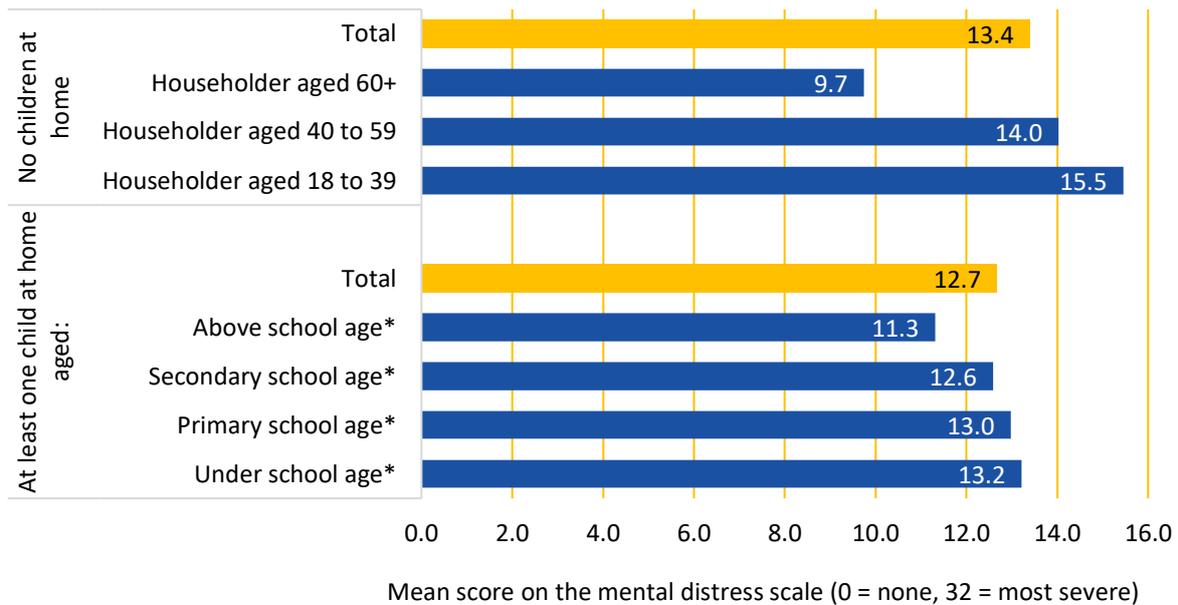
Question: Over the last two weeks, have you generally… [response options as listed on chart].
Question: Do you have any children currently living at home?
*Question: And how many children do you have currently living at home?*
* Note the age categories for children of householders with at least one child at home are not mutually exclusive, e.g. a householder may have one child of primary school and one child of secondary school age at home and will therefore appear in two categories.

Figure 12. Overall change in mental state of householders with and without children at home by age of householder and age of child* (N=2,678 households)
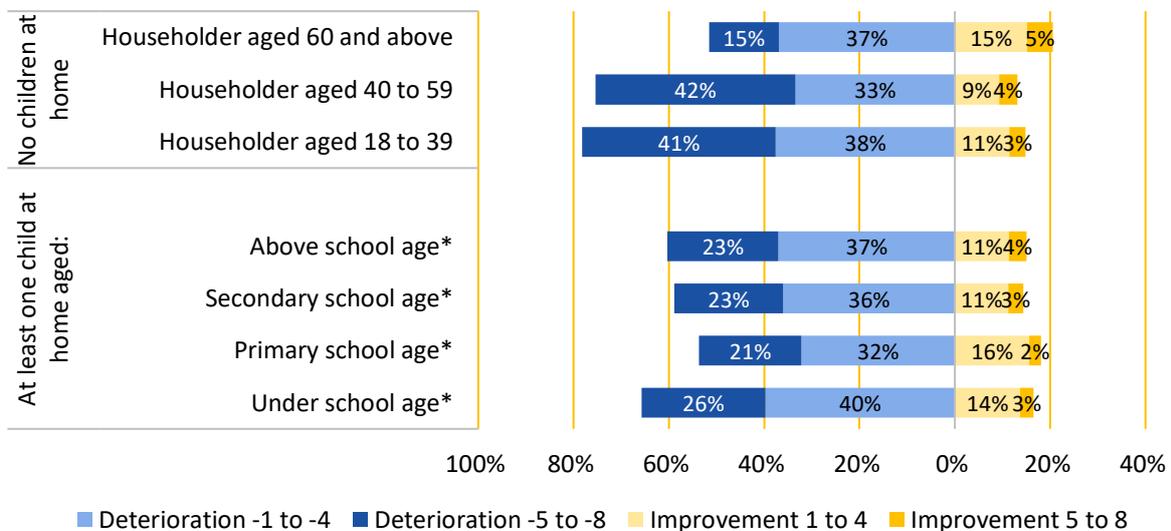
Question: And for each of these, do you currently feel more, less or about the same as you felt in February 2020, just before the coronavirus outbreak in the UK?
Question: Do you have any children currently living at home?
Question: And how many children do you have currently living at home?
* Excluding no change.

4.5 / The effects of socioeconomic status

Existing research has found that during the pandemic, an independent association can be identified between moderate to severe depressive symptoms, and age, sex, financial position and physical disability.[17] Earlier we demonstrated the relationship between mental health and age and sex in the Jewish population; now we will examine economic circumstances and disability.

Our data on Jews also show that employment status is closely associated with mental wellbeing. In short, **the lowest levels of mental distress are exhibited among those who are employed or retired, whereas the highest levels are exhibited among those who are not employed, whether permanently or temporarily** (Figure 13). Jewish people who are unable to work because they are permanently sick or disabled exhibit the highest mean score for mental distress of any group analysed, which could reflect the close relationship between physical and mental wellbeing and/or the differential impact of the pandemic on this group of people, who may be facing additional challenges as a result of lockdown. But the next highest mean score is for those in education at school or university, especially in terms of boredom. No doubt this is related to the fact that this group comprises mainly younger respondents who, as shown above (Figure 6), tend to report relatively high levels of mental distress.

Other groups exhibiting relatively high mean scores are those in economically insecure or vulnerable positions – e.g. the unemployed and those on furlough. There is a notable contrast among self-employed people between those in work and those not currently working, with the latter reporting rather higher levels of mental distress than the former (13.6 versus 10.8 respectively). Those reporting the lowest levels of mean mental distress are either in employment or are retired (score = 10.6), although age is obviously a related factor for retirees.

**Figure 13. Mean score on the mental distress scale by employment status (N=6,984)**
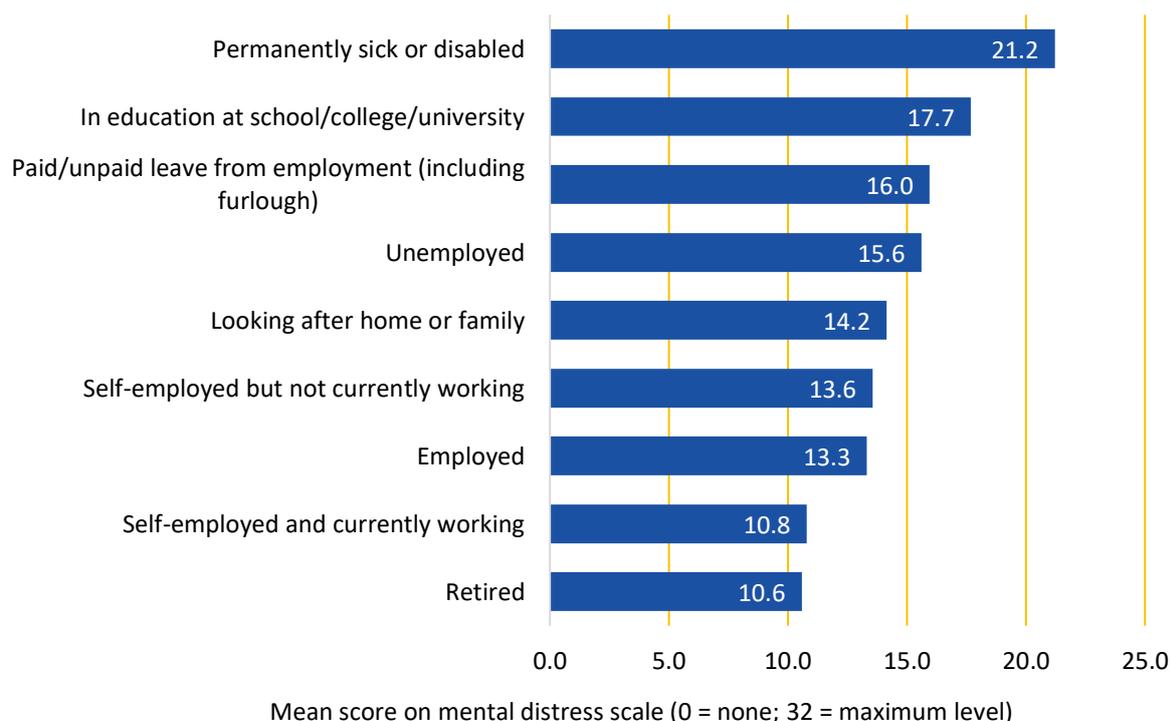
Mean score on mental distress scale (0 = none; 32 = maximum level)

Question: Over the last two weeks, have you generally… [response options as listed on chart].
Question: And which of these would you say best describes your current situation?

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[17] ONS 2018 op. cit.

Other economic indicators show that prosperity and household income[18] are also related to an individual's mental wellbeing. **Respondents with low household income and/or who were finding things tough financially before the pandemic set in, exhibited higher mean mental distress scores than others** (Figure 14). Unlike findings on the general population reported elsewhere,[19] we did not find a relationship between being an essential worker and mental distress, but we did find that having *previously* been an essential worker is related. This could reflect a causal relationship, but may have more to do with the detrimental effects of job insecurity on one's mental state, rather than the role itself.

Figure 14. Mean score on the mental distress scale by financial situation and per-tax annual household income (N=6,984, N=2,678 households)
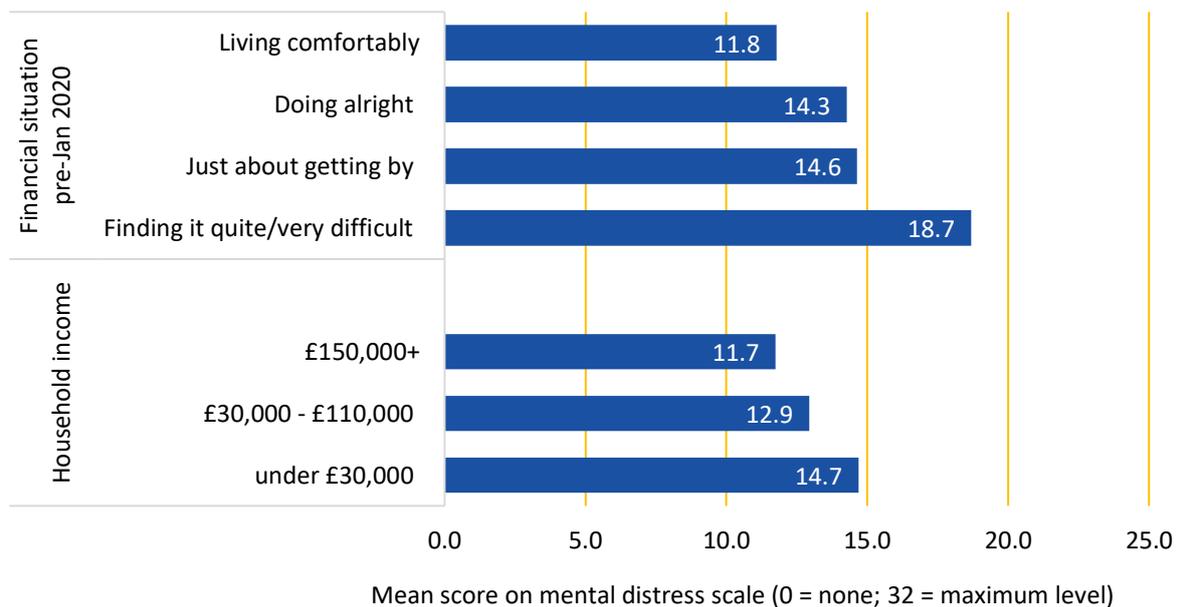
Mean score on mental distress scale (0 = none; 32 = maximum level)

Question: Over the last two weeks, have you generally… [response options as listed on chart].
Question: In January/February 2020, just prior to the coronavirus outbreak, how well were you managing financially? [response options as listed on chart].
Question: Which of the following best represents the annual gross income, from all sources, before tax and other deductions, of your entire household, for the year of 2019? [response options ranging from £5,000 or under to £250,001+; Don't know; Prefer not to say].

4.6 / The effects of COVID-19 infection and physical health

At the time of writing we were eight months into the COVID-19 pandemic, and it is now well understood that one person's experience of the virus can be markedly different from another's. For some it can lead to hospitalisation and even be fatal, but for the majority, the effects are mild or even asymptomatic. Our respondents were asked several questions about their experiences of coronavirus, and the results for mean mental distress scores are presented in Figure 15. Those who say they had *not* experienced any symptoms had a mean score of 12.9 on the mental distress scale. Those saying they *had* experienced symptoms had a rather higher mean score of 14.1 but, curiously, those who had

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[18] Note household income is likely to potentially complicated by age since retired people have lower incomes and Pierce et. al. (2020) op. cit. p.7. find no clear pattern here

[19] Pierce et. al. (2020) (op. cit. p.7) found a relationship with being an essential worker, although their study was carried out during the initial peak, and it is possible that their data on the general population contain a higher proportion or different mix of essential workers.

tested positive for coronavirus scored almost exactly the same as those who had not experienced any symptoms (13.0). Note, however, that these differences are relatively small.

That stated, one group that does stand out with higher levels of mental distress are those who reported having recovered from the primary symptoms of a coronavirus infection,[20] yet continue to suffer from ongoing, post-viral health complaints, which the media has dubbed 'Long COVID.'[21] **The mean mental distress score of 16.0 for people suffering from Long COVID is much higher than for any of the other categories examined, including those who were in the midst of a coronavirus infection (13.2)**.[22]

Figure 15. Mean score on the mental distress scale by the health impact of a COVID-19 infection (N=6,984)
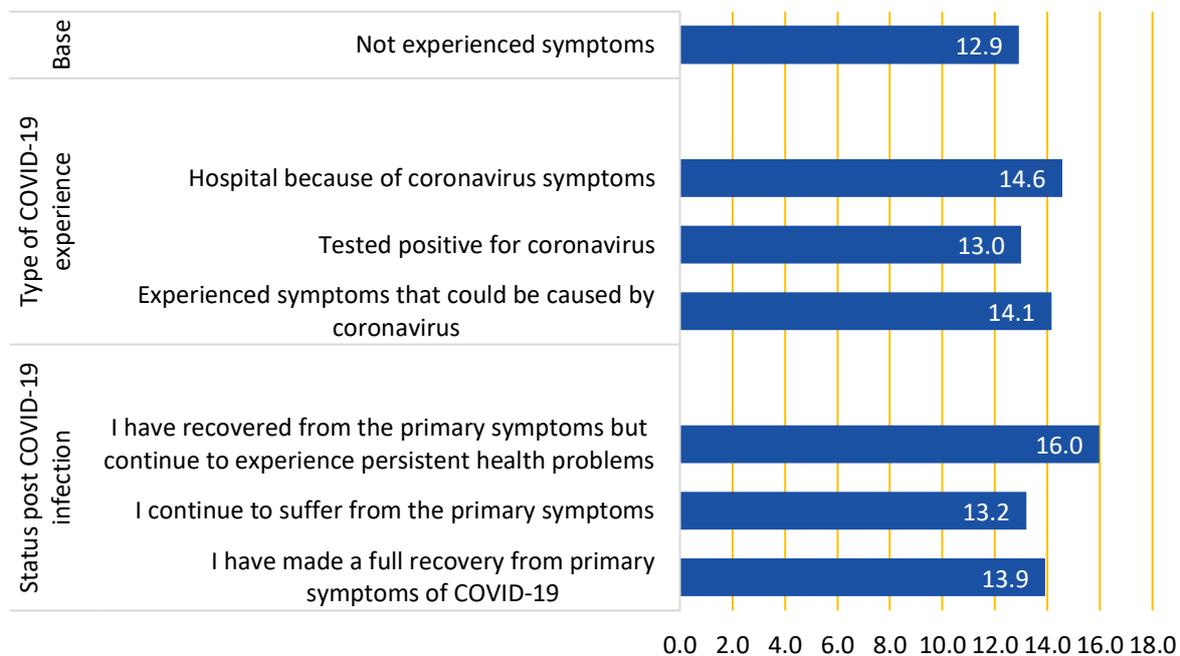
Mean score on mental distress scale (0 = none; 32 = maximum level)

Question: Have you made a full recovery from the primary symptoms of your diagnosed or suspected coronavirus infection?

The survey also asked about respondents' general health, but since this may partly capture mental health,[23] the final analysis relates to those who reported having an underlying health condition that 'makes you particularly susceptible to serious effects from coronavirus.' Only those with two or more such conditions exhibit notably higher levels of mental distress (mean score 14.3 compared to 13.3 for one condition and 13.1 for none), but again the differences are modest. This finding is consistent

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[20] Note in the earlier stages of the pandemic in the UK it was difficult for most people to get a coronavirus test.
[21] See for example, Clifton, H. and Deith, J. (2020) 'Coronavirus: 'Long Covid' patients need treatment programme, doctors say', BBC File on 4.
[22] Note the number of respondents who reported that they were currently experiencing primary symptoms of COVID-19 was relatively low (N=68) with a lower bound 95% confidence interval of 11.4 and an upper bound of 14.8.
[23] It should be noted that the strongest relationship was with data on 'your health in general,' but it is highly likely this is because this variable is measuring the same thing (known a collinearity) since the question does not specify physical health *per se*. For the record, mean scores on the mental distress scale for this question were: Very good 11.3, Good 13.6, Fair 16.5, Bad/Very bad 18.3.

with results published in *The Lancet* which state "we did not find a significant additional independent increase in an individual's change in mental distress because of the COVID-19 pandemic according to other pre-existing characteristics. These characteristics included […] having a pre-existing health condition that would put a person at greater risk from infection with COVID-19."[24]

/ Summary and conclusions

This report reveals several findings of value to individuals and organisations eager to understand mental health issues among the Jewish population of the UK. We have demonstrated that before the pandemic took hold, Jews were slightly more likely than the general population to report feeling anxious, and we have found that since the pandemic took hold in March 2020, almost two out of three Jews reported a deterioration in their mental wellbeing, at least to some extent, suggesting a general rise in levels of stress and anxiety among Jews. Indeed, almost half of the respondents reported feeling more frustrated and/or more anxious now than they did before the pandemic. At this stage, we cannot compare how this increase compares with the general population, although a national rise has been observed.

Indeed, much of what we have found aligns well with findings in other studies of the national population. In particular, on every mental health indicator examined, the younger our respondents were, the more likely they were to report mental distress, and the more likely they were to say that their mental state had deteriorated since the beginning of the pandemic. Similarly, levels of mental distress were found to be worse among Jewish women than Jewish men, and Jewish women were also more likely to say their mental state overall had deteriorated since the outset. Also in accordance with other findings, we see that levels of mental distress were notably higher among those who were not currently employed (whether permanently or temporarily), as well as among the permanently sick and disabled and those looking after pre-school-aged children.

We further found that the long term health impact of a COVID-19 infection can be deleterious to mental health, with higher levels of distress recorded among Jews suffering from Long COVID, even compared to those who were suffering from the primary symptoms of the disease and those who did not think they had been infected at all.

One area on which the wider literature does not report is Jewish engagement and, intriguingly, we found evidence to suggest that mental distress is higher among those who are not synagogue members than among those who are. Whilst age and economic status may play a role in this relationship, it is tempting to suggest that being part of a synagogue community is protective for one's mental health. However, one might also postulate that some of those experiencing mental distress may struggle to feel comfortable or welcome in synagogue communities, or that synagogue communities do not do enough to support them, and thus they choose not to take up membership as a result. Either way, this is an important issue that should be investigated further.

These results raise many questions and concerns about the full impact the pandemic has had on the Jewish community. Unlike direct physical health effects from the virus, or negative economic effects such as job losses, both of which are rather easier to see, the mental health toll is largely hidden from view, both in the Jewish community and elsewhere. Nevertheless, we see evidence that mental distress is quite widespread among Jews in the UK, at least to some degree.

Whilst the health effects of a COVID-19 infection are far more serious for older people than for younger people, it is younger people who are more likely to be suffering from mental health concerns

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[24] Pierce et. al. 2020, op. cit. p.8.

than older people. Indeed, in many respects it seems that the health risks associated with a COVID-19 infection are inversely related to mental wellbeing. We can hypothesise that the disruption to daily life, poorer job opportunities, increased economic stress, disruption to socialisation and uncertainty about the future, along with the many other issues that have arisen as a result of the pandemic, are concerns that loom much larger in the minds of younger people than older people. Indeed, this is one conclusion others have also reached regarding the general population: "Although COVID-19 presents the greatest physical health risk to older people, the mental health of the young might be disproportionately affected by transmission mitigation strategies and the pandemic response of governments."[25]

Our survey did not cover more acute forms of psychological distress or depression, so we are unable to comment on any increased risk of self-harm or suicide. Pre-pandemic data from the general population show that men are more than three times as likely as women to take their own lives and that those at greatest risk in terms of age are in their late forties rather than at younger ages.[26] The trends reported here are based on mean scores rather than high scores, so do not align with this literature. However, there is scope in the future to look at the characteristics of those who report extreme levels of mental distress. Yet even without this further analysis, it is important to point out that increasing levels of mental distress may ultimately translate into increased levels of self-harm or suicide both outside and inside the Jewish community, so more work is urgently needed here.

Clearly, we have only just begun to examine this rich data source on Jewish mental health. As we gather more data on the topic, we will look to monitor mental health levels across the Jewish population over time, and hope to employ advanced statistical techniques to untangle the factors that are most strongly associated with mental health given that some may be interrelated. The acquisition of more data should also allow for more in-depth analysis of those experiencing high levels of mental stress – an important group who may need additional communal support. Yet at this stage, the relationships presented here, and their concordance with other larger studies of the national population, suggest we can place high confidence in these findings regarding the effects of the COVID-19 pandemic on the mental health of the UK Jewish population.

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[25] Pierce et. al., 2020, op. cit. p.2.
[26] Office for National Statistics (2020), 'Suicides in England and Wales: 2019 registrations.' https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/2019registrations

/ Methodological note

/ Acknowledgments

/ About the Institute for Jewish Policy Research (JPR)

The Institute for Jewish Policy Research (JPR) is a London-based research organisation, consultancy and think-tank. It aims to advance the prospects of Jewish communities in the United Kingdom and across Europe by conducting research and informing policy development in dialogue with those best placed to positively influence Jewish life. Web: www.jpr.org.uk.

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