

workers have been disadvantaged by the pandemic and current working modes. We aimed to examine the impact of COVID-19 on the mental health of UK workers by industry and social class category and to investigate whether any observed impacts differed by age, gender, and country of residence within the UK.

Methods We used the UK Household Longitudinal Study (Understanding Society) to analyse data from adults in paid employment, who participated in pre-COVID-19 Waves [9 (2017/19) and 10/11(2018/20)] and in at least one COVID-19 wave. Our primary outcome was probable psychological distress, defined by 'caseness' (a score of 4+) in the General Health Questionnaire-12 (GHQ-12) and exposures included industrial sectors (classified using the UK Standard Industrial Classification) and social class (using the Eight Class National Statistics Socio-economic Classification). We fitted mixed-effects logistic regression models, adjusting for age, gender, employment type, financial situation and UK country of residence and used inverse probability weights to account for attrition and non-response, to estimate odds ratios (ORs) with 95% confidence intervals (95%CI). Subsequently, we stratified by gender, UK country of residence, and age group.

Results Our final sample includes 44,500 observations (Pre-pandemic period=13,314, pandemic period=31,186) across 7,075 individuals. GHQ-caseness increased for workers in most industries during the pandemic; especially in 'Accommodation and Food Services' (OR:3.2; 95%CI:1.9,5.4). Analysis by social class showed that 'Small employers and own account' workers were the most affected (OR:2.9; 95% CI:2.1,4.0). Our stratified analysis by industry demonstrated the largest increase in GHQ-caseness between the pre and pandemic periods to be by gender in the 'Accommodation and Food Services' sector (OR:9.6; 95%CI:3.2,29.0 for men; OR:2.0; 95%CI:1.2,3.4 for women); whereas by social class the largest increase was observed when stratifying by UK country of residence for 'Small employers and own account' workers (non-England: OR:8.8; 95%CI:4.1,18.8; England: OR:2.5; 95%CI:1.6,3.9).

Conclusion Our findings indicate that the pandemic has significantly affected the mental health of UK workers. Policies with a decentralised element are needed, prioritising support to certain industrial sectors and the self-employed/small business owners, as well as for particular demographic groups (e. g. men in the 'Accommodation and Food Services' industry) who are in an excessively high risk.

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COMMUNICATION ACROSS MATERNAL SOCIAL NETWORKS DURING THE UK'S NATIONAL LOCKDOWN AND ITS ASSOCIATION WITH POSTNATAL DEPRESSIVE SYMPTOMS

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Background Postnatal depression (PND) is highly detrimental for both mother and baby, with a pre-COVID-19 estimated prevalence of up to 23% in Europe. Low social support is a key risk factor for developing PND. Social distancing measures designed to limit COVID-19 transmission likely created unprecedented barriers for mothers to access social support. We explore how social support networks existed during the

UK's first national lockdown amongst London mothers with infants, and their associations with postnatal depressive symptoms.

Methods Using self-reported social network data from 162 London-based mothers with infants aged ≤ 6 months collected in May-June 2020 (during the first lockdown), we conduct a concurrent design mixed-method study. We quantitatively describe communication within maternal support networks, using quasi-Poisson regression models to analyse associations with postnatal depressive symptoms using the Edinburgh Postnatal Depression Scale (EPDS). In parallel, we thematically analyse open-text data to explore and understand the experiences of mothers with infants during England's lockdown.

Results *Quantitative findings:* Levels of depressive symptoms were high in our sample, with 47.5% of participants meeting the ≥ 11 EPDS cut-off for potential postnatal depression. On average, women kept in contact with 10–11 people remotely (via WhatsApp, Zoom etc), and saw one family member other than their partner, suggesting high compliance with lockdown rules. The number of seen in person, and remote communication with a higher proportion of those not seen, negatively predicted depressive symptoms (RRR = 0.950 – 0.996 across models). However, a higher proportion of relatives seen in person was associated with increased depressive symptoms (RRR=1.003; 95% CI 1.001–1.006), suggesting family members may have broken lockdown rules to support mums in need. *Qualitative findings:* We identified four themes. Some mothers in our sample felt lockdown 'protected' family time which led to better bonding, often facilitated by high levels of support from the partner (theme 1). However, many experienced the 'burden of constant mothering' without anyone around to help (theme 2). Mothers felt remote contact was 'not as good' and led to reduced or inadequate support (theme 3). Mothers grieved for lost opportunities for them and their baby, and worried about the developmental impact on their baby (theme 4). Overall, these experiences coexisted with feelings of isolation, exhaustion, worry, inadequacy, guilt, and increased stress.

Conclusion Results suggest the strict lockdown in the UK may have increased the risk of postnatal depression, reflected in the high levels of PND symptoms and poor maternal experiences in our sample.

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MENTAL HEALTH INEQUALITIES IN DISRUPTIONS TO HEALTHCARE, ECONOMIC ACTIVITY AND HOUSING DURING COVID-19: FINDINGS FROM 12 UK LONGITUDINAL POPULATION SURVEYS

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Background The COVID-19 pandemic with its associated virus suppression measures have disrupted many domains of