



COVID RECOVERY AND RESILIENCE RESEARCH

Title	Detail
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Contents

1. Introduction.....	3
2. Aims/Objectives.....	4
3. Methodology	4
3.1 Marketing.....	5
3.2 Study Design.....	5
3.3 Value for Participants	6
4. Key Findings.....	7
4.1 Impacts of COVID-19	9
4.2 Long Covid	10
4.3 Pandemic Recovery	10
4.4 Attitudes to COVID-19	15
4.5 Positive impact of COVID-19	15
5. Discussion.....	16
5.1 Recovery Period	16
5.2 Areas with High Need	16
5.3 Other Factors affecting Data Collection.....	18
6. Conclusion	15
7. Reference List	23
8. Appendices.....	25

1. Introduction

The coronavirus disease 2019 (COVID-19) struck the world by surprise when it swept through the lives of many, and first cases were reported in the United Kingdom in early 2020. To inhibit the spread of disease, lockdown restrictions came into place in March 2020, resulting in major social and economic impacts. Whilst the coronavirus pandemic (COVID-19) has seemingly waned since July 2022, the effects of the disease persist in the general population; determining what people still needed and how the community could support them is critical.

Throughout the UK, healthcare services now face waiting lists of 6 million patients and care backlog, built up from scaled-down services during the pandemic^[1]. People experienced difficulties accessing primary, community or mental health services, leaving issues unaddressed and further exacerbated. Effects on the health and development of children were identified as schools were forced to close and learning was majorly disrupted^[2]. Within the first year of the pandemic, rates of anxiety and depression increased by 25% globally^[3]. Many people were left vulnerable to social isolation, and there was some evidence that this led to increased dangerous alcohol use in certain groups, for example, university students.^[4] as people tried to cope. Financial security and secure employment were also affected as many were furloughed and business was unsettled.

In addition to the widely known impacts of the pandemic on the general public, some have reported persisting effects of COVID-19, despite it being weeks or even months after initial infection, and the phenomenon worries communities who are focused on recovering from the pandemic. Coined as Long Covid, the long-term condition of COVID-19 is now clinically recognised and describes symptoms which last more than 12 weeks that can't be explained by an alternative diagnosis^[5].

Data from the Office for National Statistics^[6] estimated that in 2022 over 1.3 million of the UK population have Long Covid, of which 892,000 had been infected over 12 weeks ago and 506,000 over a year ago. This ONS survey also identified key symptoms in individuals with Long Covid; 51% reported fatigue, 37% still suffer from loss of sense of smell, 36% from shortness of breath, and 28% have difficulty concentrating.

For those who suffer from Long Covid, symptoms have drastically impacted on their ability to complete day-to-day activities and work, limiting life experiences. In 2022, a US study of 50,000 adults found that 81% with long-lasting symptoms of COVID-19 reported that their daily activities were limited due to their symptoms, and 25% described these limitations as significant^[7]. Effects such as brain fog and fatigue can inhibit individual's ability to work, leading to a loss of employment and financial independence.

Similarly in the UK, 23% of 16-64-year-olds with self-reported Long Covid were either not working or not looking for work^[8]. An estimate of 8,000 individuals have left employment due to Long COVID^[9]. A National Institute for Health and Care Research study explored the experiences of over 3,750 patients attending a Long Covid clinic^[10]. Of those who were of working age, 51% had been unable to work for at least one day in the preceding month, and 20% had been completely unable to work. Fatigue scores given by these patients were found to be worse or similar to those from patients with cancer-related anaemia or severe kidney disease, while quality-of-life scores were lower than those from metastatic cancer patients.

Research has also explored Long Covid's impact on mental health; following a monitor of 236,379 adults over six months post-diagnosis, a study found that 24% had experienced a mood, anxiety or psychotic disorder ^[11].

As such, the Research team was asked to conduct an independent study at the request of the PCP Covid Resilience team (now the County Durham Resilience team), exploring how Long Covid patients are managing the impact of Long COVID on their lifestyles as well as the effects of the Covid pandemic on those who are not suffering from Long Covid.

2. Aims/Objectives

The current study intended to investigate how the recent coronavirus pandemic (COVID-19) continues to have a negative influence on the lives of people in County Durham. The objective was to use this understanding to inform support needs and identify gaps in service provision.

3. Methodology

The study team endeavoured to obtain informed consent whenever data was collected. Confidentiality was strictly protected, and data was anonymized to the highest degree possible. All electronic data, with the exception of the password protected SurveyMonkey database, was stored on the PCP's database and was only available to PCP Research Team members.

The study was conducted in two stages from 2022 to 2023.

Pilot Research Phase

In 2022, local advisory group meetings (LAG meetings) involving 7 individuals impacted by COVID-19 were set up to discuss what support was missing in the area regarding COVID-19 support. Feedback gathered from these meetings was taken to the steering group to guide further research direction.

Primary Research Phase

The main research phase aimed to engage 5,000 individuals across County Durham. Data capture involved an in-depth survey designed and conducted through SurveyMonkey, with a custom link and branded as 'The Big County Durham Pandemic Survey 2023' (BCDPS). The survey took recommendations and was reviewed by 4 experts and 16 members of the general public, who were selectively chosen to represent different groups. The survey targeted individuals who lived, worked or used services within County Durham, though individuals outside of this area were also welcome

to take part. To incentivise participants, each respondent¹ was given the opportunity to be entered into a draw for one of three £50 Amazon vouchers.

3.1 Marketing

Individuals were invited to participate online or via telephone calls with the Research team. Members of the public above the age of 16 were invited to complete the survey. Email communications were also sent to engage specific target groups. These were targeted as their operations were likely disrupted by lockdown measures in place during March 2020, and key groups included SMEs (small-and medium-sized enterprises), care homes and schools. The survey ran from January to June 2023.

Marketing efforts to increase publicity involved emails sent to organisations (213 businesses, 99 schools and 18 funeral directors). Online advertisements (see Appendix 1) were published on social media platforms, most of which can be seen in Table 1. 'Reach' describes the number of people who saw the corresponding adverts, while 'engagement' describes the number of likes, comments and shares on the platform. 4,355 individuals saw the advert across PCP and PCP project/services social media while 60 individuals had liked, commented or shared the content. In addition, posts to spread awareness of the survey was posted on 8 local Facebook groups.

Table 1. Social media reach and engagement statistics from online publicity efforts.

	TOTAL REACH	TOTAL ENGAGEMENT
PCP SOCIAL MEDIA	3,842	51
PCP RESILIENCE SERVICE	272	4
BETTER HEALTH AT WORK AWARD	135	3
STAMP IT OUT	106	2
OVERALL	4,355	60

Printed leaflets (see Appendix 2) were distributed through direct marketing in the form of door-to-door visits, while posters (see Appendix 3) were distributed and placed in organisations with waiting areas, for example health clinics, dentist offices. Visits to 158 businesses were mostly conducted on an opportunity basis where staff dropped in while attending outreach activities for other projects. One dedicated outreach day was organised to engage participation in Seaham, an area that was then under-represented in responses collected.

3.2 Study Design

¹ We recognise there is potential that some individuals may have entered into the prize draw more than once, for which data was cleaned and duplicates were removed before the prize was drawn.

The full survey was split into 6 sections and involved a mix of multiple-choice and open questions. Individuals were able to skip any question they did not wish to answer, with the exception to this rule being consent to participate in the study. In its entirety the survey encompassed 154 questions, though respondents only saw relevant questions through logic branching. The structure of question pathways can be seen in Appendix 4. Following completion of section 4, participants were given the option to end the survey or continue to sections 5 and 6. The sections were as follows:

1. The Pandemic and You – 5 questions.
2. Post-pandemic Support Needs – 11 questions.
3. The Virus and Long Covid – 27 questions.
4. Return to Normality - 12 questions.
5. Employment, Education, Volunteering and Parenting – 36 questions.
6. Closing section and redirection to PCP Homepage – 18 questions.

Following completion of relevant sections, demographic information including age, gender, ethnicity, disabilities and location information was captured. This section was not mandatory, and respondents were able to progress to the next question without providing an answer. Participants also had the option to provide their contact details for subsequent stages of the research.

3.3 Value for Participants

The value of research for participants was emphasised throughout the study with a focus on listening to the voice of individuals and their COVID-19 experiences. Individuals were also able to sign up to mailing lists to be informed of available support (for example, following questions regarding bereavement), including PCP's own services.

In addition, survey respondents were given the opportunity to nominate pandemic heroes as Making a Difference champions. This allowed for locals to be recognised for their support and contributions during the pandemic.

77 individuals made legitimate nominations. When asked to briefly explain how the nominee had contributed towards pandemic responses, an example included "Supported all people throughout the pandemic, and helped people to get their lives back on track after covid". Another example of this is "They organised the vaccination clinics at Feethams and then the Old Exchange at very short notice and provided the town of Darlington with thousands of vaccinations promptly and efficiently. Without them, Darlington would not have been up and running with the vaccination programme as quickly. All staff pulled together working very long hours (evenings and weekends) to deliver the vaccinations, leaving family and friends at home whilst performing this valuable work."

Respondents were also invited to commemorate loved ones through the County Durham Pandemic Memorial Wall. 35 entries were made to this memorial wall. Examples include "We miss you each and every day. X" and "A lifetime together a short while apart, together once more and never to part."

The Memorial Wall and Making a Difference Champions will be set up following the conclusion of this report and where appropriate respondents will be informed of such progress.

4. Key Findings

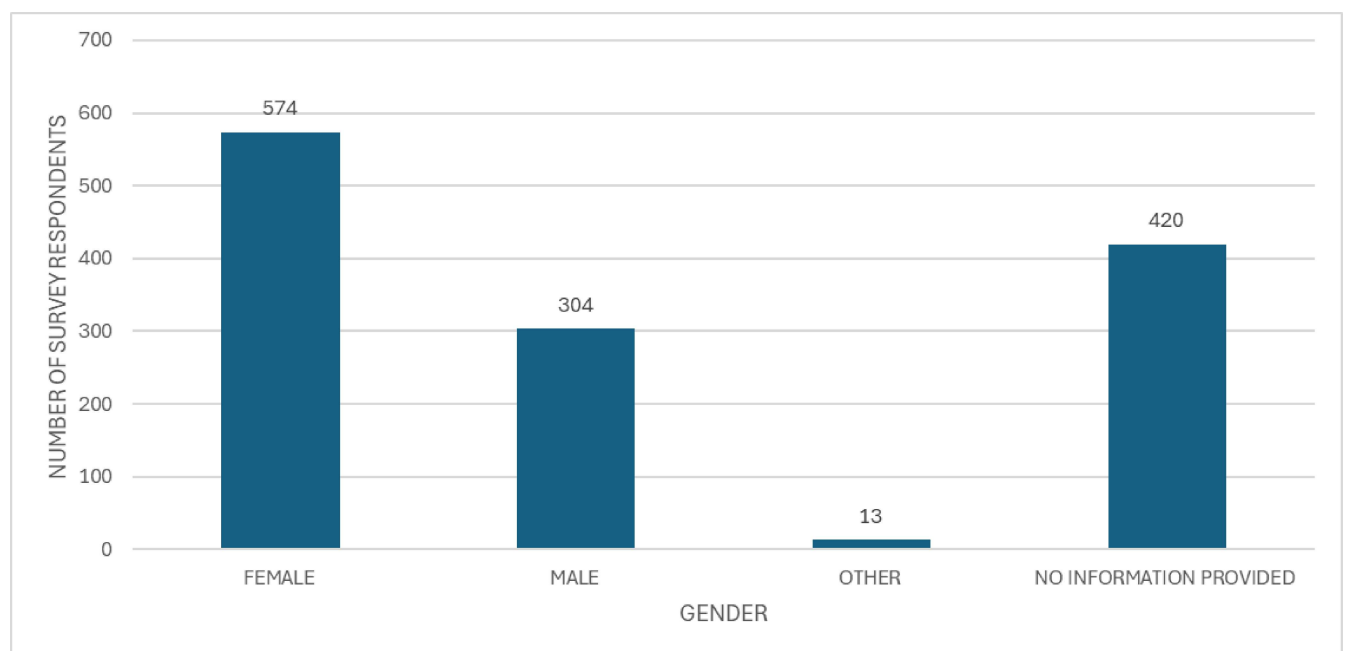
Over the course of 6 months, 1,311 responses were collected through the Big County Durham Pandemic Survey. Table 2 shows the number of individuals who had completed each section, though individuals were able to skip any questions they did not feel comfortable answering. 310 individuals (16%) completed only section 1 and 6 (demographic questions).

Table 2. Number of individuals completing various sections (section contents can be found in Appendix 4).

SECTION	1	2	3	4	5	6
NUMBER OF INDIVIDUALS	1311	709	709	555	427	1311

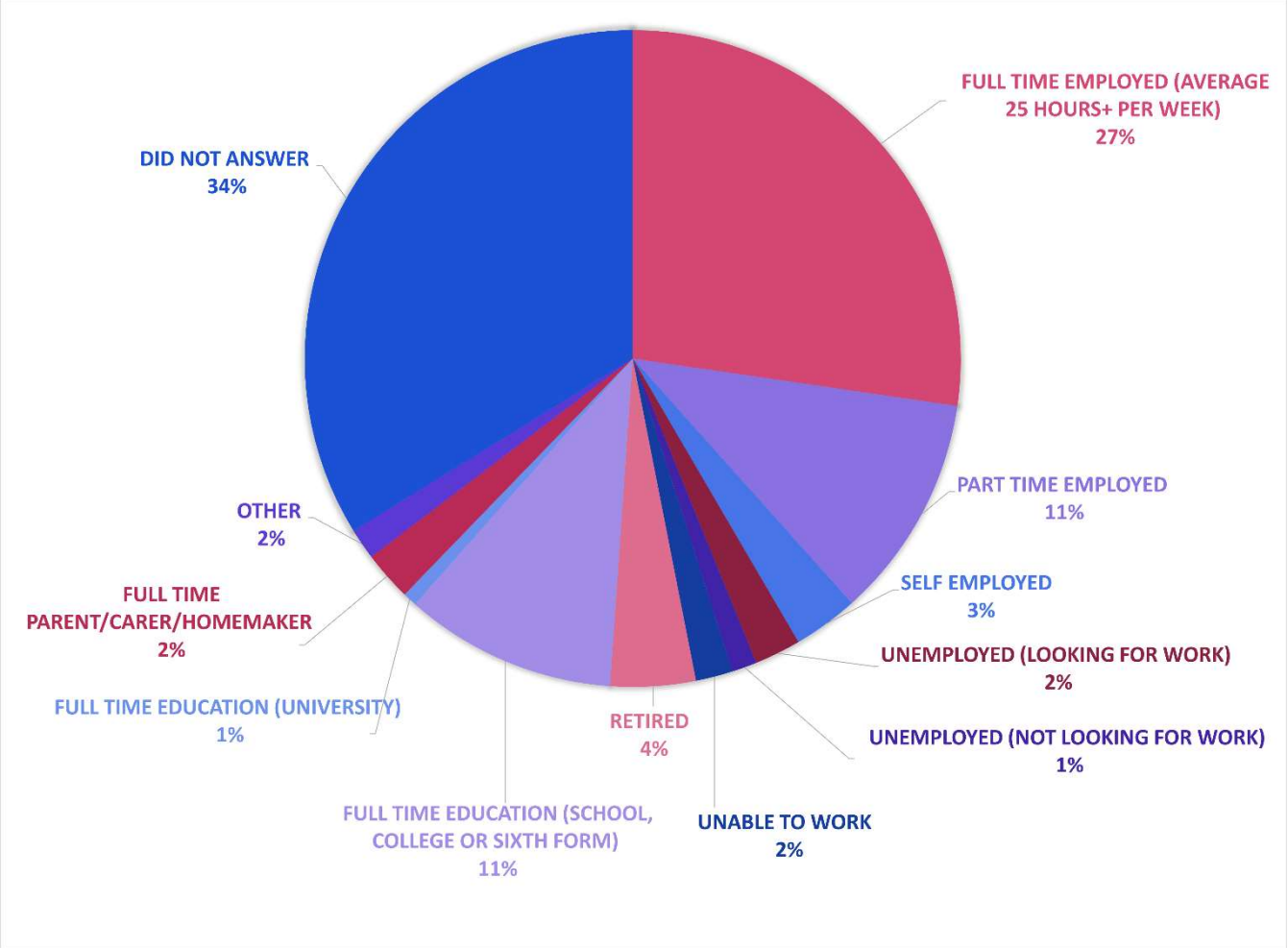
Of 891 participants who provided gender information, 64% (574) were female, 34% were male, and 1% answered other, as shown in Fig.1. Age information was given by 867 individuals; the modal age group was 16 to 17 years old, while the average age of respondents was 36.5 years old. The average age of female respondents was 38.5. 31.5 for males and 42 for other genders.

Fig. 1. Gender split of BCDPS respondents.



Information on ethnicity was collected, though 31.6% (414) chose not to supply this. Of those who did respond, 84.5% (758) were white British. Most were full time employed (27%, 358) as shown in Fig. 2, while 11% (145) were part time employed, 3.5% (46) were unemployed, and 11% (146) were in full time education. 218 respondents (16.6%) were key workers during the pandemic.

Fig 2. Employment status of BCDPS respondents.

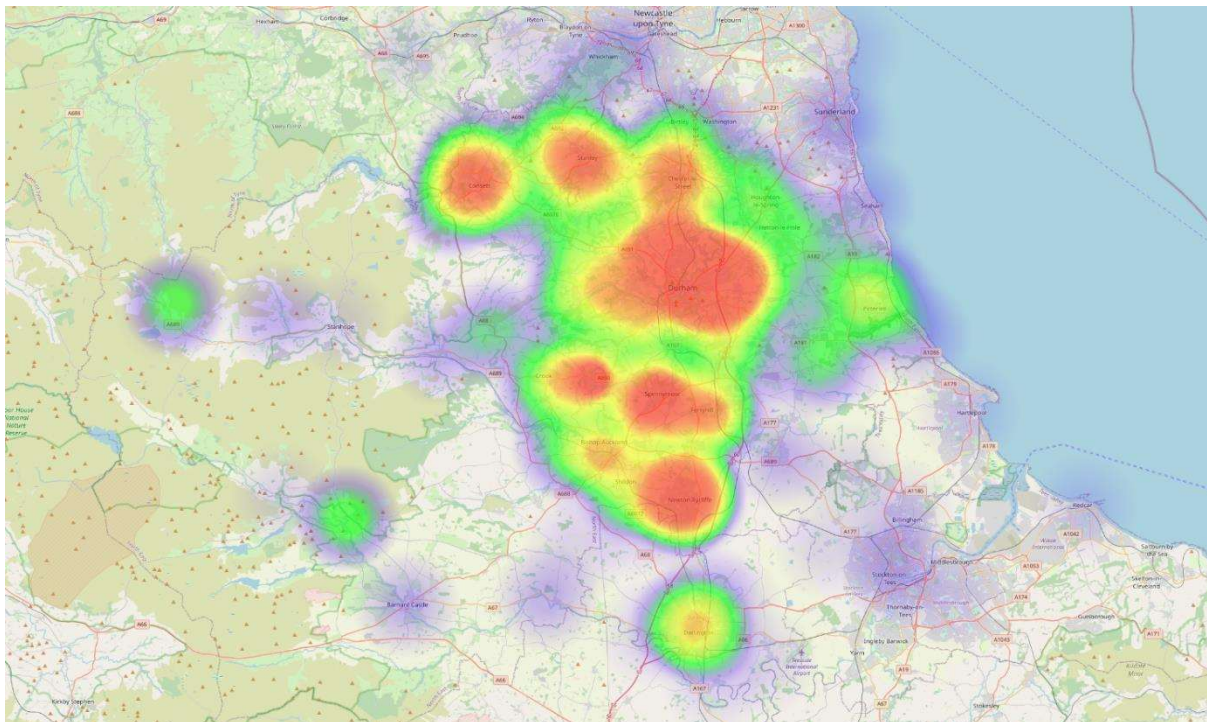


Of the 1,311 responses collected, 612 respondents provided information of where they were living at the time of survey completion (see Fig. 3). 499 of these responses came from various Area Action Partnerships (AAP, as shown in Table 3) whilst 126 came from other UK areas and 27 from outside the UK.

Table 3. Number of responses from different AAPs.

Region	AAP	Total in survey
The Dales	Weardale AAP	8
	Teesdale AAP	1
Durham City and Lanchester	Durham AAP	147
	Mid Durham AAP	57
Northern Corridor	Chester-le-st and District AAP	33
	Derwent Valley AAP	39
	Stanley AAP	34
Coast and East	East Durham AAP	22
	East Durham Rural Corridor AAP	18
South Durham	3 Towns Partnership AAP	22
	4 Together Partnership AAP	13
	Bishop Auckland and Shildon AAP	42
	Great Aycliffe and Middridge AAP	41
	Spennymoor AAP	22
TOTAL		499

Fig. 3. Map to show level of survey engagement across County Durham.



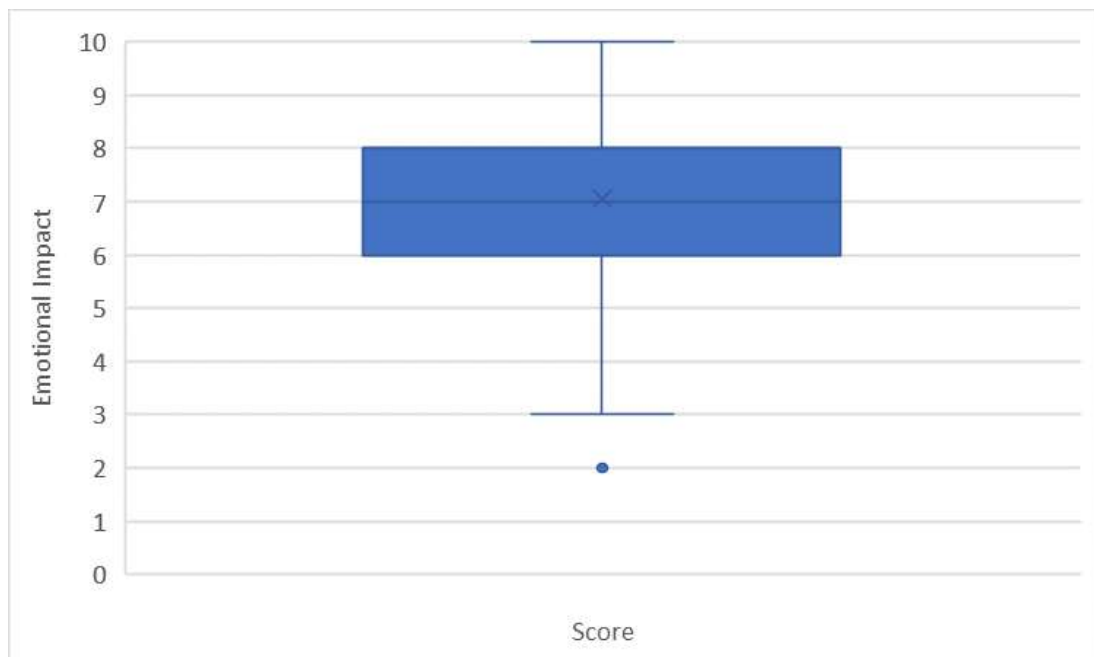
4.1 Impacts of COVID-19

The top 3 impacts of COVID-19 were identified as

- social effects of the pandemic, such as loneliness, isolation and loss of friendships (30.5%, 400)
- pandemic-related anxiety, such as around catching COVID-19 or fear for the safety of loved ones (29%, 381)
- issues with work, employment or education (26.8%, 351).

The survey revealed that 41% of 538 individuals believe they have contracted COVID, noting 45% (593) skipped the question; and 82 (6%) of those who answered declared they had been seriously ill with COVID-19. We asked these respondents to score the degree to which they had been emotionally impacted by being seriously ill from COVID-19 with 10 being 'severely impacted' and 0 being 'not impacted'. 80 participants answered this to give an average score of 8 (as shown in Fig 4). The upper whisker (score of 10) and lower whiskers (score of 3) indicate the range of scores given, while the box plot shows 50% of responses laid between 6 and 8.

Fig. 4. Range of scores for the question "Overall, what was the emotional impact of being seriously ill with Covid?"

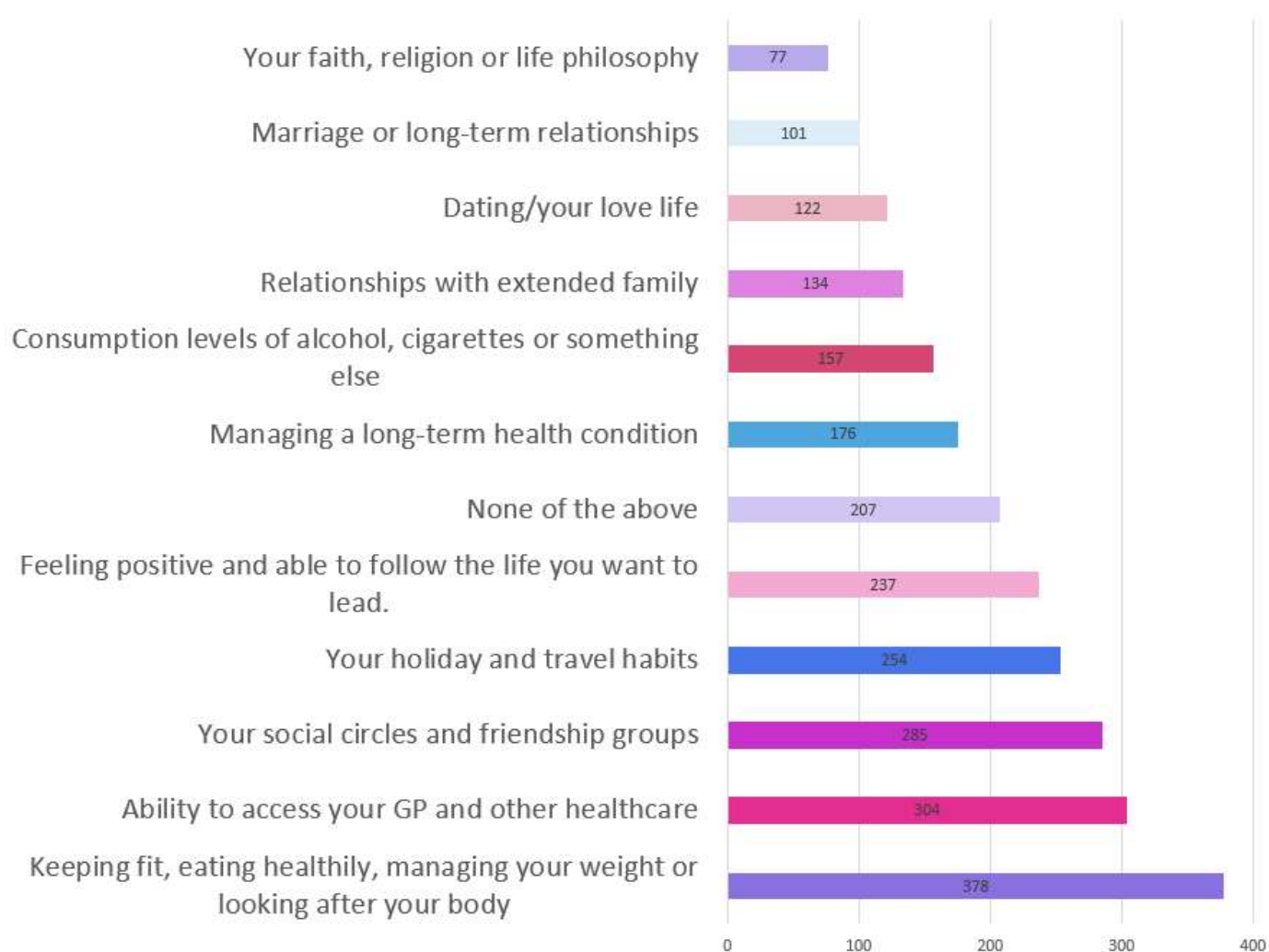


We asked participants to score between 0 and 10 the extent to which the pandemic changed or disrupted their work, with 10 being 'very disrupted'. 275 respondents gave an average score of 8. Regarding parenting experiences, most parents (111 of 239 participants, 46.4%) found the pandemic had made parenting more difficult and 27.4% had mixed experiences.

4.2 Pandemic Recovery

Regarding life after COVID, 14.6% (191) said that the general quality of their lives has been a lot harder than it was pre-pandemic, while 22% (290) said things have been a little harder. 52% (680) had difficulty with maintaining health, including accessing GP and other healthcare services (as shown in Fig. 5). One individual commented, “The big issue hit everyone after the pandemic is the health system. And how hard to get an appointment for kids. Also, the cost of living” in response to question 4, “To what extent does the pandemic/ COVID-19 feel a current issue in your life right now?”.

Fig. 5. Areas in life that were perceived as not yet back on track after being disrupted or damaged during the pandemic.



Further comments relating to health include mentions that the pandemic “is still causing delays in nhs service” and “As I work within the NHS, we still see the impact of Covid in terms of the patients coming in”.

Another theme emerging from the comments for Q4 involved disruption to children’s learning. A headteacher wrote, “the pandemic’s legacy of mental health problems and gaps in children’s education weigh heavily on my mind. Poor attendance is also an issue after periods of home schooling, yet Ofsted, DfE and local authority expect the same from us as they did before the

pandemic”. Another education professional felt that children “have missed opportunities to attend school, therefore, have missed out on education and also social and communication skills while younger, which then impacts the behaviours seen in school.”

Others mentioned changes in their views towards life; one individual said,

“I feel very lost in where my life is going with now being a carer, poorly myself and wanting to find a career but that doesn't feel possible”.

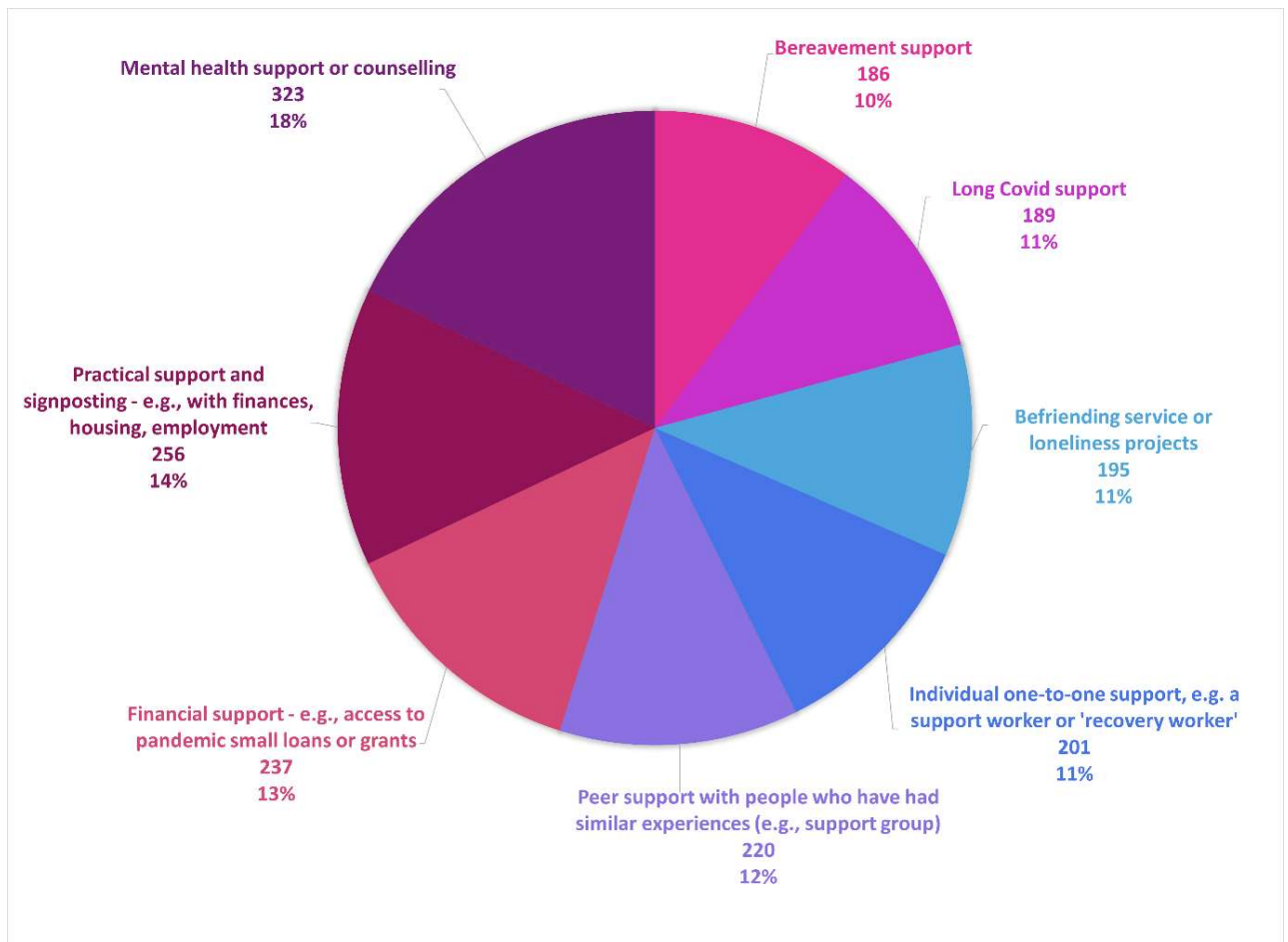
Highlighting the stress of the pandemic on family and interpersonal relations, another said,

“marriage is struggling. Anxiety. Stress. [Their partner] sacrificed [their] job to do childcare in lockdown and isn't so happy now. I'm facing redundancy. I do put it down to pandemic and now the cost of living because things just feel bleak”.

The study revealed there was some reduction in activity participation following the pandemic; 221 reported that now they took part in organised social events/groups/classes less than they did before the pandemic, 220 spent less leisure time in bars/coffee shops/cinemas, and 165 went out and about less in their local area. 274 felt less comfortable around crowds/busy areas now, 175 felt less comfortable meeting new people, while 144 felt less connected to their local community. An individual commented that the pandemic had led them to “definitely drink more and still reluctant to go out at times”.

Participants were asked for their views on what support their communities need and almost 56% (737) believe their communities are still struggling post pandemic. 44% (581) said that they or people they know would benefit from extra support. Top areas needing support were identified as mental health support/counselling (58%, 322, see Fig. 6 below), practical support and signposting (46%, 255), and financial support (42%, 236).

Fig. 6. Areas of pandemic recovery support that were perceived as useful.



Concerning community groups and projects, 20% (262) said they would like to see community projects that were created as a response to the pandemic continue after the pandemic.

4.3 Long Covid

Participants were asked if they had experienced symptoms of Long Covid and 3% (40) expressed they had experienced these, while 12% (153) stated they had been affected by Long Covid. For this group of 153 respondents, 58% (89) respondents said that Long Covid had more than a little affected their day to day lives. Only 31% of 153 individuals impacted by Long Covid said they were now completely recovered.

Of the 153 Long Covid respondents, the main symptoms voiced include,

- fatigue (48.4%, 74),
- shortness of breath (48.4%, 74),
- chest pain/tightness (34.6%, 53),
- brain fog (34.6%, 53),
- difficulty sleeping (32%, 49).

One individual wrote of their experience of Long Covid:

"I miss my life. I used to sing... It's no longer safe, and I have long COVID anyhow. Very little of my life before is safe now. I can't even drive now because of neurological effects from long COVID".

Regarding areas of life not yet back on track, data from this subgroup of individuals suffering from Long Covid resonated with that of the entire study sample, as shown in Fig. 7. The top areas of pandemic recovery support they perceived as useful were similar to that of individuals not suffering from Long Covid, with the added emergence of peer support being a priority (as shown in Fig. 8).

Fig. 7. Top areas in life that were perceived as not yet back on track after being disrupted or damaged during the pandemic, as expressed by Long Covid patients.

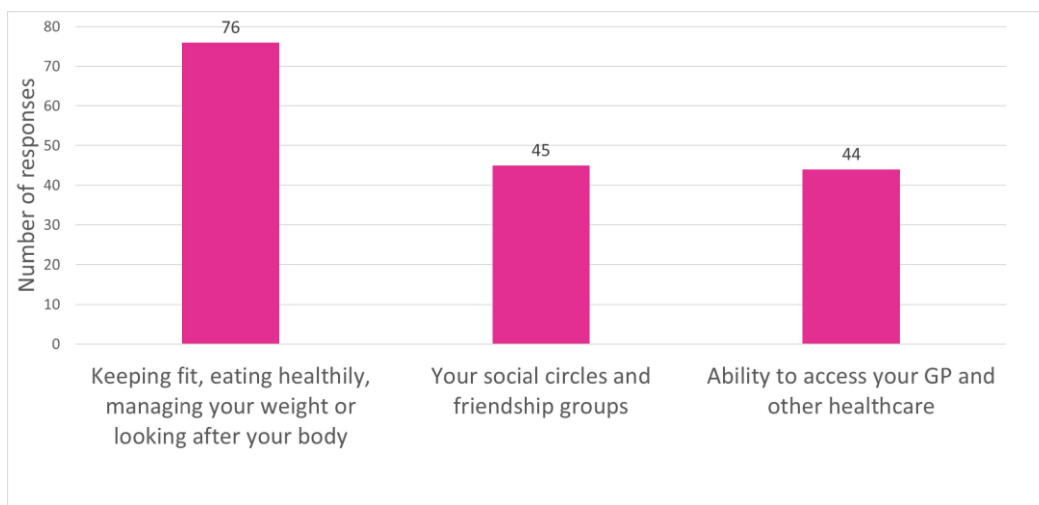
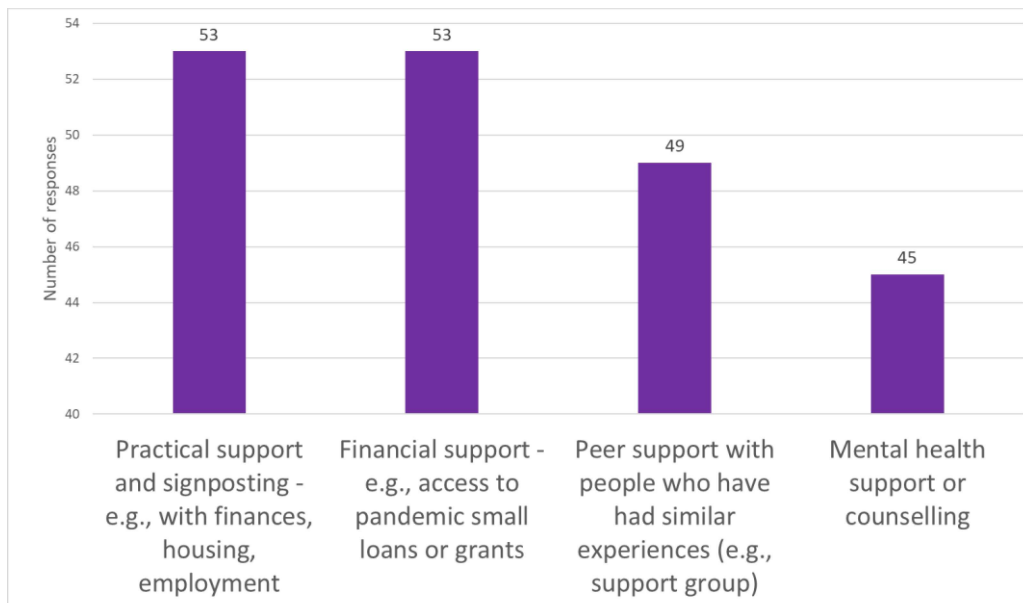


Fig. 8. Top areas of pandemic recovery support perceived by Long Covid patients as useful.



4.4 Attitudes to COVID-19 Vaccinations

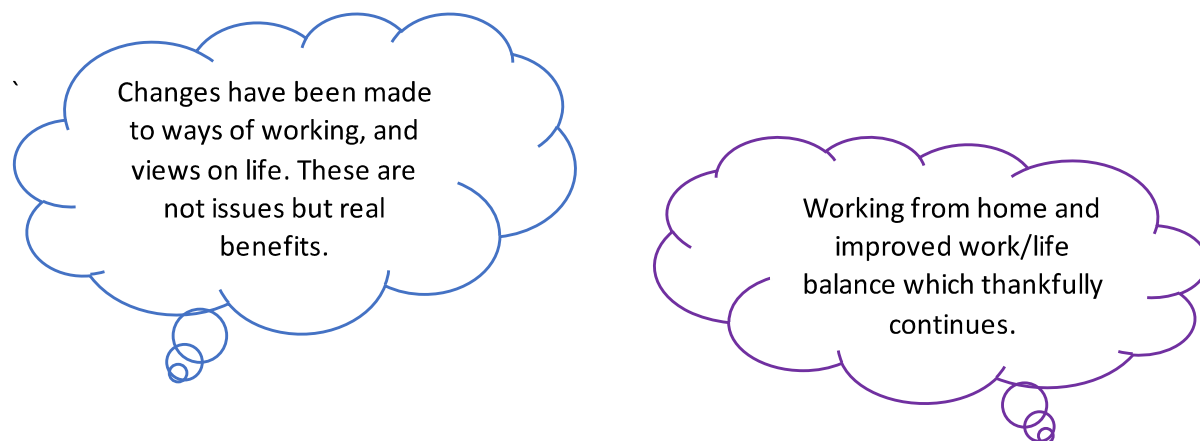
Of those who answered (559), 68.7% (384) had received all vaccinations on offer against COVID-19 and 20.2% (113) had received some. Most were very or quite certain that they wanted this (77.1%, 432). We asked individuals, on a scale of 1 to 10, if they felt any social pressure about the decisions they make around COVID-19 with 10 being 'very pressured'. 423 responded to this to give an average score of 3.

We also asked, on a scale of 0 to 10, to what extent were individuals concerned about 'new waves' or variants of COVID-19 and their potential effects, with 10 being 'very concerned'. A total of 475 responses were recorded for this question, giving an average rating of '5'.

4.5 Positive impact of COVID-19

The study highlighted how some areas within society may have experienced positive effects from the pandemic. To note, 105 (8%) individuals responded, "My life has improved since the pandemic". Out of 270 who answered the question, 53 individuals (19.6%) stated they had been furloughed during the pandemic. One commented this led to a new, more enjoyable job, while 2 others mentioned coronavirus led to better workplace conditions, for example changes in working hours and shift patterns.

Respondents have further expressed the following, commenting on positive changes.



Of those who were furloughed, 23 (43.4%) were parents, of which 8 (34.8%) said the pandemic had made some aspects of parenting easier or more enjoyable; one parent expanded on this and said, "it was nice to get to spend some time together". Of all respondents, 101 (7.9%) said they were key workers, of which 23 (22.8%) said they felt the work they and others like them did during the pandemic had been properly recognised.

Some indicated positive effects from being involved in the pandemic response as a volunteer; of 72 who answered, 42 (58.3%) said it benefitted their own wellbeing while 31 (43%) said overall it was a positive experience to be a volunteer during the pandemic.

5. Discussion

5.1 Recovery Period

The study gathered in-depth information regarding people's experiences of the pandemic, producing rich data. Our findings are not dissimilar to what is already known about COVID-19 and the ongoing progress of pandemic recovery. The data confirms the notion that County Durham, like the rest of the UK, is also experiencing the same recovery issues. People's resilience has been impacted by the pandemic and importantly, individuals are still experiencing issues recovering from Long COVID, with many patients' quality of life still being negatively affected.

5.2 Areas with High Need

Of 1311 respondents, 481 (36.9%) had indicated things had been harder since the pandemic (290 indicated things had been a little harder, 191 said a lot harder). The majority of the 481 respondents (274, 57%) did not provide location information or were located outside County Durham, while those that did mostly came from Durham AAP (62, see Table 4).

Table 4. Location information for respondents expressing recovery difficulties.

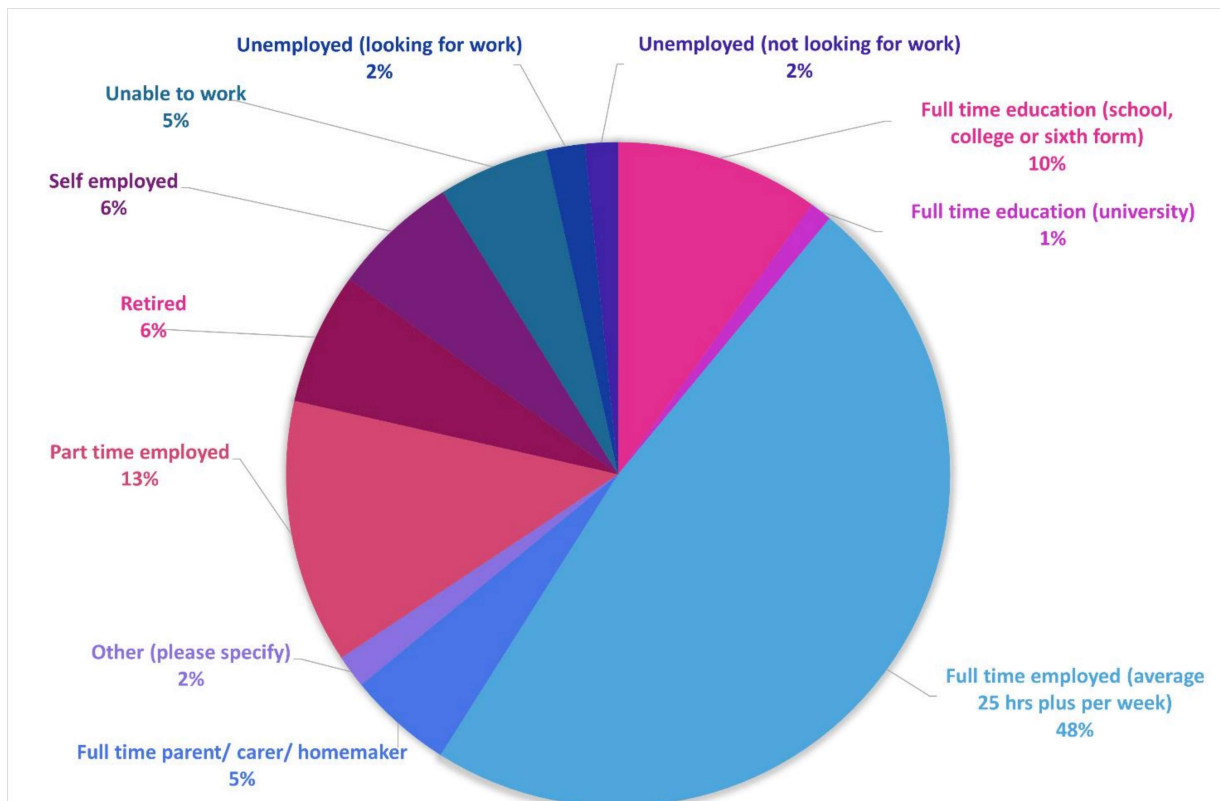
Region	AAP	Total expressing recovery difficulties	Total in survey	% expressing recovery difficulties
The Dales	Weardale AAP	2	8	25%
	Teesdale AAP	1	1	100%
Durham City and Lanchester	Durham AAP	62	147	42%
	Mid Durham AAP	18	57	32%
Northern Corridor	Chester-le-st and District AAP	19	33	58%
	Derwent Valley AAP	13	39	33%
	Stanley AAP	8	34	24%
Coast and East	East Durham AAP	16	22	73%

	East Durham Rural Corridor AAP	10	18	56%
South Durham	3 Towns Partnership AAP	8	22	36%
	4 Together Partnership AAP	7	13	54%
	Bishop Auckland and Shildon AAP	19	42	45%
	Great Aycliffe and Middridge AAP	18	41	44%
	Spennymoor AAP	6	22	27%
TOTAL		207	499	41.5%

It could not be identified whether specific areas, rural or urban, were suffering more greatly from pandemic recovery issues as despite outreach and marketing efforts, the study was subject to location bias. For example, there were particularly low numbers of respondents from the Dales (9 in total from Weardale AAP and Teesdale AAP), an expansive rural region. This uneven spread of information makes comparison difficult, and with Durham AAP being the only AAP with over 100 responses recorded and over 699 responses with no geographic information accounted for, data would no doubt be skewed.

In addition, individuals aged between 16 to 49 voiced more struggles regarding pandemic recovery than individuals aged ≥ 50 , as did individuals who were in full time employment at the time of survey completion (see Fig. 9).

Fig. 9. Employment status of individuals who expressed struggles during pandemic recovery.



5.3 Other Factors affecting Data Collection

It was noted that though the survey was launched in early 2023, the project was commissioned in early 2021. Between then and now, service provisions have changed, impacting project direction, what is known about the illness and shaping the questions asked.

The targeted number of responses (5,000) was ambitious. Only a fifth of this goal was achieved despite efforts, and various factors may have contributed to this. The survey's design could have been more succinct; SurveyMonkey showed the survey had a completion rate of only 60% of all sections, though our analysis revealed less than 32.8% (427) completed all sections (see Table 2 page 7). Many individuals skipped questions particularly towards the end of the survey; some questions received less than 50 responses. 310 individuals (16%) completed only section 1 and demographic questions, skipping all other sections. In addition, the survey was vastly comprehensive, and it was ambitious to expect individuals to spend valuable time on this; SurveyMonkey estimated the survey would take 45 minutes to complete.

Moreover, only 3% (40) of the 1311 respondents stated they have Long Covid and 12% (153) had been impacted by Long Covid. Thus, the sample of Long Covid patients was quite small and this may cause validity concerns.

5.4 Main Issues for Service Provision

The visual continuum in Fig. 10 below depicts the progression of individuals from thriving to dependence, highlighting struggling and balanced support as critical points of need for the study population in the form of early access to advice, guidance and targeted support.

Fig. 10. Area of need identified.



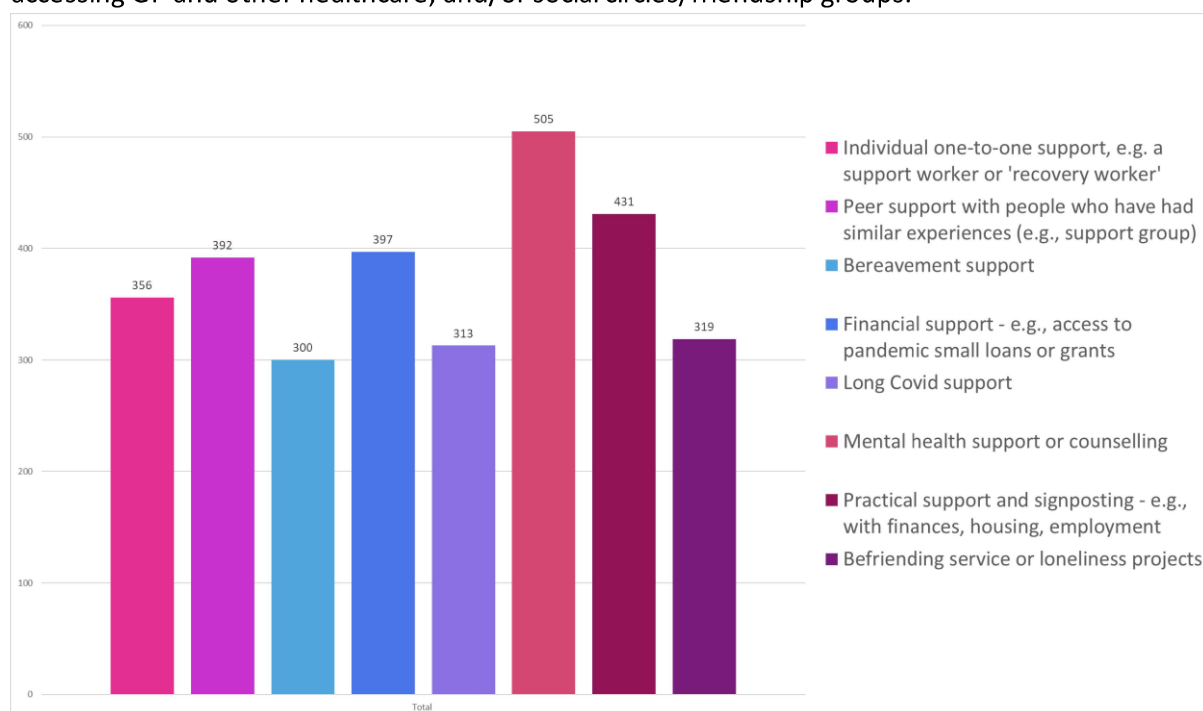
We investigated the primary concerns and priorities articulated by the community. The top three areas of life “not yet back on track” were as follows:

- Keeping fit, eating healthily, managing weight, or looking after own body,
- Ability to access GP and other healthcare, and
- Social circles and friendship groups.

For those who expressed these as concerns, we identified their top priorities for pandemic recovery support (as shown in Fig. 11) from a community perspective. The top 3 priorities were the following:

- Mental health support and counselling,
- Practical support and signposting and,
- Financial support.

Fig. 11 Top priorities identified by those who said they were struggling with keeping fit etc., accessing GP and other healthcare, and/or social circles/friendship groups.



The struggle to keep fit and maintain health (i.e. returning to pre-pandemic activity levels) was most expressed (377, 28.7%). In 2021, Public Health England found that seven out of ten adults were already more motivated to get healthier following COVID-19^[12]. More specifically, PHE's survey revealed that 4 in 10 smokers had made plans to quit smoking, while 4 in 10 wanted to reduce their alcohol intake, which had increased through the lockdowns. People desire to change lifestyles and get healthier, yet they are finding it hard to do so in County Durham.

Accessing GPs and healthcare was another major concern expressed by 303 individuals (23.1%). This resonates with data collected by NHS Digital, who saw demand for NHS services, particularly mental health services, rise significantly^[13]. During 2021-2022, the number of people in contact with NHS mental health services was 16.2% higher (half a million) than in the previous year. This has highlighted concerns around the capacity of services to meet demand. Across the UK, there has been a 0.4% (101) decrease in the number of fully qualified GPs working full-time in October 2023 compared to the previous year^[14], which already saw a 1.4% decline (389 fewer GPs) than 2021 figures^[15].

The local priority is therefore to address the concerns expressed on the difficulty of accessing GP and healthcare. Whilst increasing direct availability of appointments is difficult to achieve, can partners work together to augment capacity enabling services to assist individuals at an earlier stage, offering low-level interventions, and alleviating strain on services?

This approach could facilitate the reduction of waiting times backlog resultant from the effects of the pandemic which is still being felt by many in County Durham.

Potential methods of providing additional mental health support could include measures such as a government-initiated approach from 2021, which involves the integration of Improving Access to Psychological Therapies (now known as NHS Talking Therapies) services with Long COVID clinics^[16].

This approach would support the building back from the pandemic by targeting mental health impacts, particularly through increased access to cognitive behavioural therapy (CBT). Studies show CBT can effectively help patients manage the symptoms of Long COVID^[17], including chronic fatigue^[18], depression and anxiety^[17].

Similarly, to allow for even more people to access help despite the shortage of health professionals, group CBT could be considered. Researchers at the University of Oxford have determined that CBT in a group format is more effective in reducing anxiety, gives better outcomes than other psychotherapies^[19], and can be delivered by a non-mental health professional^[20]. The group setting provides built-in peer support, which was voiced as a particular priority for Long Covid patients, while lowering feelings of isolation^[21] and incorporating social stimuli and interactions^[20]. NHS Talking Therapies services, potentially in groups, or in collaboration with Long COVID clinics as mentioned before, could be beneficial, as research shows that Long COVID patients who had received emotional social support reported higher wellbeing than those who had not^[22], and such interventions can strengthen community resilience^[23] and enhance coping mechanisms.

Virtual forms of CBT can also increase engagement levels; NHS Oxfordshire Talking Therapies reported that online, remote forms of CBT delivered amidst the pandemic saw more people accessing treatments with better recovery rates^[24] highlighted the effectiveness of virtual, group-based CBT^[21], which can be offered as an appealing option for those who cannot attend in-person sessions.

Alongside the overwhelming need for better community mental health, some people are still noting the impact upon their social interactions (284, 21.7%). However, the current sample did not assert the factors contributing to their struggles, thus a deeper exploration may be warranted for individuals who granted permission to be contacted for subsequent studies. Efforts to improve social opportunities for residents who continue to face difficulties is also necessary.

An additional aspect worth noting is the need for bereavement support. People who had experienced a loss during the pandemic were likely mourning in isolation; Harrop et al., (2023) demonstrated how social isolation and unexpected deaths have been found to be significant predictors for prolonged grief disorder (PGD)^[25]. This study also showed higher levels of PGD within the population post-pandemic compared to pre-pandemic statistics. Recognition of the importance of bereavement support is imperative for a more sustainable healthcare system, while early access to mental healthcare for people presenting with signs of prolonged grief disorder helps is also a necessary precaution^[26]. Whilst it is essential to prioritise acknowledgment and support of bereavement within healthcare services, it is equally important to extend this support beyond healthcare boundaries. Clear communication aiding pathway navigation and early access to Talking Therapies for those with signs of PGD are crucial, equally fostering informal peer support groups in communities is essential for inclusive, holistic bereavement support that transcends healthcare.

Financial support was also identified as important; this is not surprising as many were furloughed and/or lost their jobs during the pandemic. At the peak of the first lockdown, GDP fell by 19.4%^[27]. Although there has been a subsequent rebound, existing challenges in County Durham pre-pandemic have continued, contributing to the region's cost-of-living crisis. Ensuring residents have access to clear and easily understandable information about available financial support and eligibility is crucial for individuals seeking assistance.

6. Conclusion

The outcomes of this piece of work are in line with what is already known about COVID-19 and the ongoing progress of pandemic recovery. The data confirms that County Durham is experiencing the same recovery issues as other parts of the UK. People's resilience has been impacted by the pandemic and importantly, individuals are still experiencing issues recovering from Long COVID, with many patients' quality of life still being negatively affected.

The most significant impacts of the COVID-19 pandemic identified were

- Social effects of the pandemic, such as loneliness, isolation, and loss of friendships
- Pandemic-related anxiety, such as around catching COVID-19 or fear for the safety of loved ones
- Issues with work, employment, or education

Since the height of the pandemic, individuals are still identifying negative effects on their lives. Respondents felt that there were ongoing difficulties in accessing GP and Healthcare appointments, keeping fit and eating healthily, and feeling positive and interacting socially.

Whilst these difficulties are still ongoing, support for pandemic recovery was recognised by individuals who noted the following as the areas of support they had found most significant.

The most significant areas of Pandemic recovery support were defined as:

- Mental Health Support or Counselling
- Practical support & signposting (finance, housing, employment)
- Financial support
- Bereavement support
- Peer support/support groups
- Individual one to one support
- Befriending/loneliness support
- Long Covid support

Ultimately, it is clear the County Durham community has a continued need for community recovery efforts, as individuals struggle to return to normal lives. NHS and GP services are experiencing high demand and there is a continued role for the voluntary sector to provide appropriate support in the community.

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8. Appendices

Appendix 1. Content used for social media marketing and communications.

PCP
The Queen's Research Advisory Service
Health, wellbeing and learning for all

THE BIG COUNTY DURHAM PANDEMIC SURVEY
Three Years on.

The pandemic. Three years on.

Did you know, it's been three years since the start of the COVID-19 pandemic?

We want to hear how life is for you now. Take part in the Big County Durham Pandemic Survey to be part of the story and help develop services in your area.

You can take part in the survey online or via telephone at <http://www.research.net/r/pandemic2023>

Scan me!

You could be in with a chance of winning a £50 Amazon voucher!

Photo: A group of people in a meeting, with one person giving a high-five.

PCP
The Queen's Research Advisory Service
Health, wellbeing and learning for all

THE BIG COUNTY DURHAM PANDEMIC SURVEY
Three Years on.

The pandemic. Three years on.

Did you know, it's been three years since the start of the COVID-19 pandemic?

We want to hear how life is for you now. Take part in the Big County Durham Pandemic Survey to be part of the story and help develop the services that are needed now most!

You can take part in the survey online or via telephone at <http://www.research.net/r/pandemic2023>

Scan me!

You could be in with a chance of winning a £50 Amazon voucher!

Photo: A woman wearing a face mask and a young child smiling.

Appendix 2. Example of leaflets used for communications.

The pandemic. Three years on.



How are you getting on?



Did you know, it's been three years since the start of the COVID-19 pandemic?

We want to hear how life is for you now.

Take part in the Big County Durham Pandemic Survey to be part of the story and help shape services!


You can take part in the survey online or via telephone at <http://www.research.net/r/pandemic202>




Scan me!




The pandemic. Three years on.




How are you getting on?





Did you know, it's been three years since the start of the COVID-19 pandemic?

Commissioned by the Durham County Care Partnership, we want to hear your views. Take part in the Big County Durham Pandemic Survey to capture memories and make a difference.

You can take part in the survey online or via telephone at <http://www.research.net/r/pandemic2023>

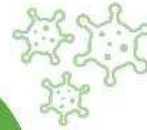


Scan me!

Appendix 3. Posters used for circulation and communications.

The pandemic. Three years on.



How are you getting on?



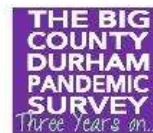
Did you know, it's been three years since the start of the COVID-19 pandemic?

We want to hear your views. Take part in the Big County Durham Pandemic Survey to share your story!

You can take part in the survey online or via telephone at <http://www.research.net/r/pandemic2023>



Scan me!



- * Determines future pathways
- + signposting/wellbeing point

