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The Nuffield Foundation is an independent charitable trust with a mission to advance social well-being. It funds research that informs social policy, primarily in Education, Welfare, and Justice. It also funds student programmes that provide opportunities for young people to develop skills in quantitative and scientific methods. The Nuffield Foundation is the founder and co-founder of the Nuffield Council on Bioethics and the Ada Lovelace Institute. The Foundation has funded this project, but the views expressed are those of the authors and not necessarily the Foundation. Visit www.nuffieldfoundation.org.

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 60 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-FOURTH report, we focus on psychological responses to the first sixty weeks since just before the first UK lockdown was announced (21/03/2020 to 16/05/2021). 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** Understanding of the rules and reasons for leaving home

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

- Fewer than 1 in 3 people (29.1%) say that they completely understand the rules set by the government to control the spread of the virus. Complete rule understanding was at its lowest in November 2020, when just 1 in 5 said they completely understood the rules. Majority understanding (a rating that understanding was 5 or more on a 7-point scale) was also lower in November, with around 70% reporting mostly understanding the rules throughout the month. Some demographic groups have consistently reported poorer rule comprehension since autumn of last year. In England, a smaller proportion of young adults (18%) and people from ethnic minority groups (22%) currently report complete understanding of the rules, compared to older adults (ages 30-59: 32% and age 60+: 35%) and people of white ethnicity (31%). People with lower education levels have consistently reported a better understanding of the rules.
- Majority understanding, however, is high (79.2%), and although there have been slight decreases as the roadmap out of lockdown continues, majority understanding has been relatively stable since the beginning of the year. There were few demographic differences in understanding, but a smaller proportion of young adults and people from ethnic minority groups reported mostly understanding the rules. More people in Wales and England than in Scotland say they have mostly understood the rules over the past few months.
- Despite low levels of complete rule understanding, majority compliance with guidelines remains high, with 91.0% of people in our study saying they are mostly following the rules. Complete and majority compliance have, however, decreased since the easing of the latest lockdown restrictions, with complete compliance showing larger decreases over the past few months. Demographic differences in majority compliance remain minimal, with the exception that a lower proportion of young adults saying they are mostly following the rules.
- There have been clear increases in the proportion of people in our study who have left home for work, to meet people, for meals or other entertainment, and to do other shopping (aside from shopping for food and essentials) since the easing of restrictions for the latest lockdown. Half (52.1%) had left the home to meet up with friends and family, compared with 1 in 3 (34.9%) at the end of December 2020. Just over 2 in 5 (42.9%) had left the home to do shopping other than for food or essentials, 1 in 3 (35.1%) had left home to work, and nearly 1 in 5 (17.4%) had gone out for meals and entertainment.
- Differences between demographic groups in reasons for leaving home were minimal, with some exceptions. Women (57%), young adults (66%), and people with higher household incomes (59%) were more likely to have left home to meet with others. The latter two groups were more likely to have gone out for meals or entertainment (young adults: 33%), higher income households: (23%).
- The easing of lockdown restrictions has coincided with increases in life satisfaction and happiness, and decreases in depression and anxiety symptoms.
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 remained consistently high since the start of the year as new lockdowns were introduced across the UK and is now as high as it was at the end of the first strict lockdown in May 2020.

Complete compliance (i.e., following rules and recommendations with no bending or even minor infringements) has decreased since the start of the new year, and is now what it was in the summer of 2020. 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

FINDINGS

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 has been steadily increasing over the past three months in England, Wales, and Scotland. Whilst levels remain lower in England than devolved nations, they are now back to levels recorded at the end of April 2020².

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.

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 4e Confidence by nations

Figure 4f Confidence by keyworker status

Figure 4g Confidence by living with children

Figure 4h Confidence by living area
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 been decreasing over the past three months, but are 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).

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. When separated by age group, these decreases were seen more consistently in adults aged 30-59 years and 60 years and older since the start of the year, whilst there were more fluctuations in young adults. The former two groups are more likely to have already received the Covid-19 vaccine or are nearer to doing so.

Worries about finance have remained relatively stable since the latest lockdown started and are comparable to their lowest levels of around 1 in 4 people over the summer. Worries about unemployment remain relatively low, concerning just 1 in 10 people. 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.

People with diagnosed mental illness have been more worried about all factors, and these differences are most pronounced for financial stress. In relation to worries about Covid-19, these levels are highest in people with diagnosed mental or physical health conditions, although this has been decreasing since the start of the year. Concerns about unemployment and finances remain highest amongst adults of working age (18-59 years), with just over 1 in 3 reporting concerns about finances. Financial stress is still higher in those living with children, people with lower incomes, and in people from ethnic minority groups.

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. Thoughts of death or self-harm are also higher in those with a diagnosed mental health condition, people with a physical health diagnosis, those with lower incomes, and in urban areas.
Figure 14a Thoughts of death by age groups

Figure 14b Thoughts of death by living arrangement

Figure 14c Thoughts of death by household income

Figure 14d Thoughts of death by mental health diagnosis
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 from ethnic minority groups, and in those with a 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 levels⁴.

⁴Spikes on particular days are likely due to variability in the data as opposed to indications of particularly adverse experiences on certain days.
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 since the start of the new year. It remains higher amongst people with a diagnosed mental condition, amongst people with lower household income, and in those with a physical health condition. Although a greater proportion of people from ethnic minority backgrounds consistently reported abuse over the course of the pandemic, abuse in this group had been decreasing since the start of the third lockdown and now appears to be slightly lower than what it is amongst people of white ethnicity. More data will be needed to confirm this trend.

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 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 are people living alone, those with a mental health condition, those with lower household incomes, people living in cities/towns, people with a long-term physical health condition, and people from ethnic minority backgrounds (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 reported averages 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 decreased slightly over the past two months but remain similar to what they were at the beginning of summer 2020. Loneliness remains highest in young adults, people living alone, those with a mental health condition, amongst those from ethnic minority backgrounds, people with lower household income, women, and those living in cities/towns.
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 over the past three months and are now slightly 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 backgrounds.
Respondents were asked how much they feel they understood the rules from the government to prevent the spread of the virus in the past week. Responses ranged from 1 (not at all) to 7 (very much so), with a response of 7 indicating complete understanding and 5-7 implying majority understanding. Participants were asked to respond about the government rules in their own country (so if they live in a devolved nation, they were asked to answer on their devolved government).

Fewer than 1 in 3 people (29.1%) say that they completely understand the rules set by the government to control the spread of the virus. Complete understanding was at its highest in February 2021 (35.2%) and was at its lowest when the second lockdown was introduced (November 2020 in England and Wales), when just 1 in 5 (20.0%) said they completely understood the rules.

For subgroup analyses in Figures 26 a-e, we restrict our results to respondents living in England in order to have sufficient sample sizes for meaningful subgroup analyses. Figures 26f and 26l show complete and majority rule understanding by nations. Complete understanding was higher in Scotland than in Wales or England from mid-November through January 2021, and for the last two months, a greater proportion of our respondents in England have reported complete understanding.

In England, young adults and people from ethnic minority groups have been consistently less likely to say they completely understand the rules. People with lower education levels have consistently reported a better understanding of the rules.

Majority understanding of the rules increased from the middle of December to its highest at the beginning of February (82.8%), and is now at 79.2%. A greater proportion of people in England and Wales than in Scotland have reported majority understanding over the past few months. Young adults and those from ethnic minority groups have reported poorer comprehension of the rules since the beginning of November. Although there have not been differences in majority understanding of the rules between people with lower and higher household incomes, complete rule understanding is slightly higher in people with lower incomes.
6. Reasons for leaving home

Since the easing of restrictions for the latest lockdown, there have been clear increases in the proportion of people in our study who have left their home for work, to meet people, for meals or other entertainment, and to do other shopping. In the past two weeks, 1 in 2 (52.1%) had left the house to meet up with family and friends, just over 40% (42.9%) had left the home to do other shopping, 1 in 3 (35.1%) had left home to work, and nearly 1 in 5 (17.4%) had gone out for meals and entertainment.

Increases in leaving home for all four of these reasons since restrictions have eased was seen in all demographic groups, although there were some differences. Women (57%), young adults (66%), and people with higher household incomes (59%) were more likely to have left home to meet with others. People with higher household incomes and adults of working age were more likely to have left home for work, and young adults (33%) and those with higher incomes (23%) were more likely to have gone out for meals or entertainment.

Differences in leaving the home to do shopping other than for food were minimal between demographic 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 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 16th May 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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