



Covid-19 Social Study

Results Release 8

Dr Daisy Fancourt, Dr Feifei Bu, Dr Hei Wan Mak, Prof Andrew Steptoe

Department of Behavioural Science & Health

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Executive summary

Background

This report provides data from Week 8 of the UK COVID-19 Social Study run by University College London: a panel study of over 85,000 respondents focusing on the psychological and social experiences of adults living in the UK during the Covid-19 pandemic.

In this EIGHTH report, we focus on psychological responses to the first seven weeks of government measures requiring people to stay at home (21/03-10/05). We present simple descriptive results on the experiences of adults in the UK. **Crucially, in this report we include keyworkers within our main sample and present sub-group analyses for more socio-demographic groups.** Measures include:

1. Reported compliance with government guidelines and confidence in the government
2. Mental health including depression, anxiety and stress
3. Harm including thoughts of death or self-harm, self-harm and both psychological & physical abuse
4. Psychological and social wellbeing including life satisfaction and loneliness

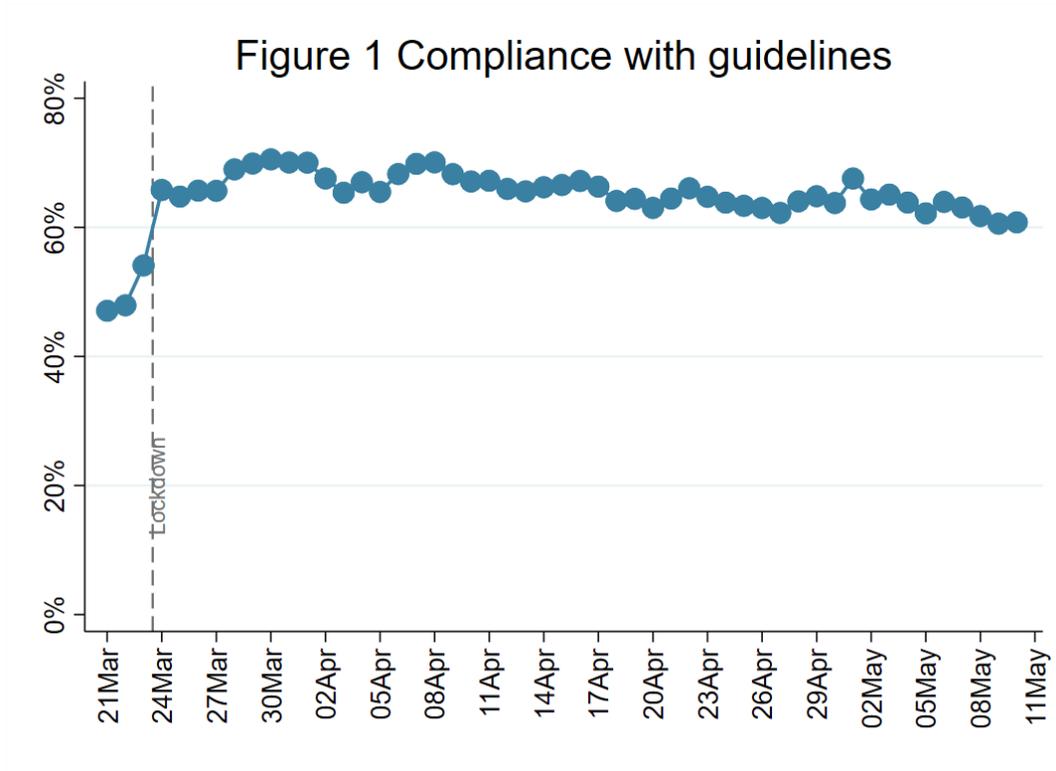
This study is not representative of the UK population but instead was designed to have good stratification across a wide range of socio-demographic factors enabling meaningful subgroup analyses to understand the experience of Covid-19 for different groups within society. Data are weighted using auxiliary weights to the national census and Office for National Statistics (ONS) data. Full methods and demographics for the sample included in this report are reported in the Appendix. The study is still recruiting and people can take part by visiting www.COVIDSocialStudy.org

Findings

- Compliance with government advice has decreased since lockdown began, moving from averages of 70% of adults 'completely' adhering, to just 60%. Confidence in government has fallen slightly since the start of lockdown, and is lowest in those under the age of 30.
- Anxiety levels have fallen further in the past week, although depression levels remain relatively stable. Both appear higher than usual reported averages.
- Stress relating to Covid-19 (both catching Covid-19 and becoming seriously ill from Covid-19) has stabilised again following a rise last week, with 1 in 5 people now worried about it.
- Worries relating to accessing food have continued to fall, whilst other worries remain stable.
- Thoughts of death or self-harm and experience of self-harm or abuse remain relatively stable but are higher amongst younger people and those living alone, with low household income, with a mental health condition, and living in urban areas. Levels reported here are expected to be under-estimations of experiences.
- Life satisfaction is still noticeably lower than usual levels but is higher than when lockdown started and has plateaued over the past month following an increase after lockdown commenced.
- Loneliness levels continue to be stable since lockdown started, even amongst high-risk groups. Levels are higher in women, people living with children, and people living in urban areas.
- 50% of respondents do not currently feel in control of future plans, while 39% do not feel in control of their employment and 23% do not feel in control of their mental health.
- When comparing across age groups, younger adults report feeling less in control across all domains.
- 78% are concerned about cases of COVID-19 increasing as lockdown is eased, and 74% are concerned about people not adhering to social distancing. 62% are concerned about a recession, and 48% concerned about unemployment levels rising. Around 1 in 3 people are also showing concern about pollution increasing, social cohesion decreasing, and crime levels rising.
- The most prevalent factors people are missing from their normal lives are meeting up with friends (81%) and family (77%). 1 in 3 people are missing having time on their own. Overall, younger adults are reporting missing more things than older adults.

1. Compliance and confidence

1.1 Compliance with guidelines



FINDINGS

Respondents were asked to what extent they are following the recommendations from government such as social distancing and staying at home, ranging from 1 (not at all) to 7 (completely). Figure 1 shows the percentage of people who followed the recommendations “completely” (with a score of 7).

“Complete” compliance remains high but has decreased since lockdown began, moving from averages of 70% ‘completely’ adhering, to just 60%. It remains lower in younger adults, and is also lower in men, and people living in cities and towns compared to people living in more rural areas (see Figs 2). Compliance is recorded as lower in keyworkers, but this is likely due to them being unable to follow the recommendations due to the demands of their work. There is little difference depending on whether people are living with children or not¹.

However, it should be noted that these graphs show self-reported “complete” compliance: a perfect score of 7 out of 7. A higher majority of participants report overall ‘good’ compliance (scores 5-7 out of 7). Of note, we ask participants to self-report their compliance, which relies on participants understanding the regulations.

¹ NB for all figures on ‘living with children’ in the report (figures ‘g’), data are restricted to people living with others (i.e. excluding people living alone) such that comparisons show people living with children (with or without other adults) vs living just with adults.

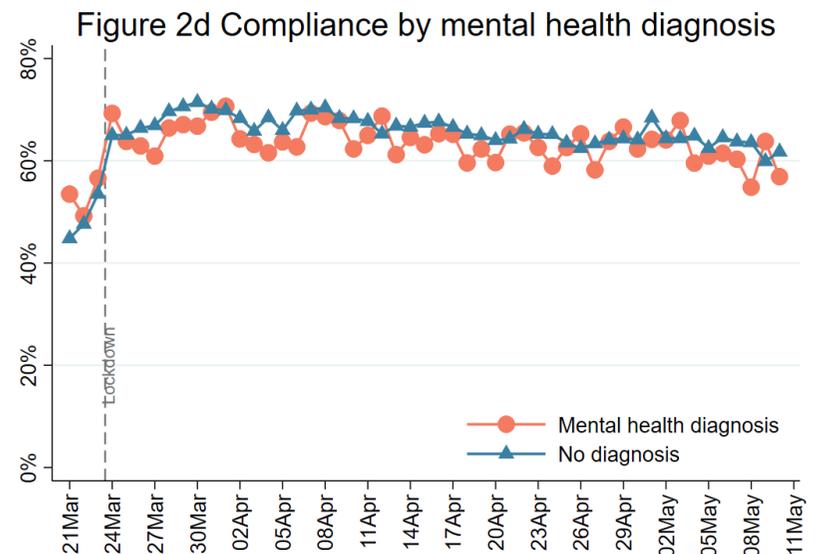
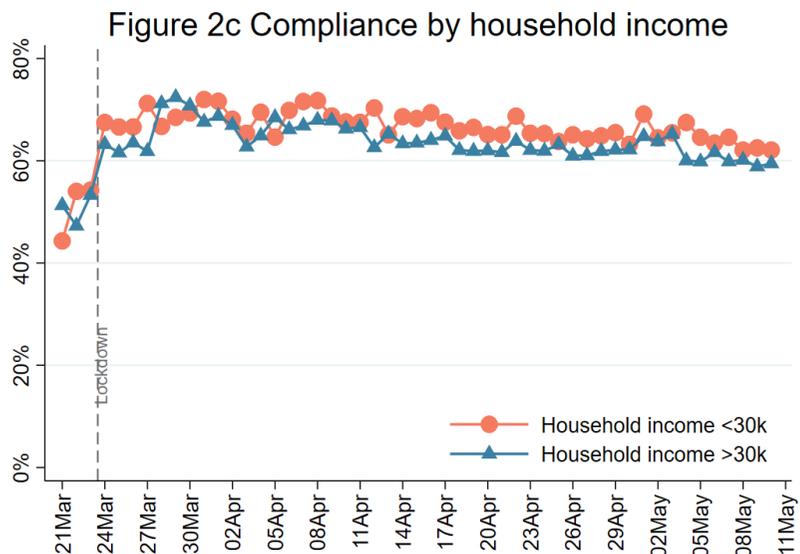
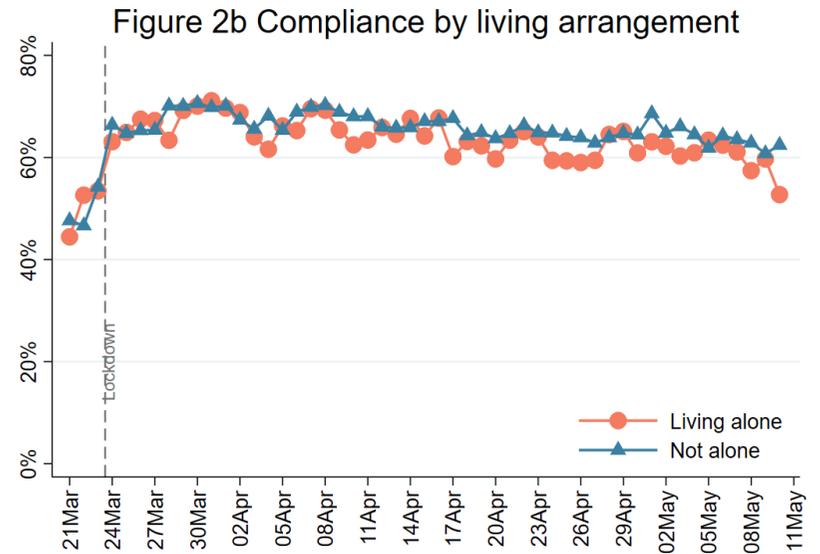
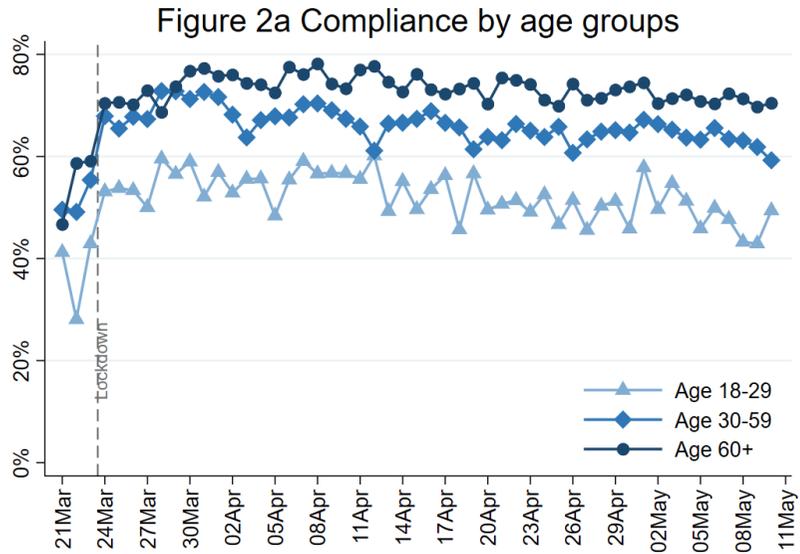


Figure 2e Compliance by gender

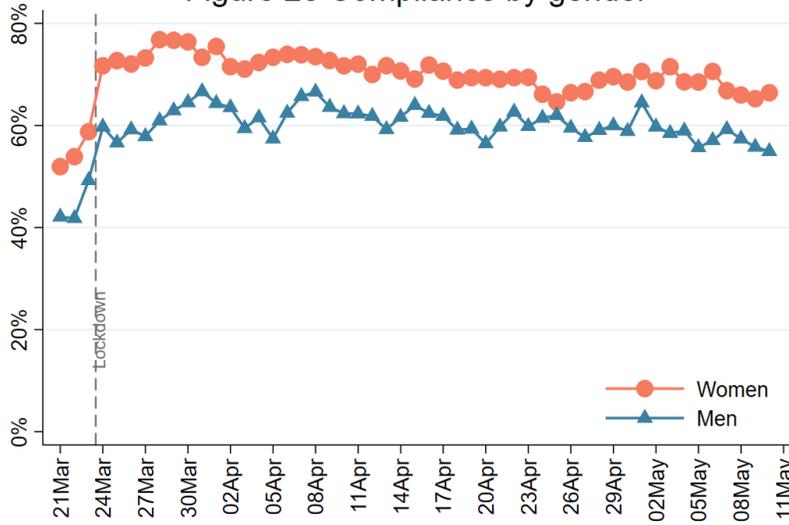


Figure 2f Compliance by key-worker status

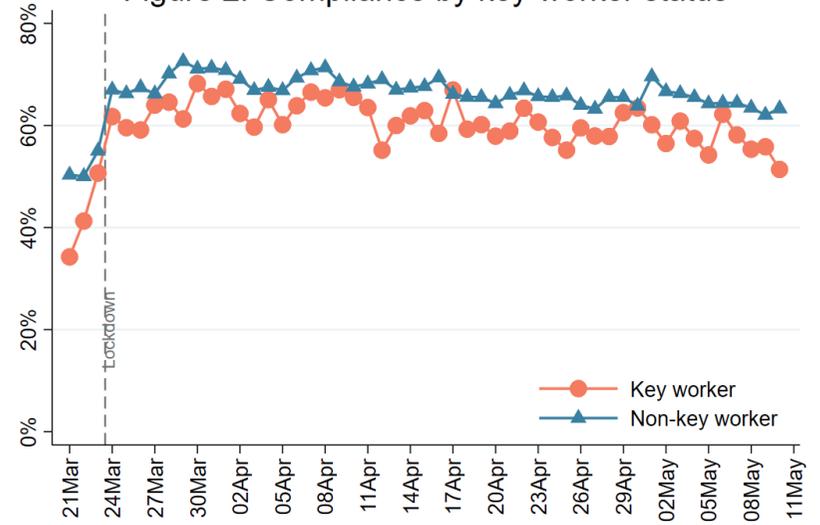


Figure 2g Compliance by living with children

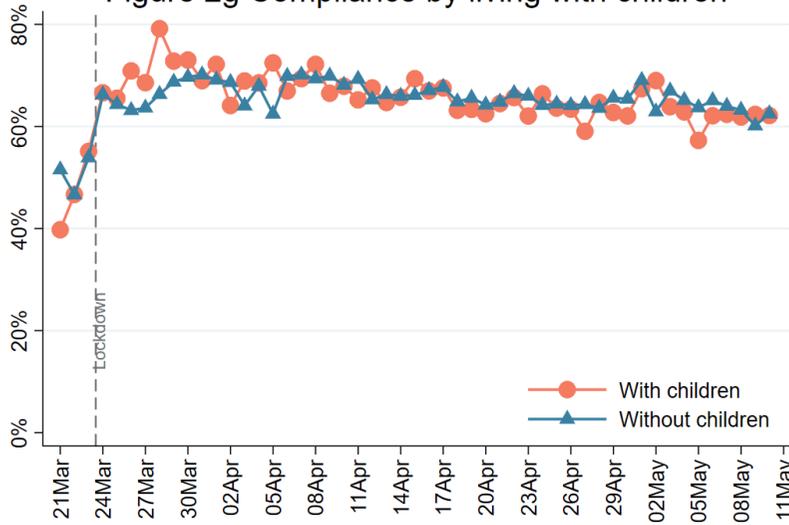
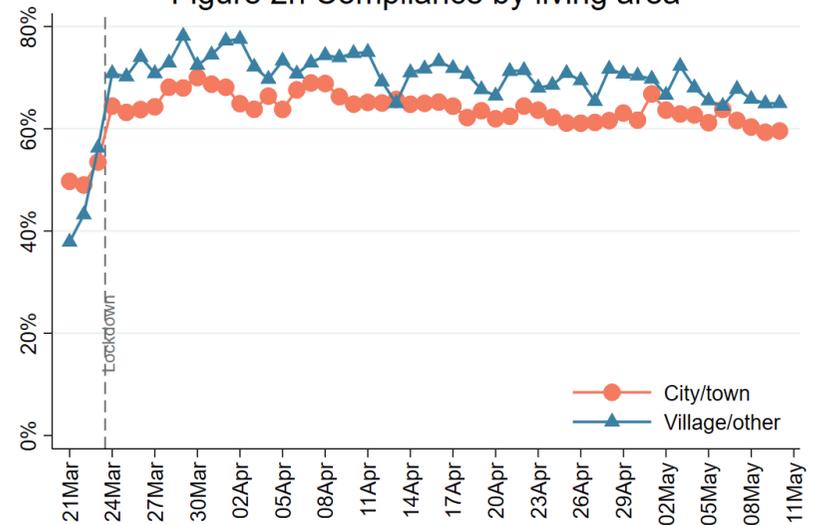
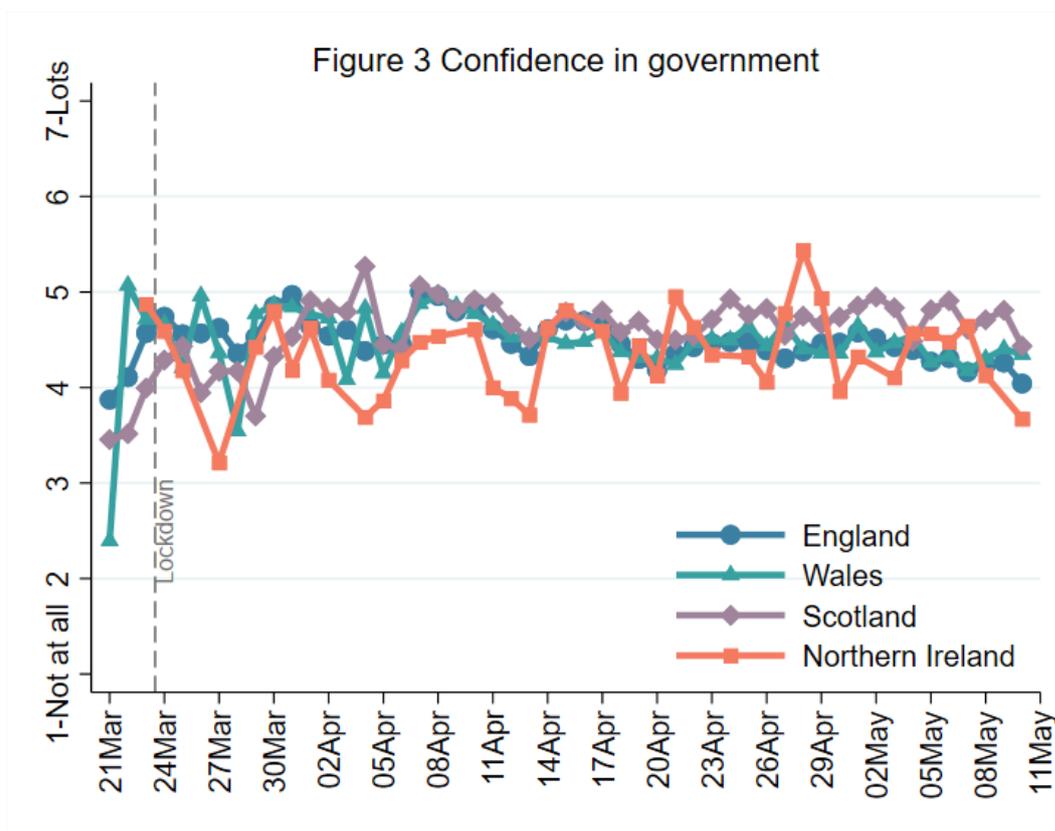


Figure 2h Compliance by living area



1.2 Confidence in Government



FINDINGS

Respondents were asked how much confidence they had in the government to handle the Covid-19 epidemic from 1 (not at all) to 7 (lots).

Here for the first time we report data from the devolved nations as well as for England. People living in devolved nations were asked to report their confidence in their own devolved governments. Confidence has been highest in Scotland but remains similar across all nations. Figures for Northern Ireland show greater volatility but this is likely a function of the sample size in Ireland being smaller than for other countries.

For subgroup analyses, we restrict our results to respondents living in England in order to have sufficient sample sizes for meaningful subgroup analyses (future analyses will look at subgroups in devolved nations). In England, confidence in government has fallen slightly since the start of lockdown, most notably in younger adults, and is lowest in those under the age of 30. Confidence is also lower in urban areas and in people with a mental health diagnosis.

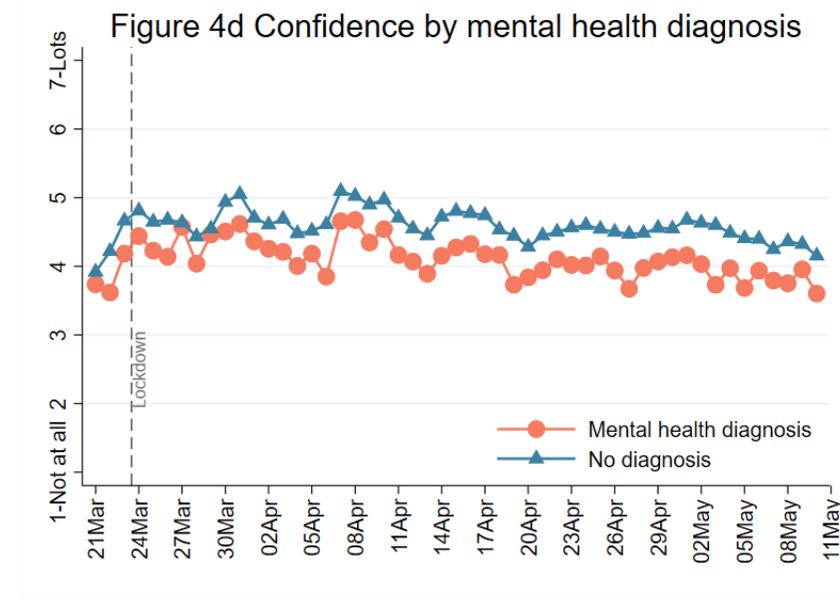
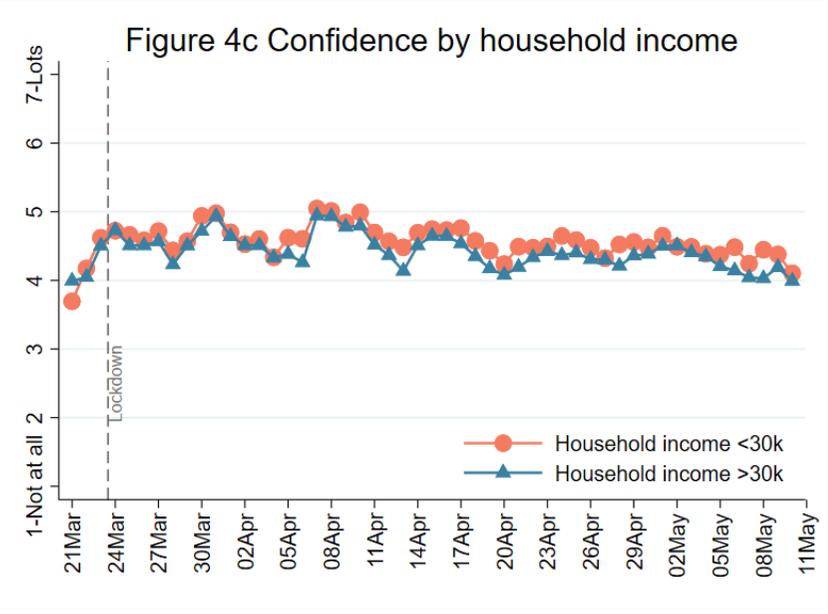
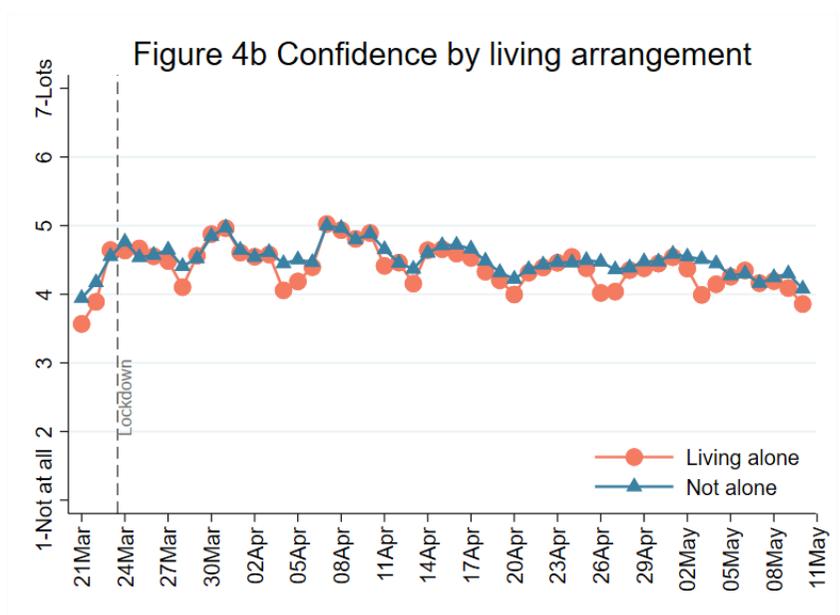
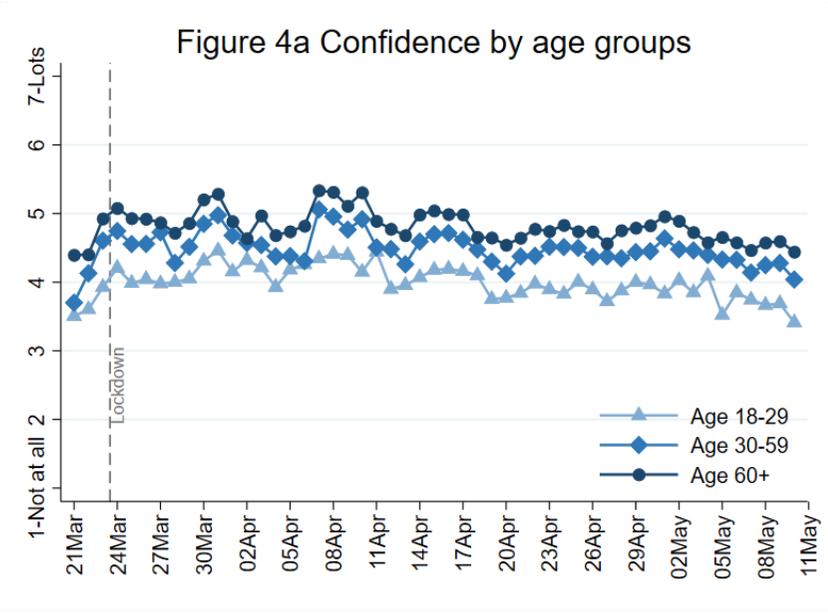


Figure 4e Confidence by gender

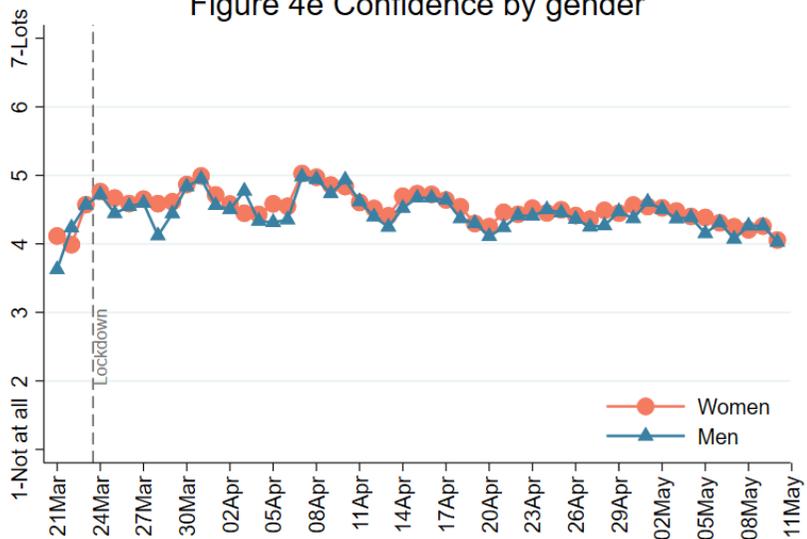


Figure 4f Confidence by key-worker status

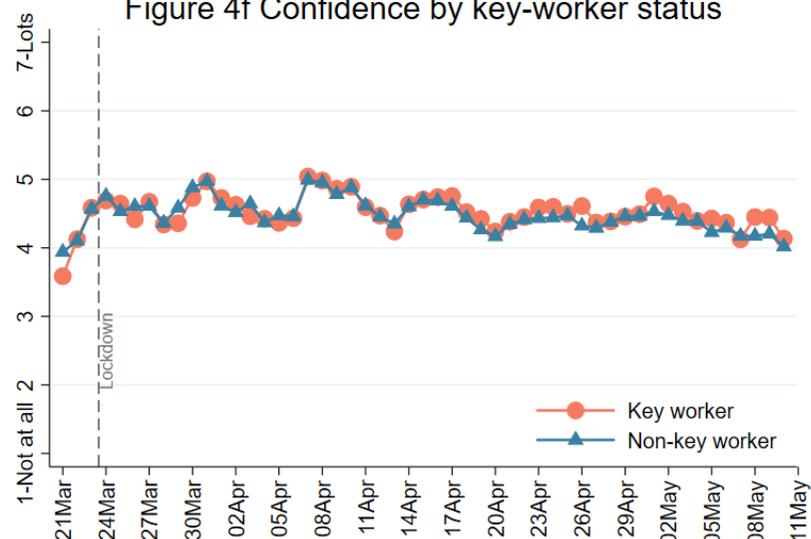


Figure 4g Confidence by living with children

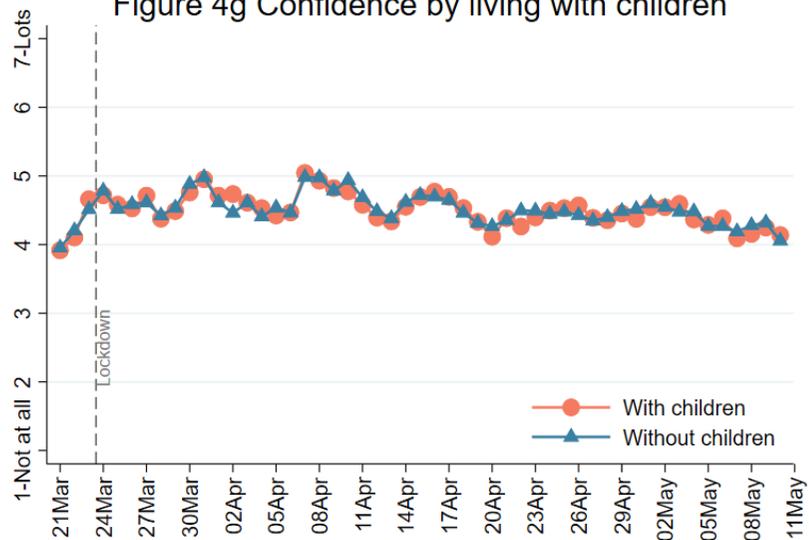
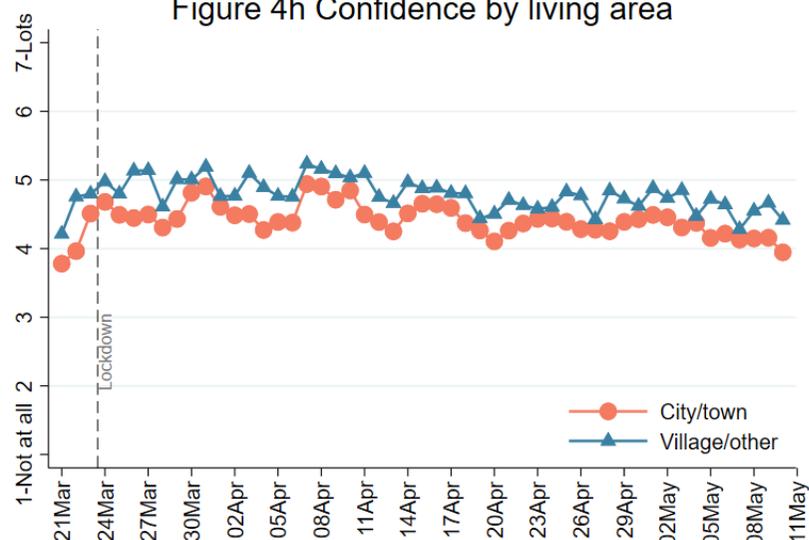
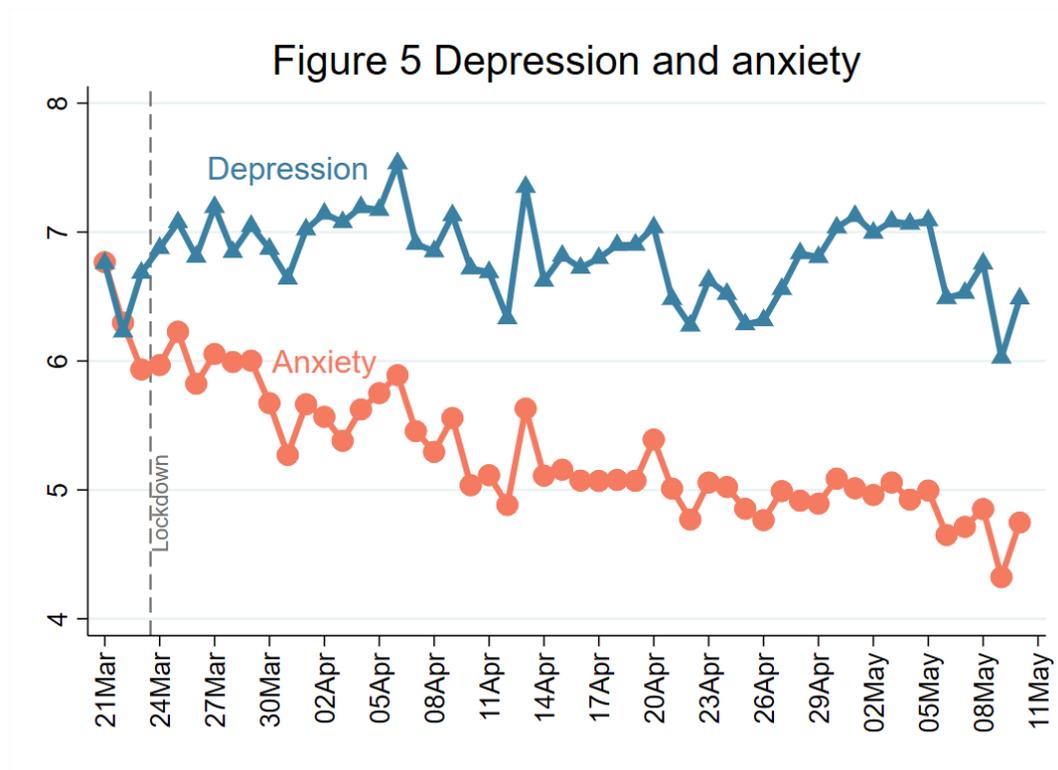


Figure 4h Confidence by living area



2. Mental Health

2.1 Depression and anxiety



FINDINGS

Respondents were asked about depression levels during the past week using the Patient Health Questionnaire (PHQ-9) and anxiety using the Generalised Anxiety Disorder assessment (GAD-7); standard instruments for diagnosing depression and anxiety in primary care. There are 9 and 7 items respectively with 4-point responses ranging from “not at all” to “nearly every day”, with higher overall scores indicating more symptoms. Scores of higher than 10 can indicate major depression or moderate anxiety.

Anxiety levels have fallen further in the past week, although depression levels remain relatively stable. Although this study focuses on trajectories rather than prevalence, it is noted that the levels overall are higher than usual reported averages using the same scales (2.7-3.2 for anxiety and 2.7-3.7 for depression²). Both depression and anxiety levels remain higher in younger adults, those living alone, those with lower household income, and those with an existing mental health diagnosis. They are also higher in women than men, in those living in urban areas, and in people living with children compared to those living just with adults.

² Löwe B, Decker O, Müller S, Brähler E, Schellberg D, Herzog W, et al. Validation and Standardization of the Generalized Anxiety Disorder Screener (GAD-7) in the General Population. *Medical Care*. 2008;46(3):266–74. | Tomitaka S, Kawasaki Y, Ide K, Akutagawa M, Ono Y, Furukawa TA. Stability of the Distribution of Patient Health Questionnaire-9 Scores Against Age in the General Population: Data From the National Health and Nutrition Examination Survey. *Front Psychiatry*. NB in the absence of identified directly comparable prevalence estimates in the UK, these studies look at prevalence in the US in the general population.

Figure 6a Depression by age groups

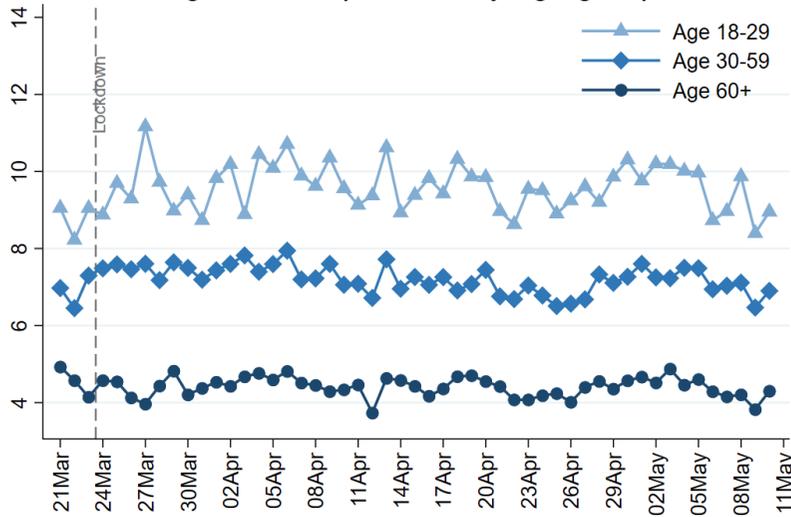


Figure 6b Depression by living arrangement

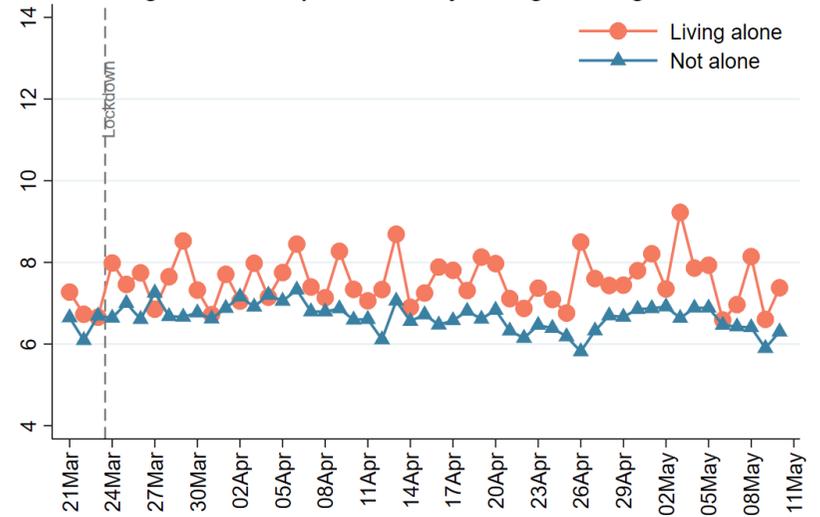


Figure 6c Depression by household income

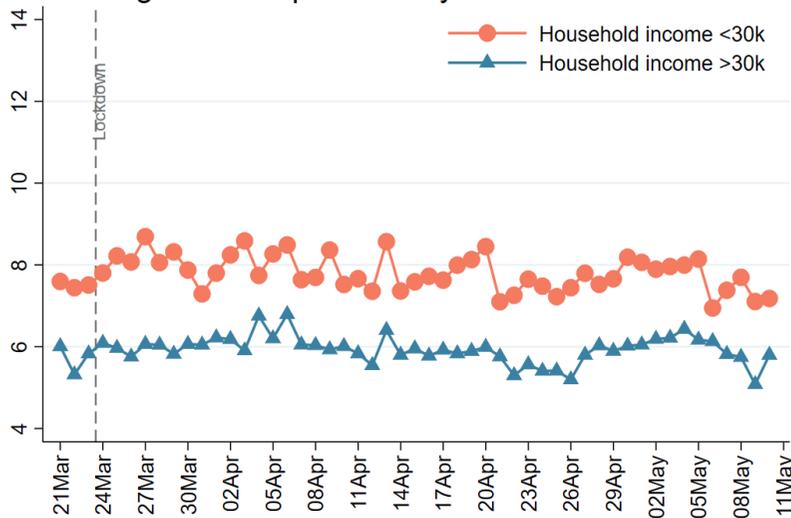


Figure 6d Depression by mental health diagnosis

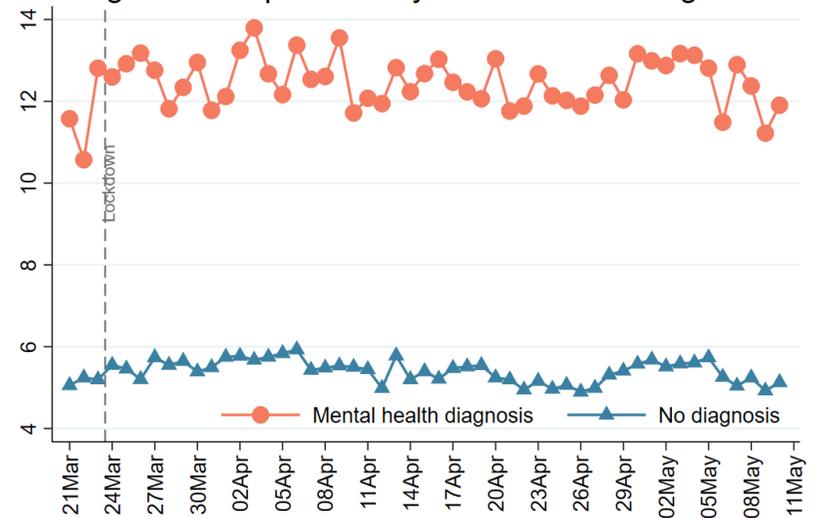


Figure 6e Depression by gender

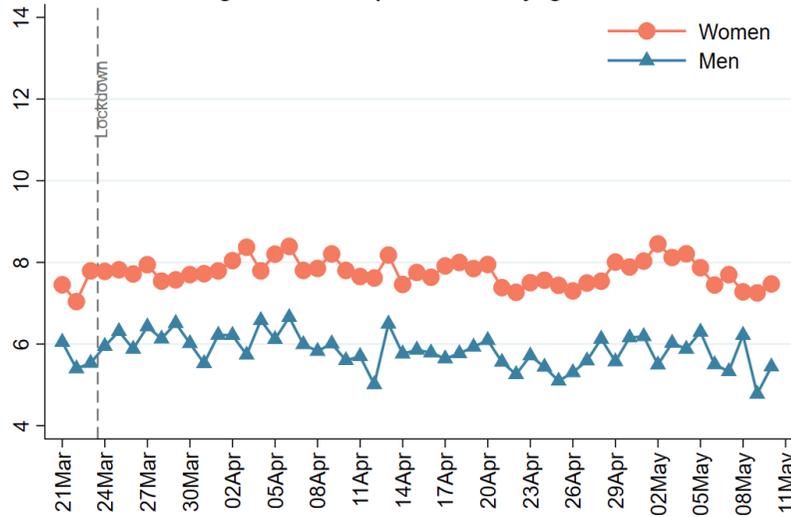


Figure 6f Depression by key-worker status

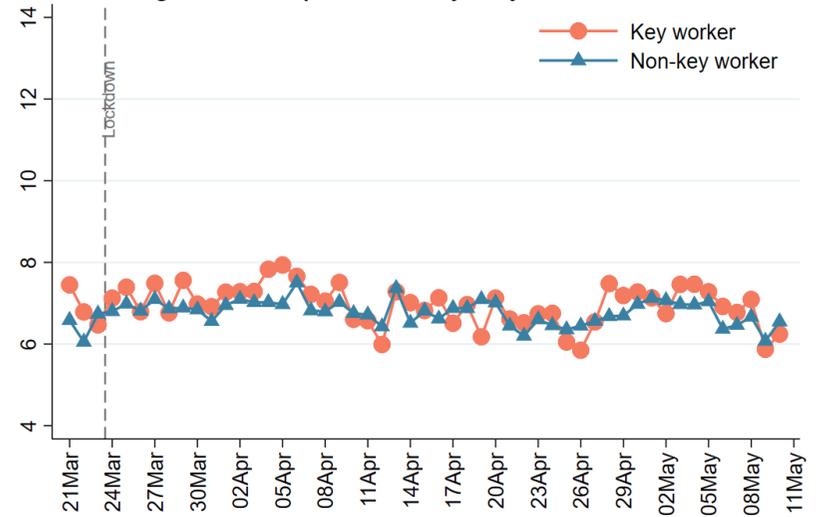


Figure 6g Depression by living with children

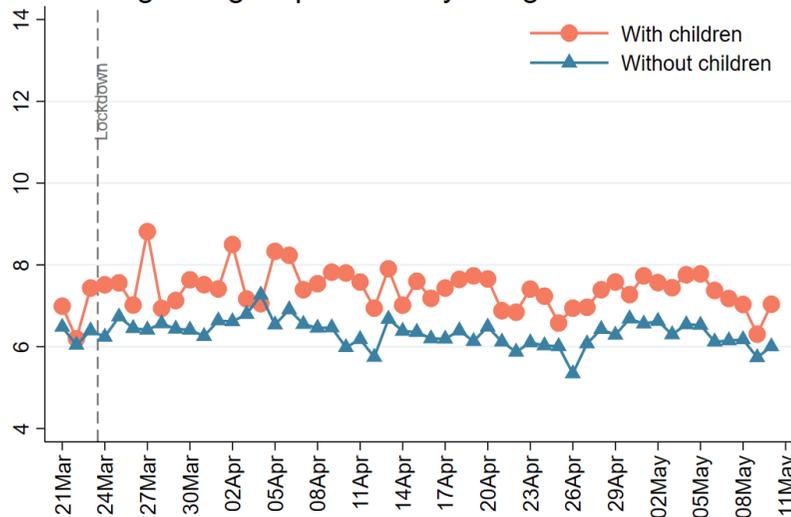


Figure 6h Depression by living area

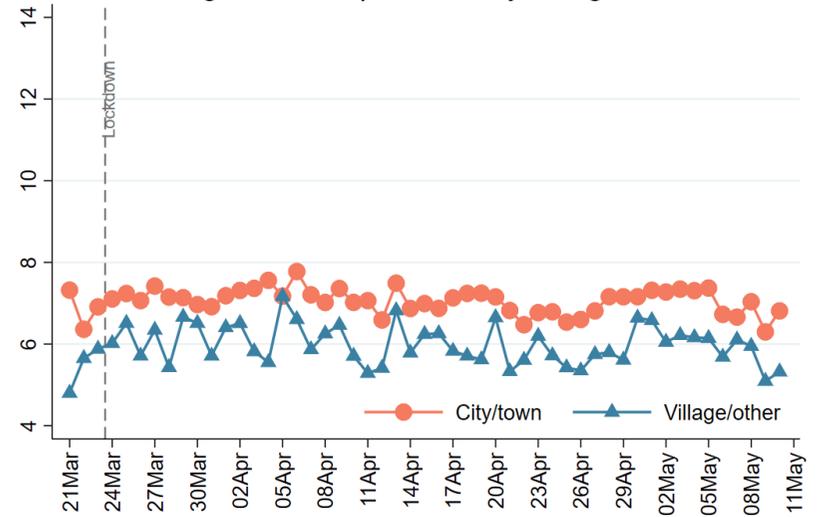


Figure 7a Anxiety by age groups

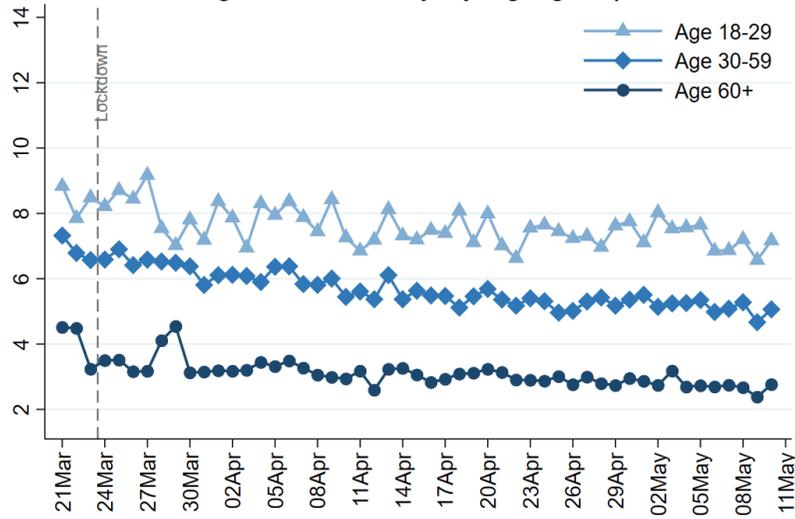


Figure 7b Anxiety by living arrangement

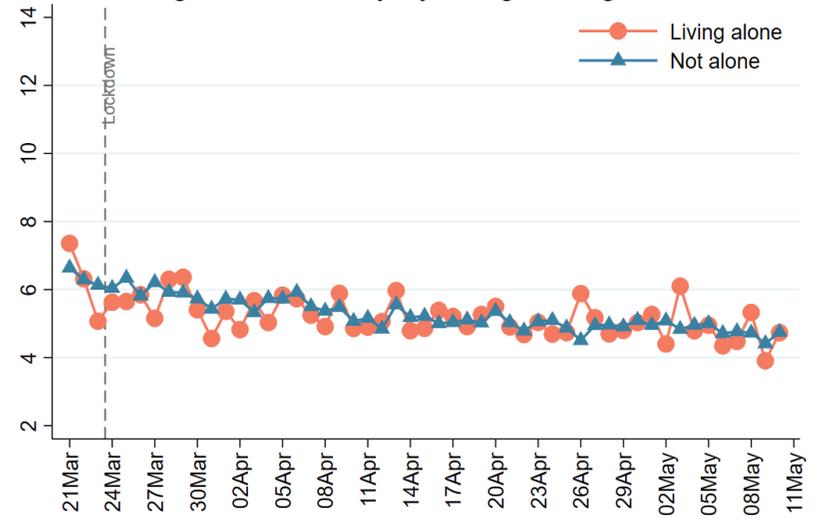


Figure 7c Anxiety by household income

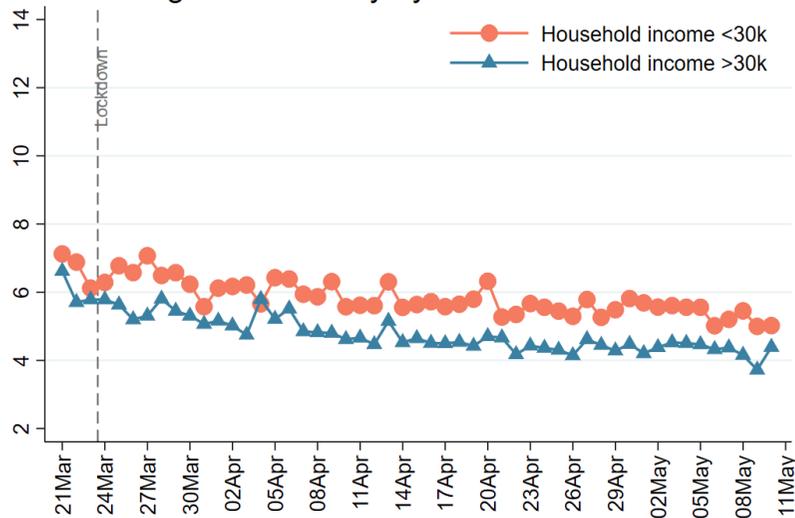


Figure 7d Anxiety by mental health diagnosis

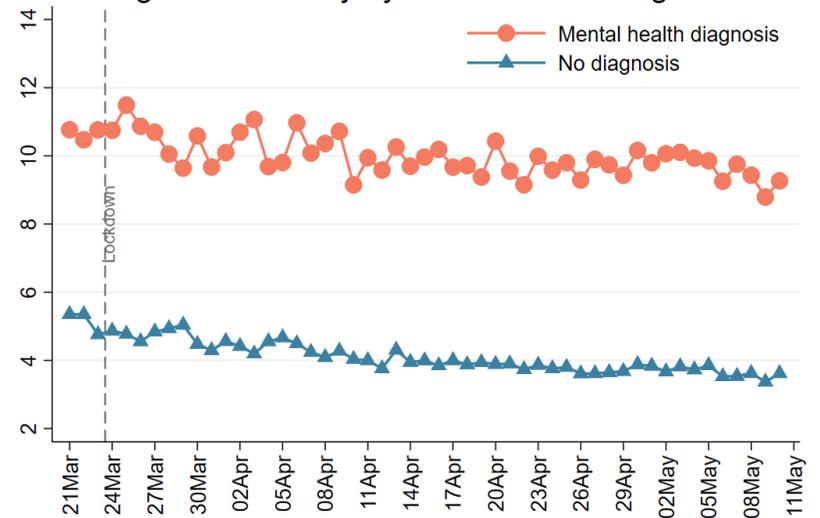


Figure 7e Anxiety by gender

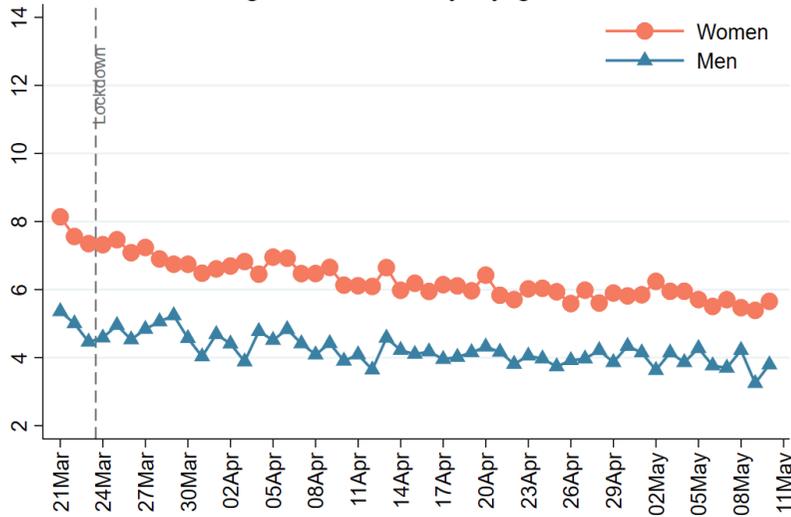


Figure 7f Anxiety by key-worker status

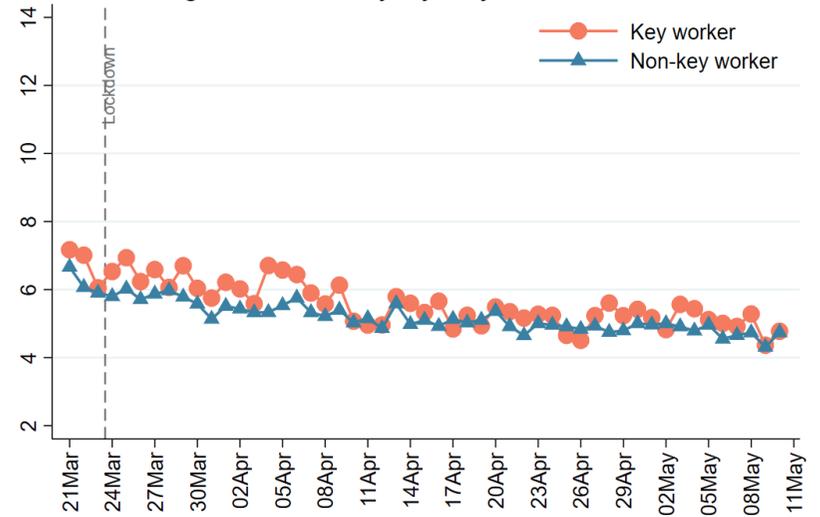


Figure 7g Anxiety by living with children

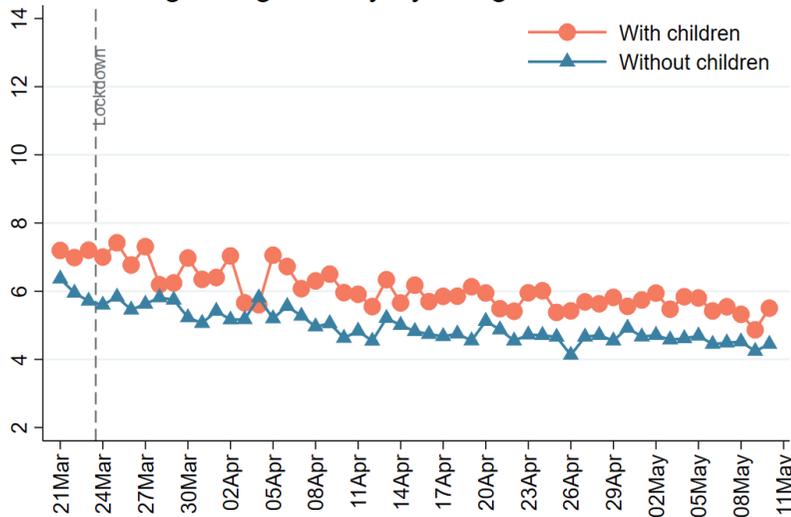
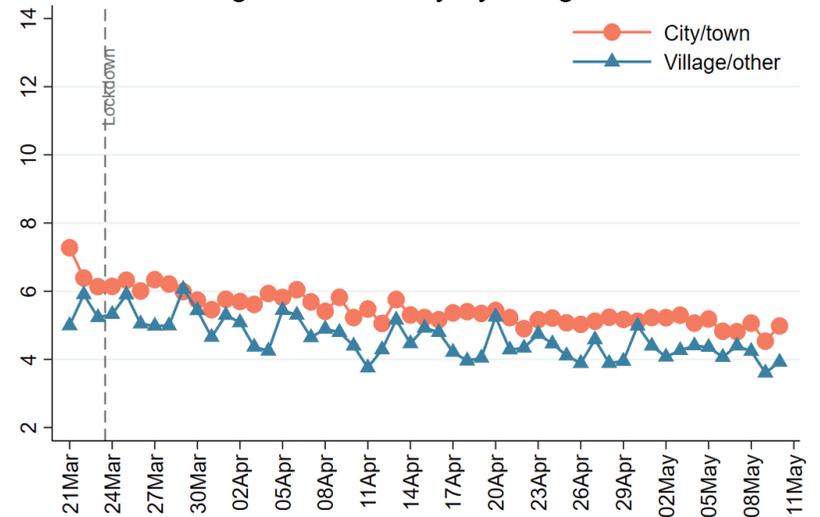
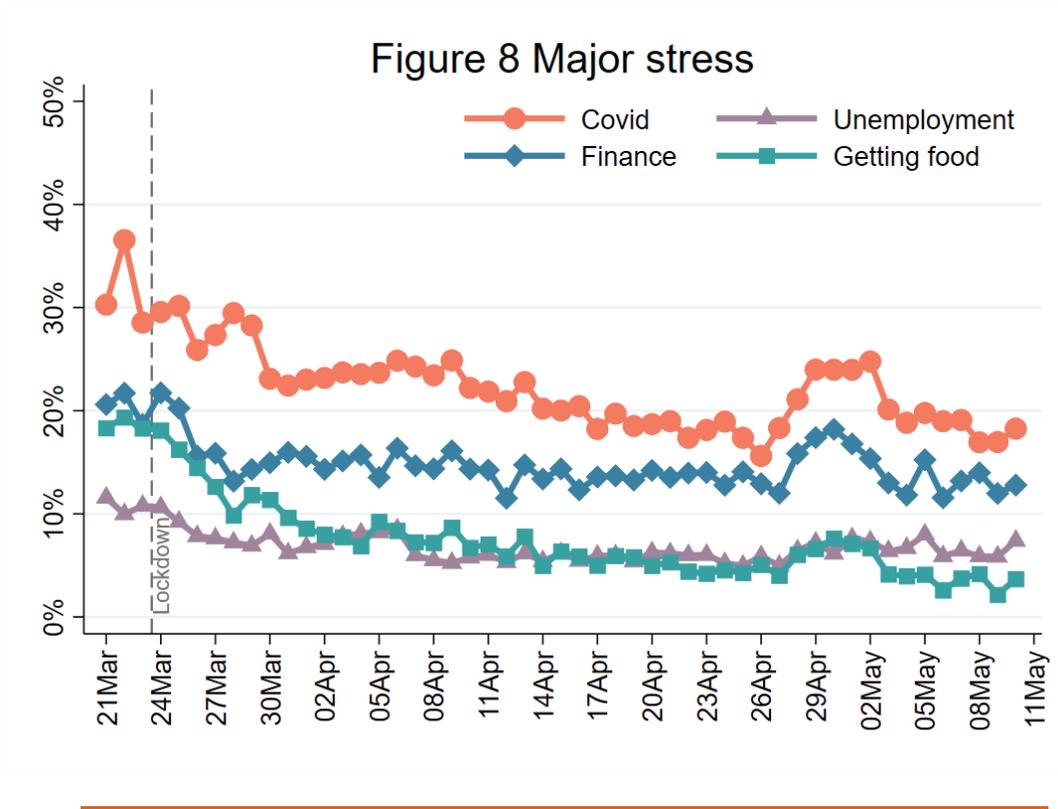


Figure 7h Anxiety by living area



2.2 Stress



FINDINGS

We asked participants to report which factors were causing them major stress in the last week, which was defined as stress that was constantly on their mind or kept them awake at night.

Stress relating to Covid-19 (both catching Covid-19 and becoming seriously ill from Covid-19) has stabilised again following a rise last week, with 1 in 5 people now worried about it. Worries about catching the virus are higher in women, people with children, keyworkers, people with a mental health diagnosis, and people with a lower household income.

Worries about unemployment remain relatively stable, with around 1 in 12 people worried. These levels are similar across most demographics, although higher in those under 60 and those with a mental health diagnosis.

Around 1 in 8 people are worried about finances, with these levels higher in people under the age of 60, with lower household incomes, living with children, and with a mental health diagnosis.

Stress relating to accessing food (food security) has decreased slightly in the past week, with fewer than 1 in 20 people now worried about it.

Figure 9a Covid-19 stress by age groups

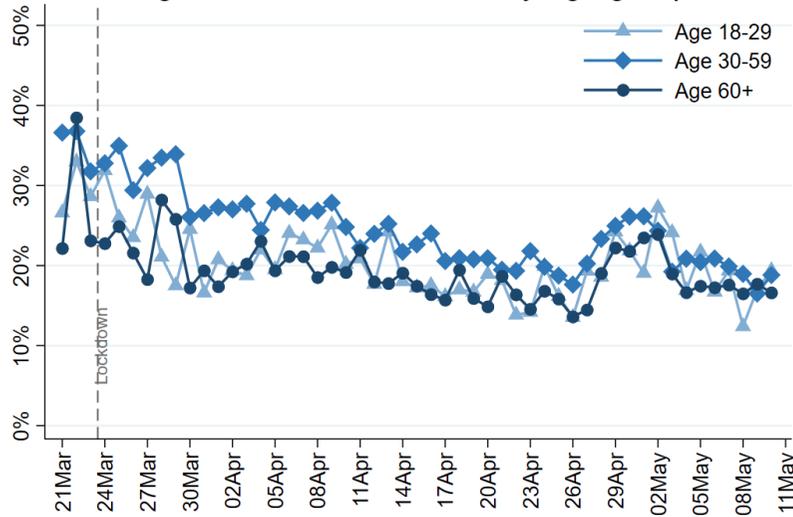


Figure 9b Covid-19 stress by living arrangement

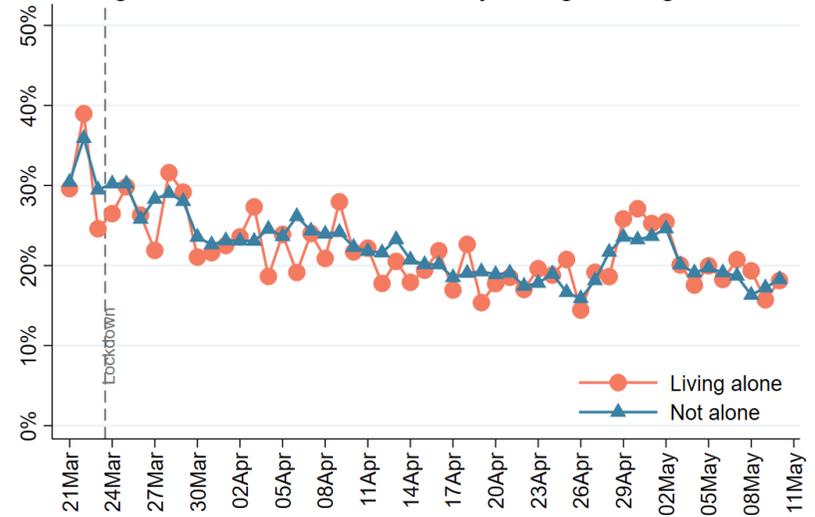


Figure 9c Covid-19 stress by household income

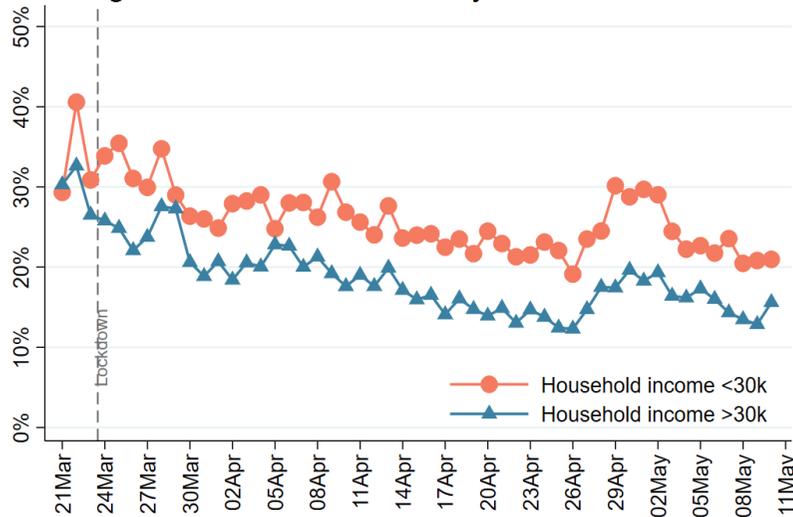


Figure 9d Covid-19 stress by mental health diagnosis

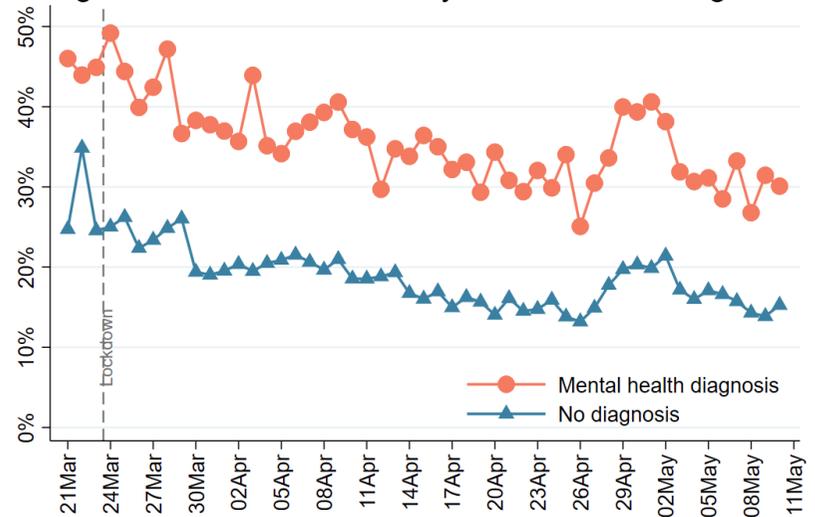


Figure 9e Covid-19 stress by gender

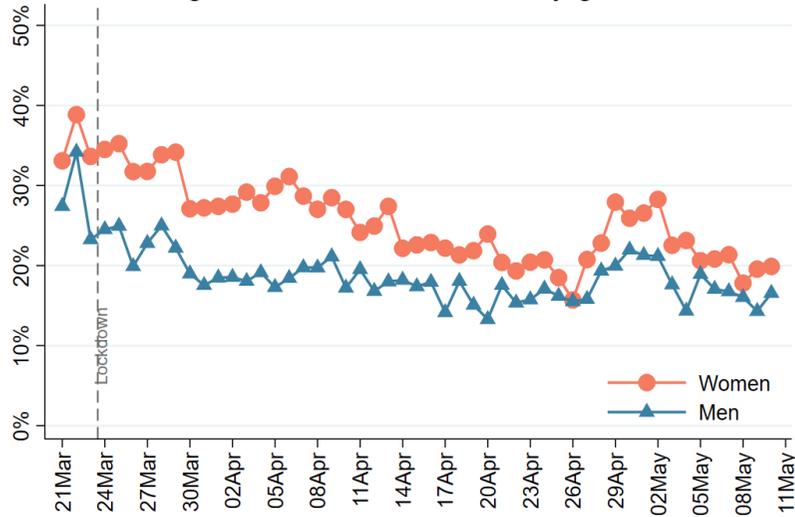


Figure 9f Covid-19 stress by key-worker status

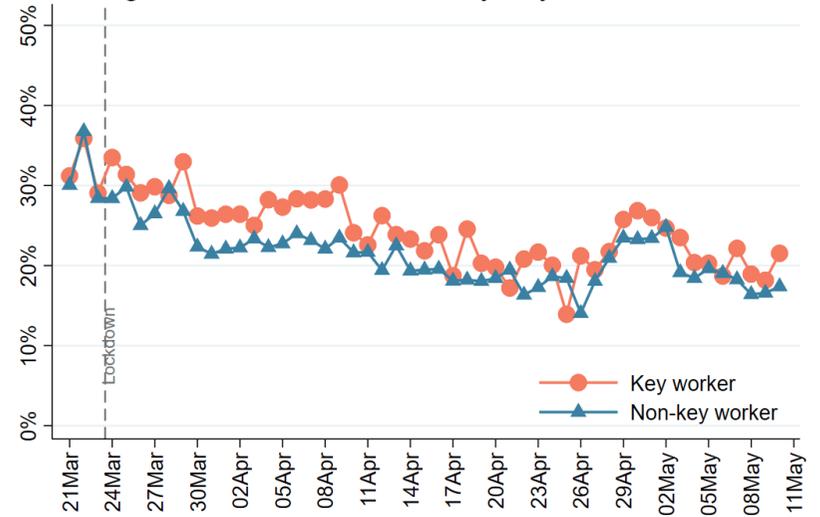


Figure 9g Covid-19 stress by living with children

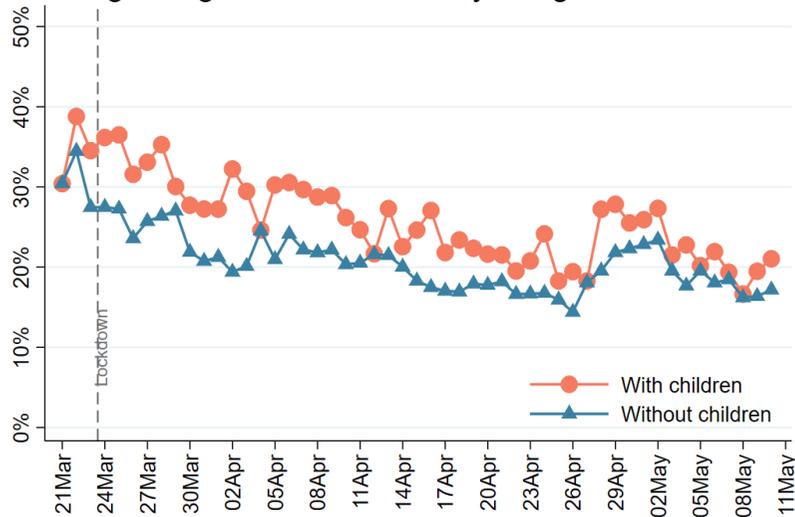


Figure 9h Covid-19 stress by living area

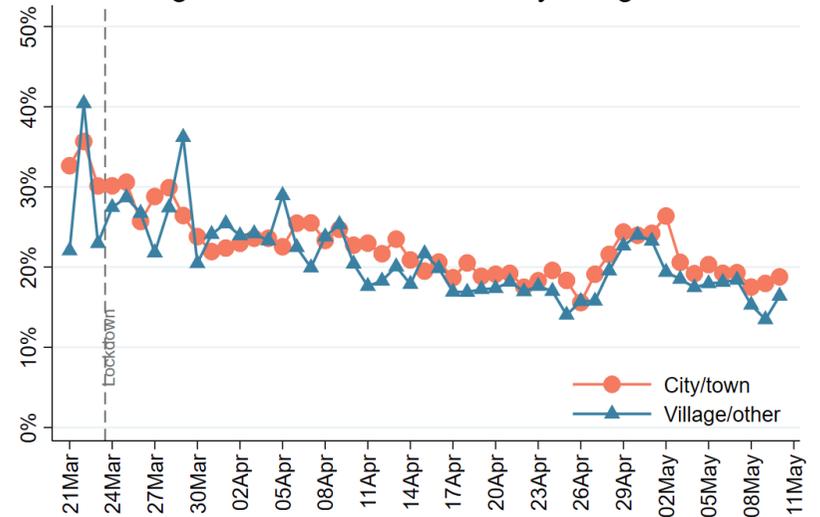


Figure 10a Unemployment stress by age groups

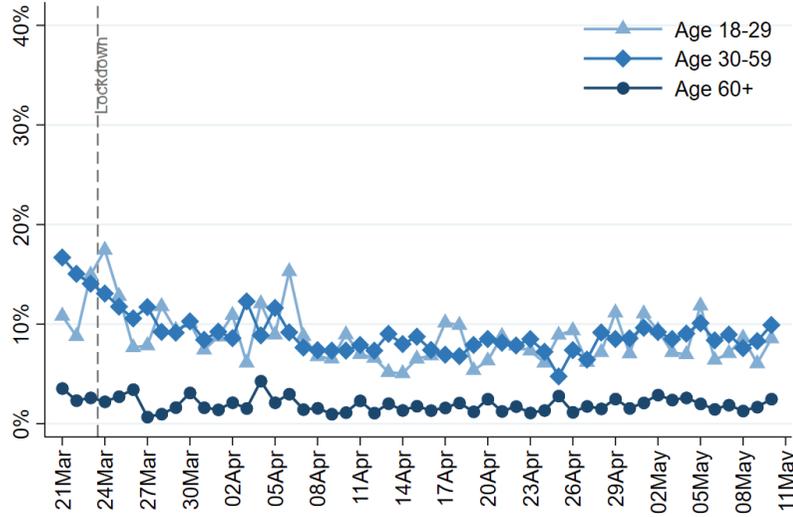


Figure 10b Unemployment stress by living arrangement

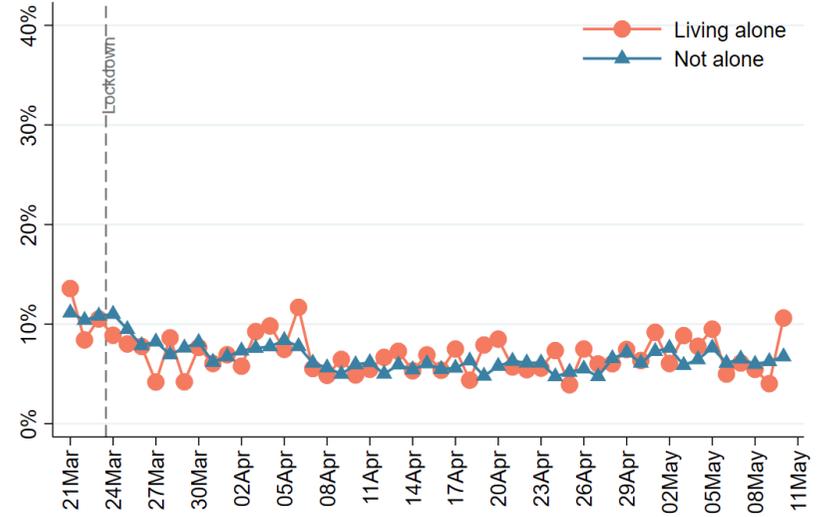


Figure 10c Unemployment stress by household income

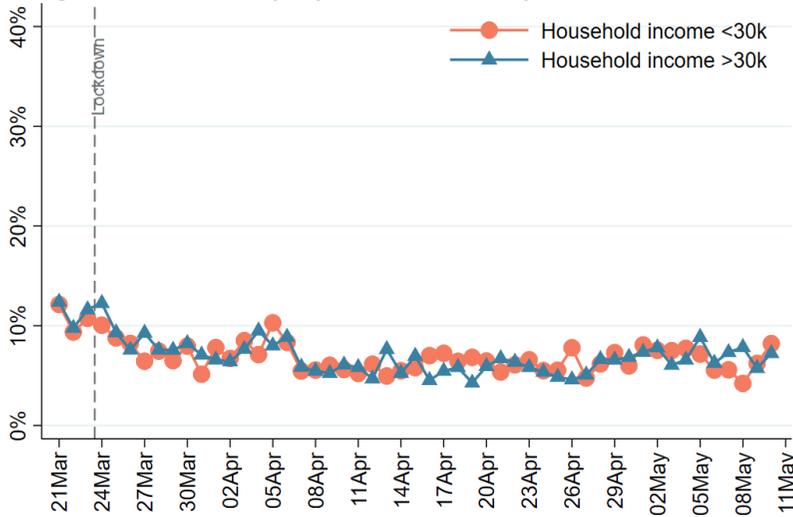


Figure 10d Unemployment stress by mental health

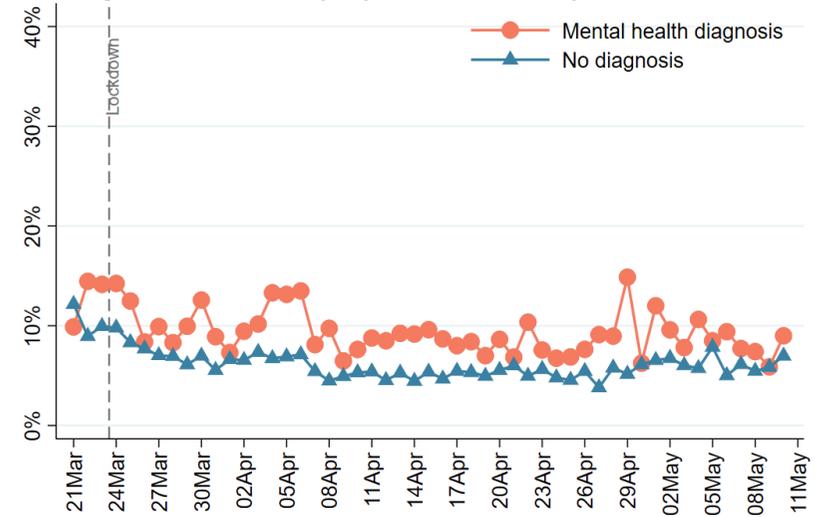


Figure 10e Unemployment stress by gender

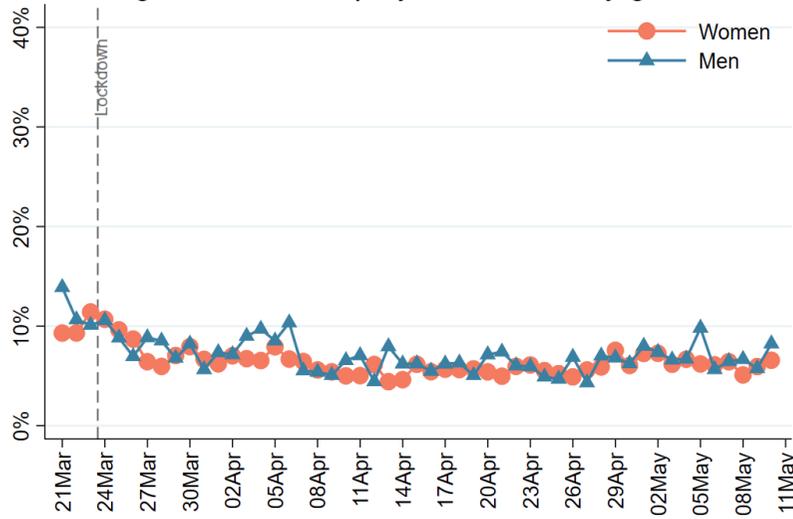


Figure 10f Unemployment stress by key-worker status

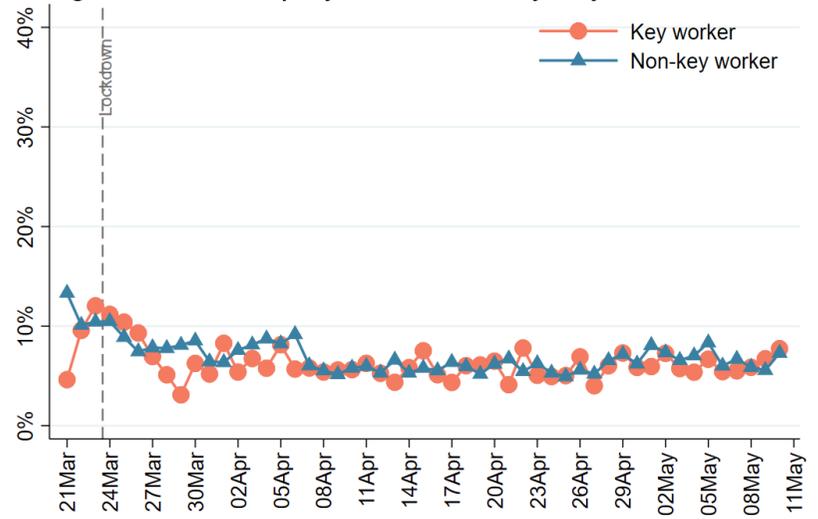


Figure 10g Unemployment stress by living with children

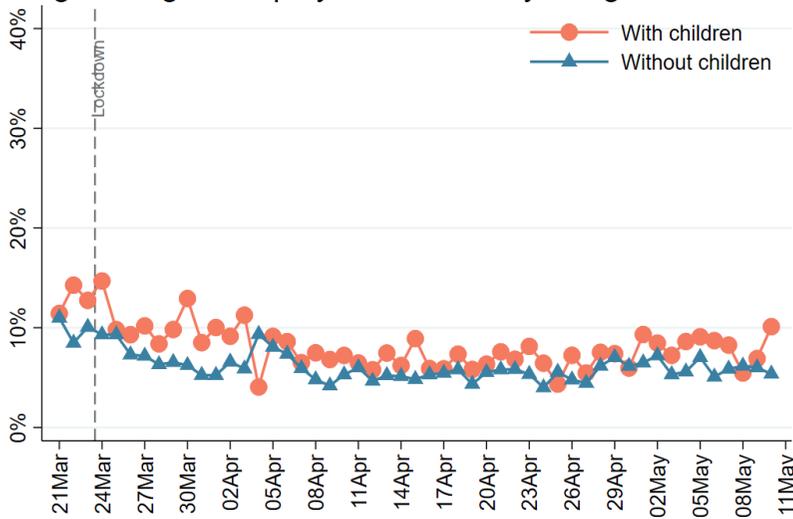


Figure 10h Unemployment stress by living area

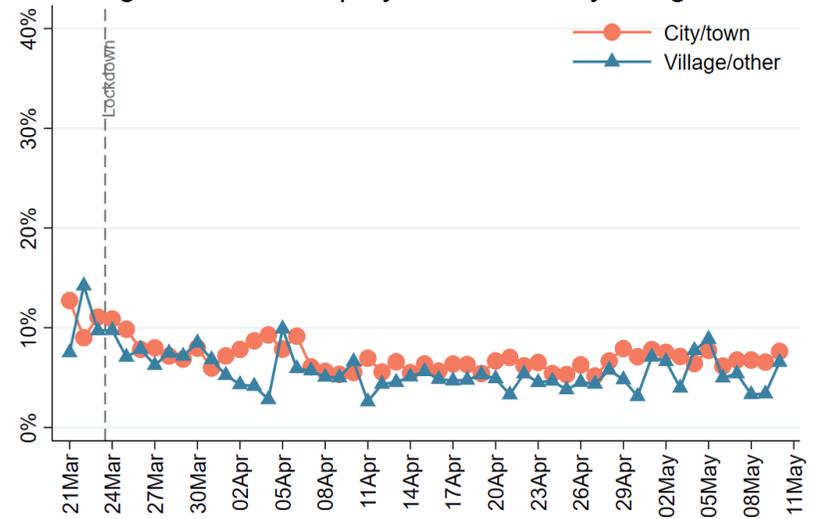


Figure 11a Financial stress by age groups

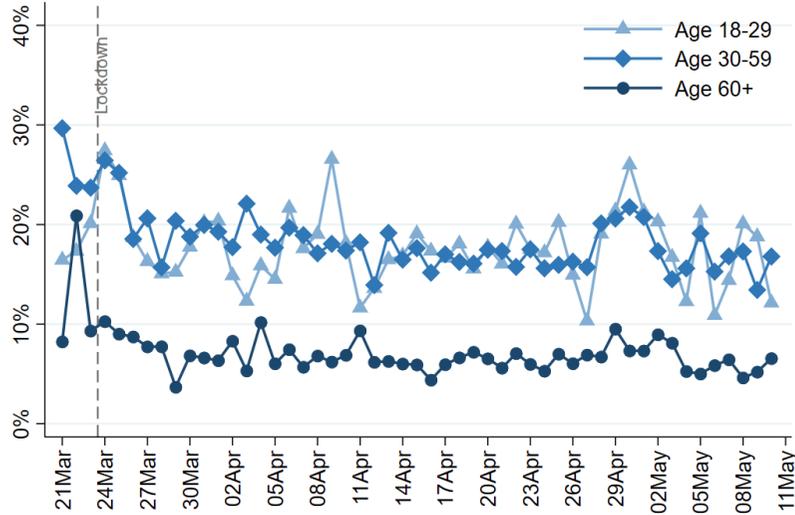


Figure 11b Financial stress by living arrangement

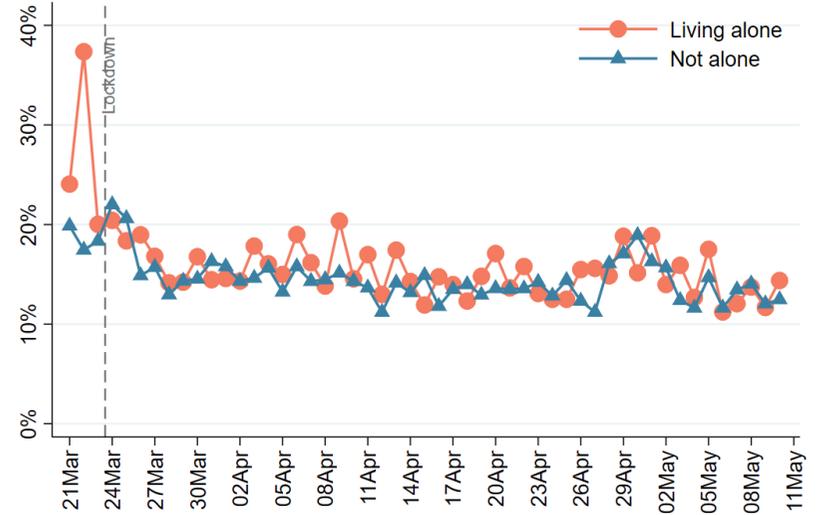


Figure 11c Financial stress by household income

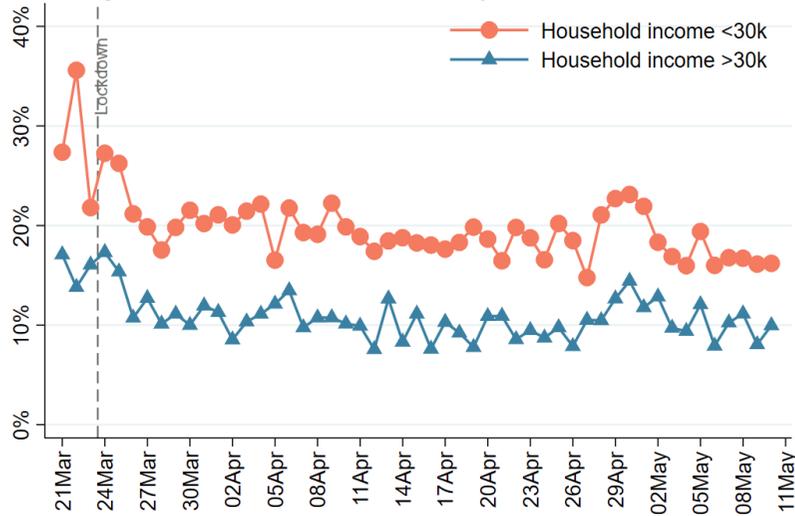


Figure 11d Financial stress by mental health diagnosis

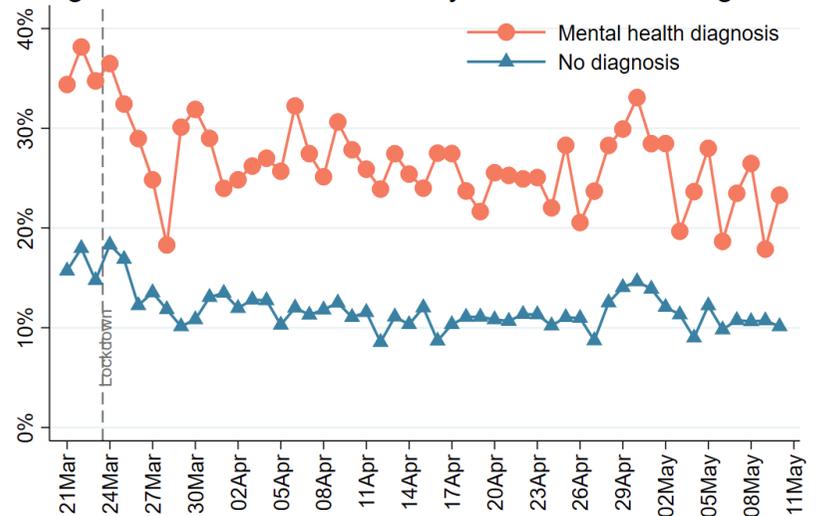


Figure 11e Financial stress by gender

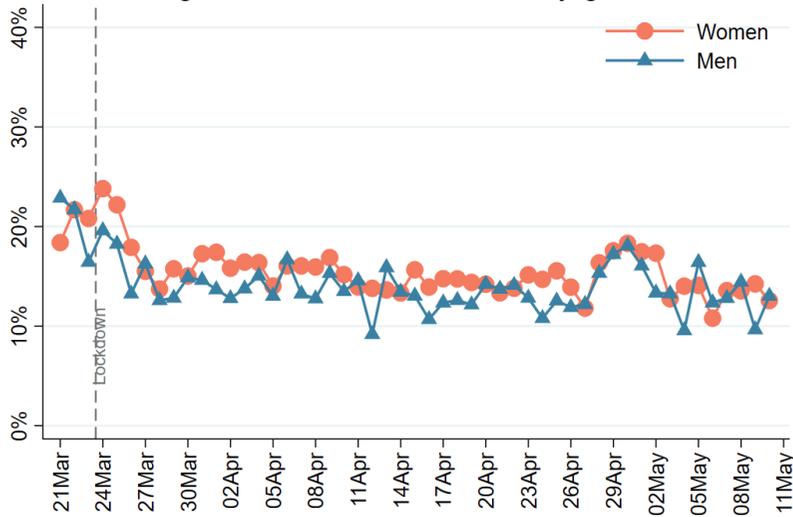


Figure 11f Financial stress by key-worker status

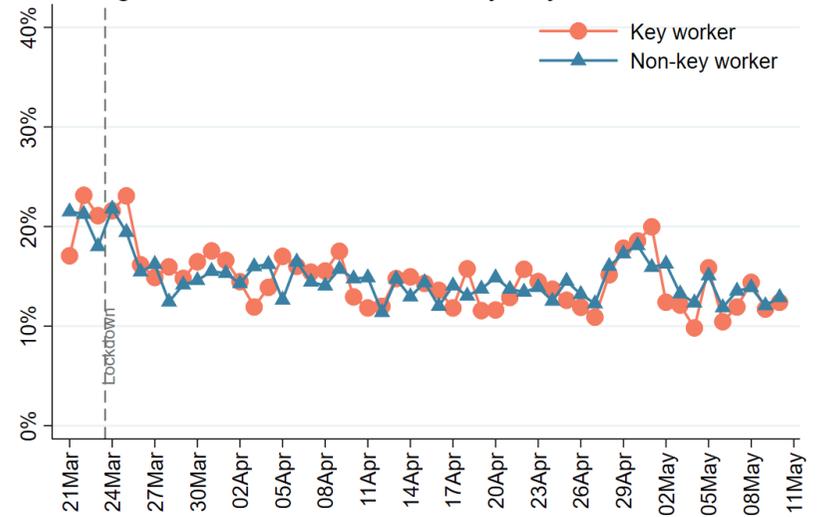


Figure 11g Financial stress by living with children

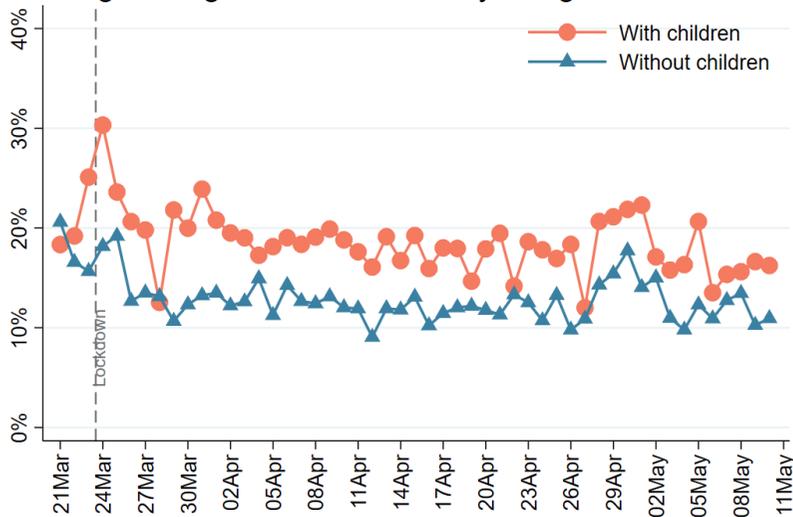


Figure 11h Financial stress by living area

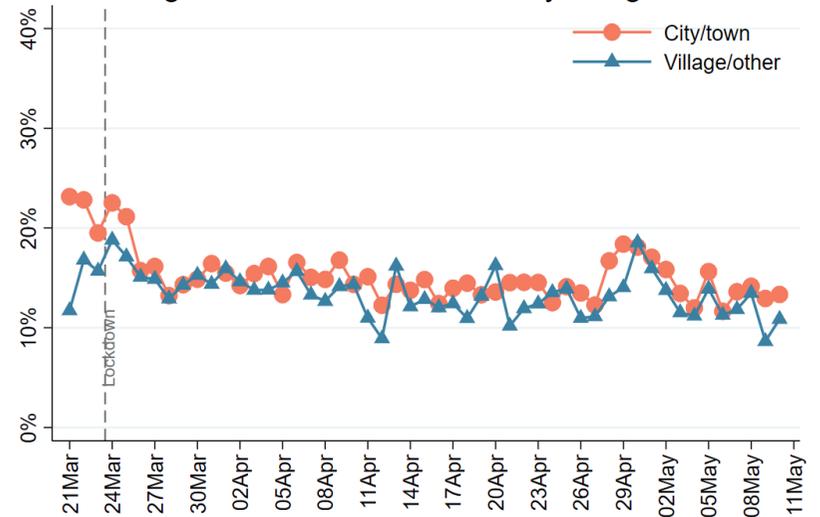


Figure 12a Food security stress by age groups

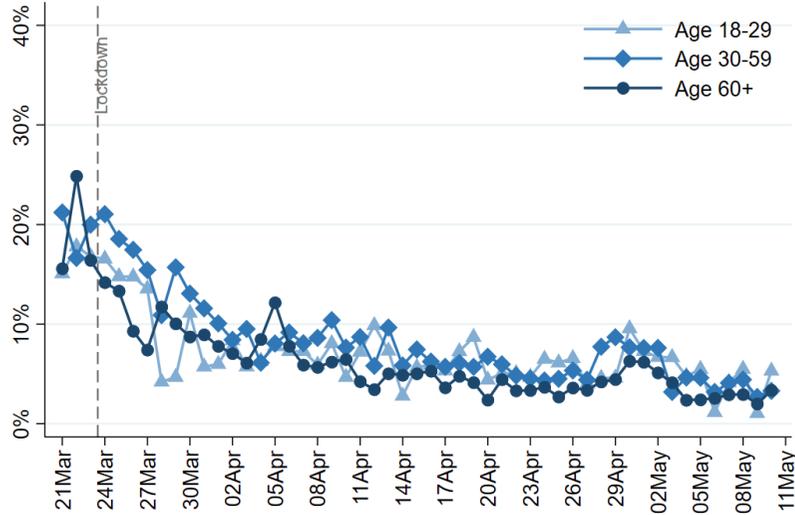


Figure 12b Food security stress by living arrangement

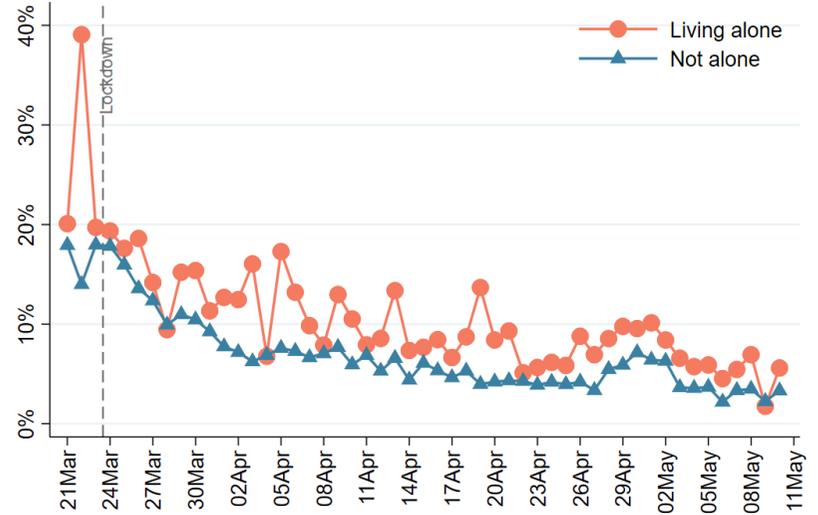


Figure 12c Food security stress by household income

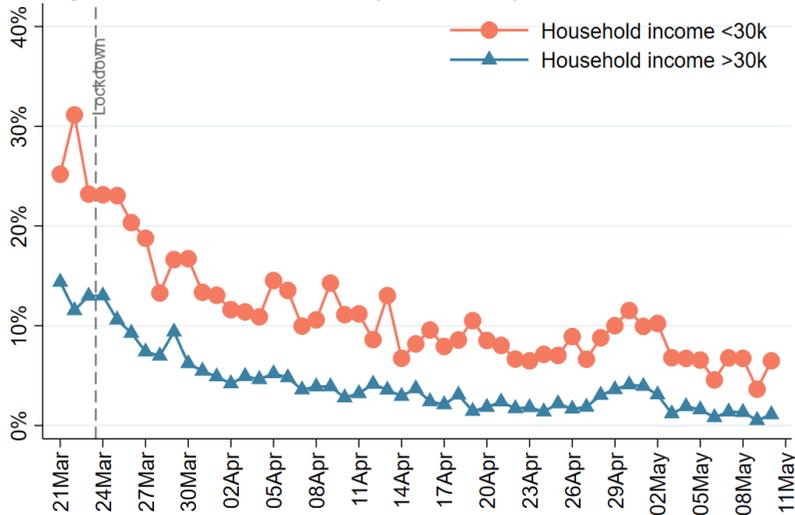


Figure 12d Food security stress by mental health

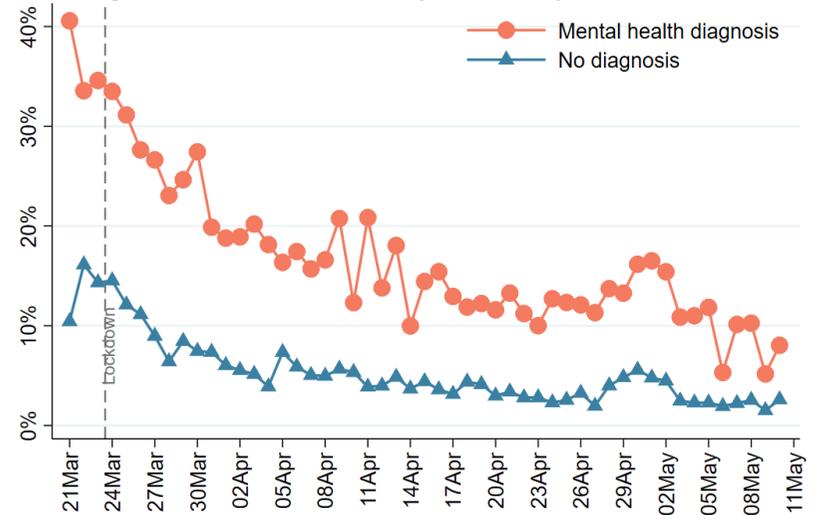


Figure 12e Food security stress by gender

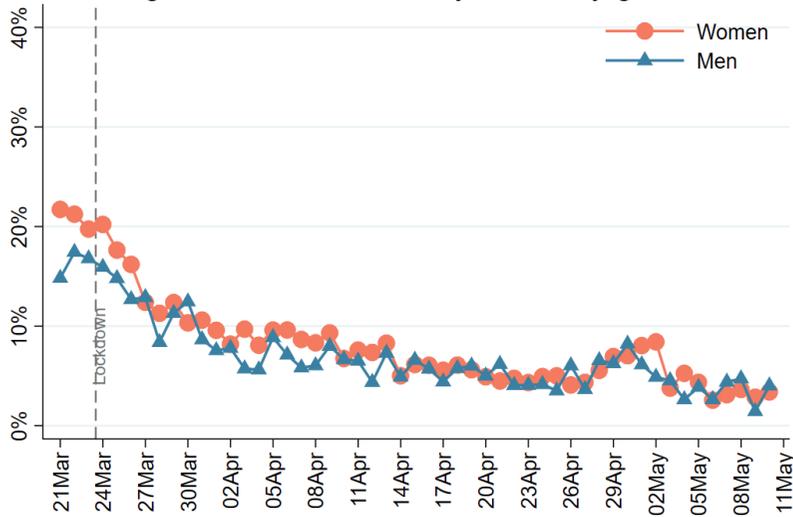


Figure 12f Food security stress by key-worker status

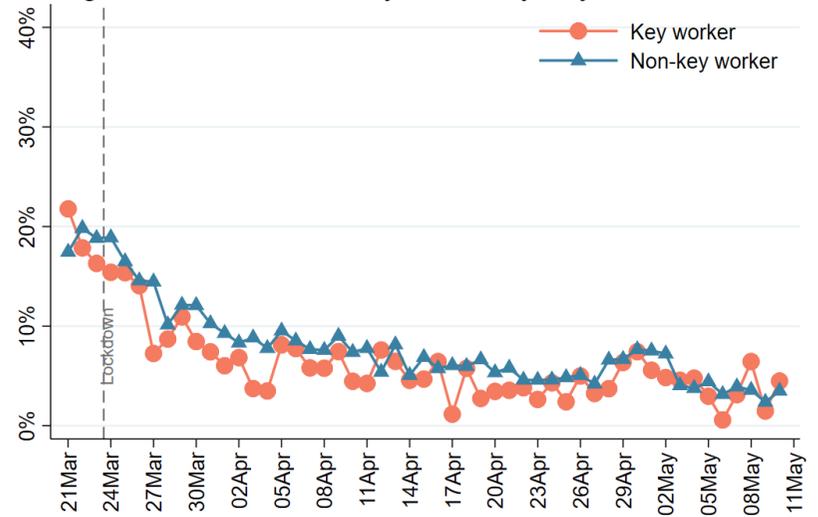


Figure 12g Food security stress by living with children

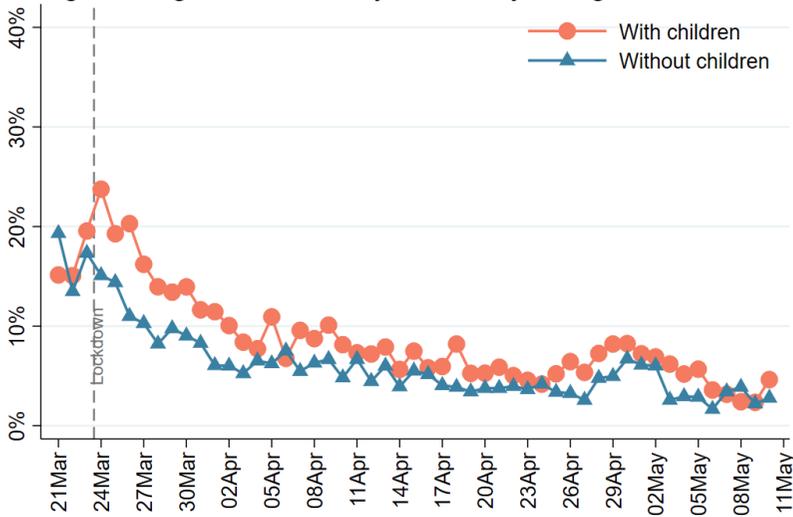
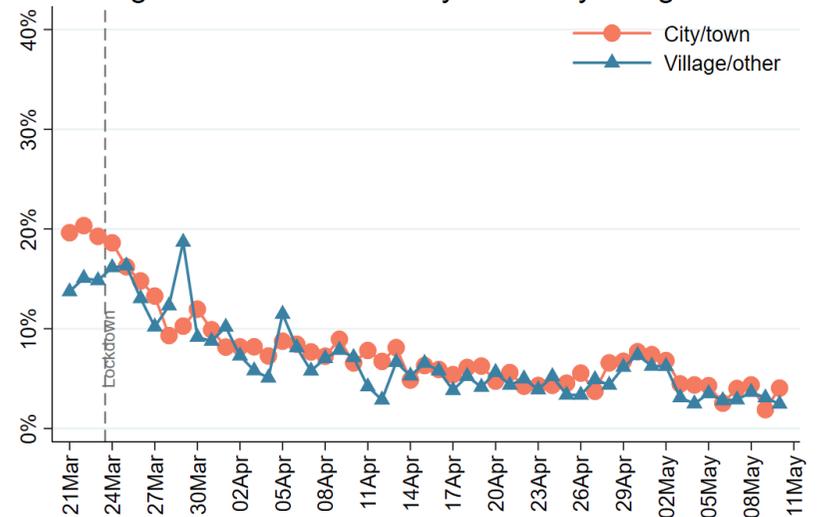
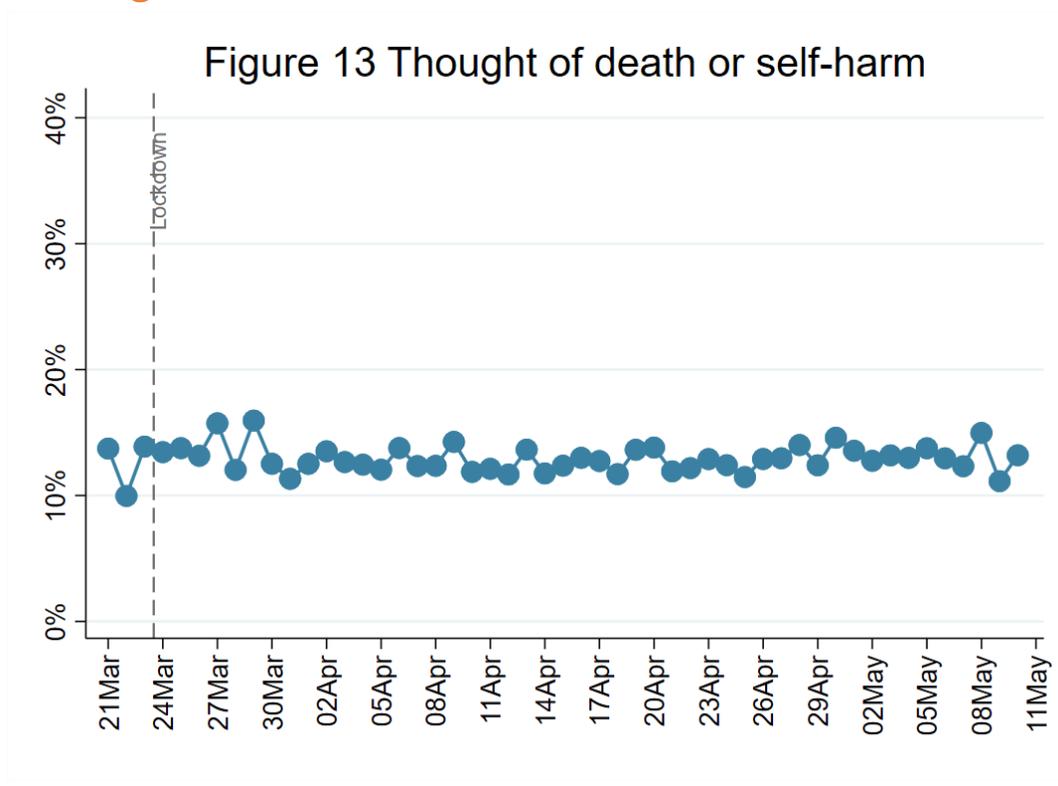


Figure 12h Food security stress by living area



3. Self-harm and abuse

3.1 Thought of death or self-harm



FINDINGS

Thought of death or self-harm are measured using a specific item within the PHQ-9 that asks whether, in the last week, someone has had “thoughts that you would be better off dead or of hurting yourself in some way”. Responses are on a 4-point scale ranging from “not at all” to “nearly every day”. We focused on any response that indicated having such thoughts.

Percentages of people having thoughts of death or self-harm have been relatively stable since lockdown was announced in our sample. They remain higher amongst younger people, those living alone, those with a lower household income, and people with a diagnosed mental health condition. Reporting of thoughts of death and self-harm have also been more volatile amongst these groups. They are also higher in people living in urban areas, although there is no difference between men and women.

Figure 14a Thought of death by age groups

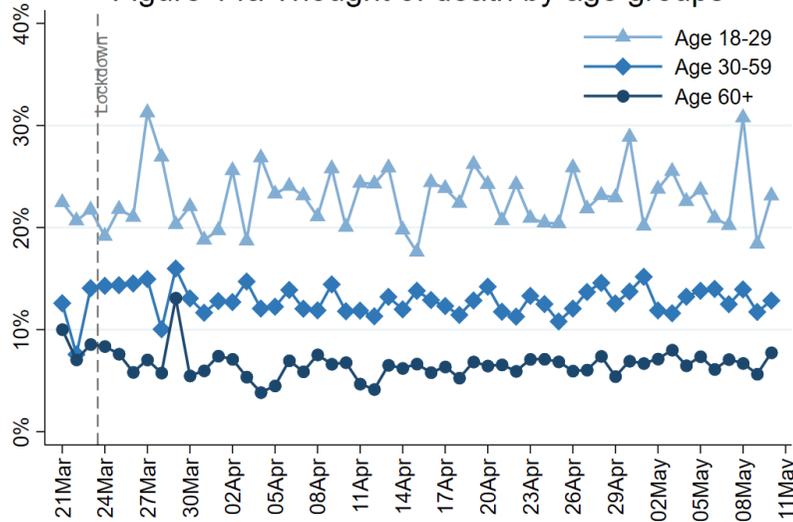


Figure 14b Thought of death by living arrangement

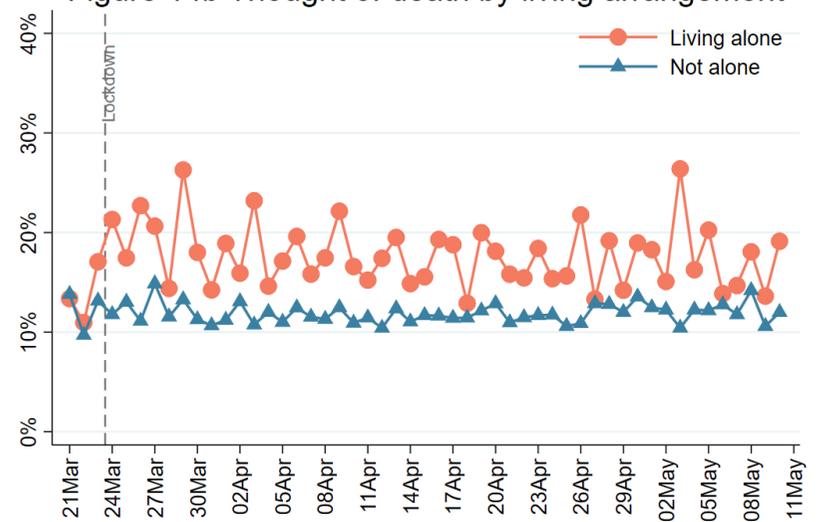


Figure 14c Thought of death by household income

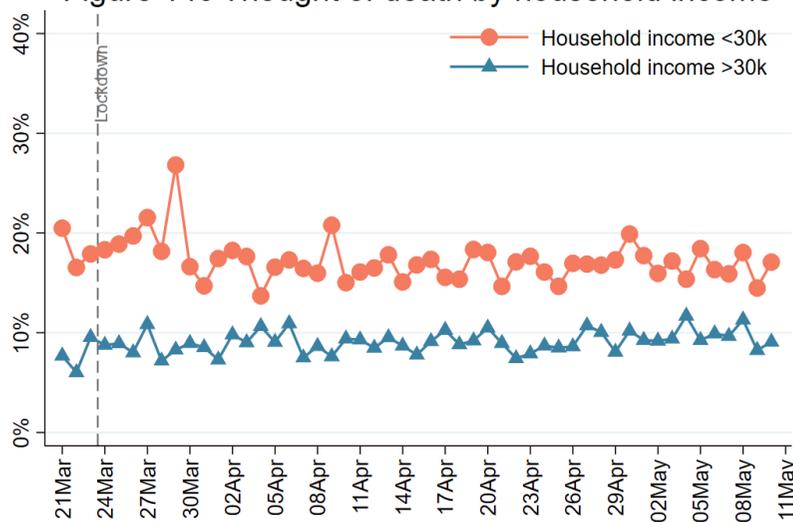


Figure 14d Thought of death by mental health diagnosis

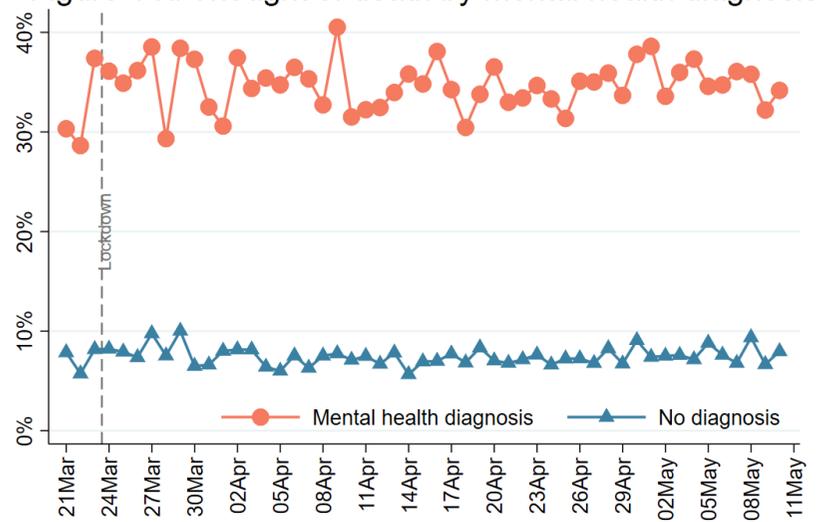


Figure 14e Thought of death by gender

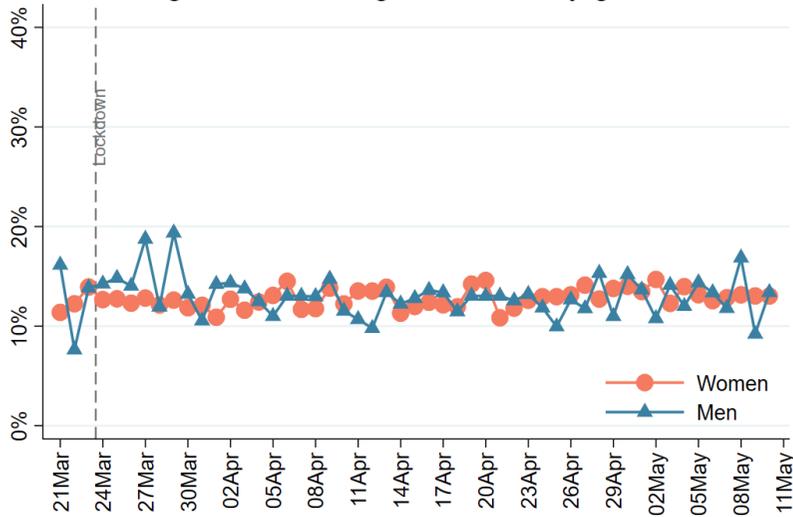


Figure 14f Thought of death by key-worker status

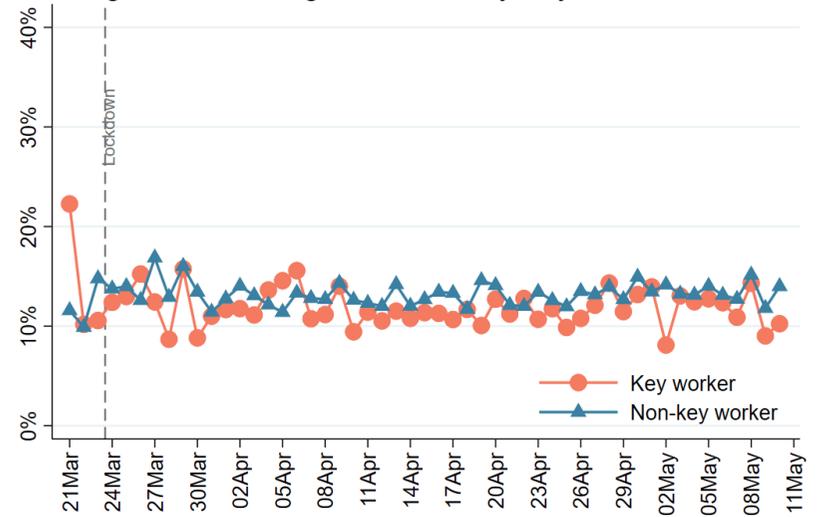


Figure 14g Thought of death by living with children

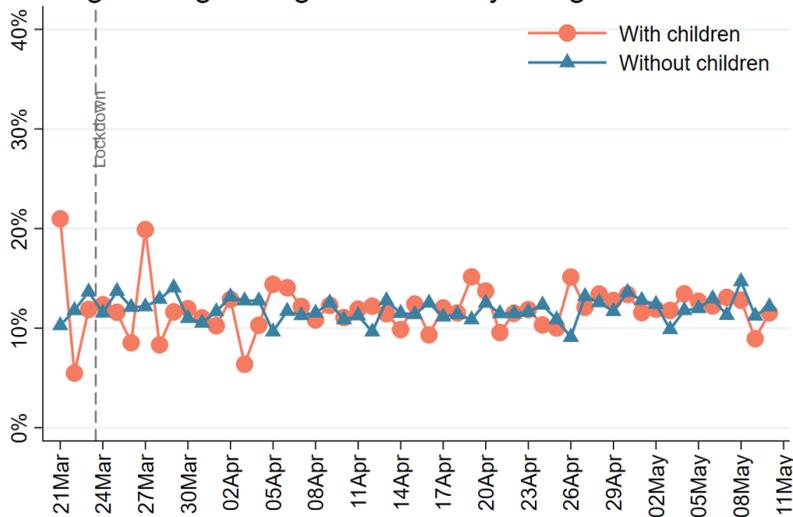
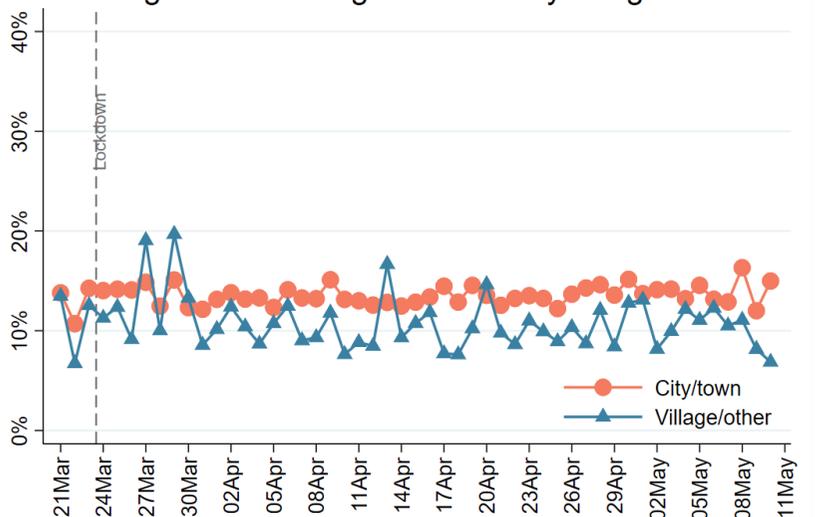
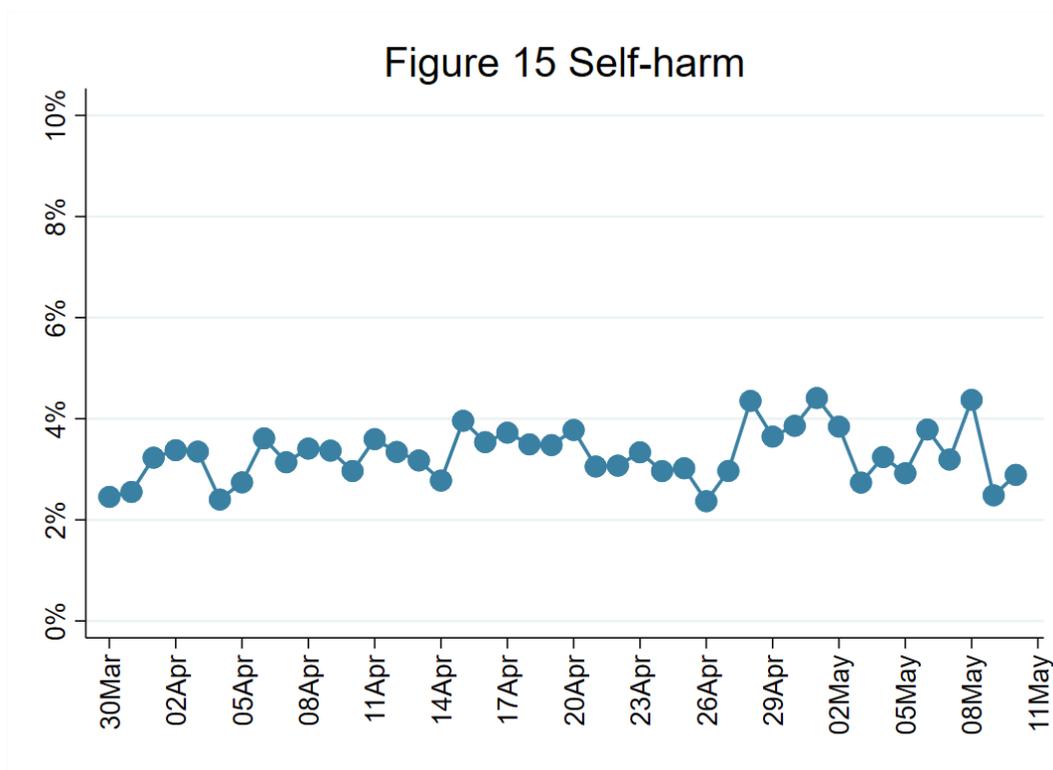


Figure 14h Thought of death by living area



3.2 Self-harm



FINDINGS

Self-harm was assessed using a question that asks whether someone in the last week has been “self-harming or deliberately hurting yourself”. Responses are on a 4-point scale ranging from “not at all” to “nearly every day”. We focused on any response that indicated any self-harming.

Self-harm has been reported to be higher amongst younger adults, those living alone, those with lower household income, and those with a diagnosed mental health condition. It is also slightly higher amongst women than men and amongst people living in urban areas. It should be noted that not all people who self-harm will necessarily report it, so these levels are anticipated to be an under-estimation of actual levels.

Figure 16a Self-harm by age groups

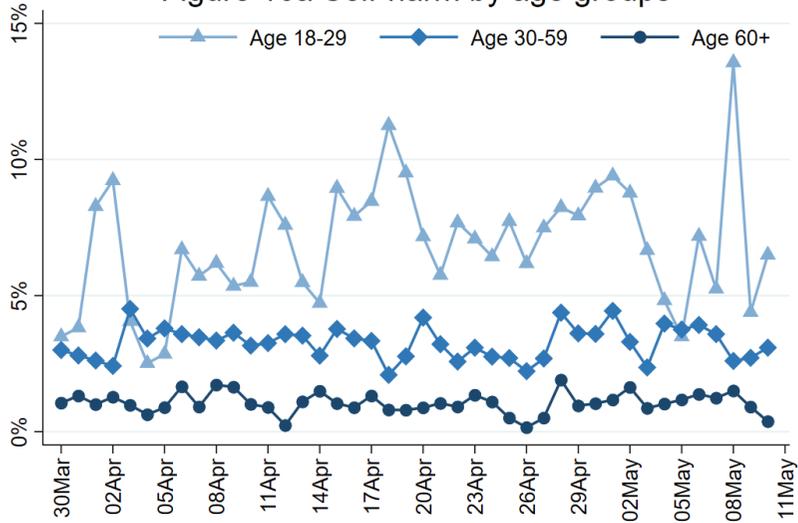


Figure 16b Self-harm by living arrangement

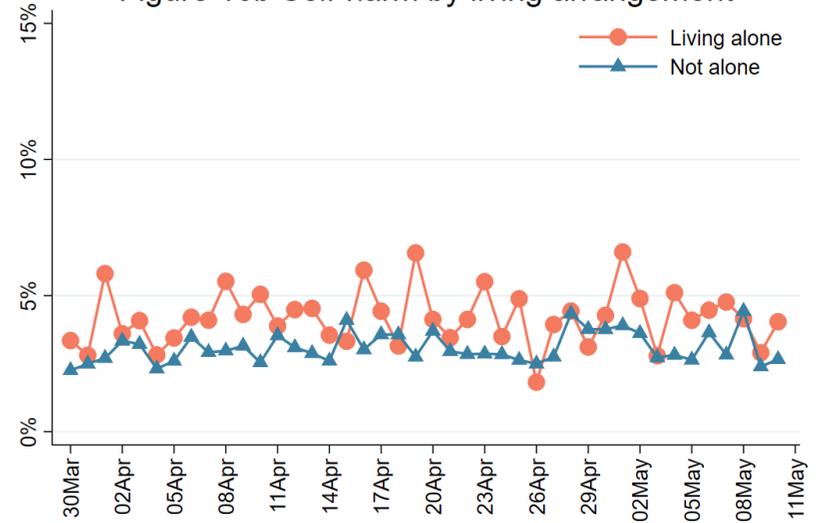


Figure 16c Self-harm by household income

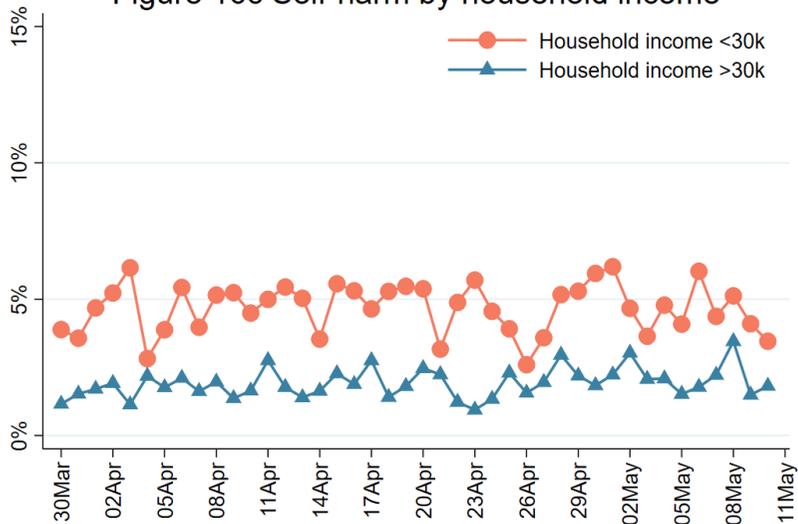


Figure 16d Self-harm by mental health diagnosis

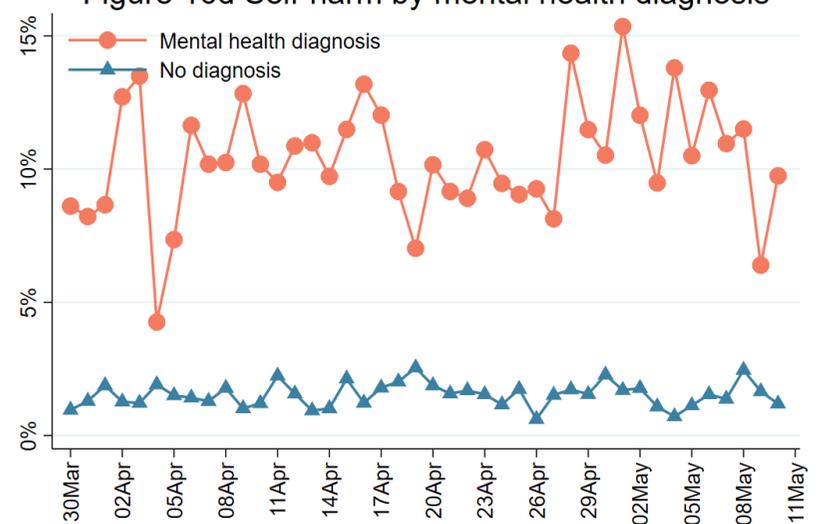


Figure 16e Self-harm by gender

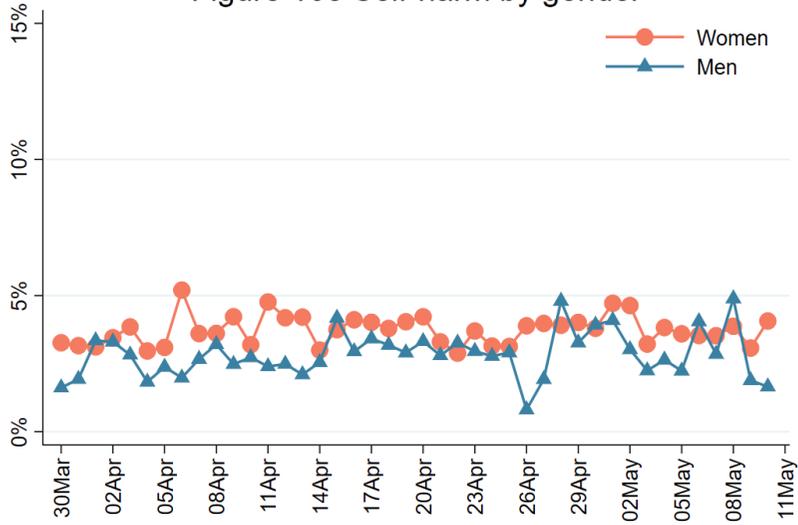


Figure 16f Self-harm by key-worker status

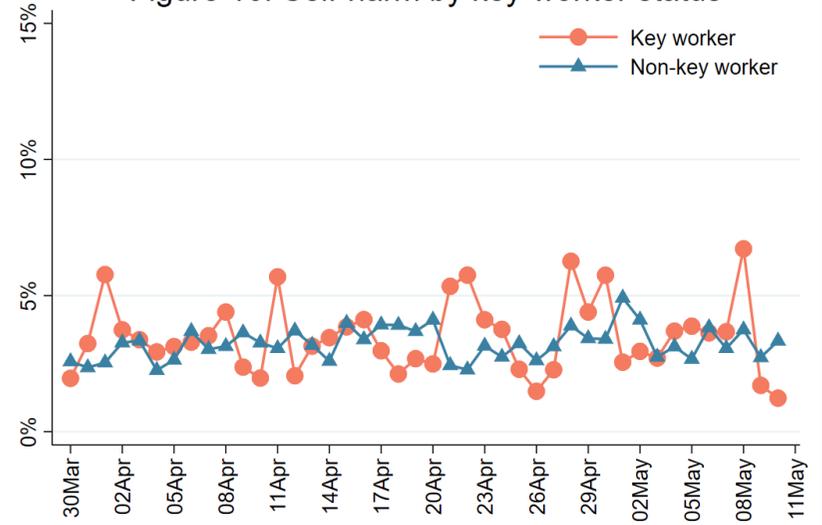


Figure 16g Self-harm by living with children

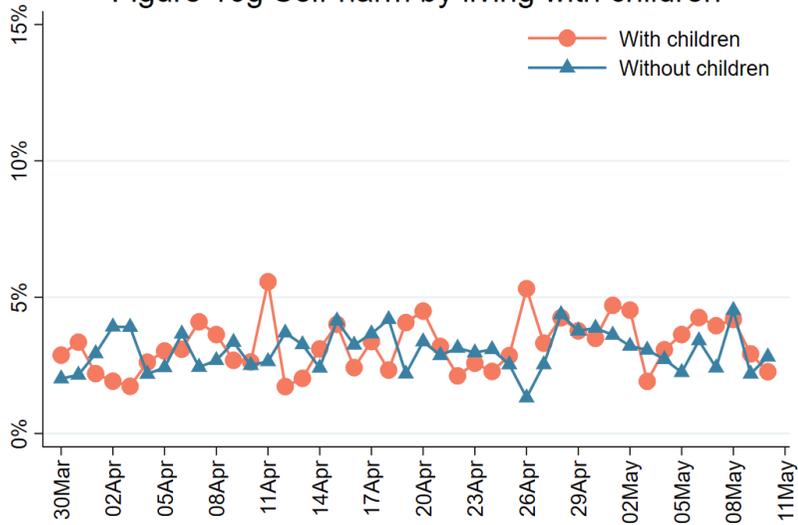
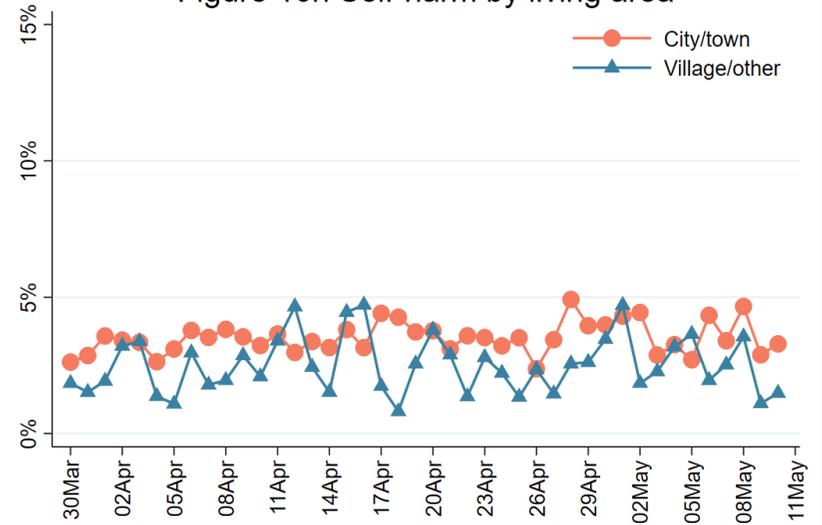
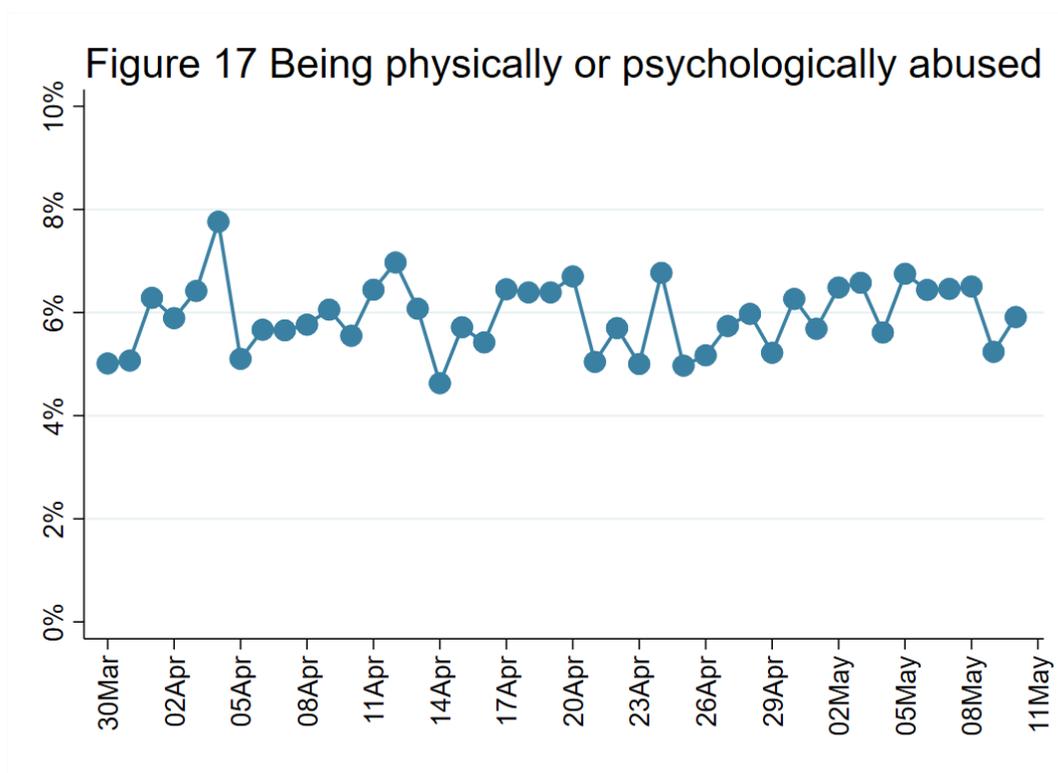


Figure 16h Self-harm by living area



3.3 Abuse



FINDINGS

Abuse was measured using two questions that ask if someone has experienced in the last week “being physically harmed or hurt by someone else” or “being bullied, controlled, intimidated, or psychologically hurt by someone else”. Responses are on a 4-point scale ranging from “not at all” to “nearly every day”. We focused on any response on either item that indicated any experience of psychological or physical abuse.

Abuse has been reported to be higher amongst adults under the age of 60, those with lower household income and those with existing mental health conditions. Some people living alone are still reporting abuse, which could refer to physical abuse by people visiting them in their homes, or psychological abuse through other modes of contact. It is also slightly higher in women than men, and also in people living with children compared to those living with just other adults. It should be noted that not all people who are experiencing abuse will necessarily report it, so these levels are anticipated to be an under-estimation of actual levels.

Figure 18a Abuse by age groups

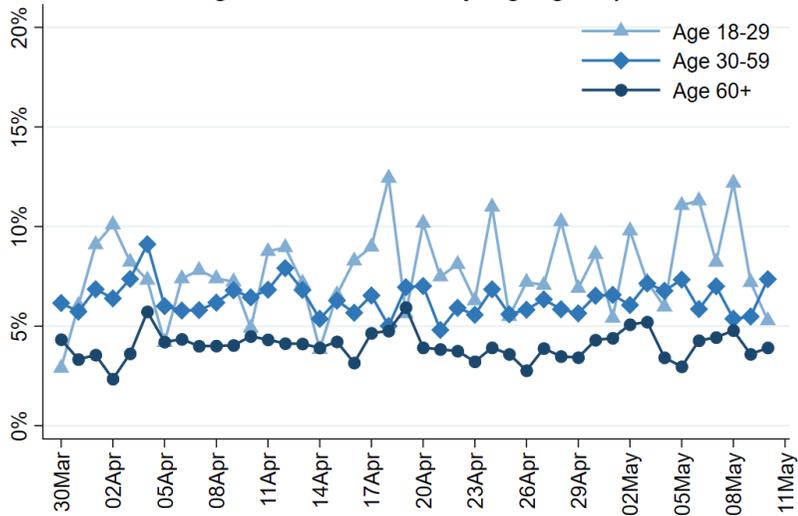


Figure 18b Abuse by living arrangement

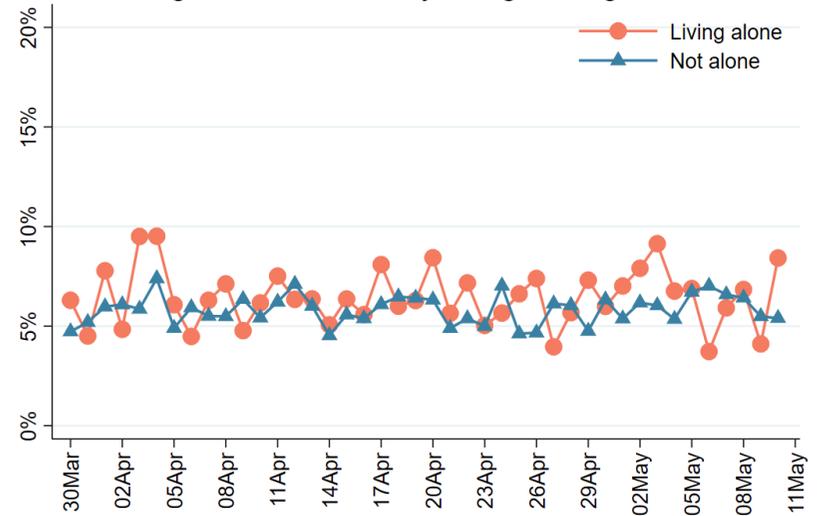


Figure 18c Abuse by household income

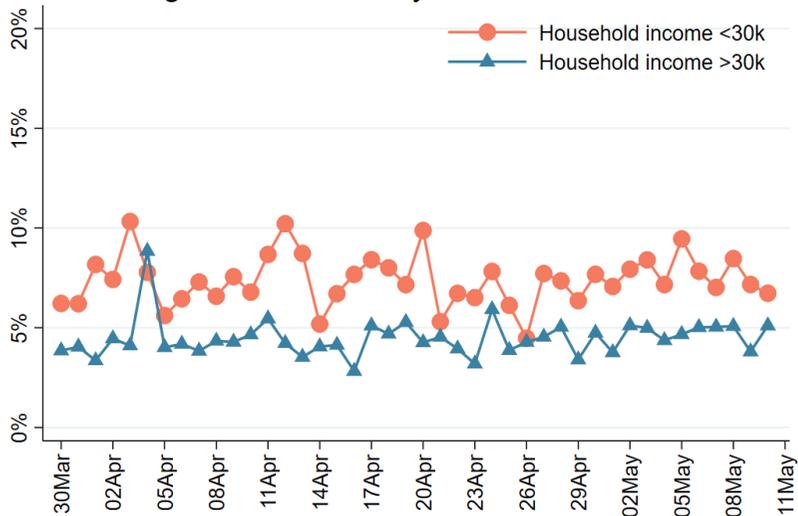


Figure 18d Abuse by mental health diagnosis

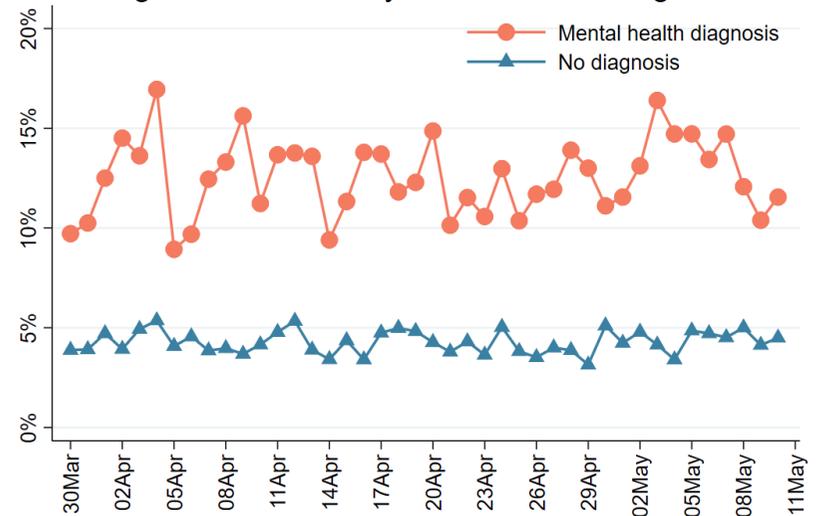


Figure 18e Abuse by gender

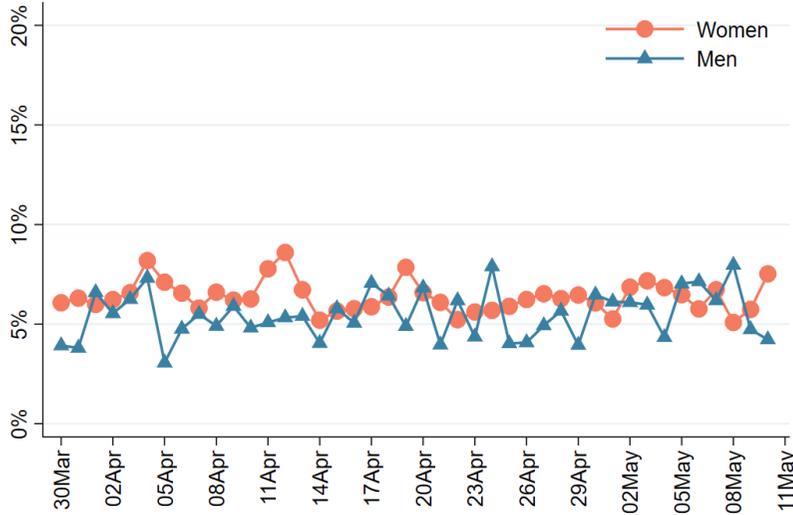


Figure 18f Abuse by key-worker status

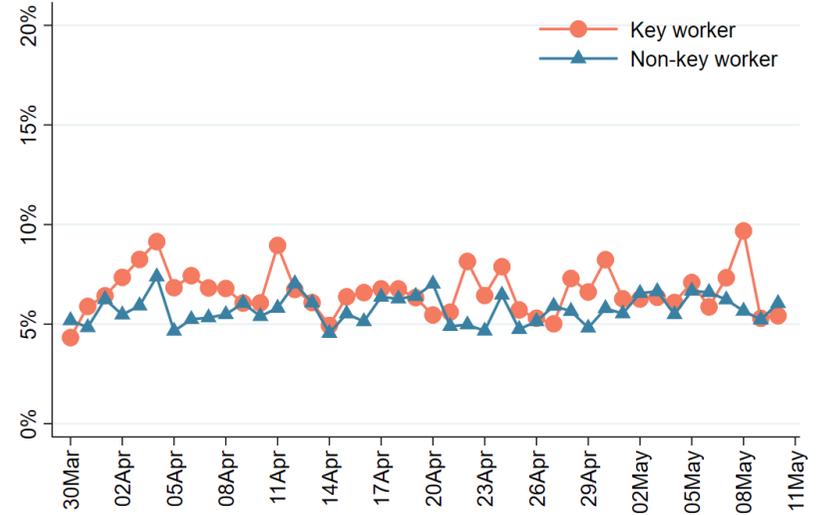


Figure 18g Abuse by living with children

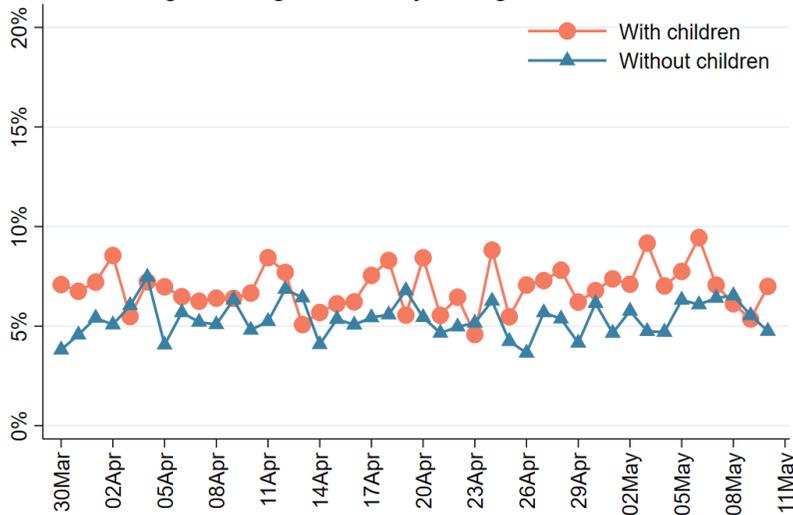
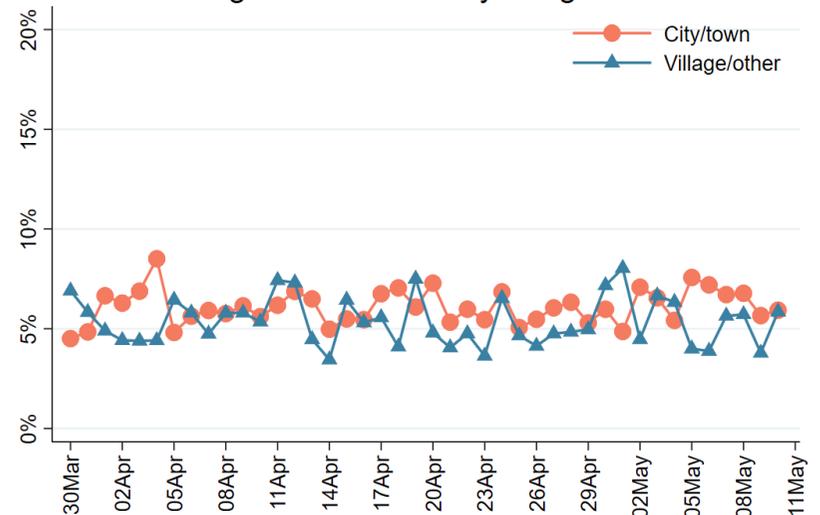
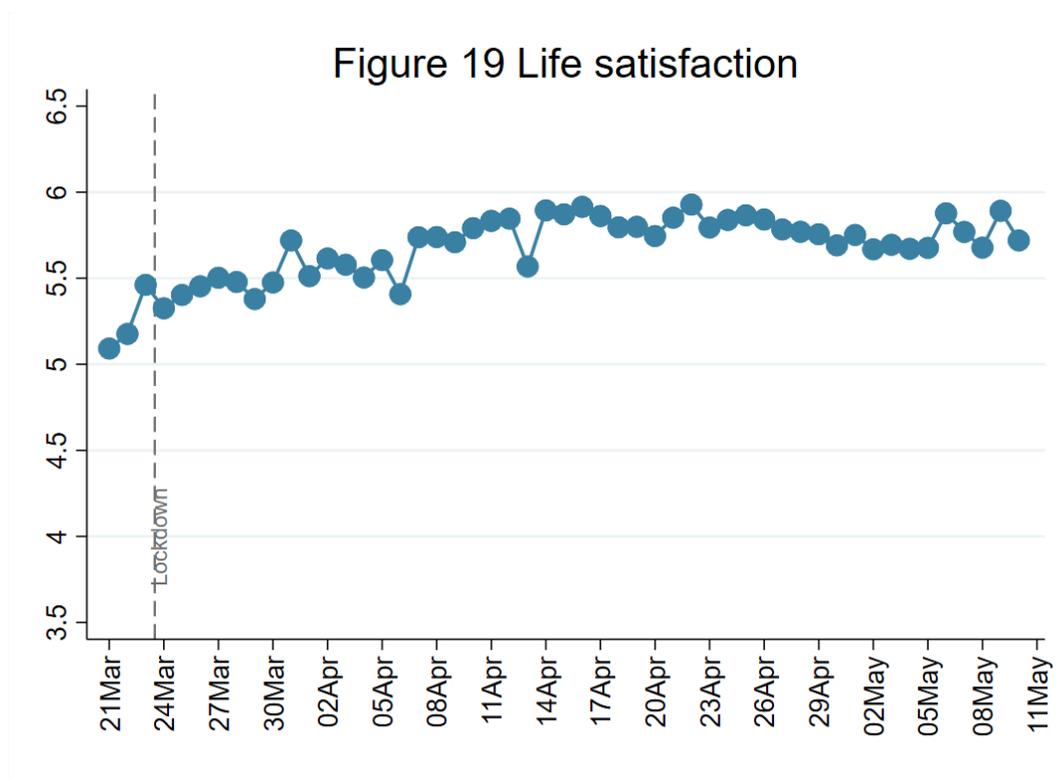


Figure 18h Abuse by living area



4. General well-being

4.1 Life Satisfaction



FINDINGS

Respondents were asked to rate their life satisfaction during the past week using the ONS wellbeing scale, which asks respondents about how satisfied they are with their life, using a scale from 0 (not at all) to 10 (completely).

Life satisfaction is still noticeably lower than for the past 12 months (where usual averages are around 7.7), and wellbeing more generally appears to have decreased substantially in the weeks preceding lockdown³. In our sample, life satisfaction increased after lockdown was announced but has stabilised in the past month. It remains more volatile amongst younger adults (those aged 18-29) and people living alone. There is less evidence of an improvement amongst adults aged 18-29, such that differences compared to adults aged 30-59 have widened across lockdown. There is also less evidence of an improvement amongst people with a diagnosed mental health condition. Levels are higher in men and people living in rural areas, and lower in people living with children.

³ Layard R, Clark A, De Neve J-E, Kregel C, Fancourt D, Hey N, et al. When to release the lockdown: A wellbeing framework for analysing costs and benefits. Centre for Economic Performance, London School of Economics; 2020 Apr. Report No.: 49.

Figure 20a Life satisfaction by age groups

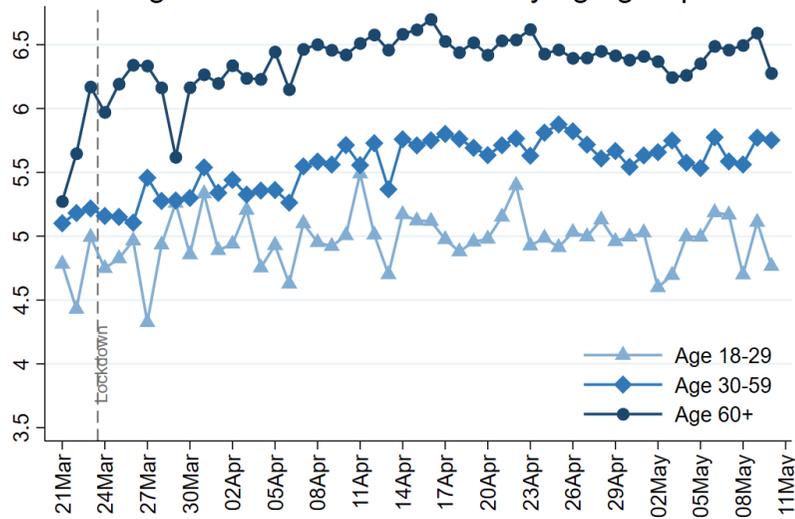


Figure 20b Life satisfaction by living arrangement

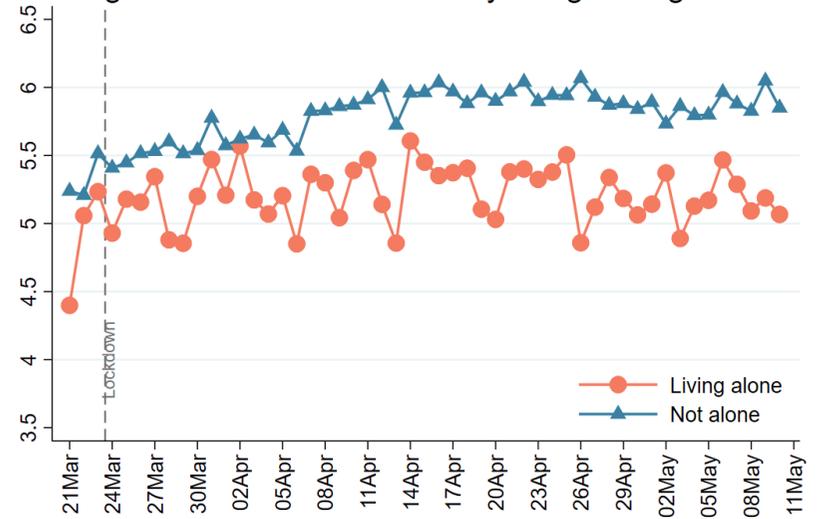


Figure 20c Life satisfaction by household income

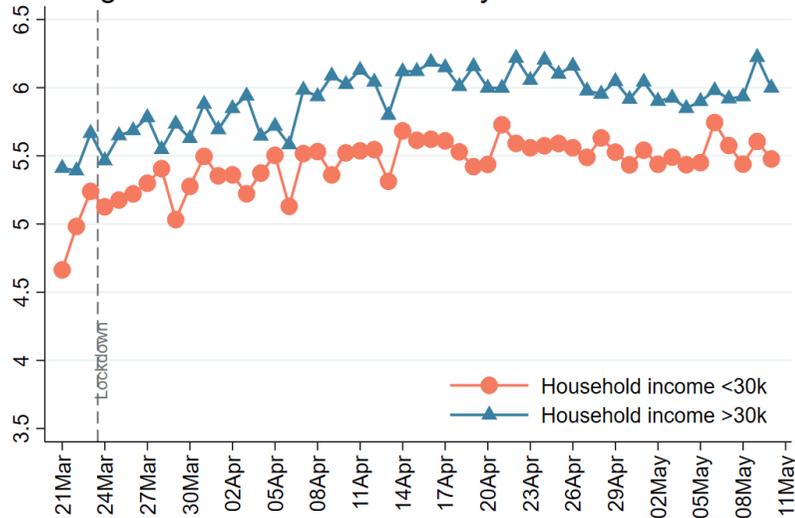


Figure 20d Life satisfaction by mental health diagnosis

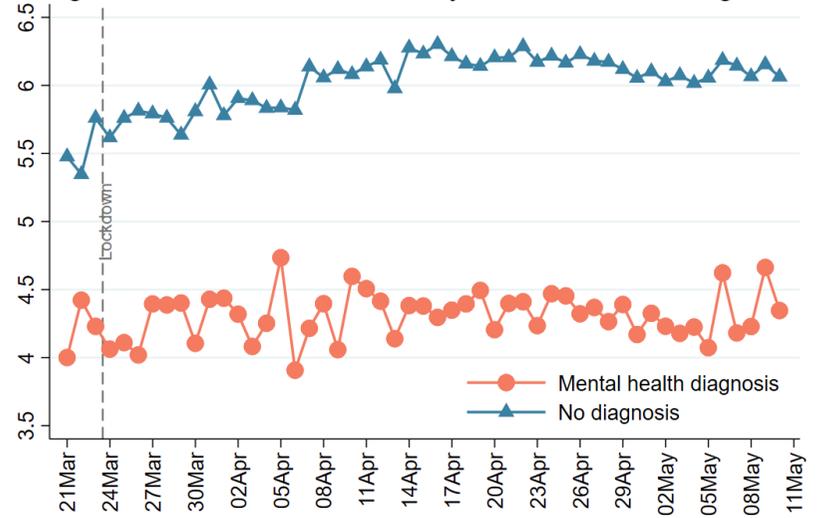


Figure 20e Life satisfaction by gender

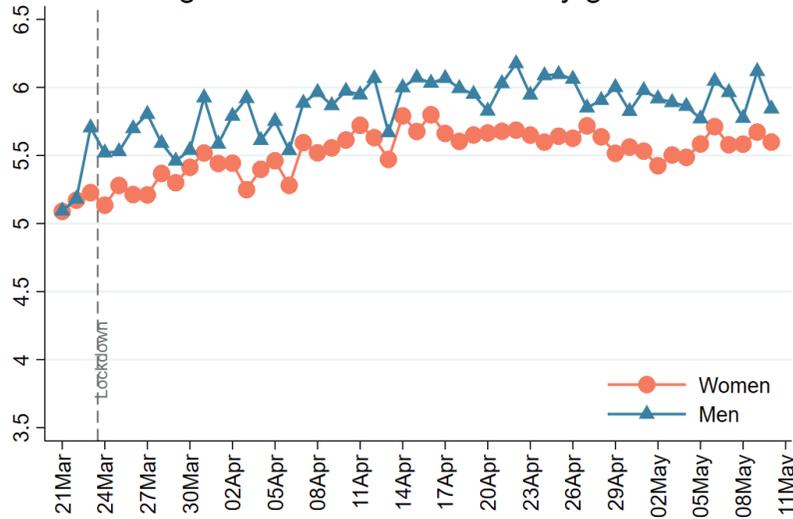


Figure 20f Life satisfaction by key-worker status

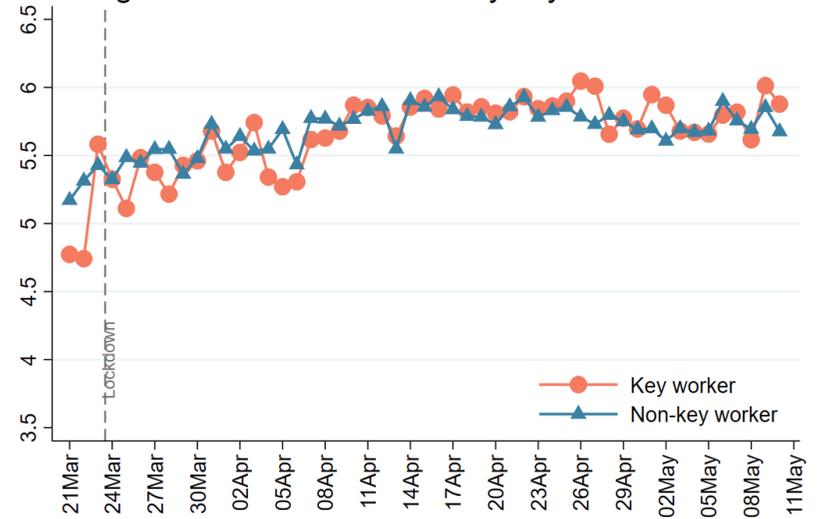


Figure 20g Life satisfaction by living with children

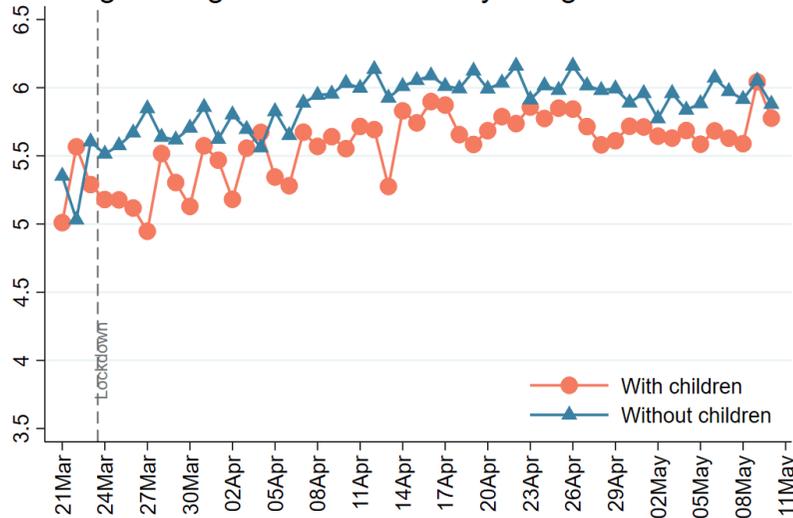
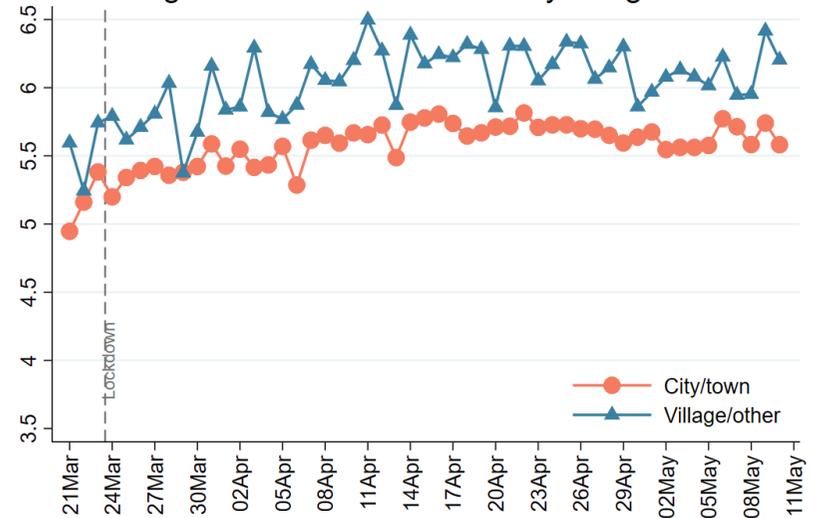
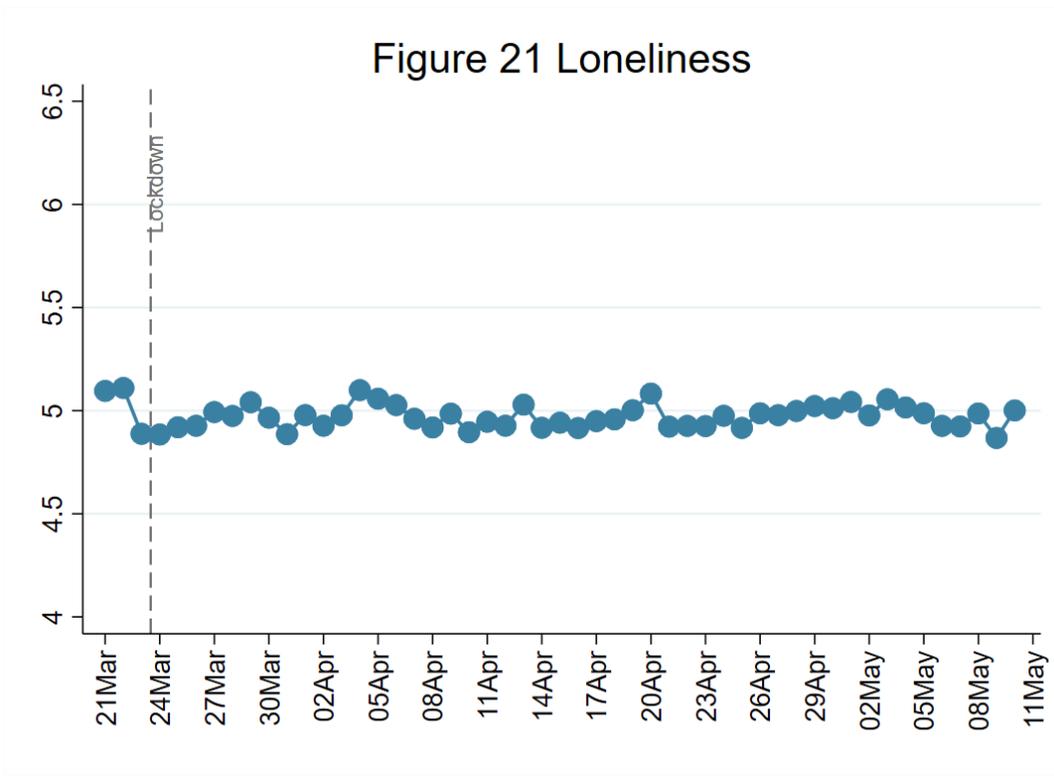


Figure 20h Life satisfaction by living area



4.2 Loneliness



FINDINGS

Respondents were asked about levels of loneliness during the past week using the 3-item UCLA-3 Loneliness, a short form of the Revised UCLA Loneliness Scale (UCLA-R). Each item is rated with a 3-point rating scale, ranging from “never” to “always”, with higher scores indicating greater loneliness.

Loneliness levels continue to remain relatively stable. They are still higher amongst younger adults, those living alone, those with lower household income levels, and those with an existing diagnosed mental health condition. They are also higher amongst women, people with children, and people living in urban areas.

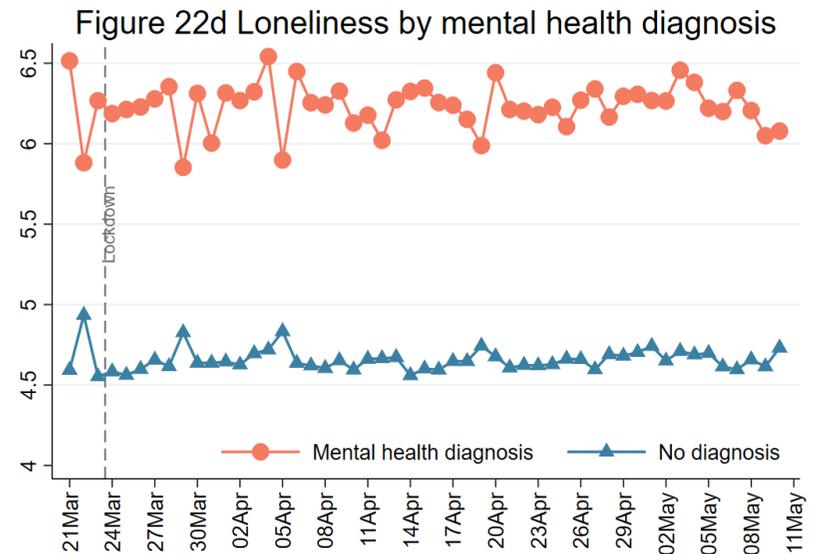
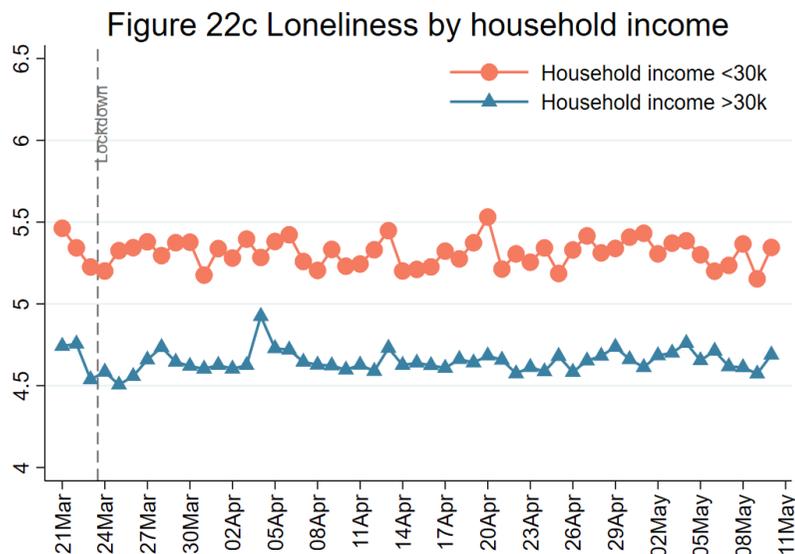
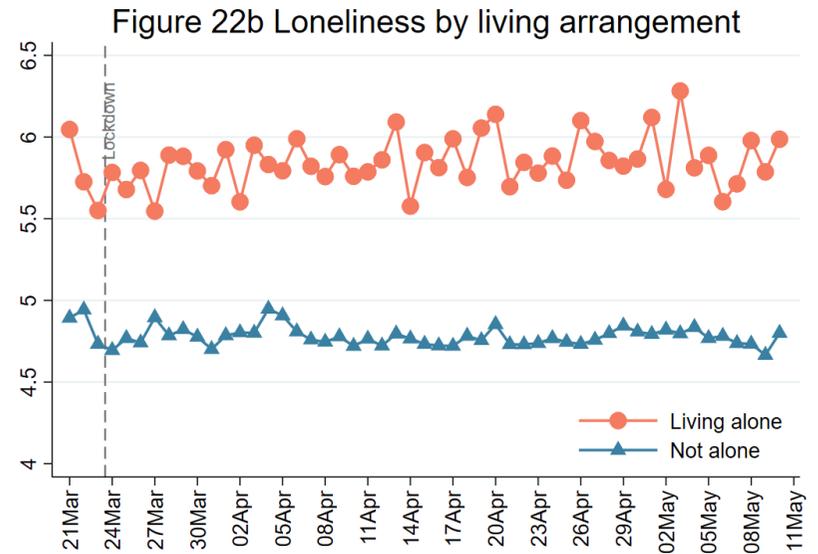
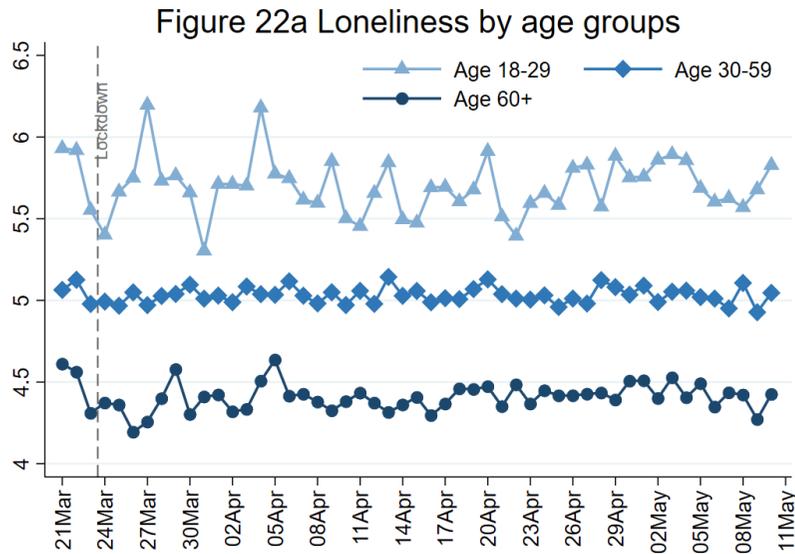


Figure 22e Loneliness by gender

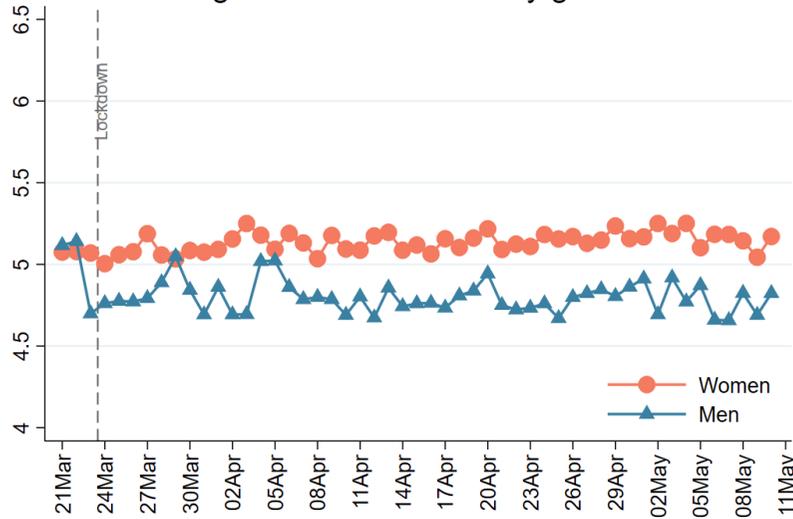


Figure 22f Loneliness by key-worker status

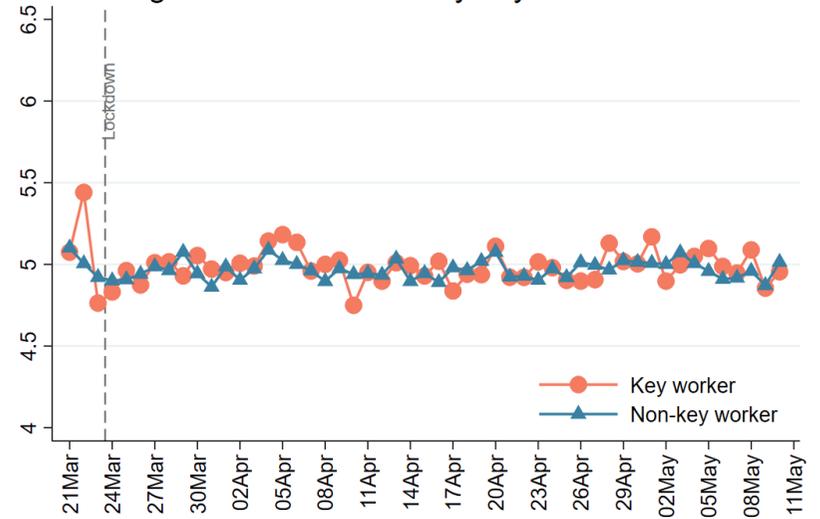


Figure 22g Loneliness by living with children

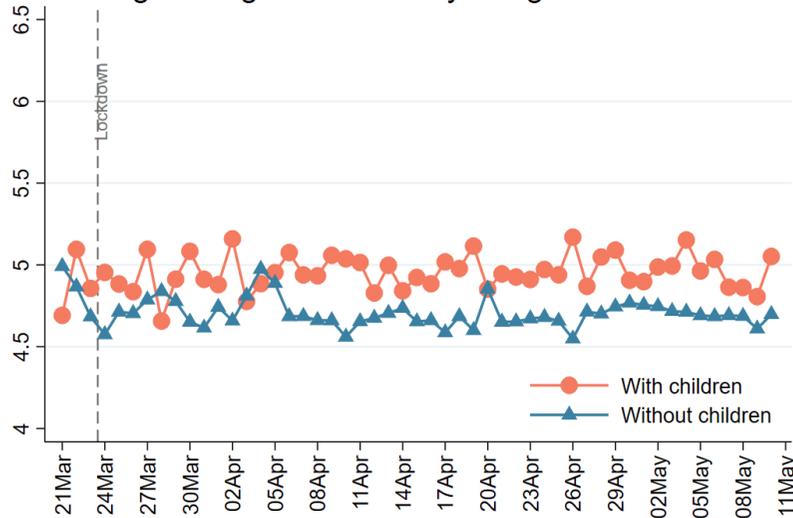
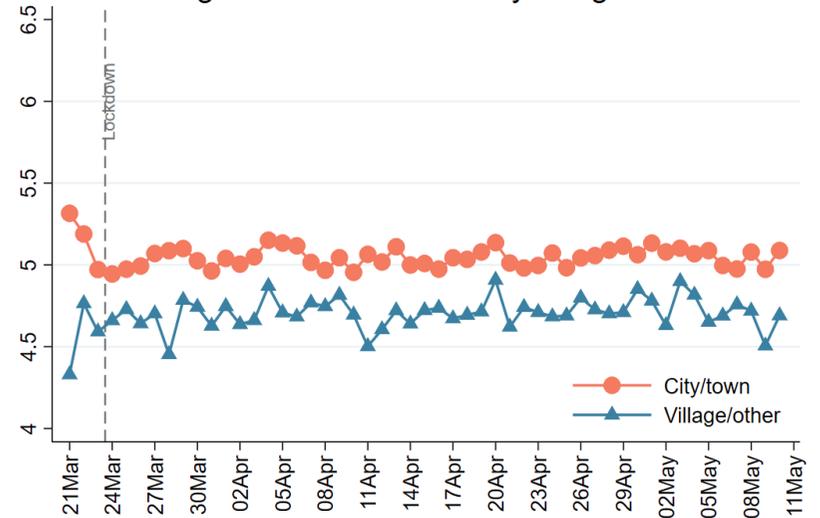


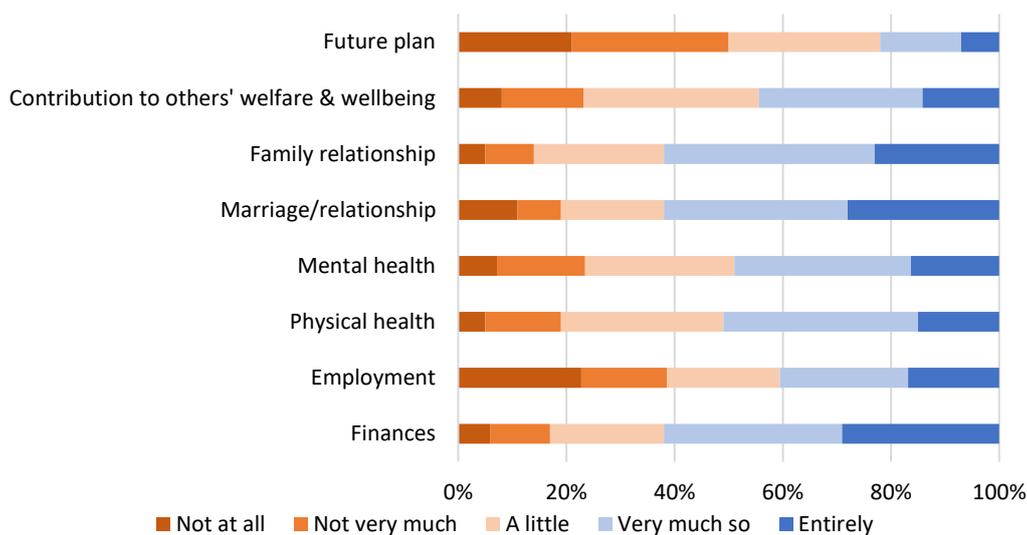
Figure 22h Loneliness by living area



5. Control & concerns

5.1 Sense of control

Figure 23 Sense of control in life aspects during lockdown



FINDINGS

In the week of 1st May to 7th May, respondents were asked about how ‘in control’ they felt about various domains of their lives. Each item is rated with a 5-point rating scale, ranging from “not at all” to “entirely”, with higher scores indicating a greater sense of control.

50% of respondents do not currently feel in control of future plans, while 39% do not feel in control of their employment and 23% do not feel in control of their mental health. However, 83% report feeling in control of their finances, 81% in control of their physical health, 81% in control of their marriage/relationship, 86% in control of their family relationship, and 76% in control of their contribution to others’ welfare and wellbeing. When comparing across age groups, younger adults report feeling less in control across all domains.

Figure 24a Sense of control in finances by age groups

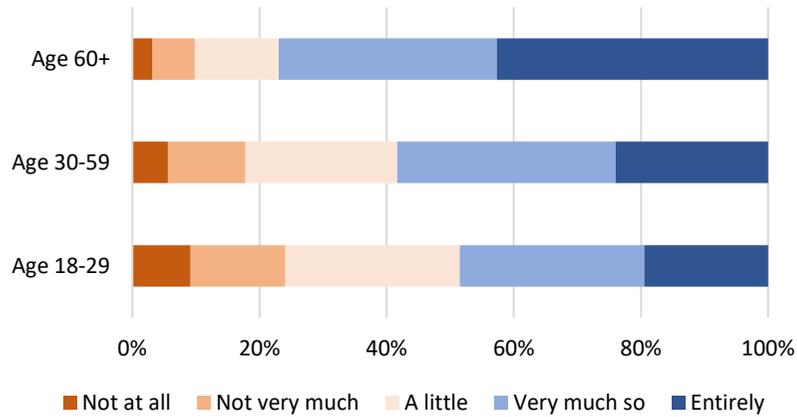


Figure 24b Sense of control in employment by age groups

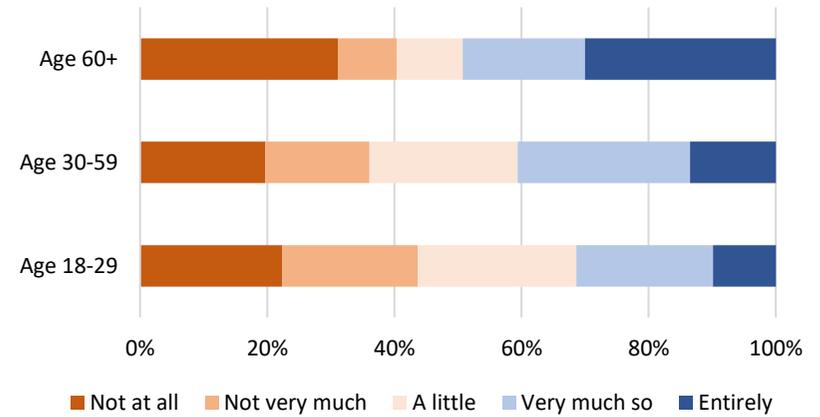


Figure 24c Sense of control in physical health by age groups

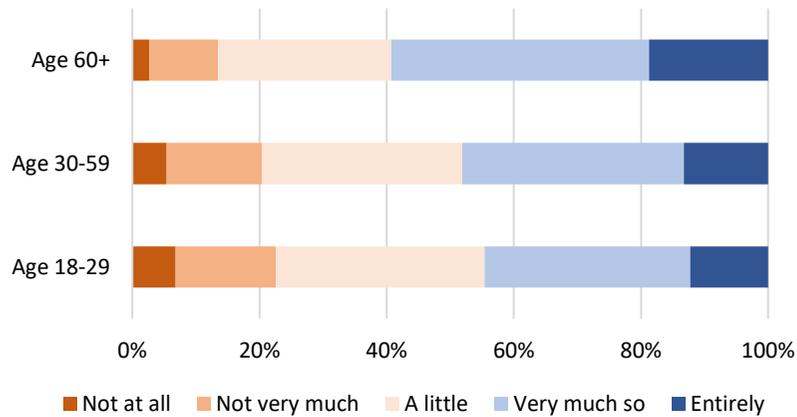


Figure 24d Sense of control in mental health by age groups

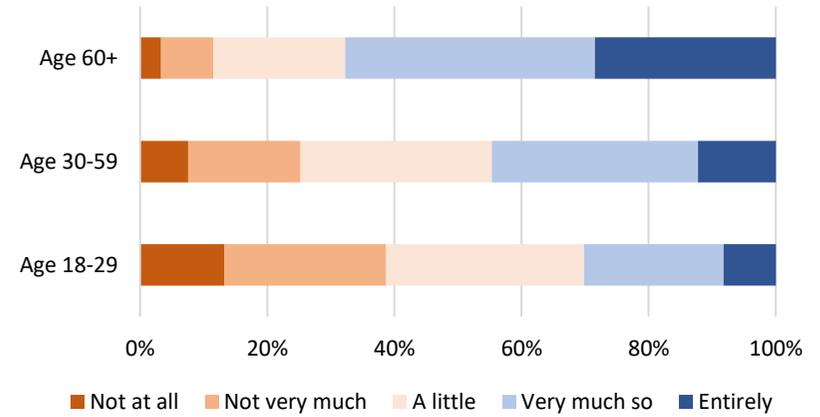


Figure 24e Sense of control in marriage/relationship by age groups

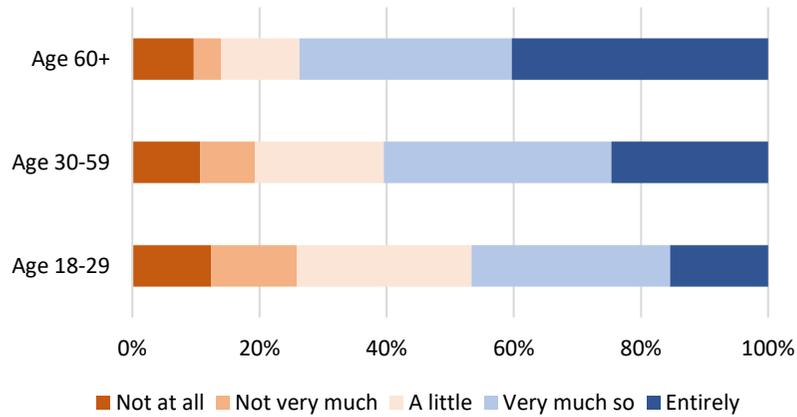


Figure 24f Sense of control in family relationship by age groups

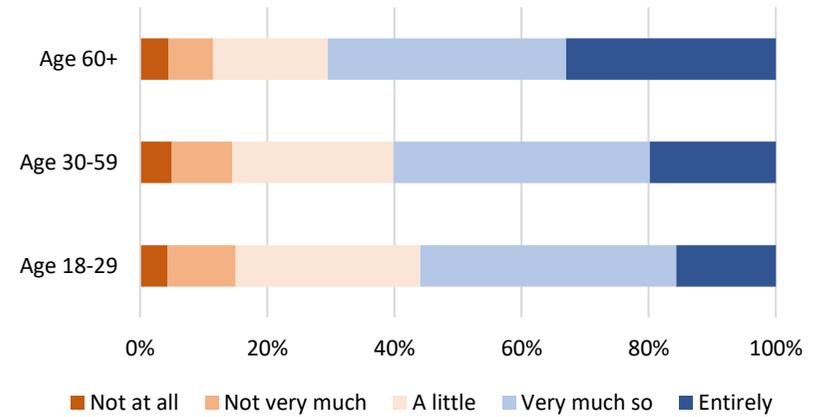


Figure 24g Sense of control in others' welfare and wellbeing by age groups

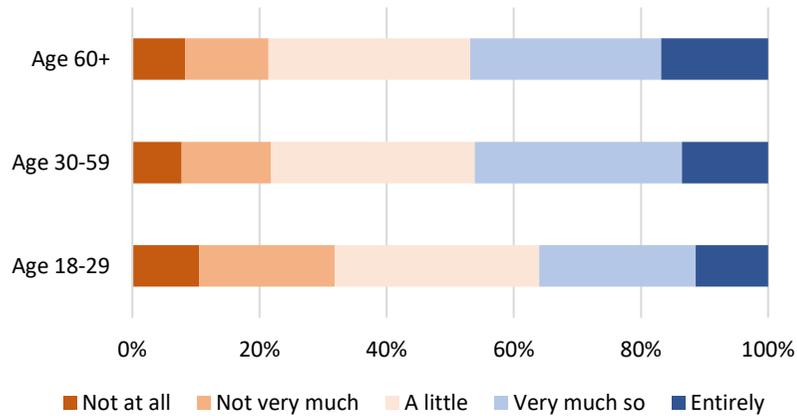
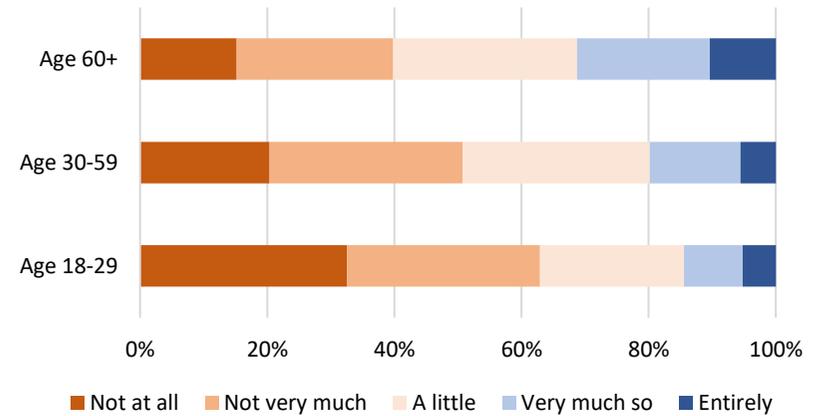
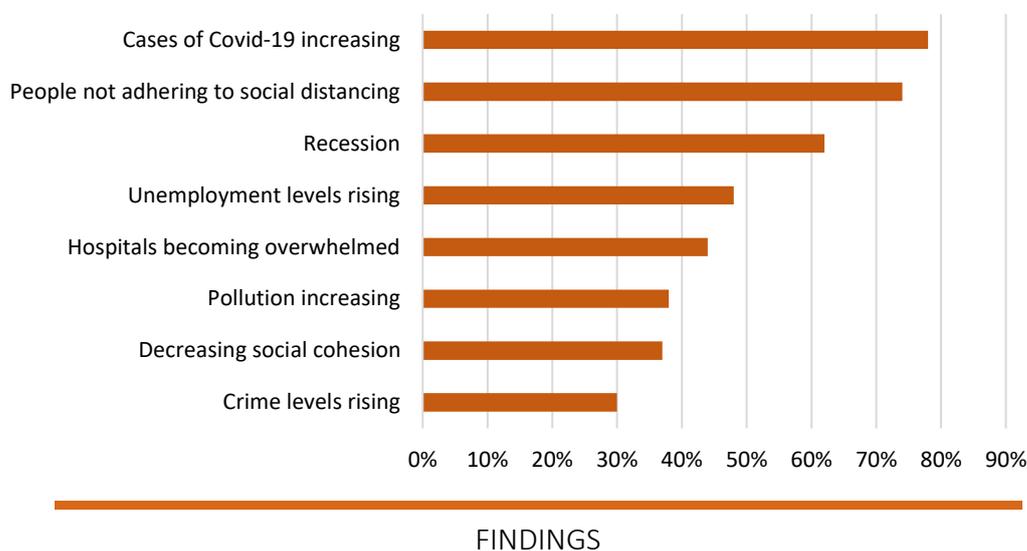


Figure 24h Sense of control in future plans by age groups



5.2 Concerns after lockdown

Figure 25 Concerns when lockdown ends or eases



In the week of 1st May to 7th May, respondents were asked about what factors they are concerned about as lockdown is eased. The most prevalent concerns are cases of COVID-19 increasing (78%) and people not adhering to social distancing (74%). Economic concerns also rank highly, with 62% concerned about a recession, and 48% concerned about unemployment levels rising. There is lower concern about hospitals becoming overwhelmed (44%). Around 1 in 3 people are also showing concern about pollution increasing, social cohesion decreasing, and crime levels rising.

Concerns about increasing cases of COVID-19 are consistent across ages, but concern about hospitals becoming overwhelmed is higher in younger adults, while concern about people not adhering to social distancing is higher in older adults. Concerns about unemployment and recession are consistent across ages, but concern about crime rising is higher in older adults, while concern about pollution increasing and social cohesion decreasing is slightly higher in adults under the age of 30.

Figure 26a Concerns about cases of Covid-19 increasing by age groups

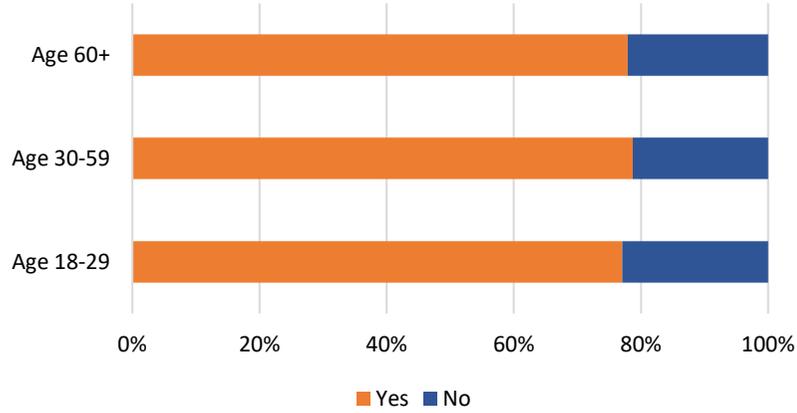


Figure 26b Concerns about hospitals becoming overwhelmed by age groups

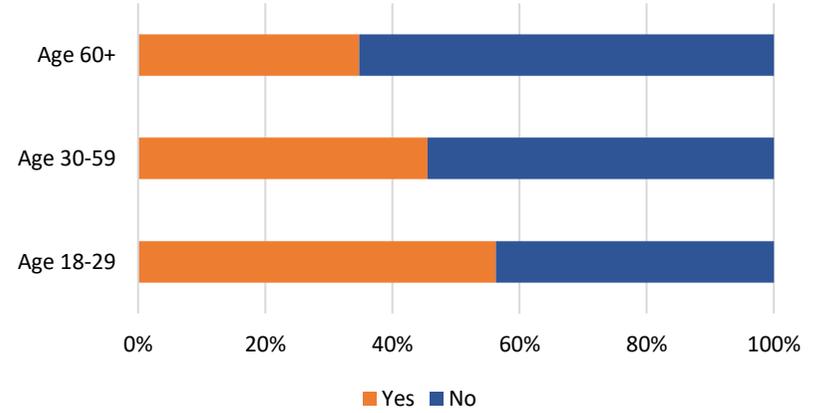


Figure 26c Concerns about people not adhering to social distancing by age groups

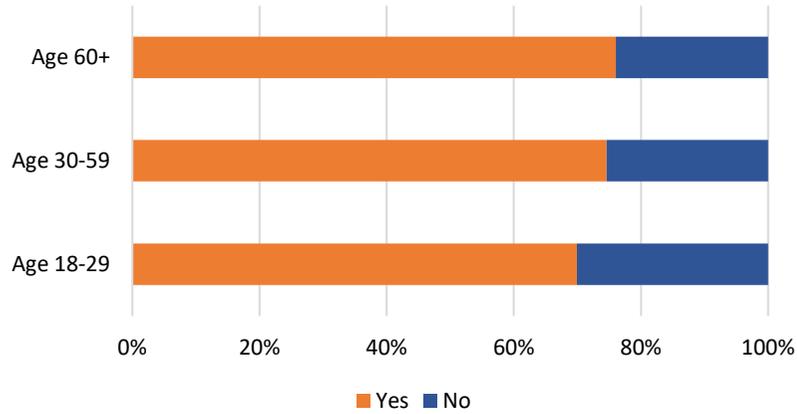


Figure 26d Concerns about unemployment levels rising by age groups

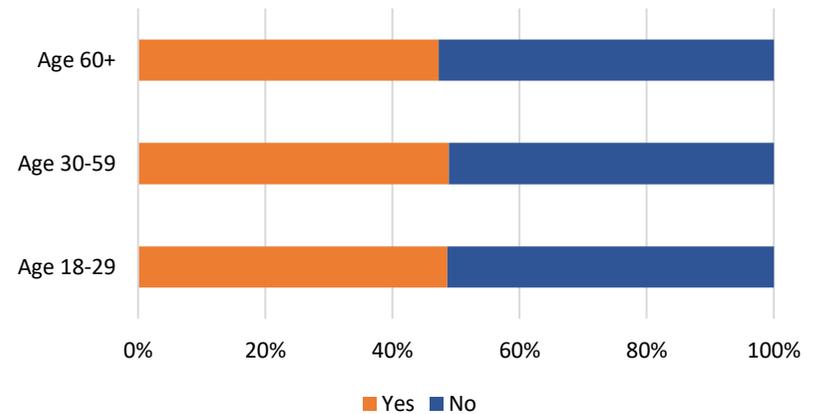


Figure 26e Concerns about crime levels rising by age groups

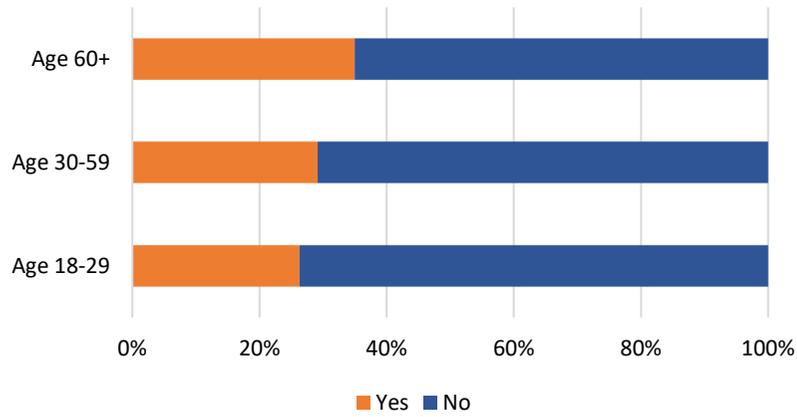


Figure 26f Concerns about recession by age groups

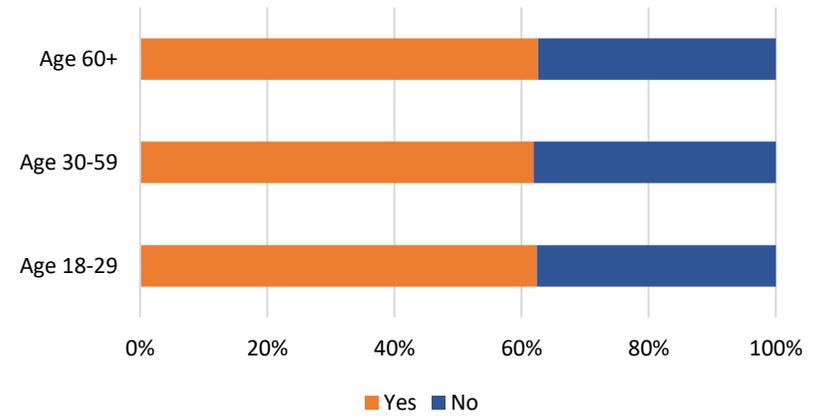


Figure 26g Concerns about pollution increasing by age groups

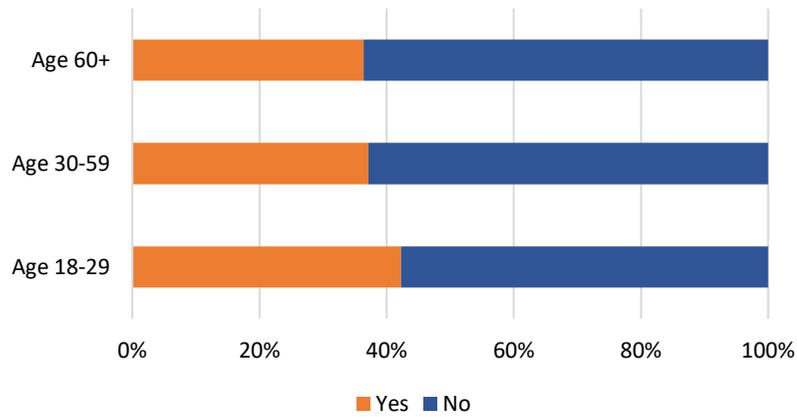
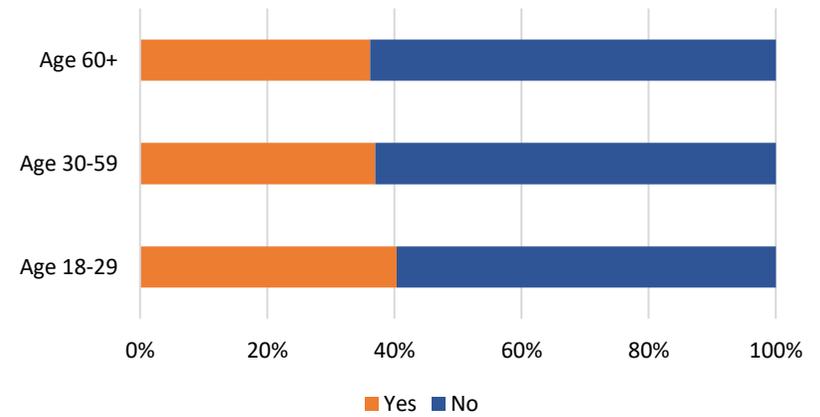
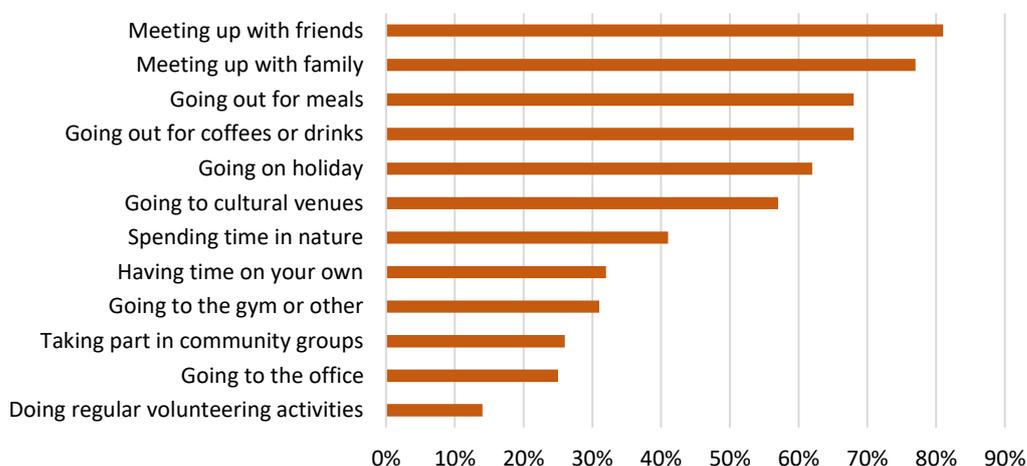


Figure 26h Concerns about decreasing social cohesion by age groups



5.3 Activities missed during lockdown

Figure 27 Activities missed during lockdown



FINDINGS

In the week of 1st May to 7th May, respondents were asked what factors they have been missing during lockdown. The most prevalent factors people are missing are meeting up with friends (81%) and family (77%). Meeting up with family is being missed most by adults over the age of 60 (81%), while meeting up with friends is being missed most by younger adults under the age of 30 (88%).

Meals and coffees out are being missed by 2 in 3 adults, while just over 3 in 5 adults are missing going on holiday. Going to cultural venues is being missed by 57% of adults, while 41% are missing spending time in nature. These factors are all being missed most by younger adults.

1 in 3 adults is missing going to the gym. This is particularly prevalent amongst younger adults (44%). Similarly, 1 in 3 adults (42% of adults under 30) are missing having time alone.

1 in 4 adults is missing taking part in community groups and going to the office, while just 14% of people are missing doing their regular volunteering activities.

Overall, younger adults are reporting missing more things than older adults, with an average of 6 out of 12 factors reported as being missed by adults under 30 compared to 5 factor amongst adults over the age of 60.

Figure 28a Meeting up with family by age groups

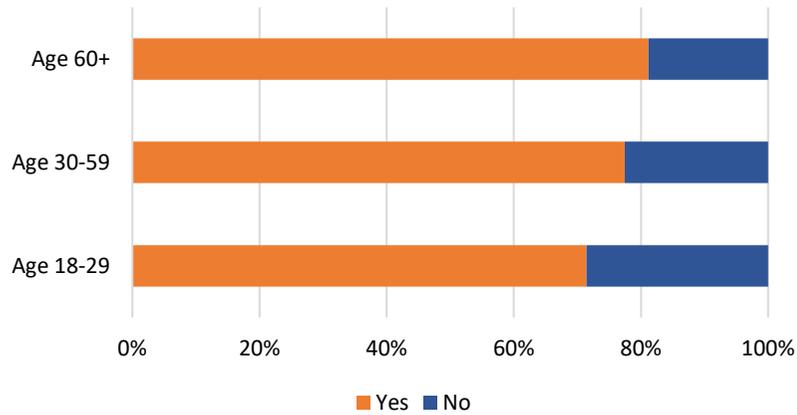


Figure 28b Meeting up with friends by age groups

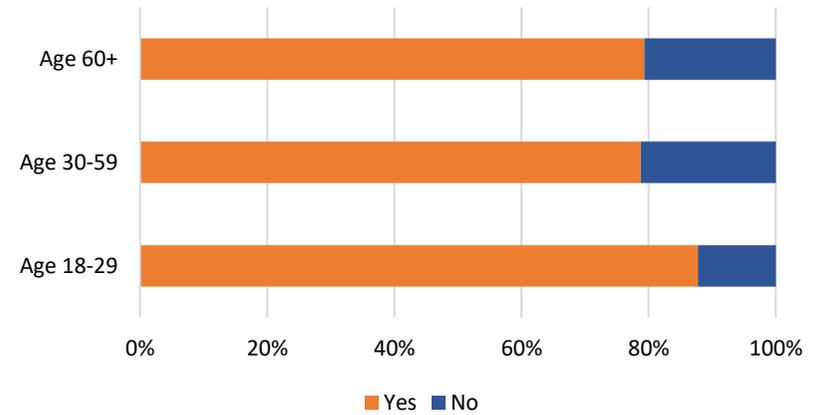


Figure 28c Going out for coffee or drinks by age groups

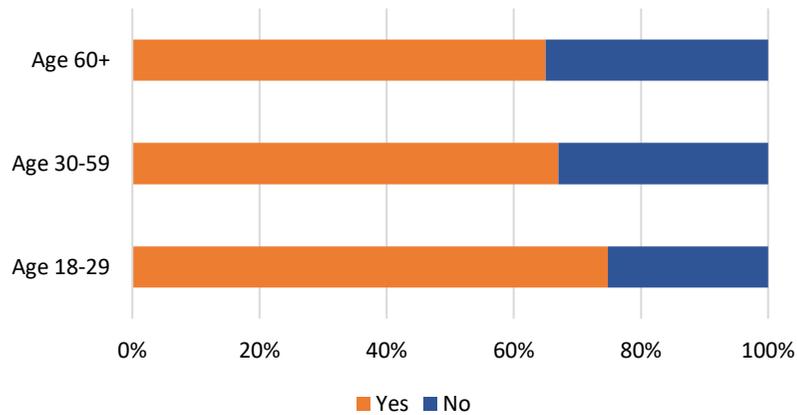


Figure 28d Going out for meals by age groups

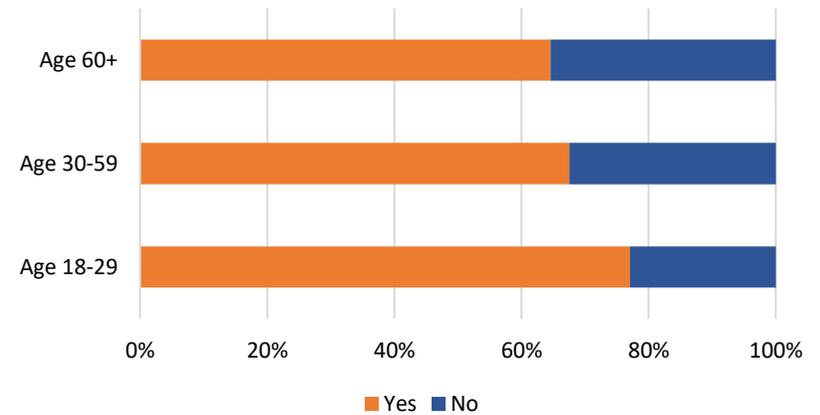


Figure 28e Going on holiday by age groups

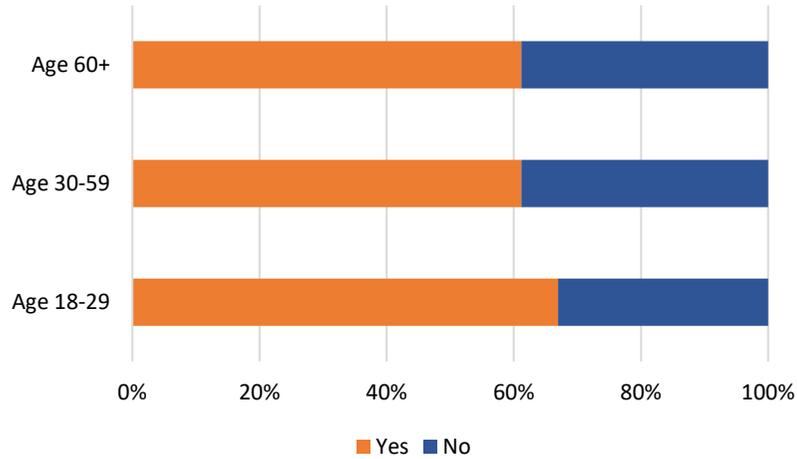


Figure 28f Going to cultural venues by age groups

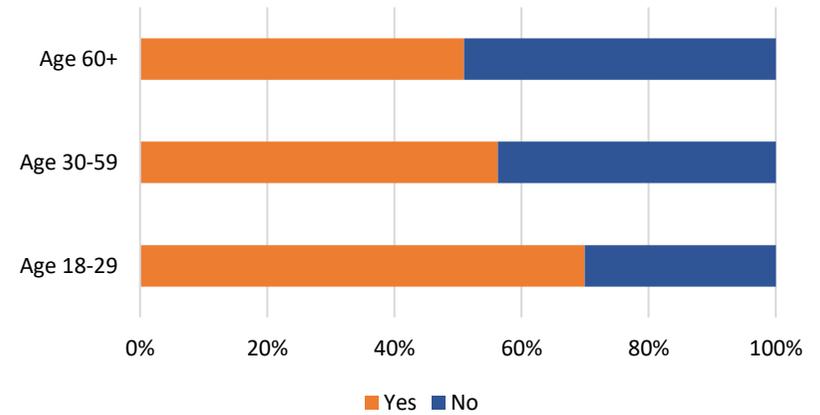


Figure 28g Taking in community groups by age groups

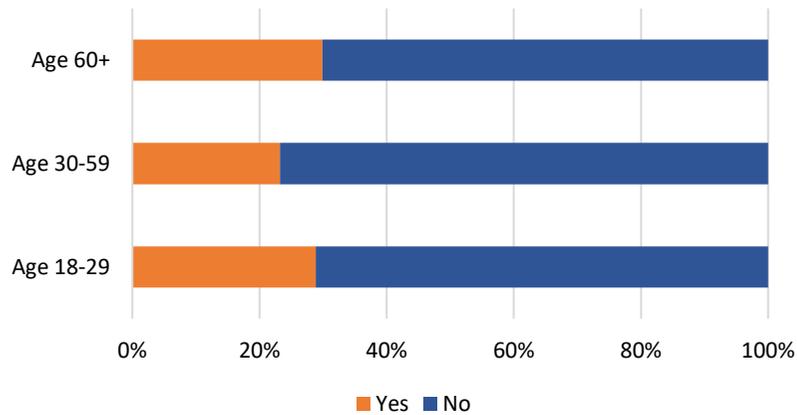


Figure 28h Doing regular volunteering activities by age groups

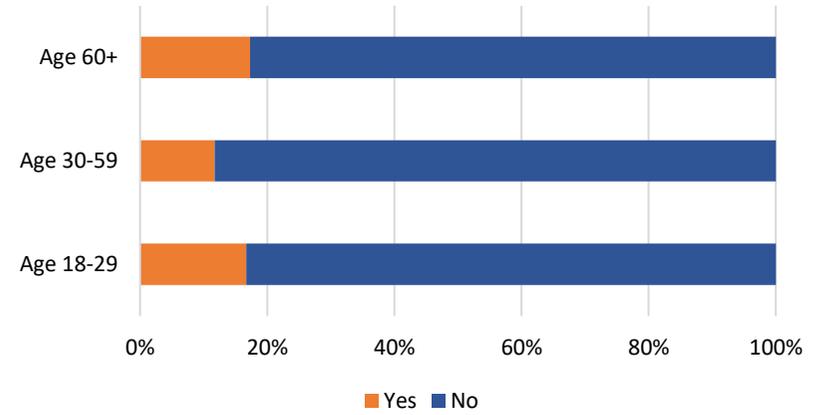


Figure 28i Spending time in nature by age groups

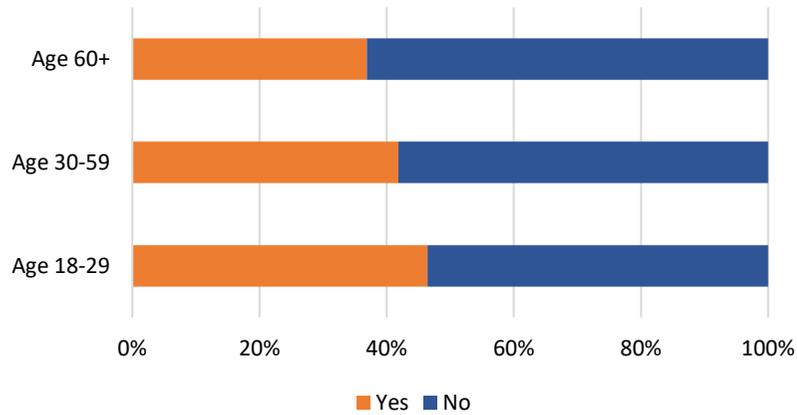


Figure 28j Going to the gym or other exercise by age groups

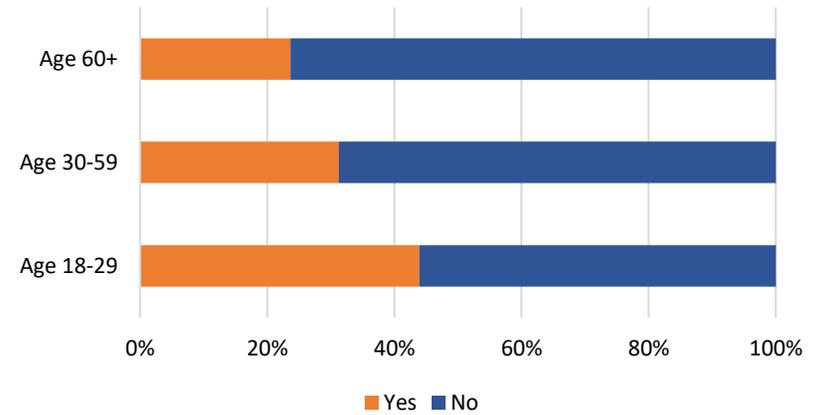


Figure 28k Going to the office by age groups

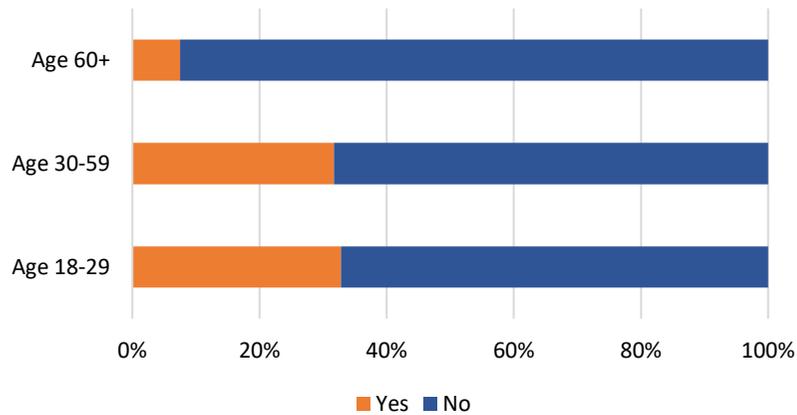
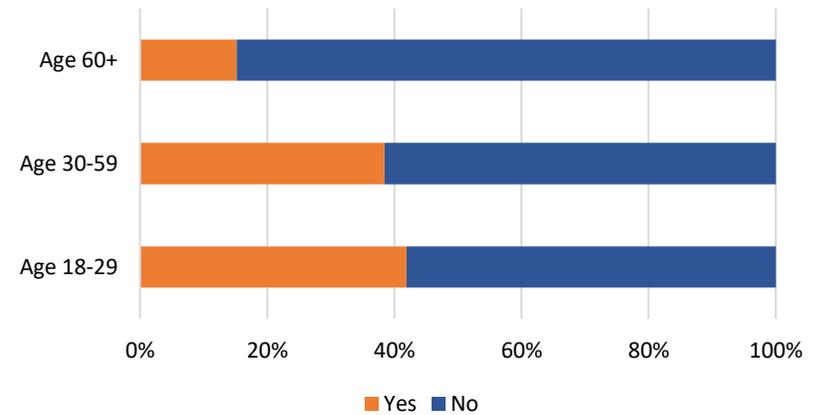


Figure 28l Having time on your own by age groups



Appendix

Methods

The Covid-19 Social Study is a panel study of the psychological and social experiences of adults in the UK during the outbreak of the novel coronavirus run by University College London and funded by the Nuffield Foundation, UKRI and the Wellcome Trust. To date, over 90,000 people have participated in the study, providing baseline socio-demographic and health data as well as answering questions on their mental health and wellbeing, the factors causing them stress, their levels of social interaction and loneliness, their adherence to and trust in government recommendations, and how they are spending their time. The study is not representative of the UK population, but instead it aims to have good representation across all major socio-demographic groups. The study sample has therefore been recruited through a variety of channels including through the media, through targeted advertising by online advertising companies offering pro-bono support to ensure this stratification, and through partnerships with organisations representing vulnerable groups, enabling meaningful subgroup analyses.

Specifically, in the analyses presented here we included adults in the UK. We used new cross-sectional data from individuals as they entered the study and also included weekly longitudinal data as participants received their routine follow-up. In this report, we treated the data as repeated cross-sectional data collected daily from the 21st of March to the 10th May (the latest data available). Aiming at a representative sample of the population, we weighted the data for each day to the proportions of gender, age, ethnicity, education and country of living obtained from the Office for National Statistics (ONS, 2018). For section 5, we weighted the data as a whole. **Contrary to some previous reports, we include keyworkers within our main analyses.**

The study is focusing specifically on the following questions:

1. What are the psychosocial experiences of people in isolation?
2. How do trajectories of mental health and loneliness change over time for people in isolation?
3. Which groups are at greater risk of experiencing adverse effects of isolation than others?
4. How are individuals' health behaviours being affected?
5. Which activities help to buffer against the potential adverse effects of isolation?

The study has full ethical and data protection approval and is fully GDPR compliant. For further information or to request specific analyses, please contact Dr Daisy Fancourt d.fancourt@ucl.ac.uk.

To participate, visit www.COVIDSocialStudy.org

Demographics of respondents included in this report

Table: Demographics of observations from participants in the pooled raw data (unweighted; data are weighted for analyses)

	Number of observations	%
Age		
18-29	20,327	8.06
30-59	151,108	59.9
60+	80,885	32.1
Gender		
Men	63,690	25.4
Women	187,546	74.7
Living alone		
No	203,907	80.8
Yes	48,413	19.2
Annual household income		
>30k	140,278	61.3
<30k	88,553	38.7
Any diagnosed mental health conditions		
No	206,370	81.8
Yes	45,950	18.2
Key worker		
No	194,784	77.2
Yes	57,536	22.8
Living with children		
No (excluding those who live alone)	137,577	67.5
Yes	66,330	32.5
Living area		
Village/hamlet/isolated dwelling	59,389	23.5
City/large town/small town	192,931	76.5