Covid-19 Social Study
Results Release 35

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The project has also benefitted from funding from UK Research and Innovation and the Wellcome Trust. The researchers are grateful for the support of a number of organisations with their recruitment efforts including: the UKRI Mental Health Networks, Find Out Now, UCL BioResource, HealthWise Wales, SEO Works, FieldworkHub, and Optimal Workshop.
Executive summary

Background
This report provides data from the last 64 weeks of the UK Covid-19 Social Study run by University College London: a panel study of over 70,000 respondents focusing on the psychological and social experiences of adults living in the UK during the Covid-19 pandemic.

In this THIRTY-FIFTH report, we focus on psychological responses to the first sixty-four weeks since just before the first UK lockdown was announced (21/03/2020 to 13/06/2021). We present simple descriptive results on the experiences of adults in the UK. 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, loneliness and happiness
5. **New in this report** Worries about family and friends and worries about Covid-19

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 and at www.COVIDSocialStudy.org.

Findings
- Worries about catching and becoming seriously ill from Covid-19 have been decreasing since the start of the new year and are now lower than they ever have been since the start of the pandemic. Slightly more people (20.8%) are currently worried about catching than becoming seriously ill (17.6%) from the virus. Worries about both have generally been higher in people with a physical or mental health condition and among women.
- Several demographic groups are currently more worried about catching the virus. These include people with lower household incomes, young adults, people not living with children, non-keyworkers, and women. Over the past two months, young adults and people in Scotland have been increasingly more worried about catching the virus.
- Since the start of the new year, people have reported being less and less worried about friends or family outside of the household, but worries about people inside the household have remained relatively stable. Young adults, women, people with a physical or mental health condition, people not living with children, people from ethnic minority groups, and those with higher education levels have been more worried about friends or family outside of the household for the past several months. Young adults have remained more worried about people living in their household than older adults, as have people with lower household incomes, those with a mental health diagnosis, people living with children, women, and people from ethnic minority groups.
- The easing of lockdown restrictions continues to coincide with increases in life satisfaction and happiness, and levels are now higher than they have been since the start of the pandemic. Depression and anxiety symptoms have also generally been decreasing since the easing of restrictions, but less substantially, and levels are still similar to what they were in the autumn. Depression and anxiety are still highest in young adults, women, people with lower household incomes, people from ethnic minority groups, those with a physical or mental health condition, and people living with children.
- Loneliness levels have also only decreased slightly over the past several months. Certain groups continue to report being lonelier than others: young adults, people living alone, those with a mental health condition, ethnic minority groups, people living with children, people with lower household income, women, and those living in cities/towns.
- Since the easing of restrictions for the latest lockdown, compliance with most of the rules and guidelines (majority compliance) has remained high, and is currently at 91%. Complete compliance with the rules, has, however been decreasing since restrictions have started to lift.
- The proportion of adults in our study who say they have been physically or psychologically abused has not changed much since the start of the pandemic. People with a diagnosed mental or physical health condition, with lower household incomes, and people from ethnic minority groups are still more likely to report abuse.
1. Compliance and confidence

1.1 Compliance with guidelines

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 (very much so). Of note, we ask participants to self-report their compliance, which relies on participants understanding the regulations. Figure 1 shows the percentage of people across the whole of the UK who followed the recommendations “completely” (with a score of 7) or to a large extent (with a score of 5-7; described below as “majority” compliance).

Majority compliance has declined somewhat since the easing of restrictions for the latest lockdown and is now what it was in the summer of 2020.

Complete compliance (i.e., following rules and recommendations with no bending or even minor infringements) has been decreasing since the start of the new year and is what it was in the summer of 2020, around 45%. Across demographic groups, patterns of complete compliance remain as they have been since the start of the year, with compliance lower in higher income households, amongst young adults, amongst keyworkers, in urban areas, amongst men, amongst those in ethnic minority groups\(^1\), and amongst people in good physical health. Majority compliance has been reported by around 91% of people in the last month, with consistent patterns across the latest lockdown present in all major demographic groups (Figures 2m-2x).

\(^1\)Figures for ethnicity sub-groups are analysed by month rather than by week for the duration of the study to maximise sample size.
1.2 Confidence in government

Respondents were asked how much confidence they had in the government to handle the Covid-19 pandemic from 1 (not at all) to 7 (lots). People living in devolved nations were asked to report their confidence in their own devolved governments.

Confidence in the central government to handle the Covid-19 pandemic increased since the start of the new year in England, Wales, and Scotland, but then decreased slightly at the end of April. More data are needed to confirm this trend. Whilst levels remain lower in England than devolved nations, they are now back to levels recorded at the end of April 2020\(^2\).

For subgroup analyses in Figures 4a-d and 4f-h, we restrict our results to respondents living in England in order to have sufficient sample sizes for meaningful subgroup analyses. In England, confidence in government is still lowest in those under the age of 30. Confidence also remains lower in urban areas, amongst people from ethnic minority backgrounds, in people with a mental health diagnosis, people with higher household incomes, and amongst people with higher educational qualifications.

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\(^2\) Figures for Northern Ireland have now been removed from our daily tracker graphs due to a small sample size that makes extrapolation even with statistical weighting unreliable. These data are being analysed in other papers and reports.
Figure 4i Confidence in government by gender

- Female
- Male

Figure 4j Confidence in government by ethnicity

- Ethnic minority
- White

Figure 4k Confidence in government by educational levels

- GCSE/below
- A-levels/equivalent
- Degree/above

Figure 4l Confidence in government by physical health

- Physical health diagnosis
- No diagnosis
2. Mental Health

2.1 Depression and anxiety

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. These 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 higher than 10 can indicate major depression or moderate anxiety.

Depression and anxiety symptoms have generally been decreasing since the easing of restrictions for the latest lockdown, but remain similar to what they were in the autumn of 2020.

Although this study focuses on trajectories rather than prevalence, 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 depression\(^3\)).

Depression and anxiety are still highest in young adults, women, people with lower household income, people from ethnic minority backgrounds, those with a physical health condition, and people living with children. People with a diagnosed mental illness are still reporting higher levels of depression and anxiety symptoms (as might be expected) (see Figures 6d and 7d).

Figure 7a Anxiety by age groups

Age 18-29
Age 30-59
Age 60+

Figure 7b Anxiety by living arrangement

Living alone
Not living alone

Figure 7c Anxiety by household income

Household income <30k
Household income >30k

Figure 7d Anxiety by mental health diagnosis

Mental health diagnosis
No diagnosis
2.2 Stress

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

Stress about catching Covid-19 or becoming seriously ill from it has been decreasing substantially since the end of 2020 and is now lower than it has ever been, with around 1 in 4 people reporting being worried. Women and people with a physical or mental health diagnosis remain more worried about catching or becoming seriously ill from Covid-19.

Worries about finance have remained relatively stable since the latest lockdown started and are comparable to their lowest levels of around 1 in 3 people over the summer of 2020. Concerns about finances remain highest amongst people with lower household incomes, those with a mental health condition, people living with children, people from ethnic minority groups, and adults of working age (18-59 years). Worries about finance have been increasing in young adults and in Scotland over the past three months.

Unemployment worries remain relatively low, but nevertheless concern 1 in 10 people. Unemployment stress is higher in people living with children, people with a mental health diagnosis, amongst people from ethnic minority groups, in people under the age of 60, and in urban areas. Worries about unemployment increased in Scotland from the end of March to the end of April and are higher than in Wales and England.

Worries about accessing food have been stable since the end of 2020 and are affecting approximately 5% of people; comparable to when lockdown easing began in May 2020. Most groups are showing similar concern about accessing food, although these concerns are higher in people with a diagnosed mental health condition and people with lower household incomes. People with physical health conditions are also more concerned about accessing food, which may be due to greater concerns about going to supermarkets.
3. Self-harm and abuse

3.1 Thoughts of death or self-harm

Thoughts of death or self-harm are measured using a specific item within the PHQ-9 that asks whether, in the last week, the respondent 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.

There continues to be no clear change in the proportion of people reporting thoughts of death or self-harm. Percentages of people having thoughts of death or self-harm have been relatively stable throughout the pandemic. They remain higher amongst younger adults, with around 1 in 5 reporting thoughts of death or self-harm in this age group. Thoughts of death or self-harm are also higher in those with a diagnosed mental health condition, people with a physical health diagnosis, people living alone, those with lower incomes, and in urban areas.
3.2 Self-harm

Self-harm was assessed using a question that asks whether in the last week the respondent 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 continues to remain relatively stable over the course of the pandemic. Throughout most of the pandemic, self-harm has been higher amongst younger adults, people with lower household incomes, and those with a mental or physical health condition.

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\(^4\).

\(^4\)Spikes on particular days are likely due to variability in the data as opposed to indications of particularly adverse experiences on certain days.
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
3.3 Abuse

Abuse was measured using two questions that ask if the respondent 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 remained relatively stable on average over the course of the pandemic. It remains more common amongst people with a diagnosed mental health condition, amongst people with lower household income, in people from ethnic minority groups, and in those with a physical health condition.

It should be noted that not all people who experienced physical or psychological abuse will necessarily report it, so these levels are anticipated to be an under-estimation of actual levels.

\(^5\)Spikes on particular days are likely due to variability in the data as opposed to indications of particularly adverse experiences on certain days.
4. General well-being

4.1 Life satisfaction

Respondents were asked to rate their life satisfaction during the past week using the Office of National Statistics (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 has been steadily increasing since the start of the new year and is now higher than it was at the end of summer 2020. This increase in life satisfaction since the start of the new year has generally been seen across all demographic groups.

However, younger adults and women continue to have lower levels of life satisfaction, as do people living alone, those with a mental health condition, those with lower household incomes, people living in urban areas, people with a physical health condition, and people from ethnic minority groups (although smaller sample sizes compared to people with white ethnicity mean there has been greater volatility in these data).

Although this study focuses on trajectories rather than prevalence, the levels of life satisfaction are lower than usual averages reported before the Covid-19 pandemic using the same scale (7.7)\(^6\).

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4.2 Loneliness

Respondents were asked about levels of loneliness 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 scale, ranging from “never” to “always”, with higher scores indicating greater loneliness.

Loneliness levels have been decreasing slightly since the easing of restrictions for the latest lockdown but remain similar to what they were in summer 2020. Loneliness remains highest in young adults, people living alone, those with a mental health condition, amongst those from ethnic minority groups, people living with children, people with lower household income, women, and those living in urban areas.
Respondents were asked to rate to what extent they felt happy during the past week using the Office for National Statistics (ONS) wellbeing scale on a scale from 0 (not at all) to 10 (completely). Happiness ratings are only available from 21st April 2020 onwards.

Happiness levels have been increasing since the easing of restrictions for the latest lockdown and are now higher than they were last summer.

There continue to be differences in reported levels of happiness across demographic groups. Levels of happiness remain lower in adults under the age of 60, people living alone, people with lower household incomes, people with a diagnosed mental or physical health condition, in urban areas, in women, and people from ethnic minority groups.
5. Further worries

5.1 Worries about friends or family

We asked participants if they had been stressed (either in a minor or a major way) about either family or friends living in their home or family or friends outside of their household. At the start of the first lockdown, around 60% of adults were worried about family or friends outside of their household and 30% of people living with others were worried about family or friends in their households. These numbers then decreased over the summer of 2020 to 40% and 20% respectively, but then increased over the autumn as the second wave of Covid-19 infection developed.

Worries about family and friends in and outside the household decreased from the start of the new year until the easing of restrictions for the latest lockdown, but have since been stable. This decrease was more pronounced for worries about people outside of the household.

Worries have been consistently higher across both measures amongst people with a mental health diagnosis, of whom over 50% are currently worried about family and friends outside of the household and over 25% inside the household. Women have also been consistently more worried about friends or family both in and outside the household.

Younger adults have been more worried about people living in and outside of the same household than other age groups for the past several months. Adults living with children reported being more worried for people living within the same household but not outside the household. Keyworkers have been slightly more worried about people within their household over the course of the pandemic, but differences between keyworkers and non-keyworkers in worries about people outside the household have been negligible.

7 We show results for worries about people inside the household both on the main graph and in sub-group graphs only for people not living alone.
5.2 Worries about Covid-19

Building on our findings in section 2.2, we looked more broadly at any level of stress due to Covid-19 (either major or minor worries) and separated out worries about catching Covid-19 from worries about becoming seriously ill from it.

Worries about catching and becoming seriously ill from Covid-19 were common in the autumn but have been steadily decreasing since the start of the new year when the third lockdown was introduced and when the vaccine programme began. Around 1 in 5 are now worried about both, which are the lowest levels since the start of the pandemic. Slightly more people (20.8%) are worried about catching it than becoming seriously ill from it (17.6%).

Age differences in worries about catching Covid-19 (but not becoming seriously ill from it) have been minimal since the start of the pandemic, but have started to increase in young adults over the past two months, coinciding with the proliferation of the Delta variant. More data are needed to confirm this trend. Since the easing of restrictions for the latest lockdown, people with children have been less worried about catching Covid-19 than people not living with children.

Keyworkers have been less worried about catching the virus than non-keyworkers since last summer, but differences between these two groups in worries about falling seriously ill from it have been negligible. People with a mental or physical health diagnosis, people with lower household incomes, and women have generally been more worried about both catching and falling ill from Covid-19 over the course of the pandemic.
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 70,000 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 March 2020 to the 13th June 2021 (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). Where results for subgroups show volatility, this could be a product of the sample size being smaller so caution in interpreting these results is encouraged.

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 or to sign up for the newsletter and receive monthly updates on the study findings, 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)
For full demographics weighted to population proportions, see the User Guide at www.covidsocialstudy.org/results

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