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EVALUATING A GRASSROOTS INITIATIVE IN A GLOBAL DISASTER: MENTAL HEALTH TIPS CIRCULATED DURING THE EARLY STAGES OF THE CORONAVIRUS PANDEMIC

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ABSTRACT

In March 2020, the United Kingdom was placed under its first national coronavirus lockdown. This significantly reduced people's access to factors associated with good mental health, such as work and physical activity. This work describes the process of evaluating one psychologist's response to the early stages of lockdown - the development and circulation of daily mental health tips. These used Jahoda's latent deprivation (1982) theory to promote psychological wellbeing amongst recipients. Collective traumatic events such as the coronavirus pandemic require timely and evidence-based responses, and research suggests that offering psychological intervention at the wrong time can be harmful (Rose *et al.,* 2003). The community initiative described in the present work was therefore evaluated in terms of its reach and utility. This was achieved through an online questionnaire (n = 14), and additional information from people in regular receipt of the mental health tips (n = 6). The unique backdrop of the early stages of the global pandemic resulted in considerable challenges to evaluating this initiative, especially with regards to some of the design decisions taken. These challenges are reflected on here, resulting in recommendations for researchers who may wish to conduct similar projects in the future.

On Monday 23rd March 2020, the Prime Minister of the United Kingdom announced the country's first nationwide lockdown (Stewart *et al*., 2020) as a response to the novel SARS-CoV-2 coronavirus (Covid-19). The early stages of the pandemic saw the emergence of multiple initiatives designed to mitigate the effects of lockdown on wellbeing. The present work describes the evaluation of a community initiative in the early stages of the first UK lockdown - the development and circulation of daily mental health tips by a clinical psychologist. Evaluating such a project during a global pandemic came with considerable challenges. These are reflected on here, resulting in recommendations for researchers who may wish to conduct similar projects in the future.

I. LITERATURE REVIEW

Research indicates that quarantine adversely affects people's mental health. For example, hospital staff members self-isolating following possible exposure to Severe Acute Respiratory Syndrome (SARS) were more likely to report exhaustion, irritability and detachment from others (Bai *et al*., 2004). This was the case for staff groups with and without direct patient contact. In addition, the negative effects of quarantine are thought to be more pronounced when individuals self-isolate for 10 days or more. One study found that, amongst members of the public instructed to remain in voluntary quarantine, longer durations were associated with an increased prevalence in PTSD symptoms (Hawyrluck *et al*., 2004).

Similarly, qualitative studies into the psychosocial effects of quarantine show that feelings of social and physical isolation are common amongst healthcare workers who are asked to isolate after possible exposure to a coronavirus strain (Fawaz & Samaha, 2020; Robertson *et al*., 2004).

The first UK lockdown was not strictly a large-scale quarantine and may instead be better described as an extensive restriction on movement (Davies *et al.,* 2020). The World Health Organisation (WHO) defines quarantine as "the restriction of activities of or separation of persons who are not ill but who may been exposed to an infectious agent or disease, with the objective of monitoring their symptoms and ensuring the early detection of cases" (2020: 1).

During the first lockdown, alongside instructing people to isolate if they developed symptoms and/or had come into contact with someone who had tested positive for coronavirus, the government introduced several measures to limit the spread of Covid-19. People were required to stay at home except for limited purposes, and non-essential businesses were closed (UK Government, 2020). These measures significantly curtailed a number of factors that are associated with maintaining wellbeing, including physical activity (Wiese *et al.,* 2018), work (Selenko *et al.*, 2011) and social interaction (Hawkley & Capitanio, 2015).

Based on evidence from previous pandemics and what is known about maintaining wellbeing, many predicted lockdown would result in an increase in psychological distress amongst the general population (Inchausti *et al.,* 2020). Evidence in the UK was consistent with this. For example, the number of people reporting significant levels of depression and anxiety increased almost immediately following the lockdown announcement (Bentall *et al.,* 2020). In the early days of the first lockdown (Tuesday 24th March), 38% of the 2,000 people surveyed reported significant depression and 36% reported significant anxiety. Bentall and colleagues (2020) also found that, the day before the announcement of the first UK lockdown (Sunday 22nd March), these numbers were at 16% and 17% respectively.

Long-term data indicate that the elevated levels of anxiety and depression reported in the general population have tended to remain stable, even several weeks and months after the initial introduction of lockdown measures (Wang *et al.,* 2020; Rossi *et al.,* 2020). This indicates that the effects of lockdown on people's mental health do not necessarily improve on their own. However, it is important to acknowledge that there are important individual differences, and that not everyone will require psychological support. For example, Shevlin and colleagues (2021) found that some individuals (approximately 8%) showed an improvement in their mental health during the first four months of the pandemic, while other people's baseline levels of anxiety and depression increased (11.6%). Jahoda's latent deprivation theory (1982) proposes that in addition to providing a stable financial income, employment gives people: (1) a sense of collective purpose, (2) opportunities for contact with others outside of their immediate family, (3) a sense of social status, (4) enforced activity, (5) and a structure to their time. The measures introduced during the first UK lockdown are likely to have significantly disrupted some of these functions. For example, being asked to work from home, and the closure of all nonessential businesses, are likely to have limited people's contact with individuals outside of their immediate family and significantly disrupted their daily routines.

In the early stages of the pandemic healthcare professionals worked hard to alleviate distress amongst the general population. They shared information and resources, and in some cases offered psychological interventions, e.g. "The 20 Minute Care Space" (Jones, 2020). At the same time, numerous professional bodies were highlighting the importance of responding in an evidence-based and timely way (British Psychological Society, 2020). Evidence shows that psychological debriefing in the immediate aftermath of a major incident is often ineffective, and can even be counter-productive (Rose *et al.,* 2003).

In addition, the targets of such interventions may require their physiological and safety needs to be prioritised over psychological ones (Maslow, 1954). For example, frontline staff dealing with the Covid-19 pandemic in China were reluctant to participate in psychological interventions. Instead, they reported a preference for being offered more personal protective equipment and the ability to rest without interruption (Chen *et al.,* 2020). Offering an intervention is not always helpful or desired, and there is a clear need for healthcare professionals to take an evidence-based approach to the support offered to individuals during the pandemic.

At the outset of the first UK lockdown, one clinical psychologist (the second author) set up an initiative in which she began to circulate daily mental health tips to her local community, i.e. her work and personal social networks. Community interventions are defined as "intentional actions to promote change that can be expressed in different ways, depending on the needs of the community" (Maya-Jariego & Holgado, 2019). Community interventions can either be professionally led, i.e. where programs are planned and implemented by professionals, or take place at the grassroots level (Maya-Jariego & Holgado, 2019).

Community psychology views prevention and early intervention through collaborative research and action as an important tool for improving people's lives (McDermott, 2008). The community initiative described in the present work (the circulation of daily mental health tips designed to promote psychological wellbeing) was not initially set up as a research study. However, given the need for evidence about what is most useful for people's mental health in pandemic contexts, and because an essential feature of community interventions is to evaluate whether they are meeting the needs of the people they serve (Maya-Jariego & Holgado, 2019), the authors decided to evaluate the mental health tips in terms of their reach and utility. The present study describes this process and makes recommendations for people wishing to conduct similar work.

The reach and utility of the mental health tips were assessed through an online questionnaire and additional feedback from some recipients. The authors chose to assess reach once they were made aware that some recipients had been forwarding the daily tips on to others. Research suggests that people are more likely to share online content if they perceive it is valuable to others, and that people carefully consider how information might be useful to other recipients before forwarding (Brett, 2011). Based on this, the authors chose to use reach as a proxy for utility. By estimating how far the mental health tips had spread outside of the original distribution list (primarily academics working in the UK), the authors hoped that this might serve as an indication of how useful the recipients had found them.

II. METHOD

This study used a mixed-methods cross-sectional design. Data was collected via an online survey and e-mail feedback from people on the mental health tip distribution lists.

A. *Participants*

Participants were recruited through e-mail distribution lists and the Slack channels that the mental health tips were being circulated to. The questionnaire was circulated through both of these platforms between 1st - 13th May 2020.

Anyone in receipt of the mental health tips between 19th March - 13th May 2020 was eligible to participate in the online questionnaire. Individuals under 18 were not eligible to take part, and questionnaire respondents were asked to confirm their age on the online consent form.

Fourteen people responded to the online questionnaire, and six individuals from the original distribution lists responded to a request for further information to assess reach. In order to keep the survey brief, unobtrusive and anonymous, the authors did not collect any data regarding age or gender.

B. *Measures*

The online feedback questionnaire was developed by the two authors. There are numerous self-report measures for assessing wellbeing (Linton *et al.,* 2016), and many well-validated self-report measures for low mood and anxiety, such as GAD-7 (Spitzer *et al.,* 2006). However, the authors agreed not to use existing measures as these would not have provided the information required to answer the research questions. As the mental health tips had been developed to provide support to individuals at the start of lockdown, the authors decided that questionnaires administered to participants should be brief and easy to complete, to avoid placing any additional burden on recipients. There is evidence that global self-report measures of wellbeing, even those only an item long, are a reasonably valid approach for assessing subjective wellbeing (Hudson *et al.,* 2020).

The online questionnaire consisted of four multiple choice questions and four free text box questions, described below.

1. Reach

Reach was assessed through demographic information obtained from the online questionnaire. In order to estimate how far the mental health tips had spread outside of their original distribution lists, participants were asked to say what country they were from, and

what sector they worked in. Individuals on the Slack and e-mail distribution lists were also asked to provide information about whether they were circulating the mental health tips onto others, and if so, to whom. Participants were asked to briefly describe who they had sent the information to, and to approximately how many people, e.g. 20 colleagues in a healthcare setting. The authors received a total of six responses to this request.

The responses to the online questionnaire were separated out from this second estimate of reach. This is because the anonymous nature of the survey meant it was not possible to know which individuals had responded.

2. Utility

As a result of research into the theory of planned behaviour (Ajzen, 1991; Fishbein & Ajzen, 1975), the authors decided that one measure of utility would be to ask individuals whether they had used any of the advice contained in the mental health tips. It is known that there is considerable variability in the degree to which attitudes predict behaviour (Azjen, 2001), and therefore the authors wanted to understand whether recipients had been able to put the tips into practice.

Participants were asked how helpful they had found the mental health tips, and how they perceived their mental health had been since receiving this information. Participants were also given the opportunity to feedback what they had found helpful, less helpful, and whether they wanted any other topics to be covered in the future.

C. *Procedure*

The mental health tips were developed by the second author (M.L), a qualified clinical psychologist and senior lecturer at the University of Bath with many years of clinical and academic experience. In developing the mental health tips, M.L drew on Jahoda's latent deprivation theory (1982). Jahoda was particularly interested in the benefits of work beyond being paid, and identified five characteristics as being key to wellbeing. These were: time and structure; social contact; collective effort and purpose; social identity, status and self-care; and regular activity.

These five categories were used as a framework for developing and organising the mental health tips. A sixth category (general tips and review) was later added to describe tips that encouraged people to regularly review their state of mind.

Some examples of the mental health tips that were circulated are outlined below.

1. "It's good to plan a structure for each day, whatever your circumstances might be and trying to establish a new daily rhythm. Lots of free to download worksheets on line for doing this e.g. https://scatteredsquirrel.com/printable/personal- planner/daily-planner-printables/" (Time and structure)

2. It's really important to make sure, that in these times, we are doing what we can to staying connected whilst social distancing and particularly for those of us working from home. Here are some ideas about how to do this in practice https://www.zenefits.com/workest/how-to-stay-connected-with-your-colleagues-while-working-from-home/" (Social contact)

The first mental health tip was circulated on 19th March 2020, less than a week before the start of the first lockdown. The mental health tips were sent out every weekday until 18th May 2020.

On 3rd April 2020, just over two weeks after the first mental health tip had been circulated, the decision was taken to evaluate the reach and impact of the mental health tips. Three days later, formal development of the online questionnaire had begun, and full ethical approval was obtained on 27th April 2020. The questionnaire was circulated to participants on various distribution lists on 1st May 2020, with participants periodically being sent reminders (four in total) until the questionnaire was taken down on 13th May 2020. Respondents were not offered any incentives for their participation.

D. *Ethics*

Ethical approval was granted by the Psychology Research Ethics Committee at the University of Bath. All questionnaire respondents gave their informed consent before completing the online survey.

E. Data analysis plan

Rather than being designed as a qualitative or quantitative study, the present work was primarily designed to elicit service-related feedback.

1. Reach

Descriptive statistics and diagrams were used to summarise the number of individuals that the mental health tips had reached, to describe key demographic characteristics of respondents (i.e. what sector they worked in, and what country they were from), and to describe changes between 30th March - 13th May to the number of people estimated to have received the mental health tips.

2. Utility

Utility was evaluated on the basis of responses to the online questionnaire (n = 14). Descriptive statistics and bar charts were used to summarise the data.

In addition, three questions sought qualitative responses from participants, which have been organised by theme.

Ahead of time, the decision was taken to adopt an inductive and semantic approach to theme generation, given that there is little existing research in this area. In order to be classified as a theme, the subject matter had to be present in more than one participants' response. In the present work, the term "theme" has been used at a fairly surface level compared to how themes are used in approaches such as reflective thematic analysis (Braun & Clarke, 2013). In the present study, themes are simply used as a framework for presenting and organising participant responses.

III. FINDINGS

A. *Reach*

On 19th March 2020, the mental health tips were first circulated via Slack and e-mail to 86 individuals with whom the second author worked in a clinical setting. On 23rd March, these were also forwarded on to seven of the second author's friends and family. On 30th March, the mental health tips were forwarded onto another Slack channel which individuals who worked in the psychology research department at the University of Bath could access (n = 119).

At this point in time, exactly a week after the start of the first UK lockdown, the daily mental tips were estimated to be reaching a total of 212 people. However, it is important to note that while the mental health tips could have been accessible to this many people, not everyone is guaranteed to have accessed them.

The authors used information provided by six individuals on the original e-mail distribution lists (n = 33), as well as the number of members for both Slack channels (n = 179) to estimate changes in reach between 30th March and 13th May 2020. This is detailed in Table 1 below. The authors also used this information to estimate what sector the recipients worked in, and what country they came from. The idea behind this was to explore the extent to

Table 1. Estimated breakdown of mental health tip recipients by sector and country.

	What sector?	What country?	Estimated number of recipients
E-mail and Slack distribution lists - staff who worked with the second author (M.L) in a research and clinical setting	Academia	England	**86**
Slack channel for staff and postgraduate students at the University of Bath	Academia	England	**119**
Friends and family members of M.L	Healthcare (2) Finance (2) Voluntary (1) Academia (2)	England (4) South Africa (3)	**7**
E-mail respondent 1 - shared mental health tips to the Facebook page of a private psychology practice	Other This category was chosen as the authors were unable to be sure of who was accessing this information	England	**45** According to Facebook engagement data, five posts were made, reaching approximately 9 people each time
E-mail respondent 2 - shared tips with work colleagues	Finance	South Africa (18) United States (1)	**19**
E-mail respondent 3 - forwarded onto work colleagues	Voluntary Sector	England	**5**
E-mail respondent 4 - shared activities with friends	Academia	England	**3**
E-mail respondent 5 - sent to colleagues in a GP surgery group bulletin	Healthcare	England	**40**
E-mail respondent 6 - shared with friends	Finance (1) Business (2)	England	**3**

which the mental health tips had been circulated outside of the second author's personal networks.

Based on the above information, it was estimated that the mental health tips had reached a total of 327 individuals by the 13th May 2020. This was 56 days after the first mental health tip had been circulated on 19th March, and is an increase of 115 people (54.2%) from 30th March 2020. However, it is important to note that it is not possible to comment on how many of these people had actually read and made use of the mental health tips.

The majority of recipients were estimated to be working in healthcare and academia (n = 249). This was also reflected in the responses to the online questionnaire. Out of the 14 respondents, six worked in academia, six worked in healthcare, two worked in finance and one worked in the administration sector. One person reported that they worked both in healthcare and academia and was therefore double counted.

While the majority of the recipients were estimated to be based in the UK (n = 306), a small number of questionnaire respondents (n = 2) were from countries that the authors did not have existing connections with - i.e., Spain and Australia. The remaining mental health tip recipients were based in South Africa (n = 18) and the United States (n = 1). These estimates were made on the basis of information provided by some recipients via e-mail, and the authors' personal knowledge of where some of the individuals hailed from. In addition, anyone on the Slack and e-mail distribution lists was assumed to be based in England.

B. *Utility*

The majority of questionnaire respondents (n = 11) reported being able to make practical use of the advice contained within the mental health tips on at least some occasions. Two participants said that they had never used the advice, and one participant stated that they had "rarely" used the advice.

All of the questionnaire respondents reported finding the mental health tips at least "slightly" helpful, with the majority (n = 11) reporting that they had found them "very helpful" or "somewhat helpful".

Finally, eight participants reported that their mental health had minimally improved since receiving the daily tips. No respondents reported that their mental health had become worse, while five participants stated that there had been no change.

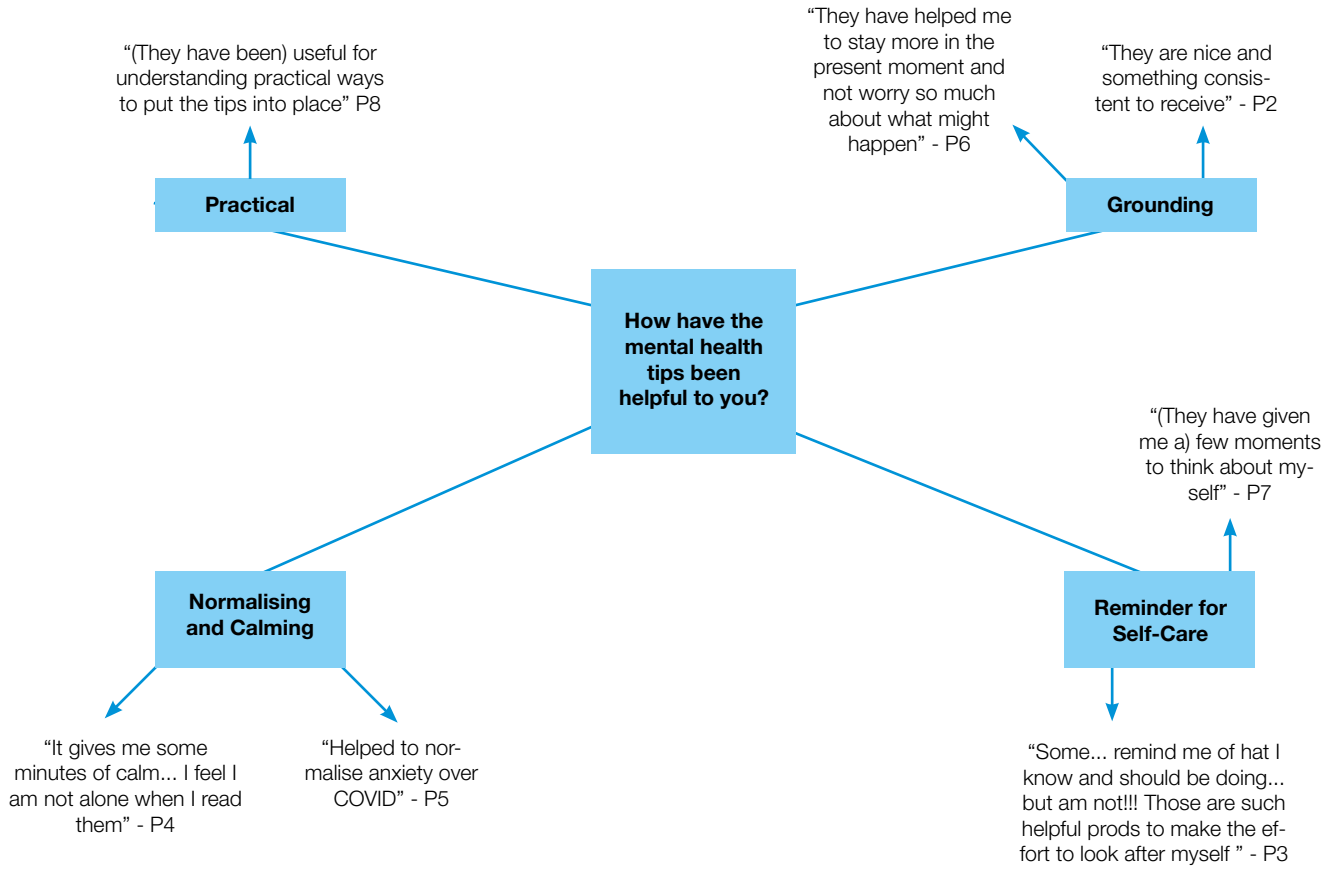

Figure 2. Themes generated from participant data regarding ways in which the tips have been helpful.

Several themes emerged in response to the qualitative questions asked of participants. Nine questionnaire respondents answered the question "how have the mental health tips been helpful to you?", generating four themes. These are summarised in Figure 2, which includes some relevant participant quotes.

Five participants identified four barriers to being able to implement the daily mental health tips, often giving this in response to the "Do you have any other comments or feedback?" question. These were: (1) time constraints, (2) "information overload", (3) having to remember to check Slack and (4), feeling as though the tip for that day was not personally relevant.

Finally, four participants reported wanting more information on the following topics: (1) exercise, (2) "post-viral fatigue", (3) meditation techniques, "especially for facing uncertainty" and (4) "tips to find your life purpose".

IV. DISCUSSION

The present work aimed to evaluate the reach and utility of daily mental health tips circulated by a psychologist as a community initiative in the early stages of the first UK lockdown.

The mental health tips had considerable reach (*N* = 327), and there was some indication that individuals on the original distribution lists were forwarding on the information to people outside of the authors' professional and personal networks. For example, a small number of questionnaire respondents came from countries the authors did not have existing connections with. Regarding utility, most respondents reported that they had made practical use of the advice contained in the mental health tips on at least some occasions, and had found the information being shared at least somewhat helpful.

A. *Links to the evidence base*

The number of individuals who were able to access the daily mental health tips was estimated to have increased between 30th March and 13th May 2020. During this time, no new individuals were added to the distribution lists. This increase is therefore thought to be, at least in part, due to people forwarding this information onto others.

A survey conducted by the New York Times Customer Insight Group (Brett, 2011), indicates that there are five key motivations behind sharing online content: (1) bringing valuable content to others, (2) defining ourselves to others, (3) growing relationships, (4) feeling self-fulfilled and more involved with the world, and (5) supporting causes that are important to us. Furthermore, in the aforementioned survey, 94% of people (n = 2,500) reported that they ensured to consider carefully how the information might be useful to the recipient before sharing. It is hoped that people in receipt of the daily mental health tips were forwarding these onto others because they perceived this information would be useful to them. While it is not possible to draw definitive conclusions from the present work, there appears to be some value in using small-scale community initiatives to support people during the Covid-19 pandemic. None of the questionnaire respondents reported that their mental health had worsened during the period in which they had received the mental health tips, with the majority reporting at least some small improvement. This is significant because large-scale studies (Bentall *et al.,* 2020; Wang *et al.,* 2020; Rossi *et al.,* 2020) suggest that the elevated symptoms of anxiety and depression found amongst the general population in response to lockdown remained stable even several weeks after the introduction of initial lockdown measures, and do not resolve on their own.

At the start of the pandemic several research papers made practical suggestions for supporting people during the coronavirus outbreak (Walton *et al.,* 2020; Brooks *et al.,* 2020). These recommendations were made on the basis of research into topics such as Psychological First Aid (Ruzek *et al.,* 2007), and the previous 2003 SARS outbreak (Maunder *et al.,* 2003). However, few studies have formally evaluated the impact of mental health interventions delivered over the course of the coronavirus pandemic. For example, a narrative review (Rajkumar, 2020) identified 28 studies which looked at the impact of the pandemic on people's mental health. Of these, only five described the use of specific strategies to deliver mental health support to individuals, and none of these had been validated in the respective target populations. Furthermore, a brief search of the literature has revealed only two study protocols for online mental health interventions, one for a randomised controlled trial (Brog *et al.,* 2021), and another for a long-term (six month) follow-up study (Bäuerle *et al.,* 2020).

Research suggests that some forms of early post-traumatic intervention, such as psychological debriefing, can be ineffective (Roberts *et al.,* 2009), and even harmful in some cases (Rose *et al.,* 2003). In addition, guidelines for supporting hospital staff during the pandemic (Billings *et al.,* 2020) have highlighted the importance of offering evidence-based treatment, and not intervening in people's natural coping mechanisms too early. It is surprising that even over a year later, relatively few studies have evaluated the impact of mental health interventions developed during the early stages of the pandemic. While there are some methodological issues with the present work, it is hoped that this demonstrates that such interventions can be evaluated relatively simply.

B. *Reflections on the present study*

In the current work the decision was taken to ensure that not too many additional demands were placed on the mental health tip recipients. This is because the tips were developed to provide support during the first UK lockdown, and were therefore not initially created with a research study in mind. One consequence of this is that the authors often used less rigorous evaluation methods than they might have selected in another context. This posed some unique challenges, which are considered here.

The first challenge was to ensure that the daily tips were evaluated in a meaningful way, while also using methods that felt acceptable to prospective participants. The personal connection between some of the recipients and the second author added a further layer of complexity to this process. For example, on one occasion there was disagreement between the authors regarding how many follow-up and reminder messages to send to recipients. For the first author, it was not always easy to reconcile adopting such an approach with the wider context of the professional doctorate in clinical psychology, particularly given that the pandemic had already resulted in multiple disruptions to the program. In these moments, having open conversations about the primary aims of the intervention proved useful, as did regularly taking stock of the existing data and asking what conclusions could be drawn from this.

A second major obstacle was balancing the need to circulate the questionnaire in a timely manner, while also ensuring it was ethical and sufficiently rigorous. The online questionnaire was first distributed to participants on 1st May 2020, a total of 44 days after the very first mental health tip was circulated. Approximately 4% of mental health tip recipients responded to the online questionnaire. While there is no minimum response rate for surveys, and it has been argued elsewhere that response representativeness is a more meaningful factor in assessing the value of research findings (Baruch & Holtom, 2008), such a low response rate is unlikely to have captured a representative group of mental health tip recipients.

A greater proportion of individuals may have responded if the questionnaire had been distributed several weeks earlier, right at the beginning of lockdown. As identified within the qualitative responses, participants identified "information overload" and the need to check Slack as barriers to accessing and implementing the mental health tips, which may have meant that fewer people were continuing to engage with the information on a regular basis. There is evidence to suggest that information overload, defined as "when people are exposed to more information than they can accommodate in their capacity for information processing" (Lee *et al.,* 2016: 53) is associated with greater stress, poorer health, and less time devoted to contemplative activities (Misra & Stokols, 2012). There is a substantial body of research into factors associated with information overload, such as time constraints and information complexity (see Jackson & Farzaneh, 2012, for a brief overview). While the tips were quite brief, and were sent out no more frequently than once a day, it is possible that over the course of several weeks, participants may have begun to find the information overwhelming and/or a repeat of other information they already had access to. It is difficult to draw any definitive conclusions around this due to the limited data available. For example, only one person mentioned this in their questionnaire responses. However, this may be a useful factor to explore in similar future projects.

Nevertheless, the delay in the launching the online questionnaire was necessary to obtain ethical approval, and to ensure that the online questionnaire was brief but capable of collecting meaningful data. Furthermore, it feels important to note that the decision to evaluate the project was first taken on 3rd April 2020, with the online questionnaire being ready to launch less than a month later. While there is no perfect solution to this challenge, in order to maximise the number of responses, similar evaluative projects might benefit from anticipating such delays and considering how to minimise placing any demands on participants while awaiting ethical approval to start the evaluation process. In addition, with any initiative, reflecting on how best to capture some data from the outset, for example, by inviting individuals to share their feedback via e-mail, or through brief anonymous tools, may also prove to be a useful exercise.

C. *Recommendations for future research*

In May 2020, once the project came to an end, the first author took time to reflect on the work and to produce a list of recommendations for researchers. These points were written over a year ago and reflect the context at the time of the first lockdown but may still feel relevant for those who wish to conduct similar community initiatives in the future.

1. Accept that your work will not be perfect or as rigorous as you would like. The coronavirus has caused widespread disruption, and you may have found that things that were possible in a pre-pandemic world may no longer be viable. Parts of the process may take longer, or no longer feel relevant. Be sure to regularly take time to reflect on the data you are able to collect, and the conclusions you can draw, rather than focusing on what is missing.
2. Regularly stop to consider the following question - whose needs am I trying to meet? Conducting research can give us a sense of purpose, particularly in such uncertain times. It can feel easy to get caught up in the evaluation process, to focus in on all the small details, and to rigidly follow guidelines for best

practice (although these should not be completely abandoned either!). Take time to consider the people you are trying to support, and what their needs might be.

3. Ensure that you take time to discuss the initiative with others - talking with individuals who are slightly more removed from the work can be a useful exercise. Explaining your project to others encourages you to explain and justify your decision making.
4. Remove as many barriers to accessing your intervention as possible - don't place any additional demands on the people you are trying to help. Find ways to share the information in a consistent way and time, and as directly as possible.
5. Be aware of information overload and allow people the opportunity to opt out of whatever is being offered. What some individuals may find helpful, others will not. Be open about this, and normalise it as a common reaction.

D. *Limitations and conclusions*

There are a number of limitations with the present work. For example, only a small proportion of people estimated to be receiving the daily mental tips responded to the online questionnaire and the request for additional information regarding reach.

In addition, the authors did not make use of previously validated measures, and did not allow for within- or between-subject comparisons. This would have allowed the authors to use statistical analytical techniques, such as independent or related t-tests (depending on the design chosen) and is likely to have resulted in data upon which broader conclusions could have been drawn.

Furthermore, by choosing not to use more comprehensive measures of reach, the results rely heavily on estimates made by the first author. Although the authors were able to estimate the increase in the number of individuals who were capable of accessing the mental health tips, it is unfortunately not possible to comment on how many individuals were accessing this information regularly. In addition, as the online survey used an opt-in method for recruitment, it is possible that only participants who found the mental health tips useful chose to complete the online questionnaire. For these reasons, as well as the relatively small sample size and resulting lack of power, it is not possible to generalise the results of the present work to the wider population.

While generalisability is an important concept in quantitative research, it is important to bear in mind that the aim of the current work was to establish whether a community initiative - the development of daily tips to promote psychological well-being and mental health - was helpful to individuals in the midst of a global pandemic. There is evidence to suggest that caution should be taken when offering psychological support in times of crisis, but (as far as the authors are aware) very little guidance on how to develop and evaluate research projects in such contexts. A strength of the present study is that it demonstrates that such evaluation projects can be done quickly, and with relative ease. In addition, a number of recommendations have been made to support individuals who are interested in conducting similar work in the future.

While there is existing guidance into the development and evaluation of complex interventions (Craig *et al.,* 2013), attempting to alleviate the negative impact of Covid-19 on people's mental health in line with such guidance is likely to be a lengthy process. In addition, it is still relatively early to draw any conclusions about the long-term effects of both the lockdown and the global pandemic. Conducting smaller-scale projects may be a useful way of setting the groundwork for more intensive interventions and ensuring that there is some provision of support for individuals in the meantime.

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BIOGRAPHY

Sofya is in her third year of the Professional Doctorate in Clinical Psychology at the University of Bath. Sofya is currently conducting a qualitative study into relapse prevention in OCD. The research involves speaking to people about their experiences of relapse and examining the support they were offered when their symptoms returned. It is hoped the work will be used to inform the development of a relapse prevention programme.

Dr Maria Loades is a Senior Lecturer (Clinical Tutor) for the Doctorate in Clinical Psychology programme. Maria qualified as a Clinical Psychologist from the University of East Anglia in 2008.