



Covid-19 Social Study

Results Release 31

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Executive summary

Background

This report provides data from the last 48 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-FIRST report, we focus on psychological responses to the first forty-eight weeks since just before the first UK lockdown was announced (21/03/2020 to 21/02/2021). 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***** Concerns after lockdown and activities missed during lockdown

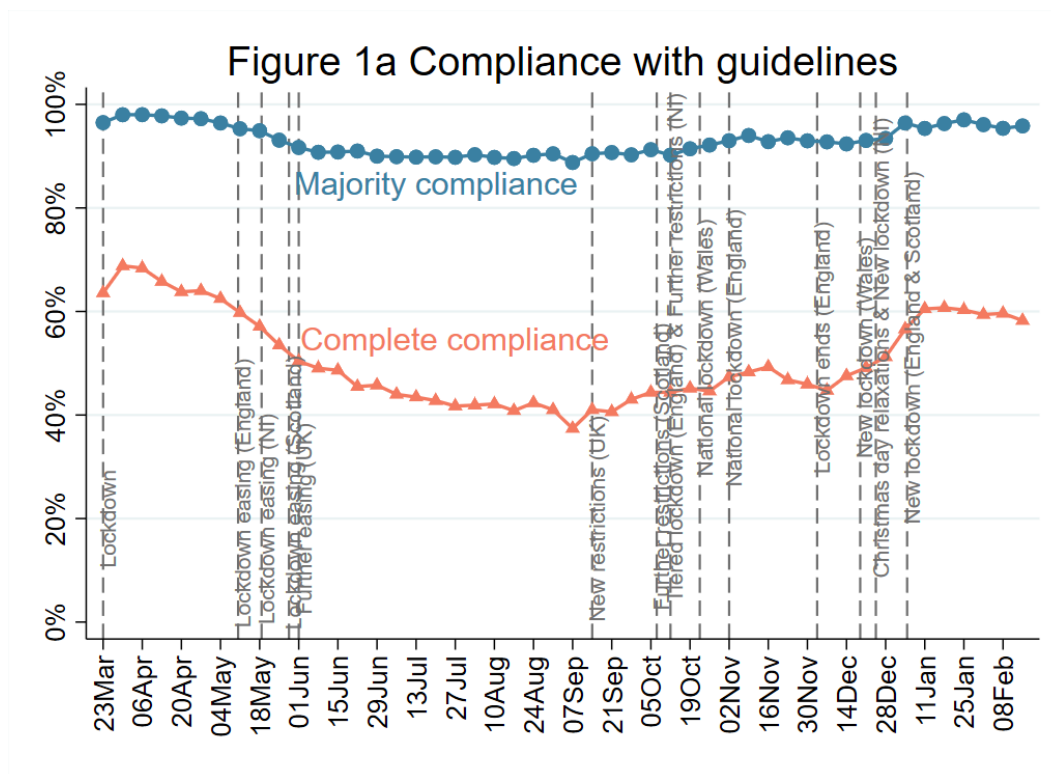
This study is not representative of the UK population but instead was designed to have good stratification across a wide range of socio-demographic factors enabling meaningful subgroup analyses to understand the experience of Covid-19 for different groups within society. Data are weighted using auxiliary 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

- Over half (57%) of adults are concerned that cases of Covid-19 will increase after the current lockdown restrictions are eased. This is down from 78% in May 2020 when these questions were asked at an almost identical timepoint as in the current lockdown. A similar proportion of adults across age groups are also concerned that people will not adhere to social distancing guidelines once restrictions start to lift (53%). NB these data were collected before the 22 February 2021 announcement on the timing of lockdown restriction easing in England.
- People are as worried about hospitals being overwhelmed (43%) after the current lockdown restrictions are eased as they were in May 2020 (44%). Young adults are more worried about this happening than adults aged 30 and over.
- Around 1 in 3 people are expressing concerns about an economic recession and increasing unemployment levels once the current lockdown restrictions are lifted. Adults of working age are more affected by economic concerns than those aged 60 and up. One-quarter of young adults are currently concerned about pollution increasing once restrictions are lifted.
- The activities people are missing the most during the latest lockdown are the same as they were in May 2020. Nearly 2 in 3 reported missing meeting up with friends and family, and these proportions were similar across age groups. Over half of adults are reporting missing going out for meals, coffee or drinks, and on holiday, but just 13% miss going to the office.
- Young adults are missing usual activities the most. 1 in 3 young adults miss going to the gym, spending time in nature, and having time alone. Over half (58%) miss going to cultural venues, compared to 49% of adults aged 30-59 and 42% of older adults. However, in general adults are reporting missing usual activities less than they did in first lockdown in 2020.
- Confidence in the central government to handle the Covid-19 pandemic has increased since the start of the year in England. Whilst levels remain lower in England than devolved nations, they are now back to levels recorded in mid-May 2020.
- Compliance continues to be at its highest levels since May of 2020. Majority compliance is being reported by around 96% of people, while complete compliance (no bending of the rules) by 3 in 5 people. Compliance has maintained a steady rate since the start of the new year.
- Stress about catching or becoming seriously ill from Covid-19 is similar to what it was in the autumn but has been decreasing since late December. Worries about accessing sufficient food have slightly decreased in the past several weeks but are still affecting approximately 1 in 10 people.
- Although mental health is worse than during the summer, there are some signs of improvement. Happiness and life satisfaction levels have increased over the last several weeks but remain at levels similar to those of the late spring of 2020 when lockdown restrictions had eased. There is also some indication that the previously recorded increases in depression and anxiety are stabilising, with possible improvements.
- Loneliness levels are still roughly the same as they were during first lockdown, although they appear to have been slightly decreasing over the past several weeks. Loneliness remains highest in people living alone, those with a mental health condition, people with lower household income, and people from ethnic minority backgrounds.

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 (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).

Compliance has stayed consistently high since the start of the year as new lockdowns were announced 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 been reported by around 3 in 5 people since the start of the new year. Across demographic groups, patterns of complete compliance remain as they were for the last few months, with compliance lower in higher income households, amongst young adults, amongst keyworkers, in urban areas, amongst men, amongst those in ethnic minority groups¹, and amongst people in good physical health.

Majority compliance continues to be reported by around 96% of people, 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 to maximise sample size.

Figure 2a Complete compliance by age groups

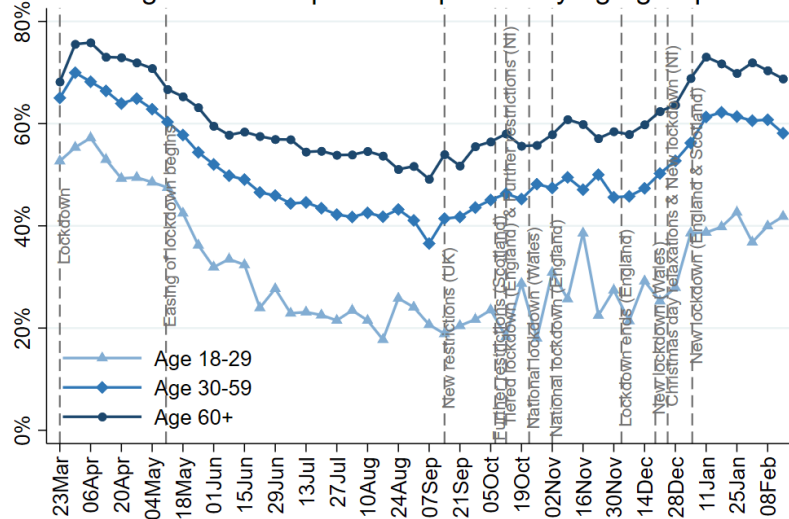


Figure 2b Complete compliance by living arrangement

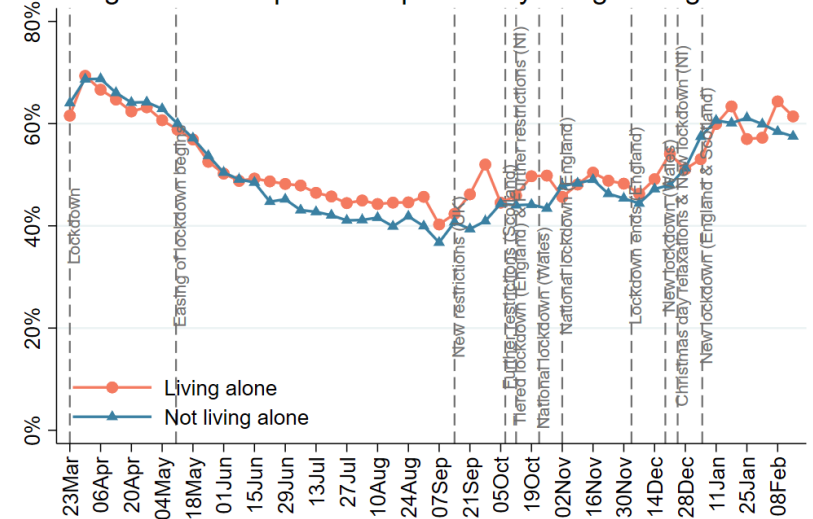


Figure 2c Complete compliance by household income

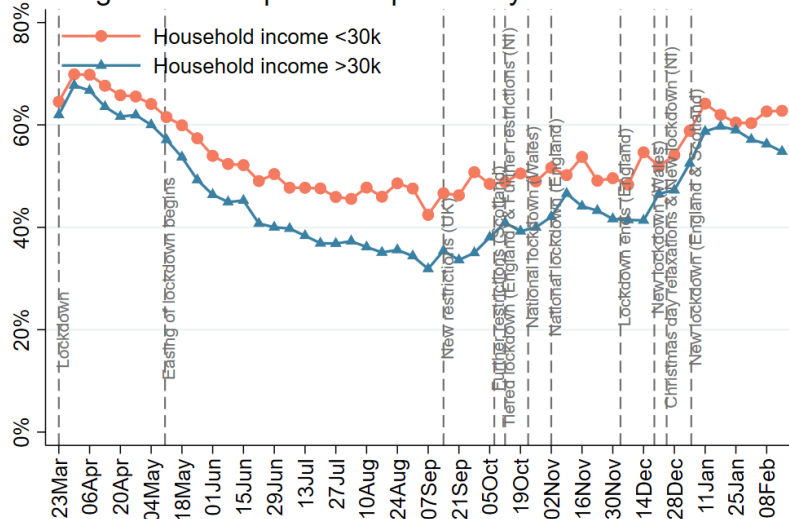


Figure 2d Complete compliance by mental health

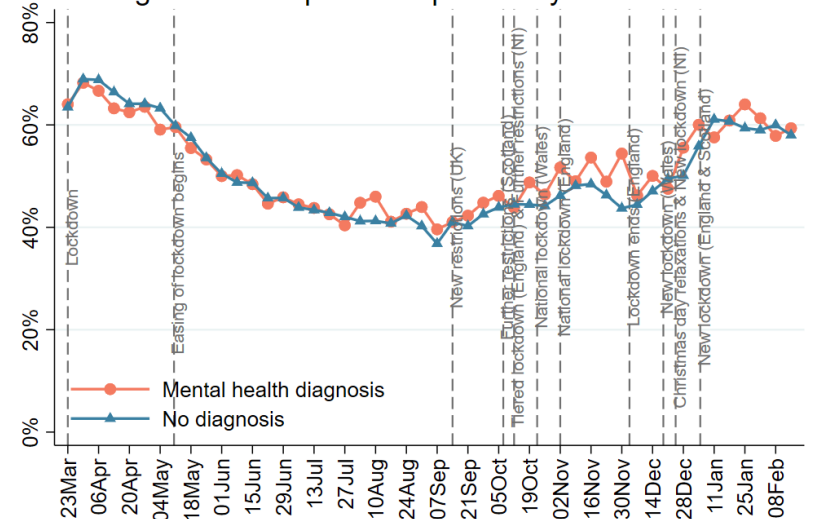


Figure 2e Complete compliance by nations

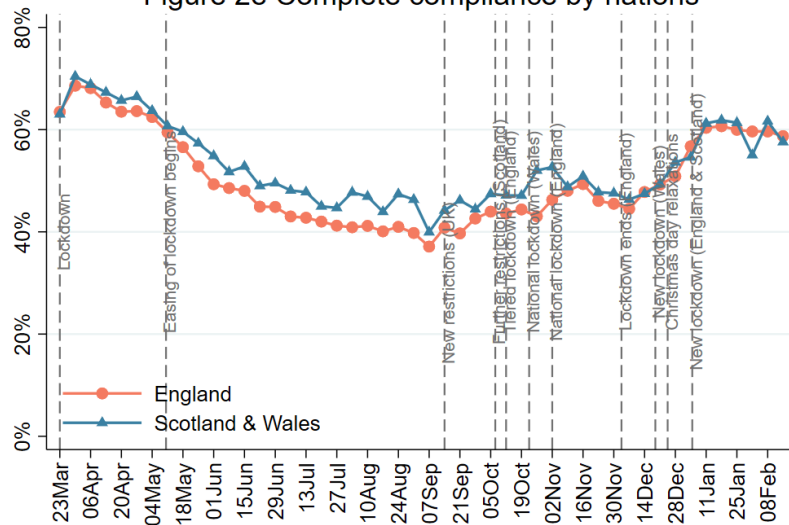


Figure 2f Complete compliance by keyworker status

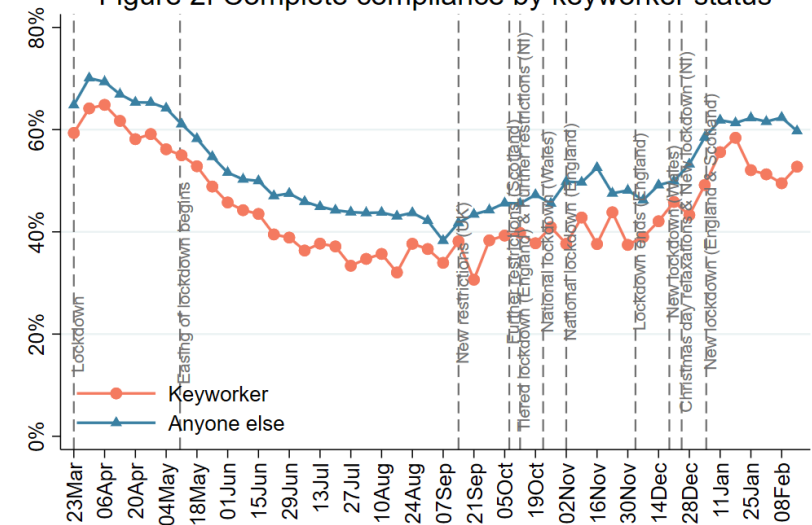


Figure 2g Complete compliance by living with children

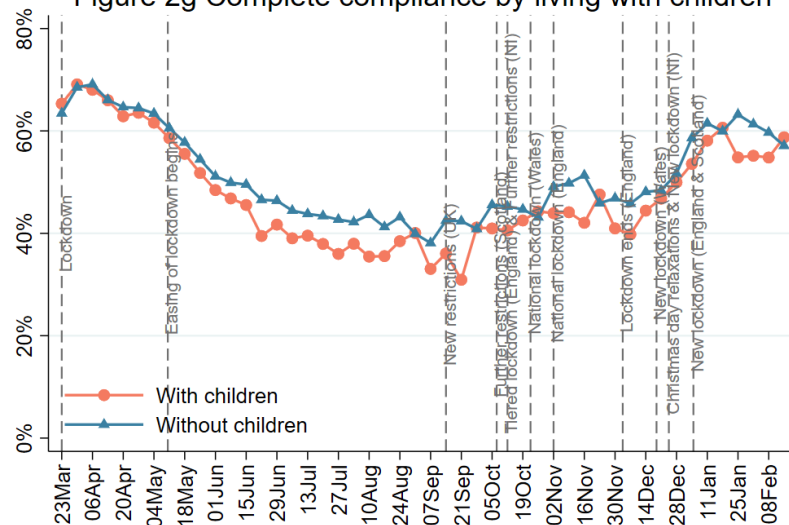


Figure 2h Complete compliance by living area

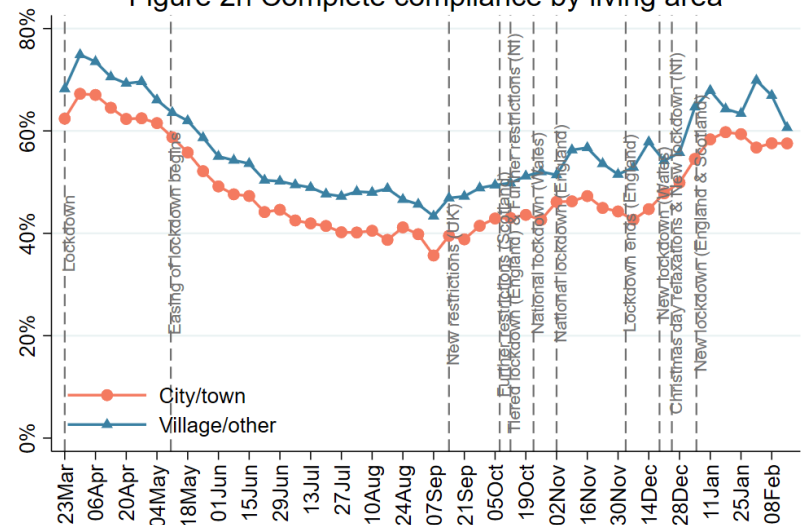


Figure 2i Complete compliance by gender

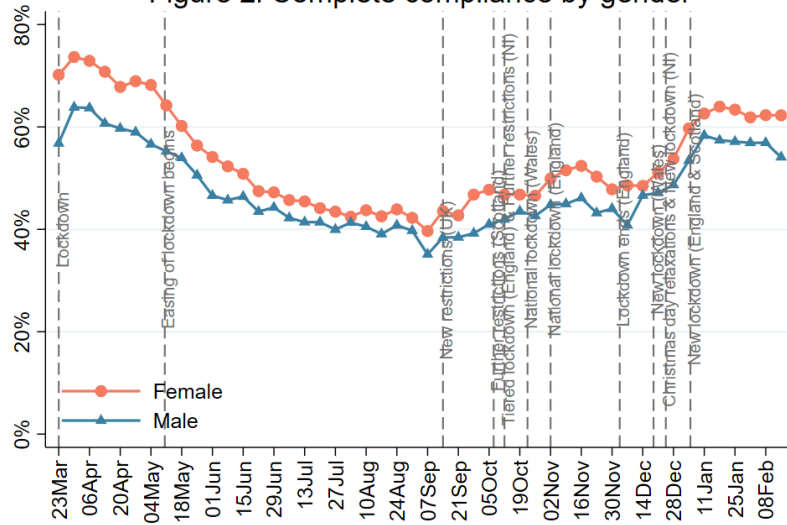


Figure 2j Complete compliance by ethnicity

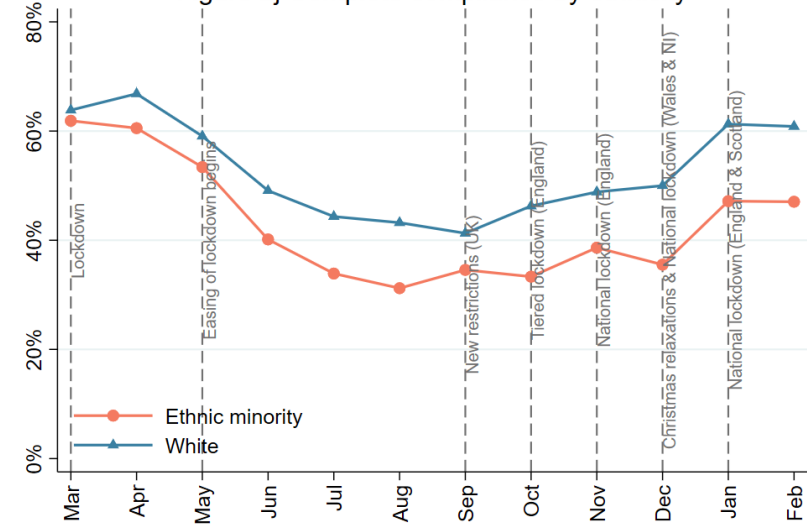


Figure 2k Complete compliance by educational levels

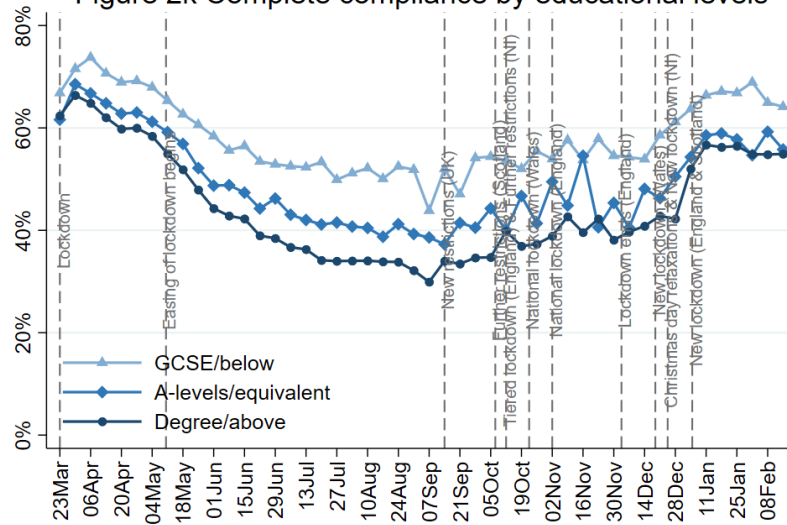
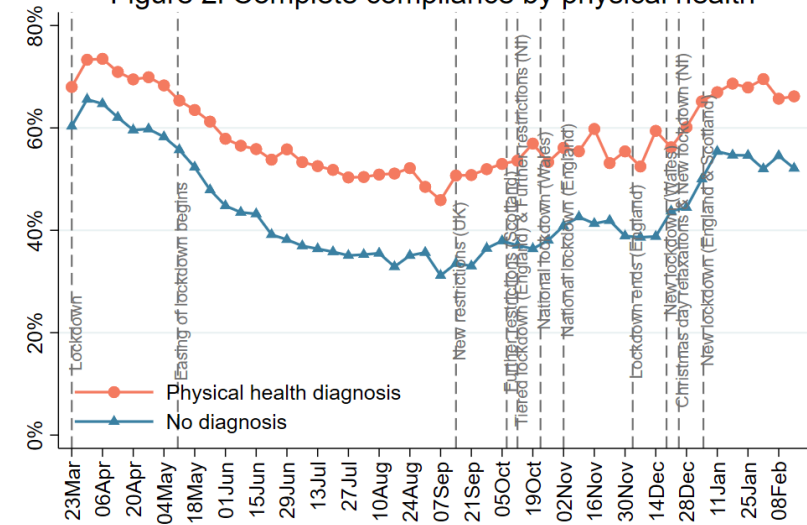
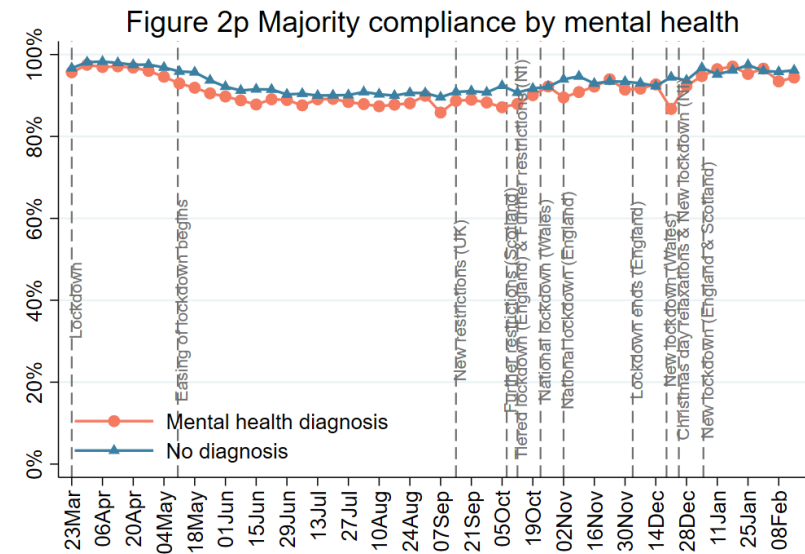
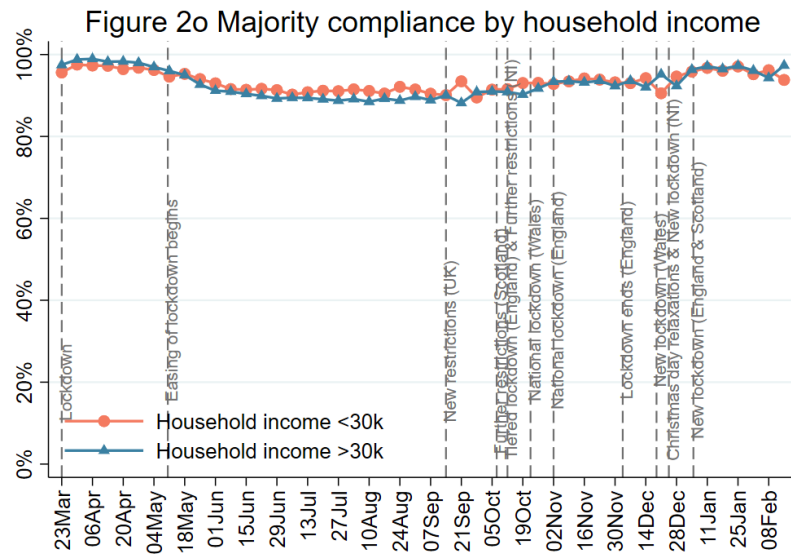
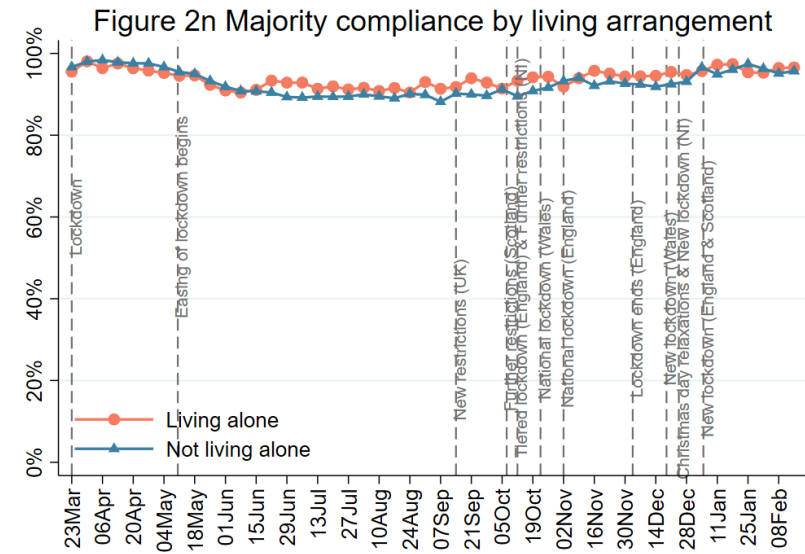
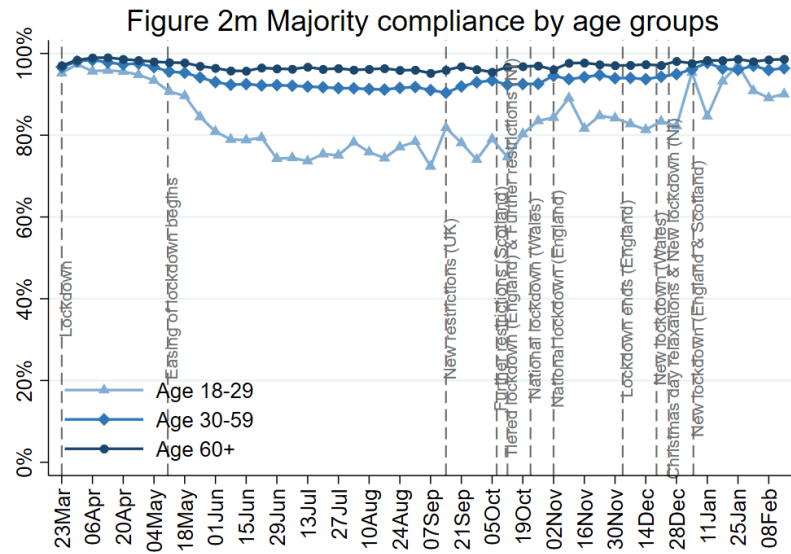
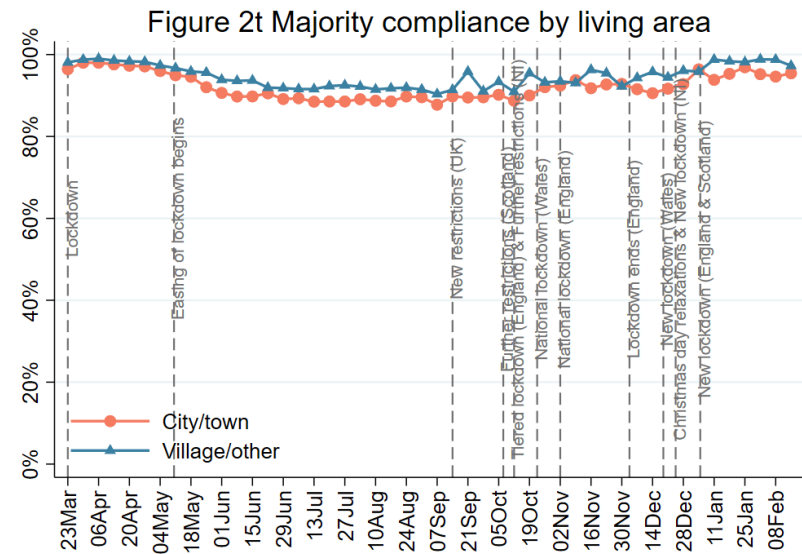
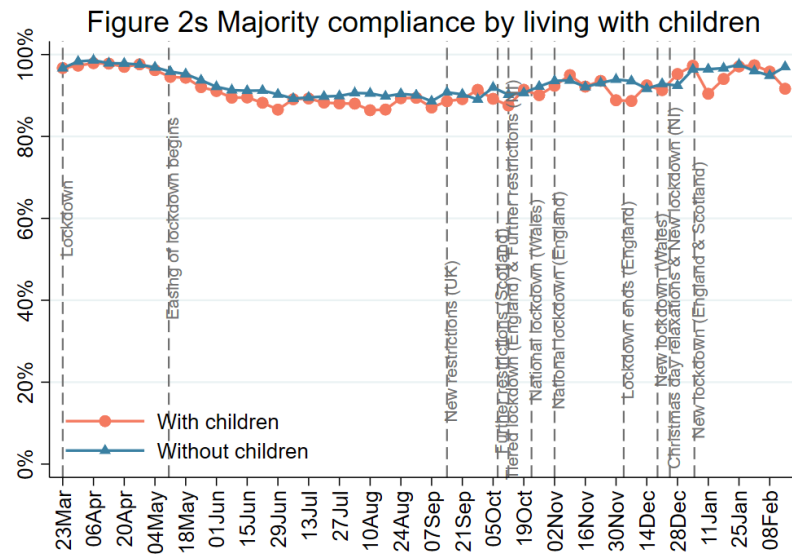
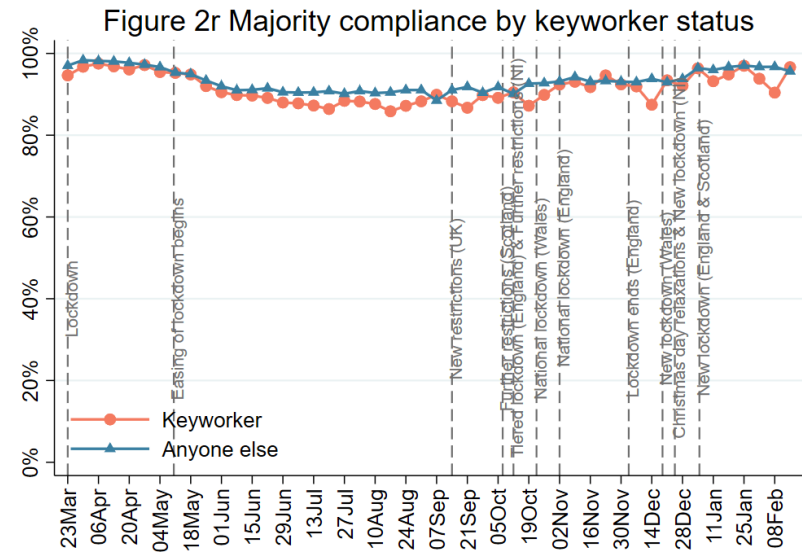
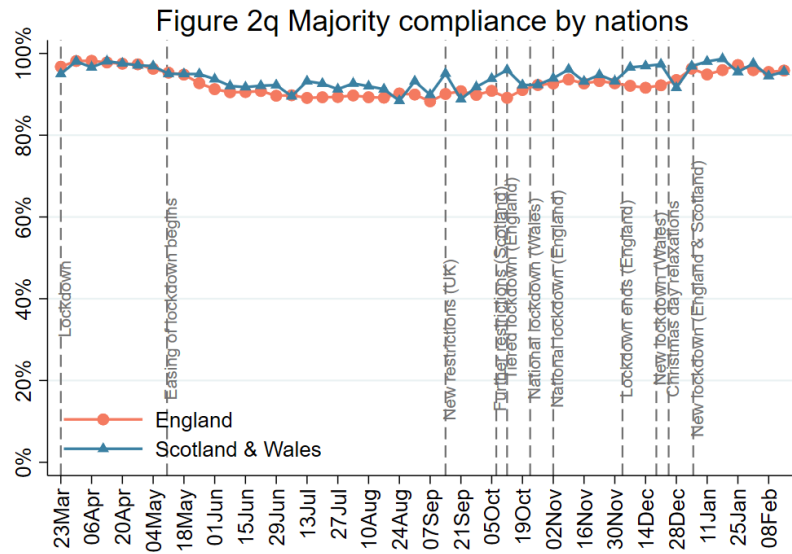
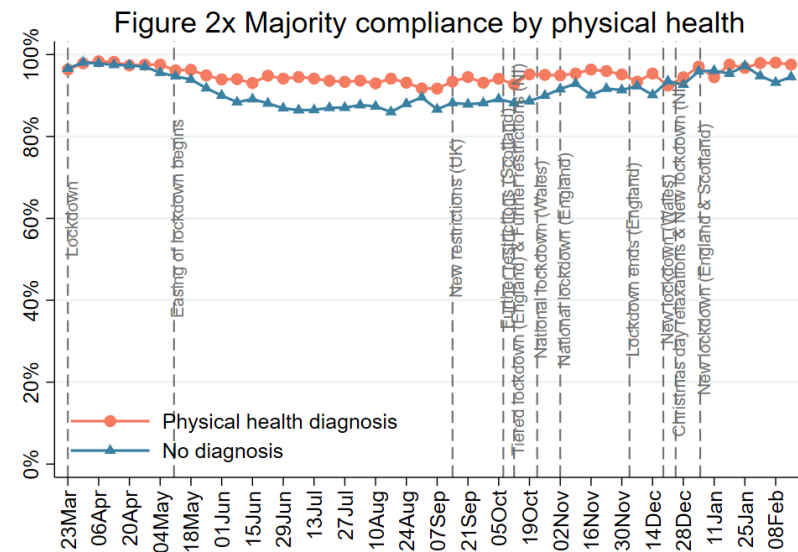
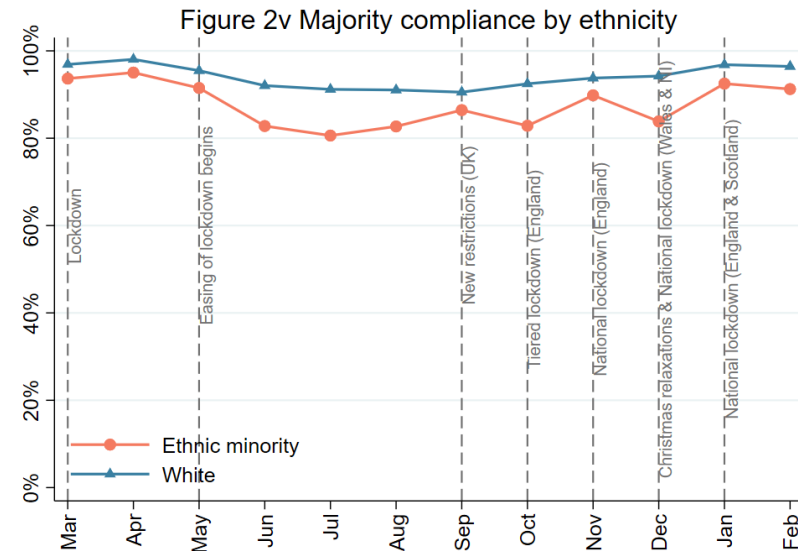
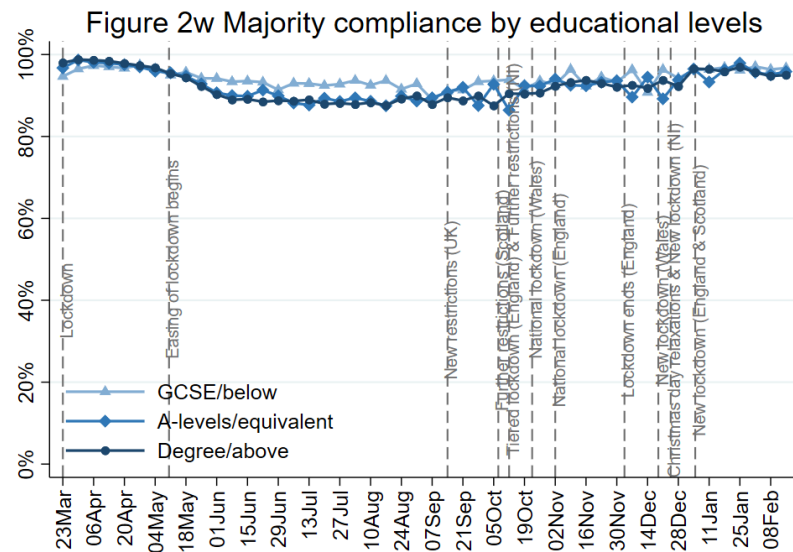
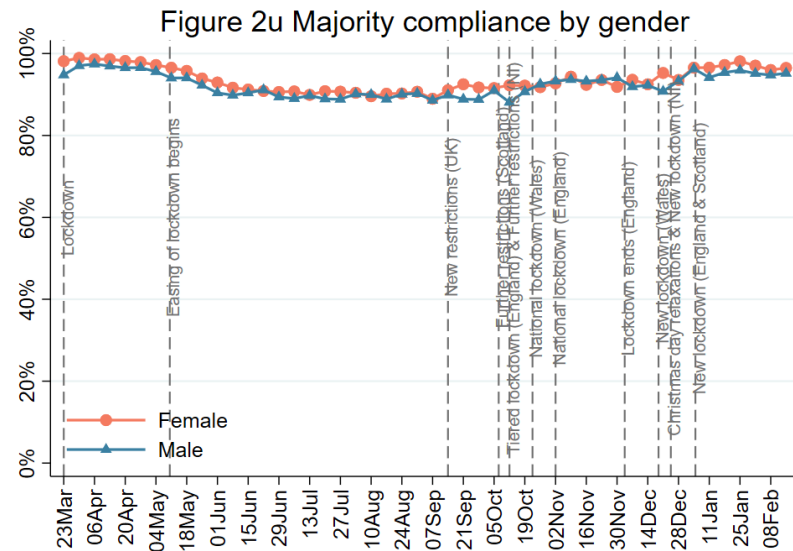


Figure 2l Complete compliance by physical health

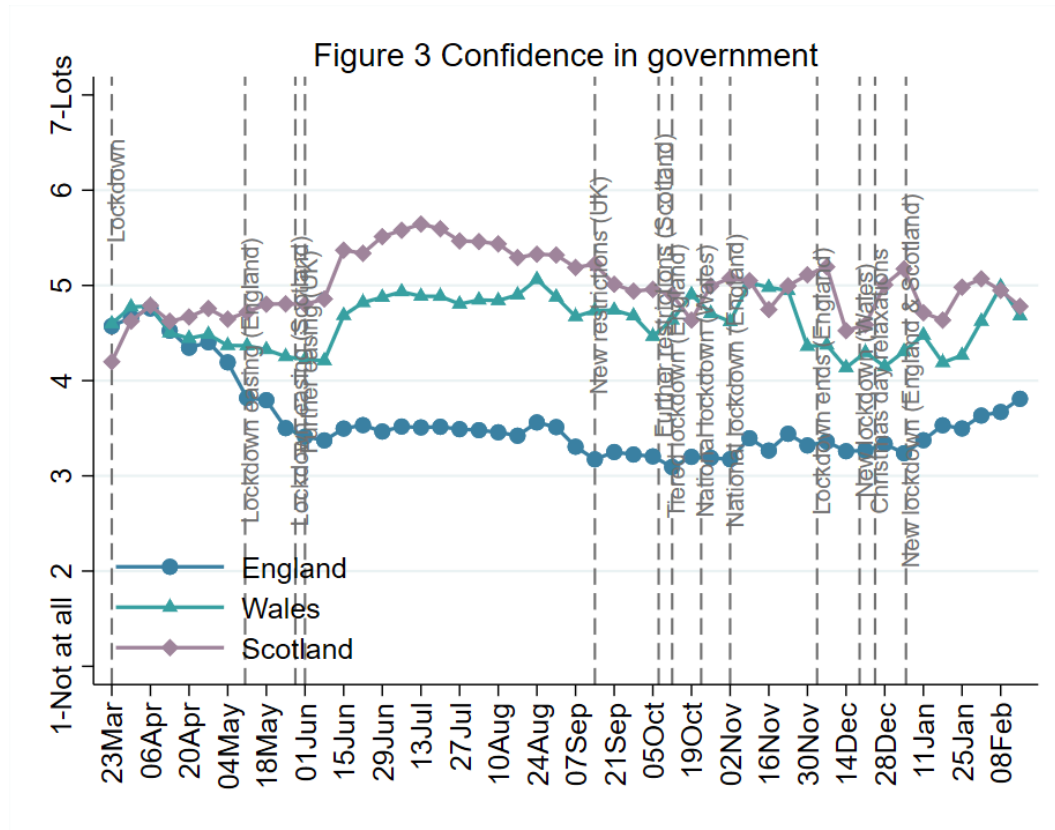








1.2 Confidence in government



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 increased since the start of the year in England. Whilst levels remain lower in England than devolved nations, they are now back to levels recorded in mid-May 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 (further separate analyses are focusing on subgroups in devolved nations). 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, 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.

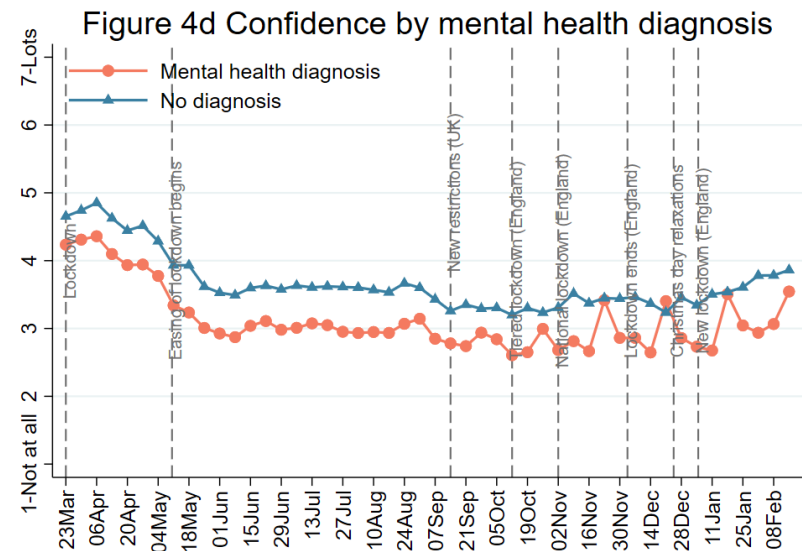
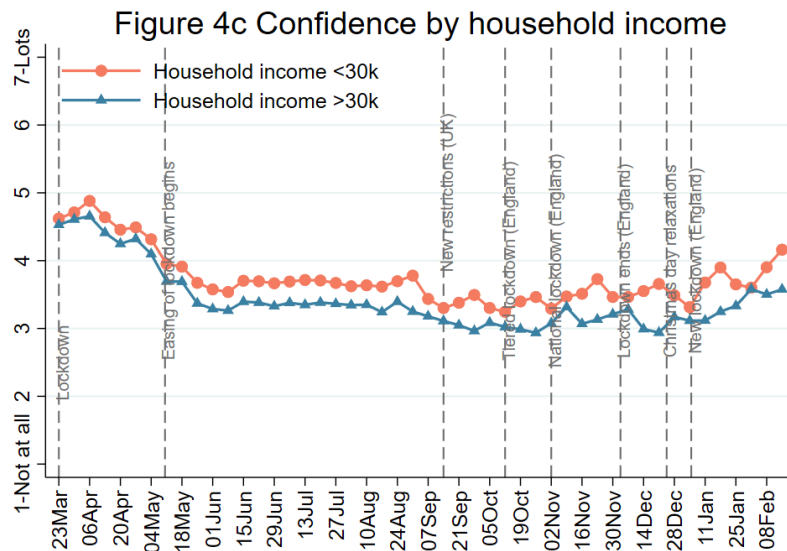
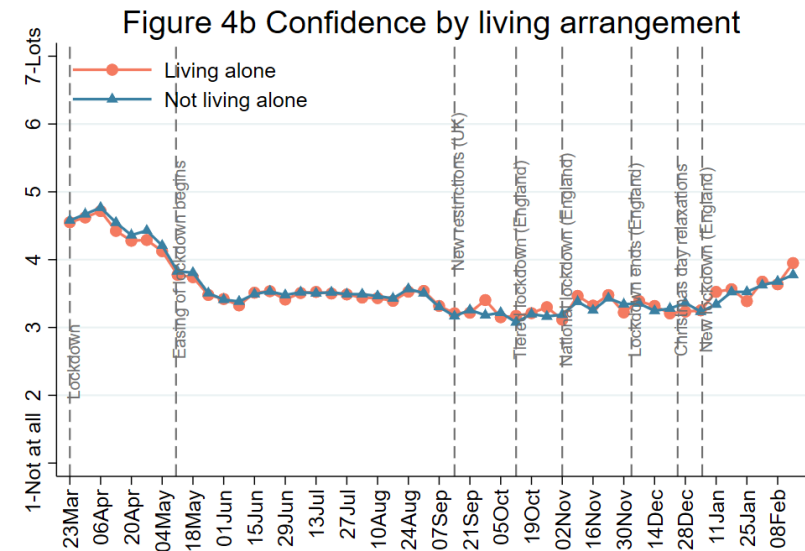
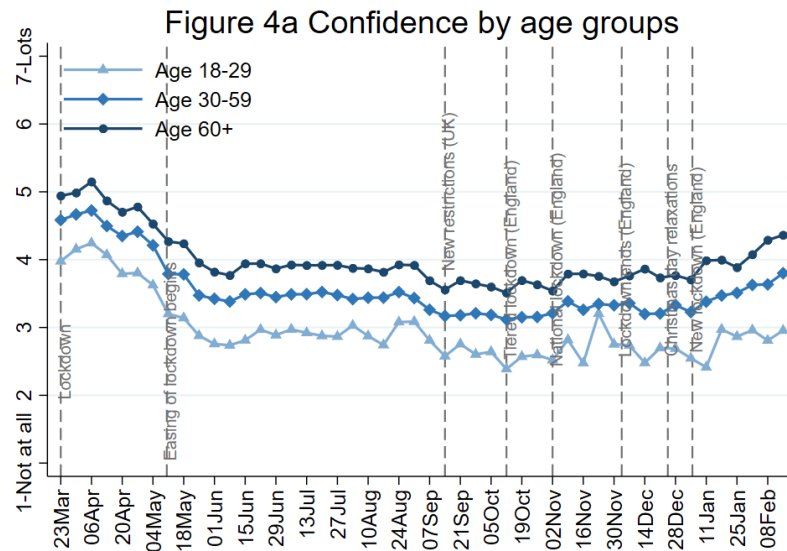


Figure 4e Confidence by nations

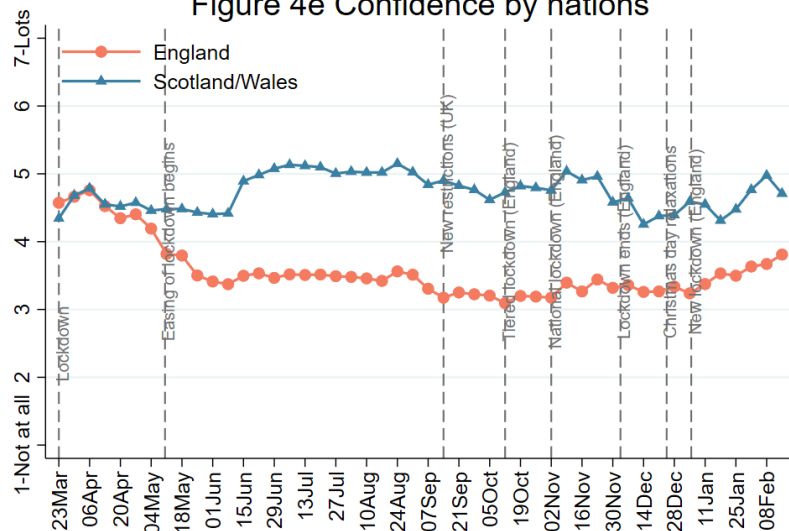


Figure 4f Confidence by keyworker status

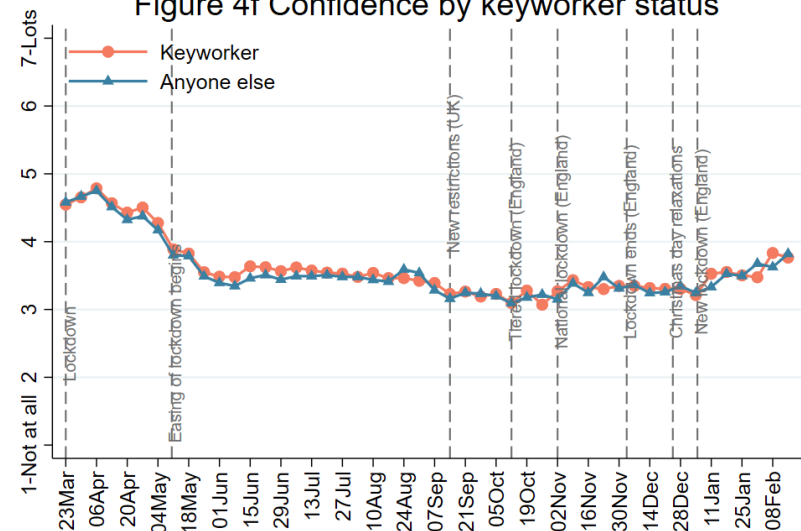


Figure 4g Confidence by living with children

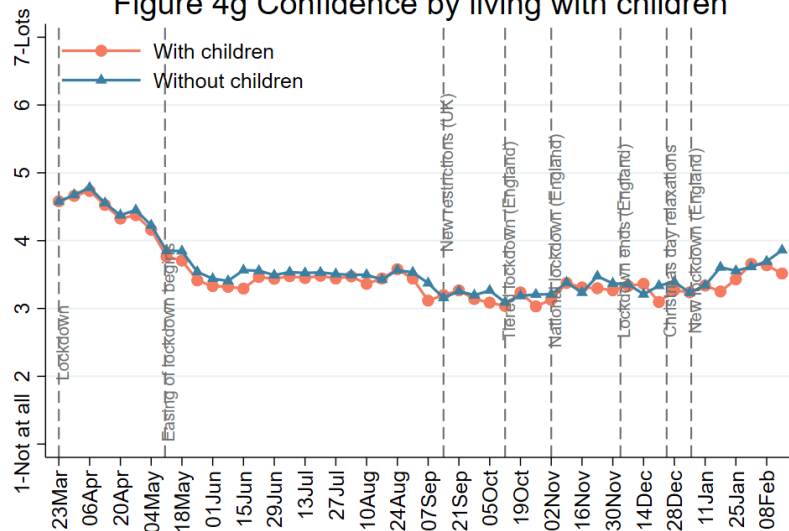
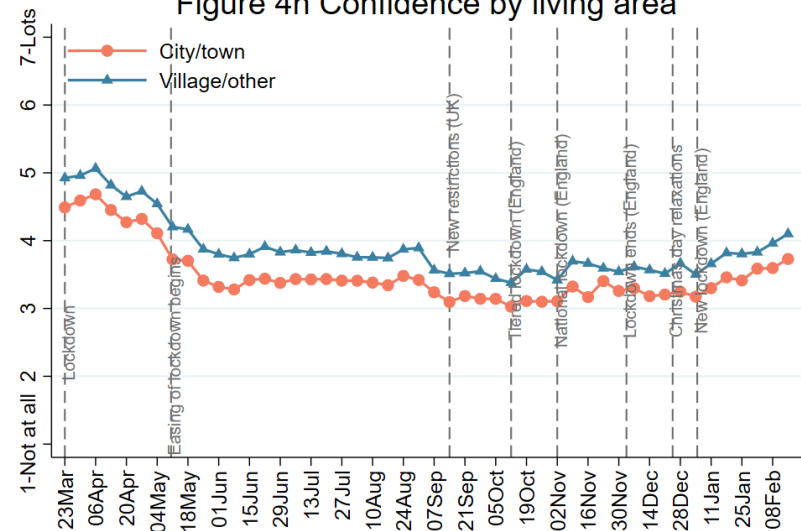
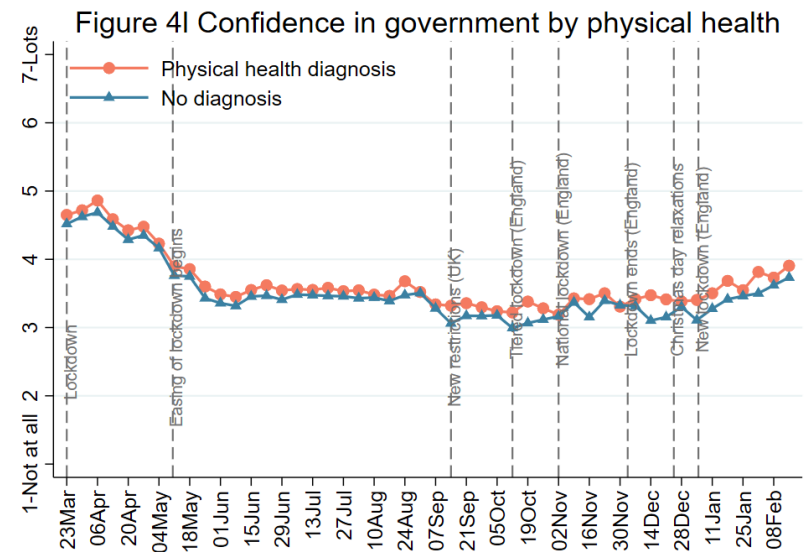
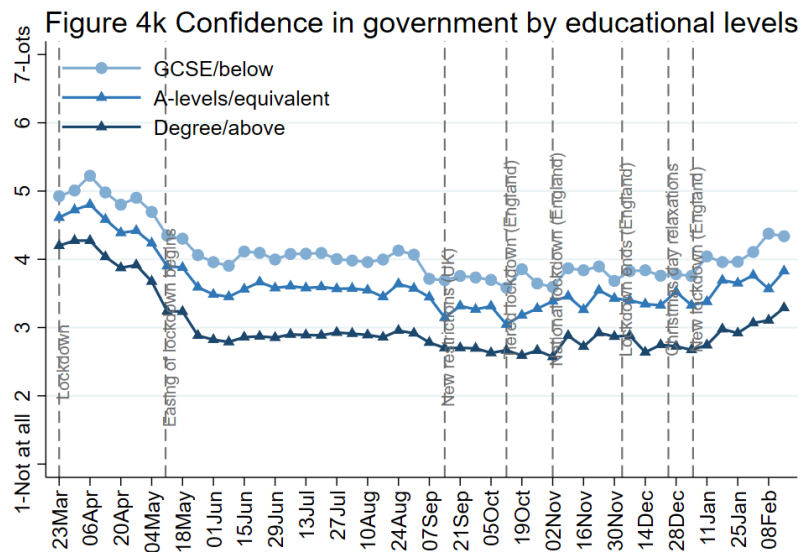
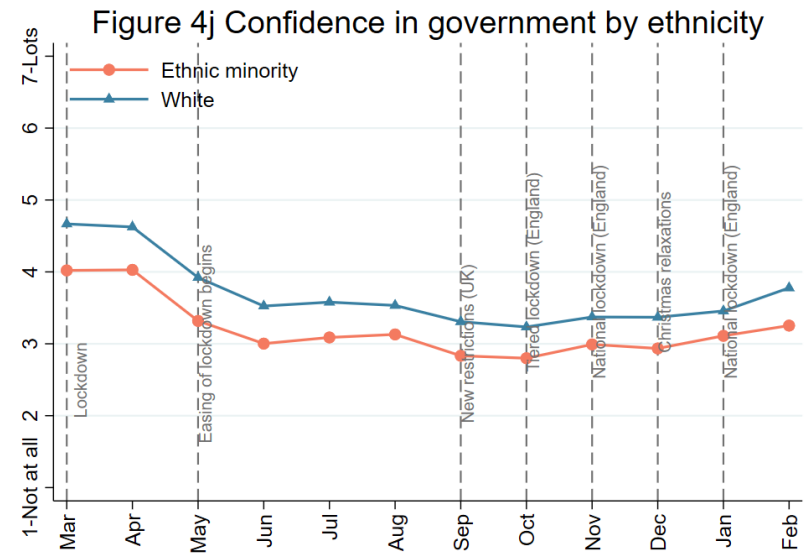
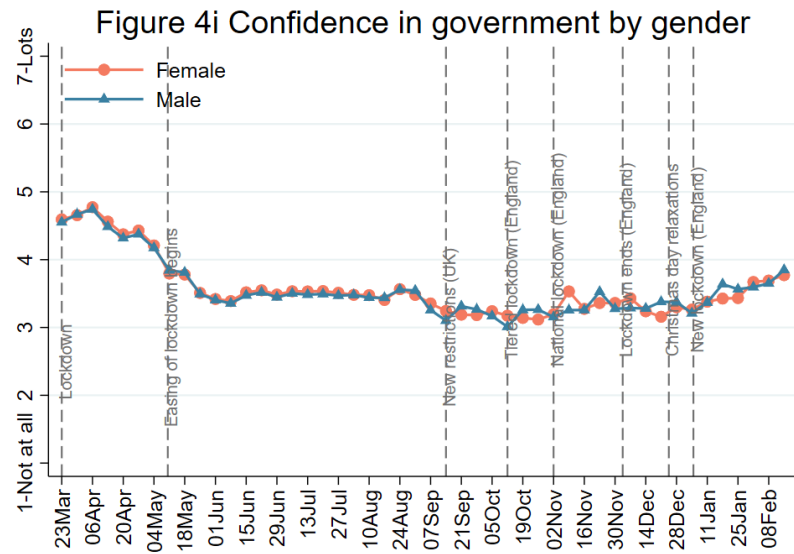


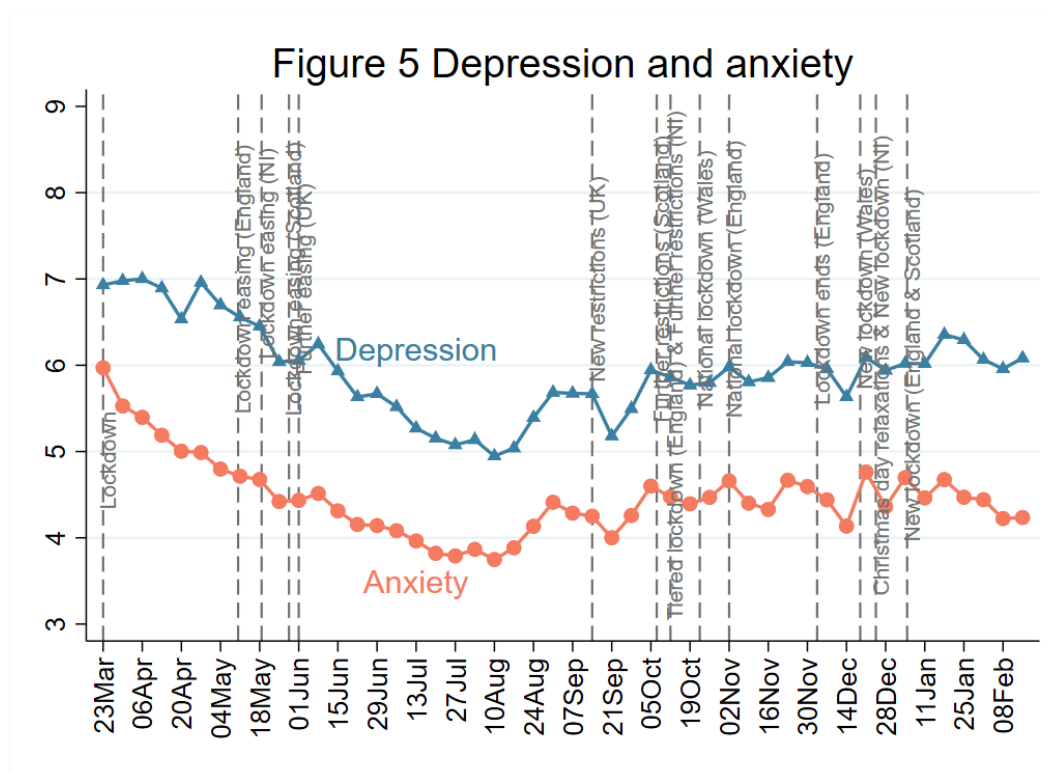
Figure 4h Confidence by living area





2. Mental Health

2.1 Depression and anxiety



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

There is some indication that the rises recorded in anxiety and depression levels since the end of the summer may be stabilising and anxiety levels may be beginning to decline. 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 depression³).

Depression and anxiety are still highest in young adults, women, people with lower household income, people with a long-term physical health condition, people from ethnic minority backgrounds, and people living with children. People with a diagnosed mental illness have still been reporting higher levels of depression and anxiety symptoms (as might be expected), especially since the latest lockdown was announced (see Figures 6 and 7).

³ 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

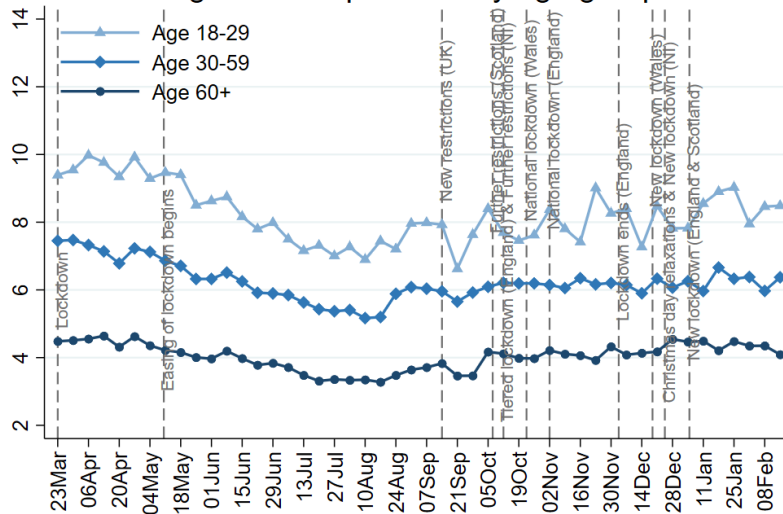


Figure 6b Depression by living arrangement

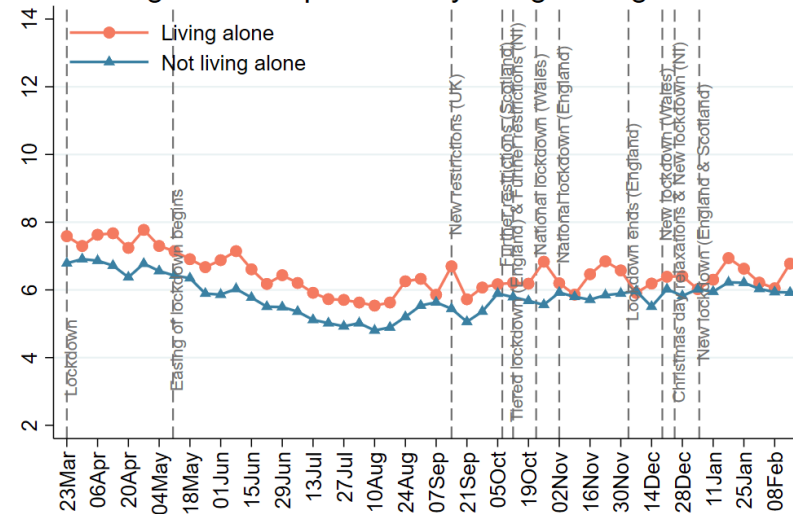


Figure 6c Depression by household income

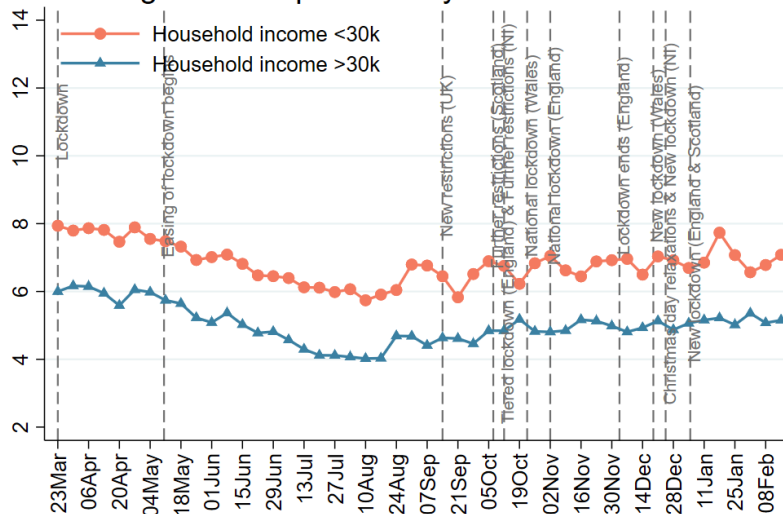


Figure 6d Depression by mental health diagnosis

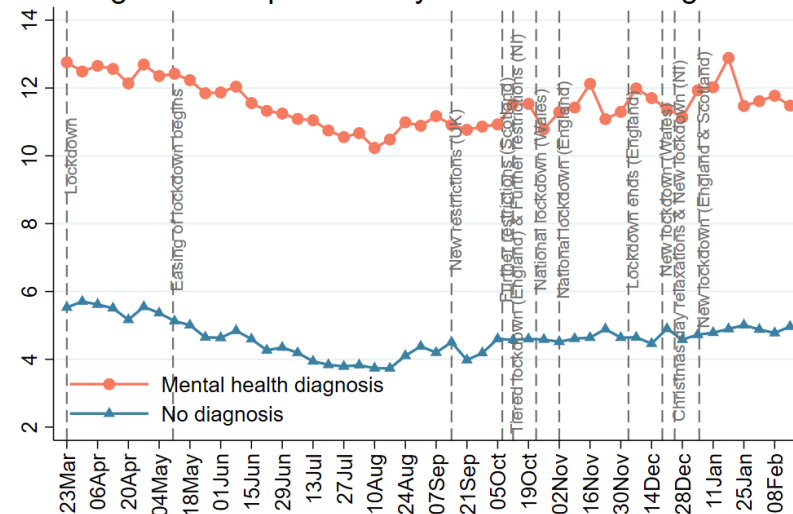


Figure 6e Depression by nations

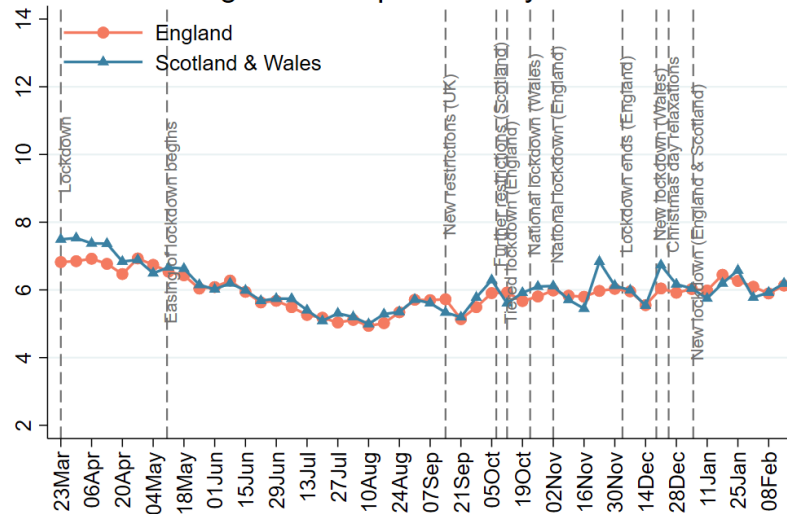


Figure 6f Depression by keyworker status

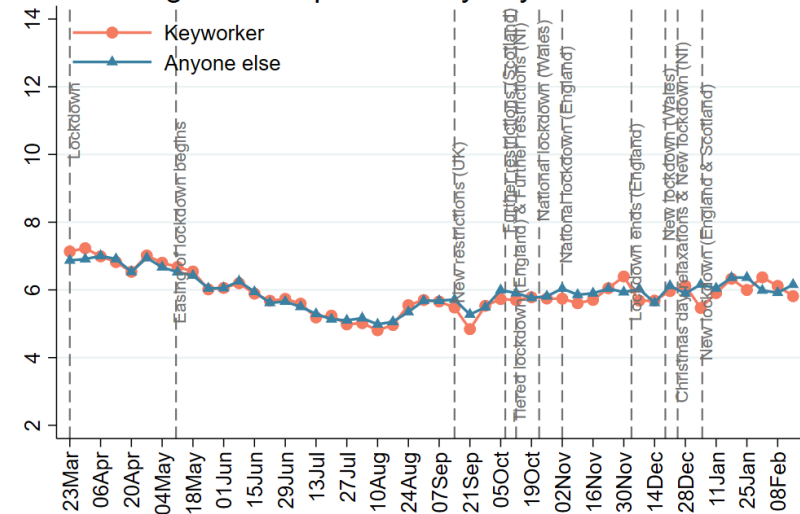


Figure 6g Depression by living with children

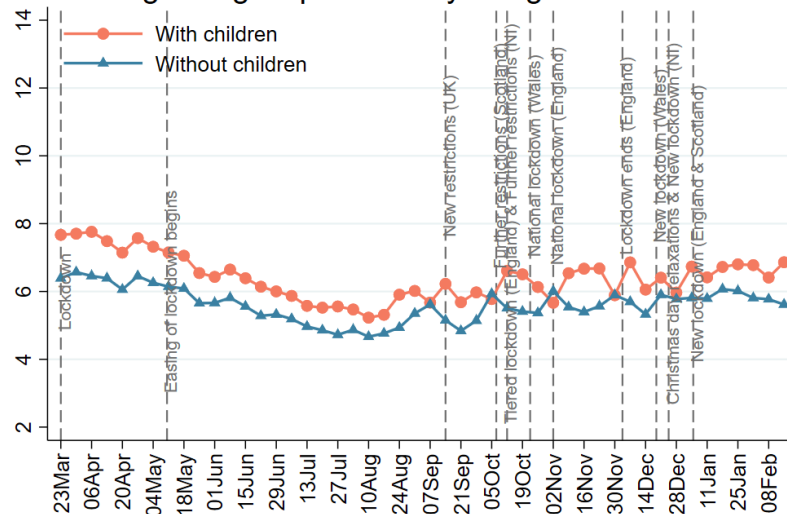


Figure 6h Depression by living area

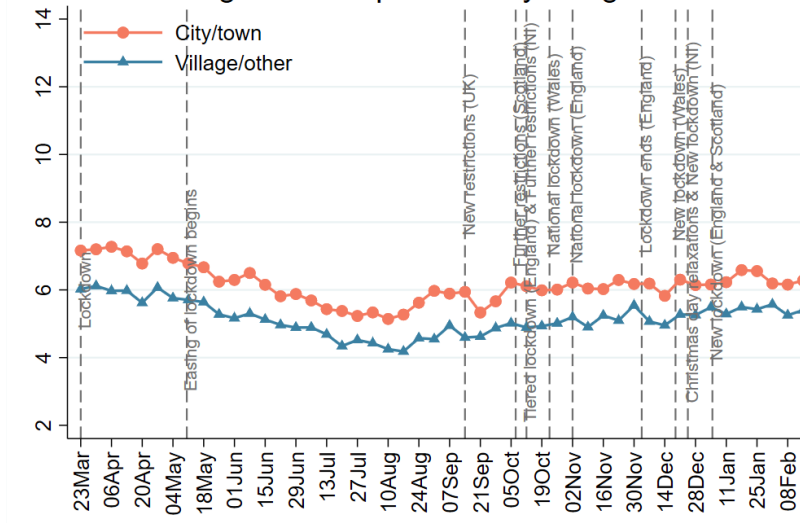


Figure 6i Depression by gender

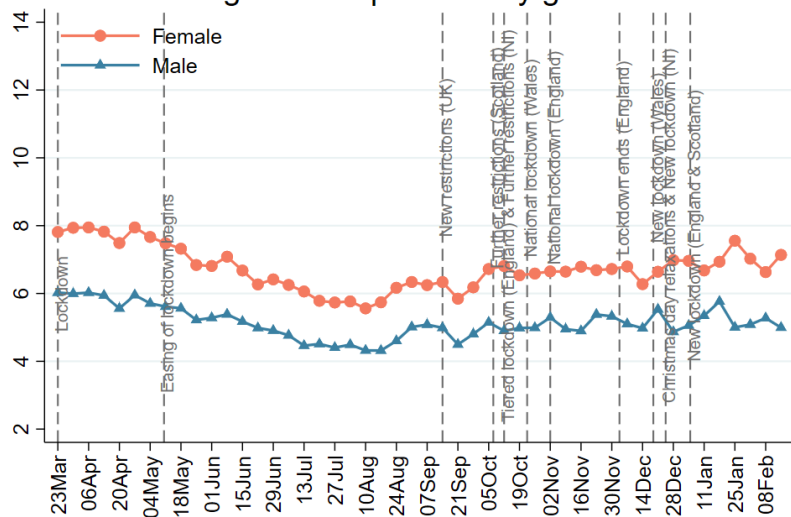


Figure 6j Depression by ethnicity

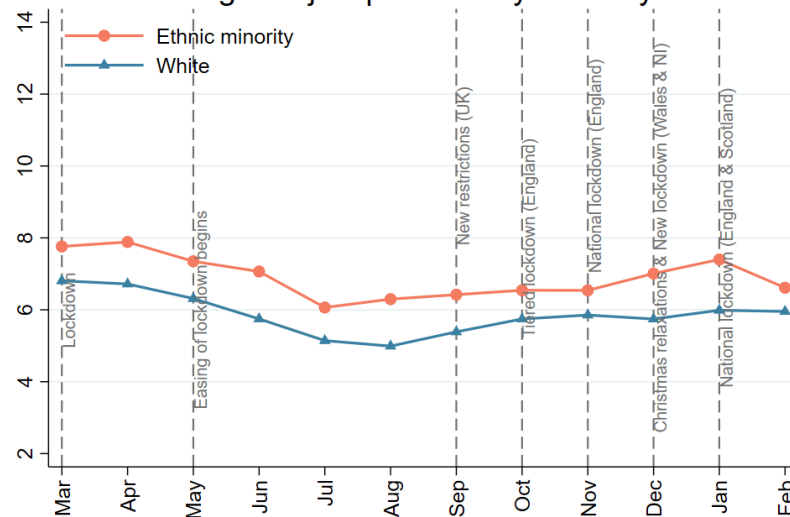


Figure 6k Depression by educational levels

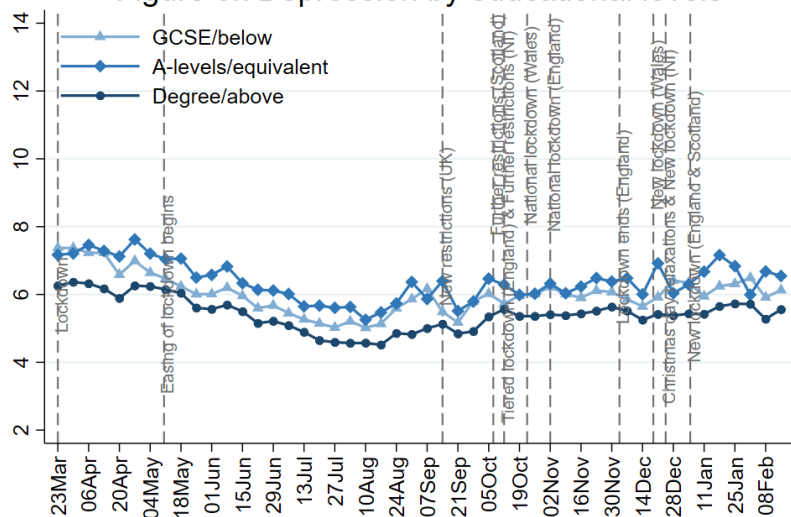


Figure 6l Depression by physical health diagnosis

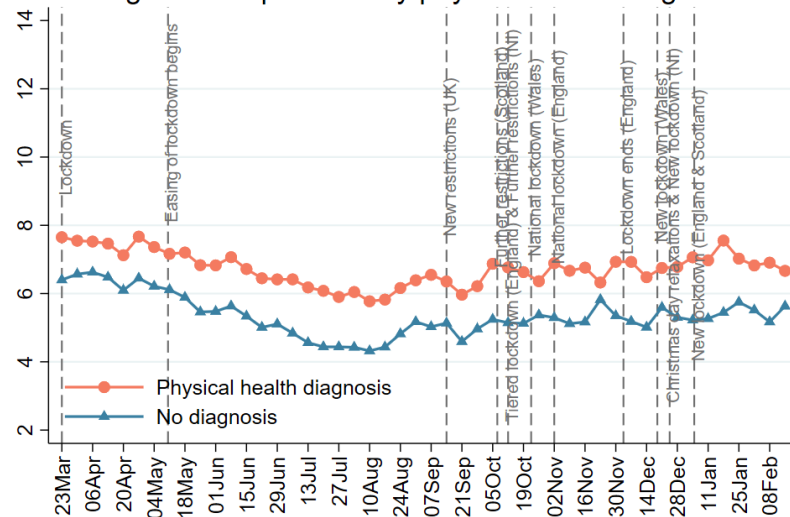


Figure 7a Anxiety by age groups

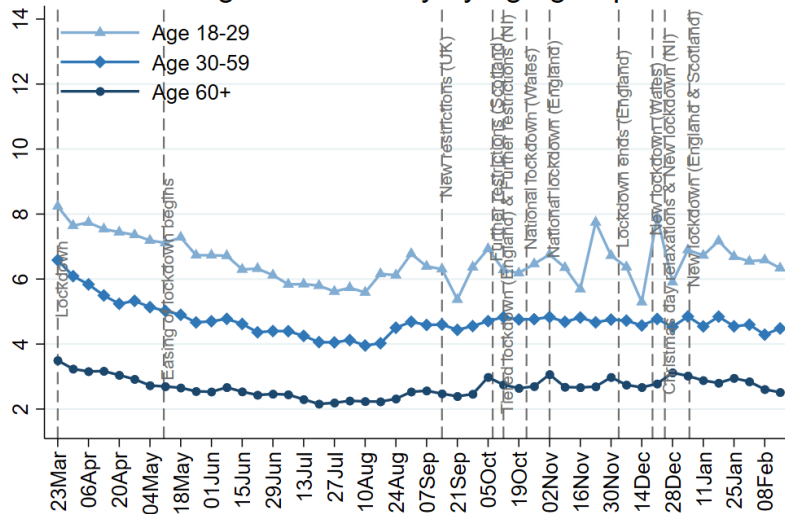


Figure 7b Anxiety by living arrangement

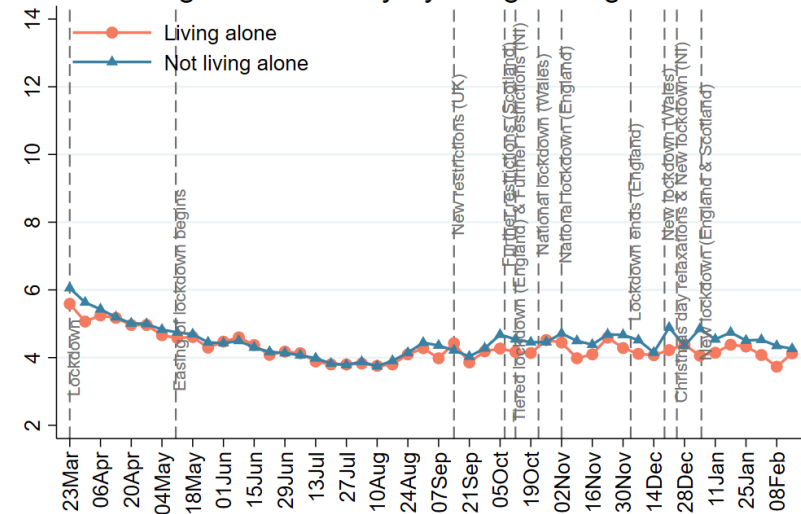


Figure 7c Anxiety by household income

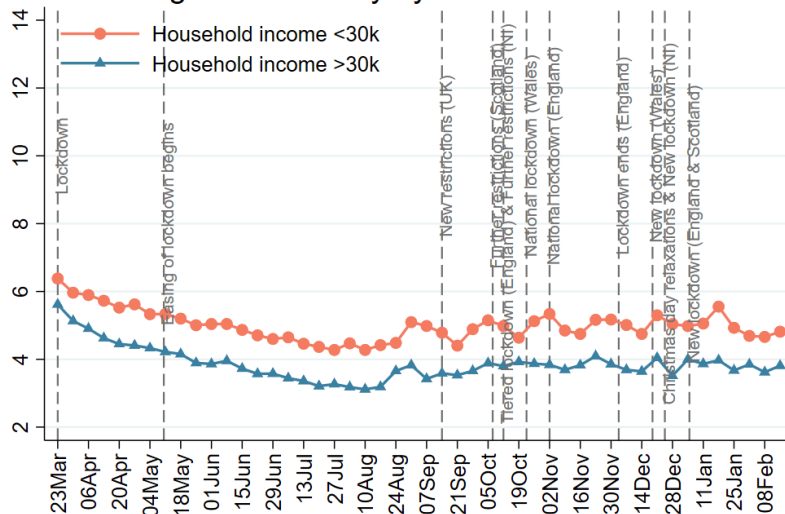


Figure 7d Anxiety by mental health diagnosis

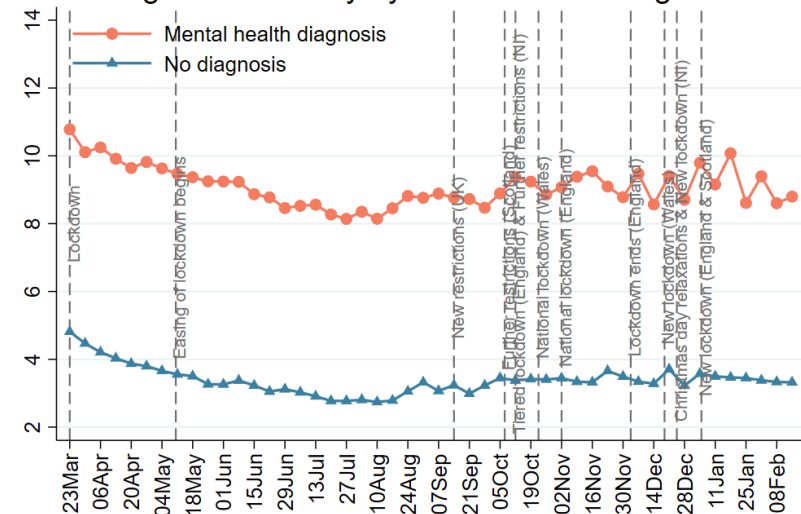


Figure 7e Anxiety by nations

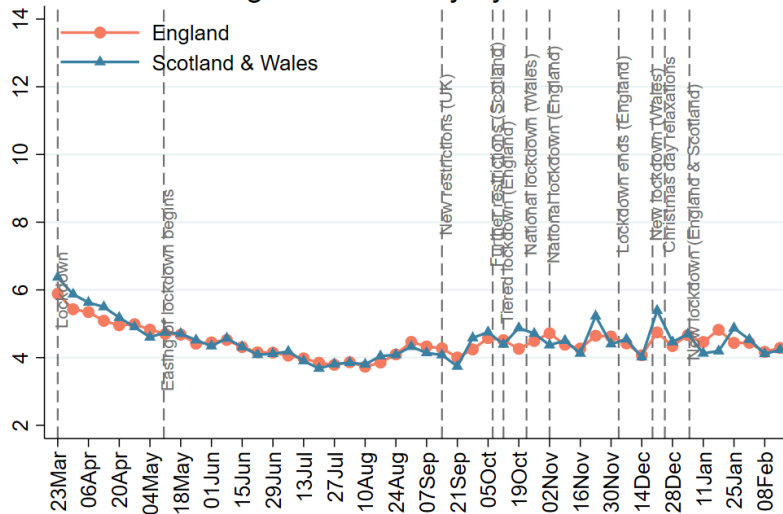


Figure 7f Anxiety by keyworker status

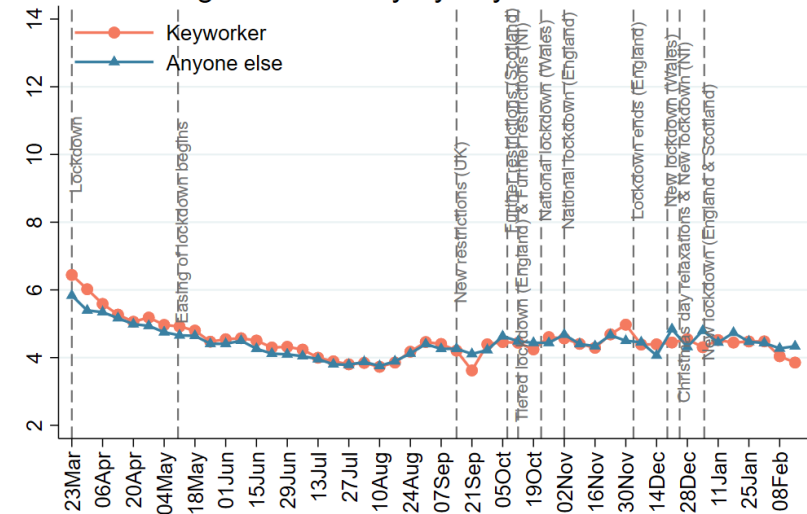


Figure 7g Anxiety by living with children

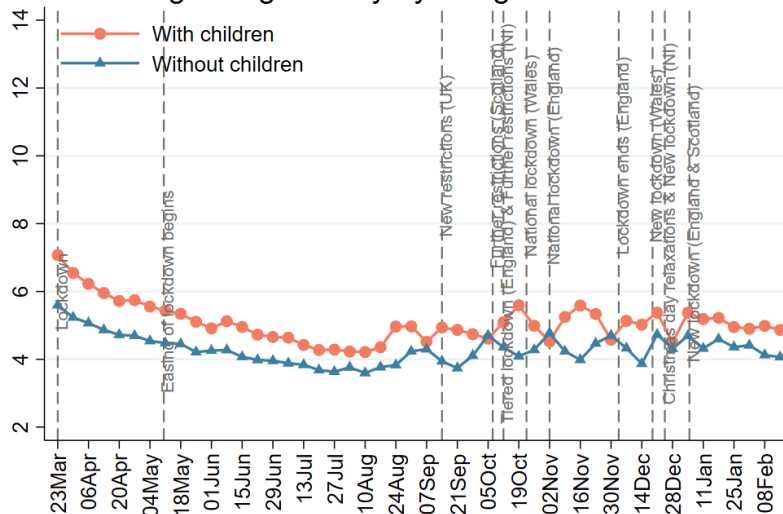
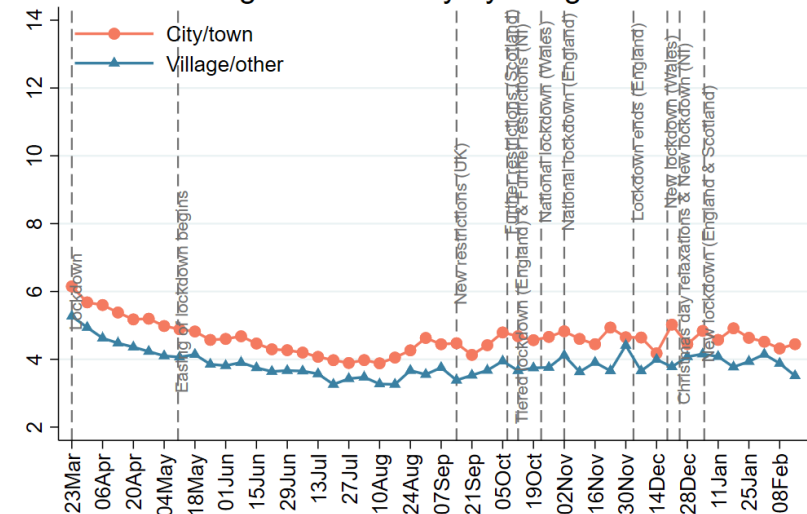
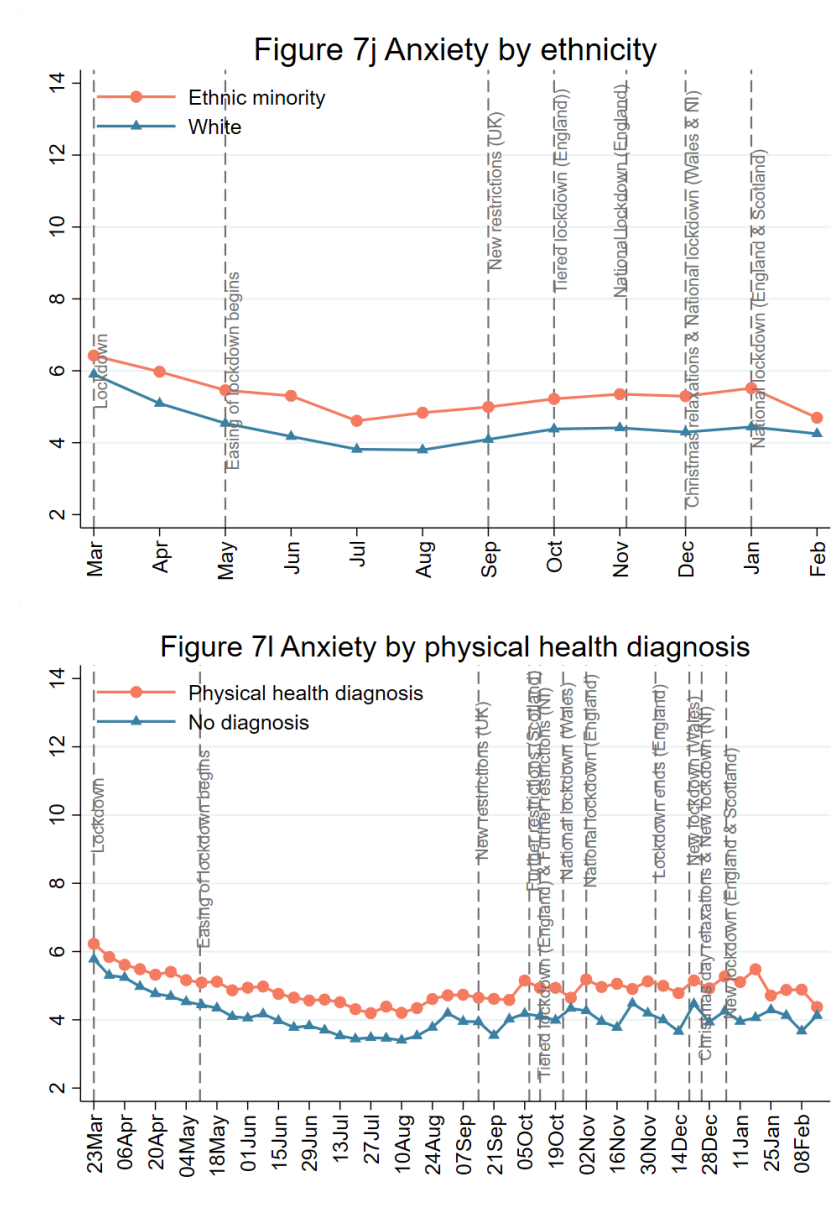
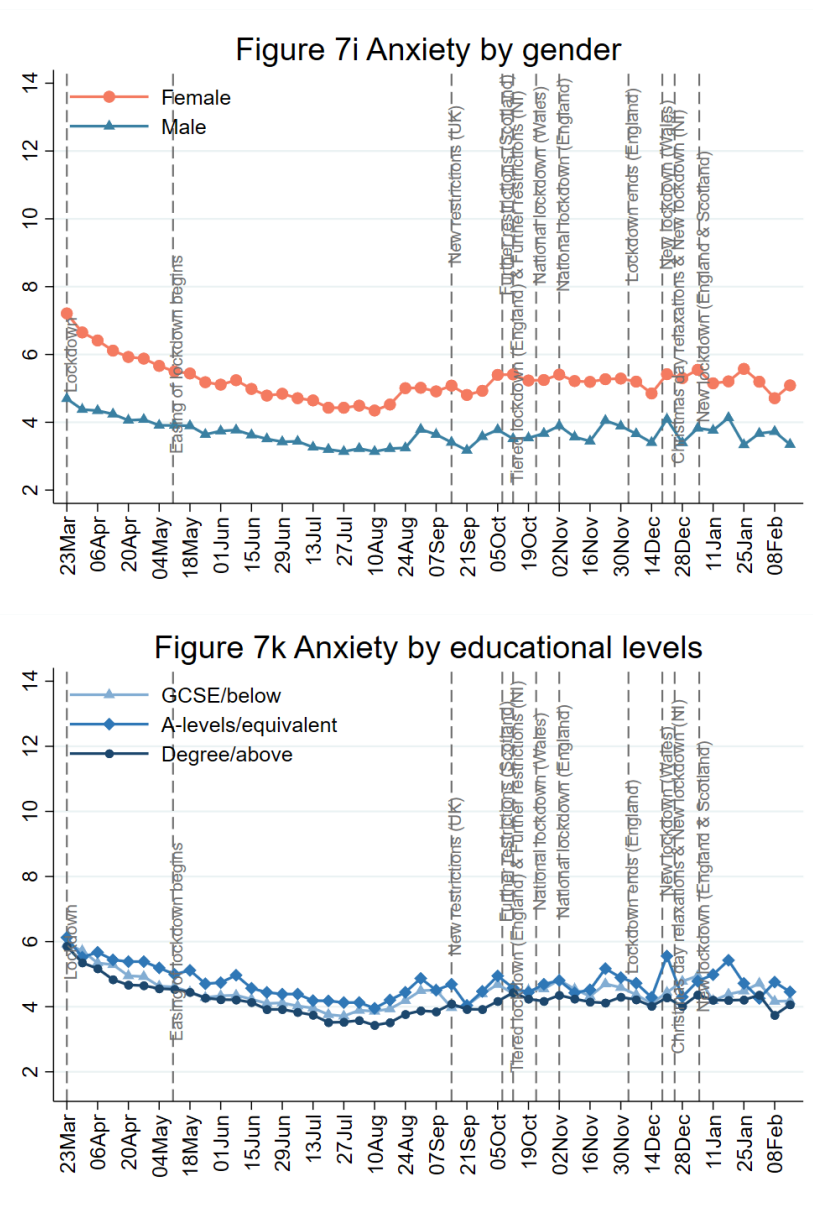
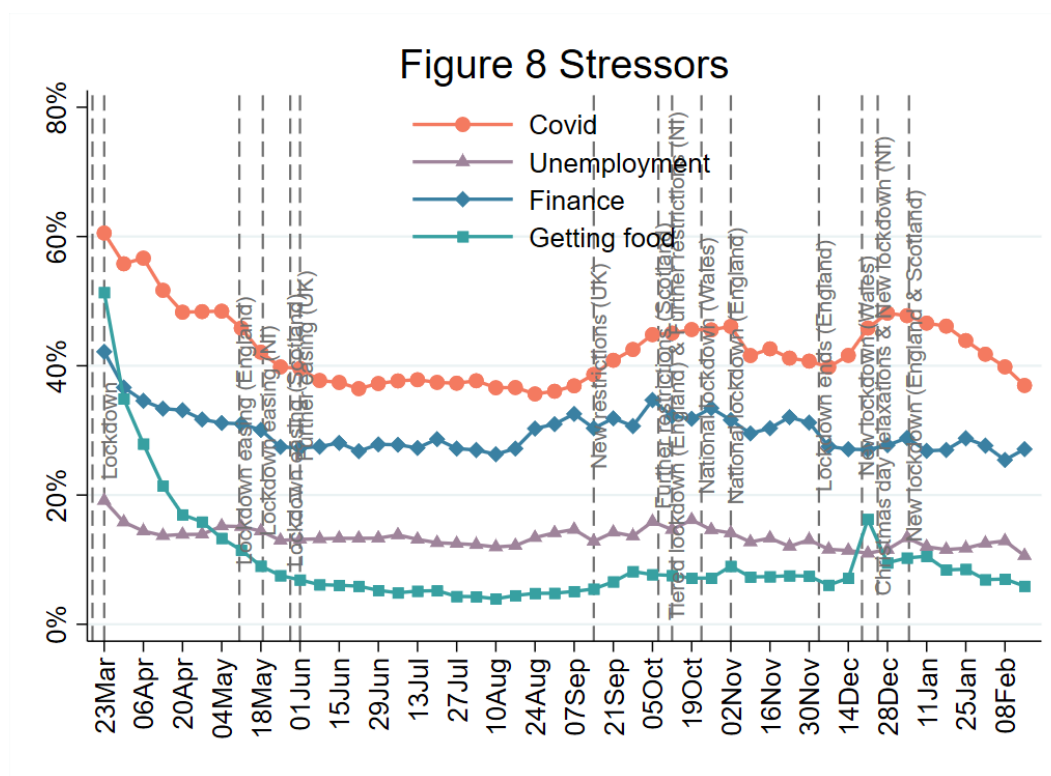


Figure 7h Anxiety by living area





2.2 Stress



FINDINGS

We asked participants to report which factors were causing them 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).

Although stress about catching Covid-19 or becoming seriously ill from it is similar to what it was in the autumn, it has decreased substantially since the start of the year with just under 40% of people reporting being worried. This decrease has followed the increase that was seen after the news of the new more contagious variant at the end of last year. When separated by age group, however, these decreases were only seen in adults aged 30-59 years and 60 years and older, who 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, comparable to their lowest levels of around 1 in 4 people over the summer. Worries about unemployment remain relatively low, concerning just 1 in 8 people. Worries about accessing food have slightly decreased in the past several weeks, affecting approximately 1 in 10 people; comparable to when lockdown easing began in May 2020.

People with diagnosed mental illness have been more worried about all factors. But stressors in other demographic groups have varied. Specifically in relation to worries about Covid-19, these levels are highest in adults over the age of 30, women, and people with diagnosed physical health conditions, but have been decreasing across these groups in the last weeks.

Concerns about unemployment and finances remain highest amongst adults of working age and are comparable to their levels in the summer. Unemployment and financial stress are still higher in those living with children. Most groups are showing similar concern about accessing food, although these concerns are higher in people with a diagnosed mental health condition and those in ethnic minority groups. People with physical health conditions are also more concerned about accessing food, which may be due to greater concerns about going to supermarkets.

Figure 9a Covid-19 stress by age groups

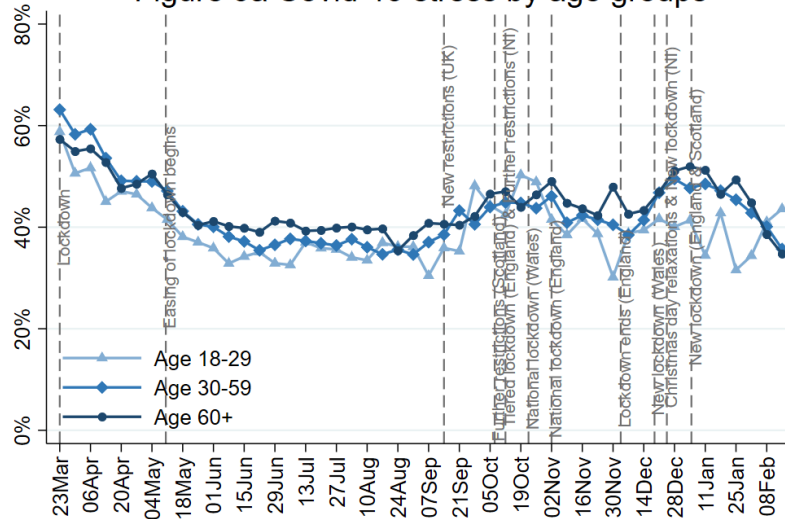


Figure 9b Covid-19 stress by living arrangement

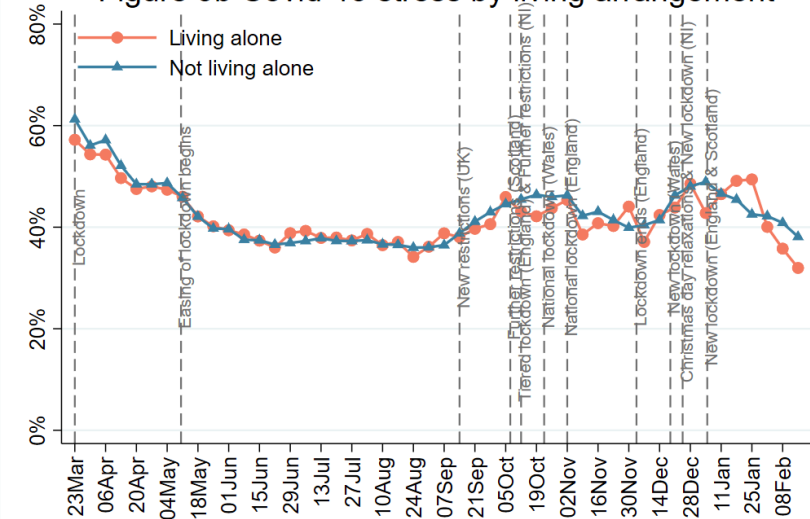


Figure 9c Covid-19 stress by household income

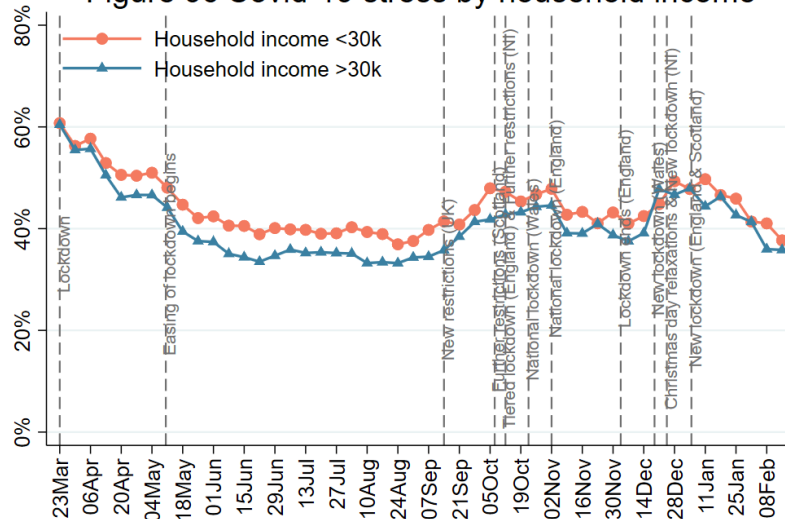


Figure 9d Covid-19 stress by mental health diagnosis

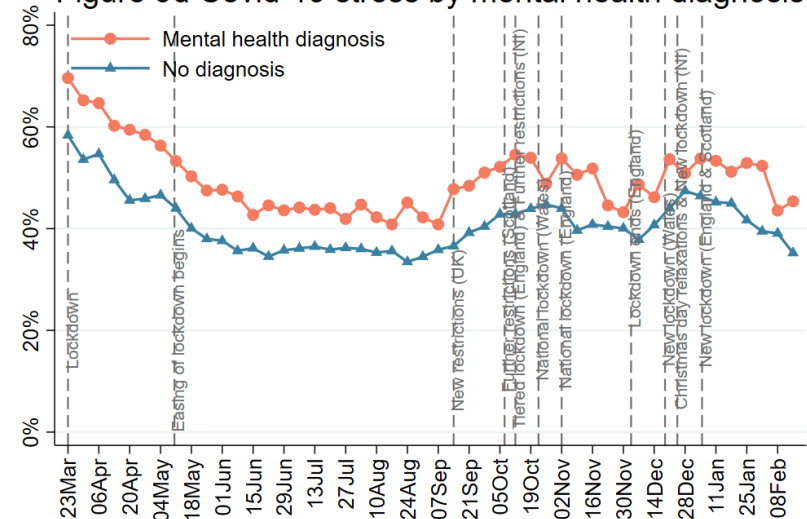


Figure 9e Covid-19 stress by nations

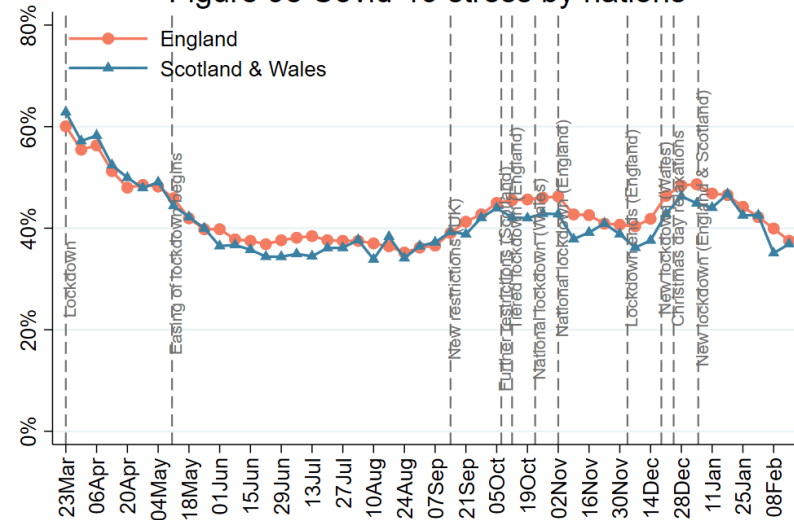


Figure 9f Covid-19 stress by keyworker status

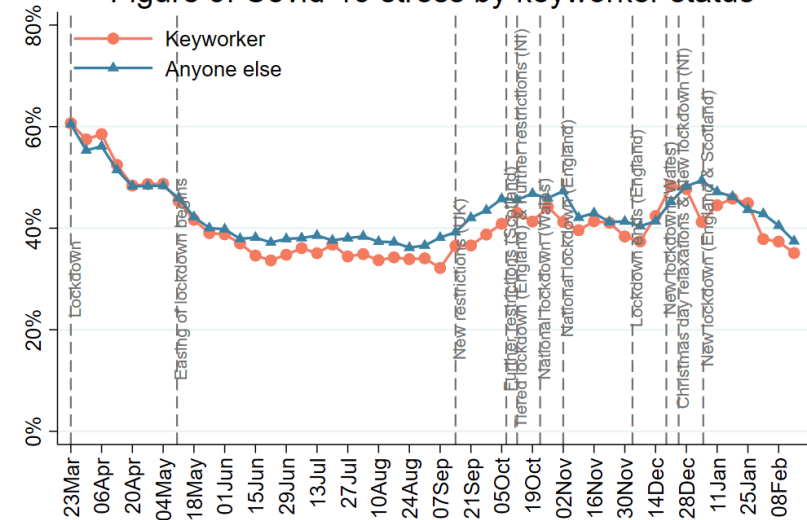


Figure 9g Covid-19 stress by living with children

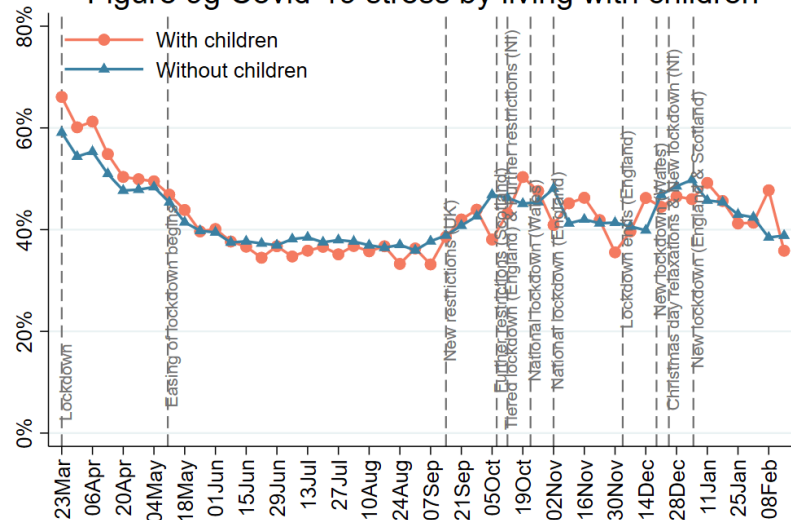


Figure 9h Covid-19 stress by living area

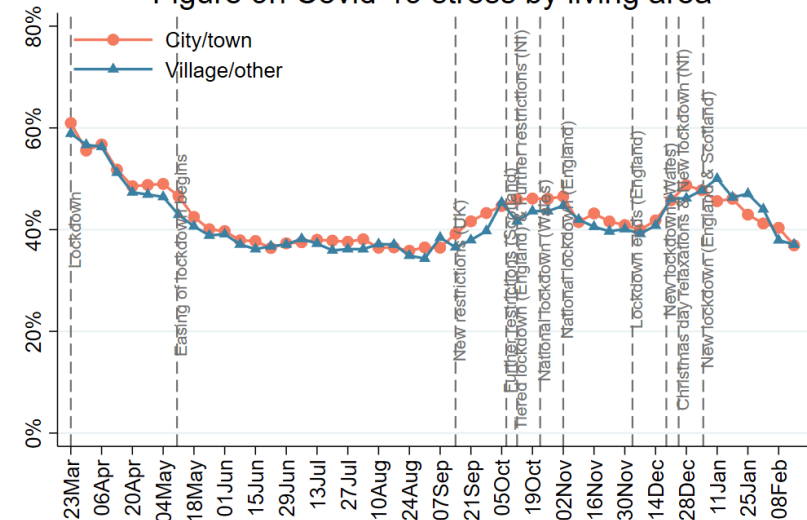


Figure 9i Covid-19 stress by gender

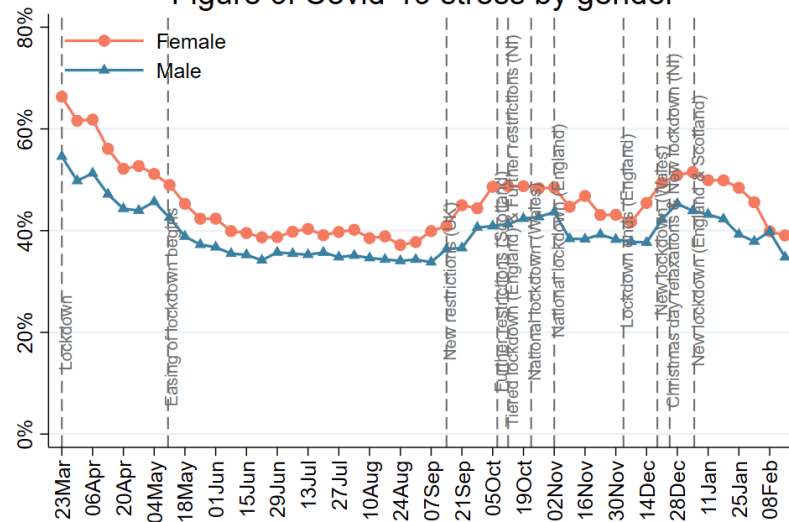


Figure 9j Covid-19 stress by ethnicity

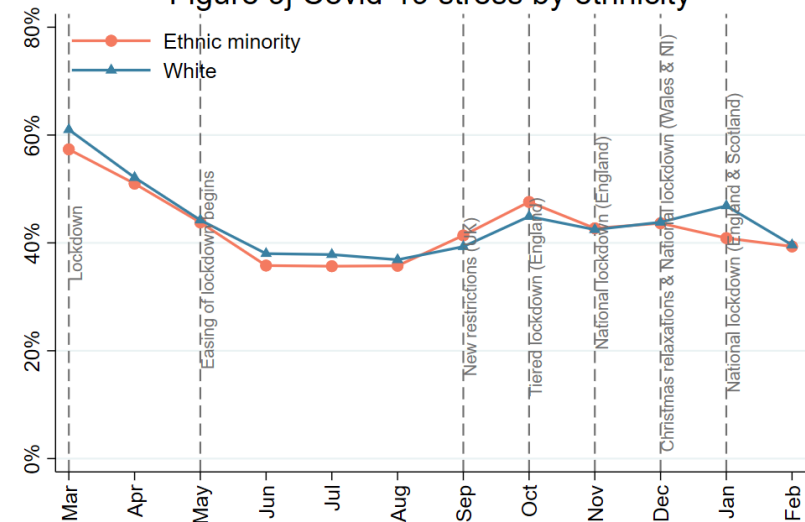


Figure 9k Covid-19 stress by educational levels

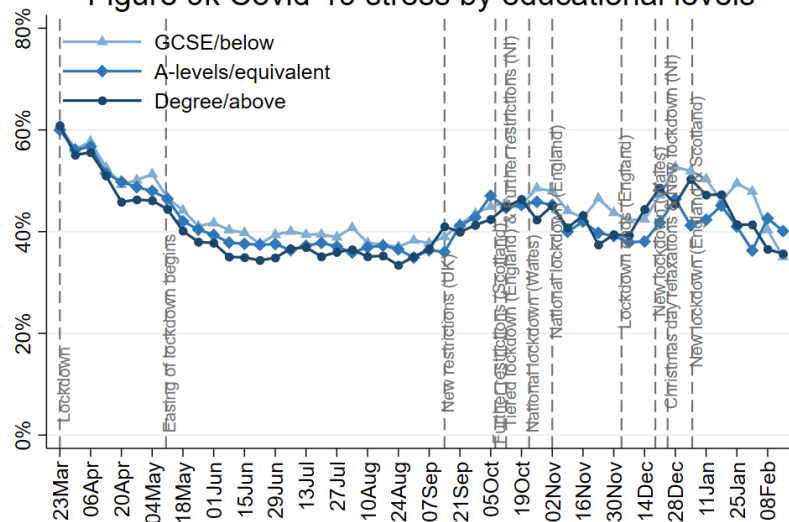


Figure 9l Covid-19 stress by physical health diagnosis

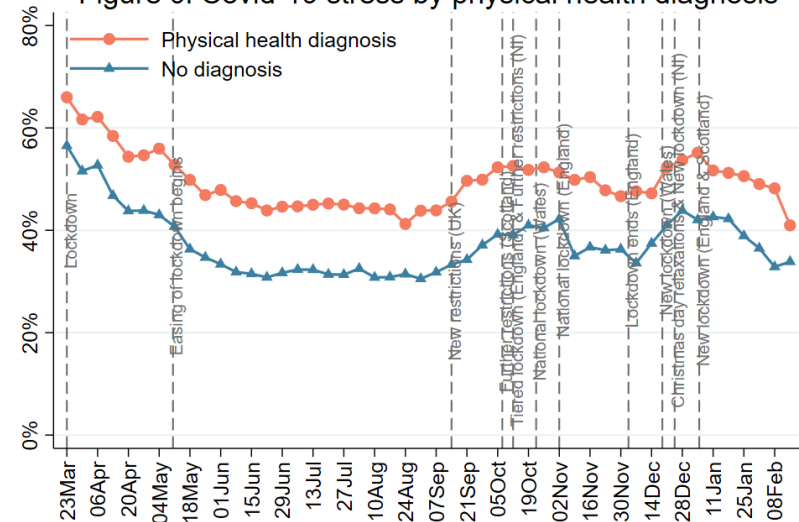


Figure 10a Unemployment stress by age groups

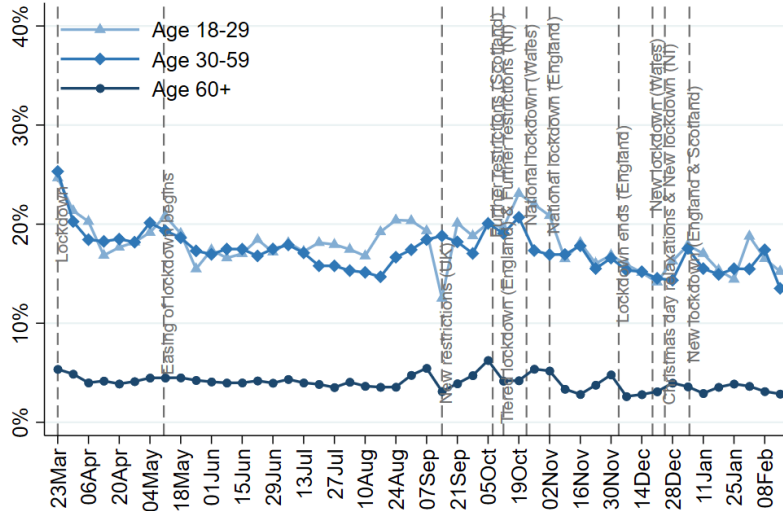


Figure 10b Unemployment stress by living arrangement

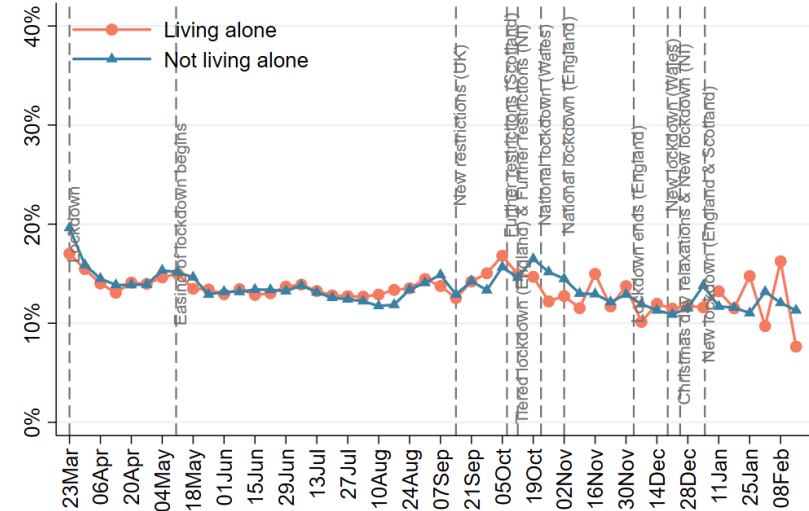


Figure 10c Unemployment stress by household income

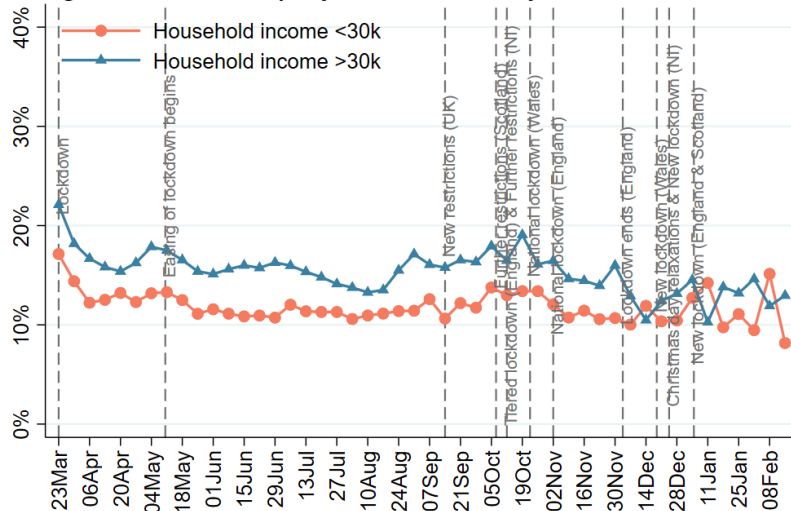


Figure 10d Unemployment stress by mental health

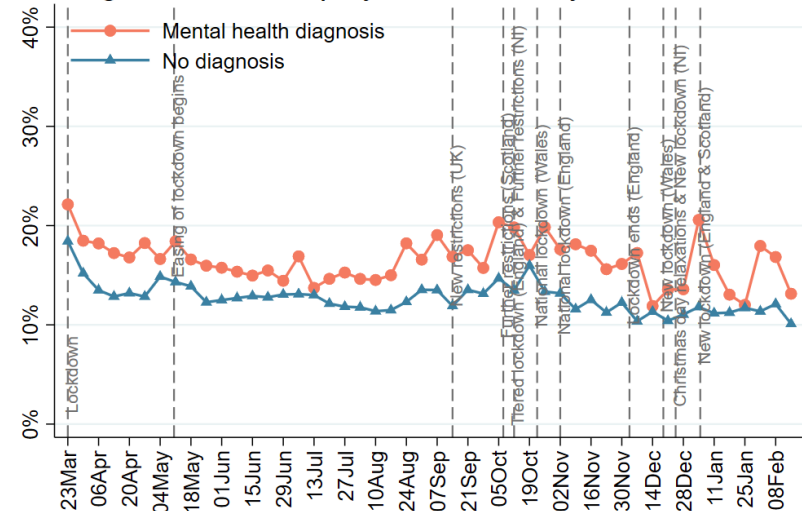


Figure 10e Unemployment stress by nations

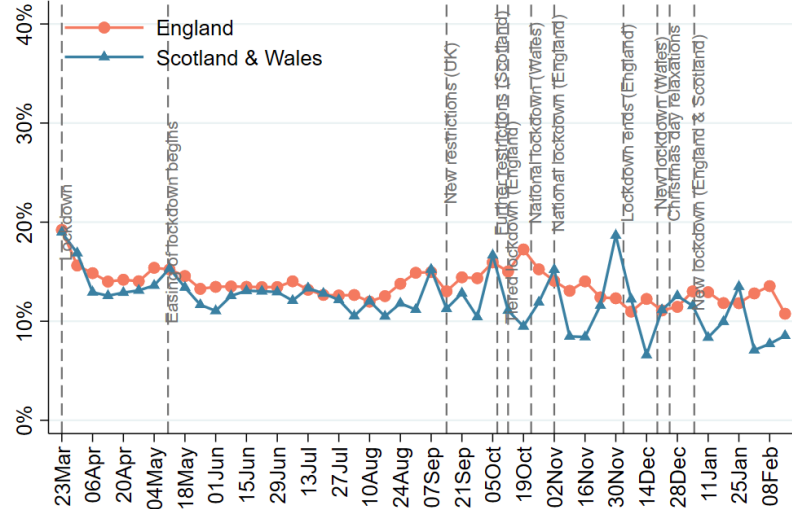


Figure 10f Unemployment stress by keyworker status

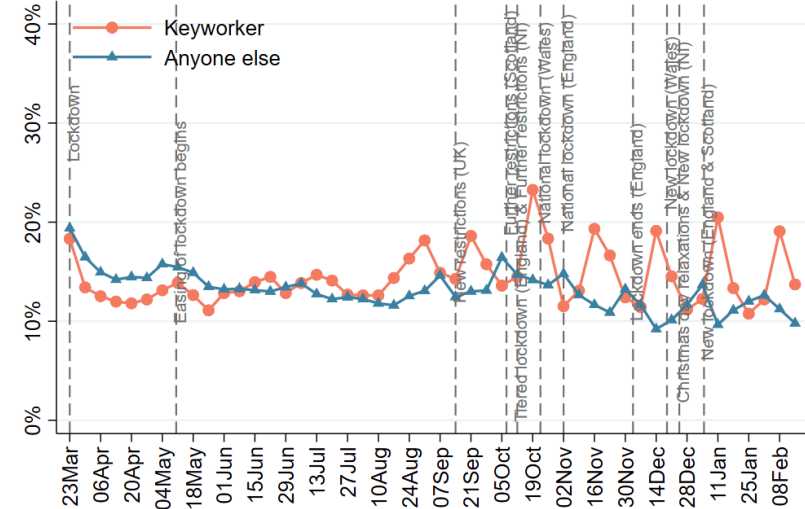


Figure 10g Unemployment stress by living with children

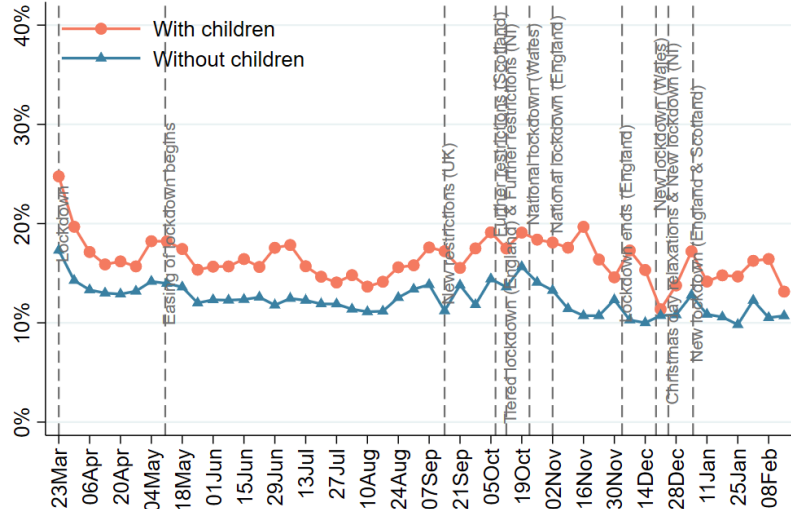


Figure 10h Unemployment stress by living area

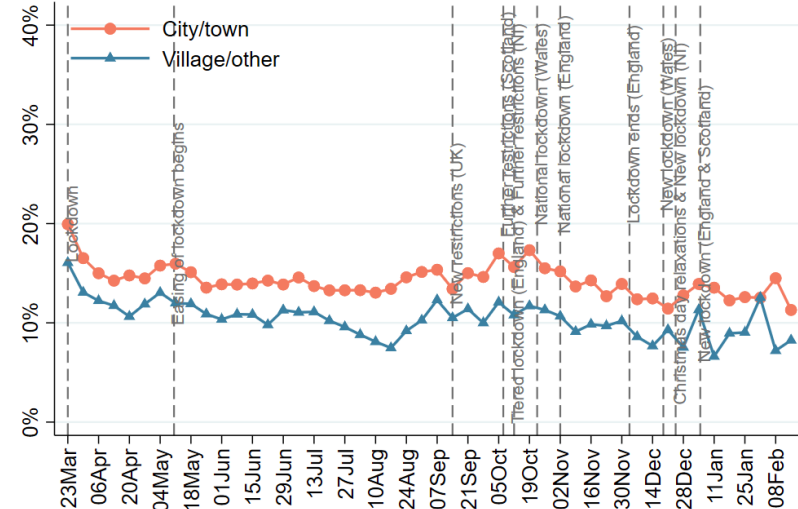


Figure 10i Unemployment stress by gender

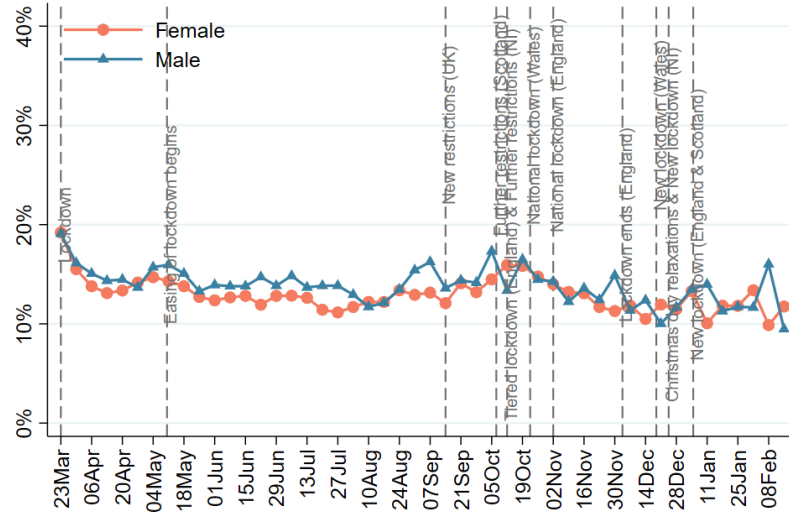


Figure 10j Unemployment stress by ethnicity

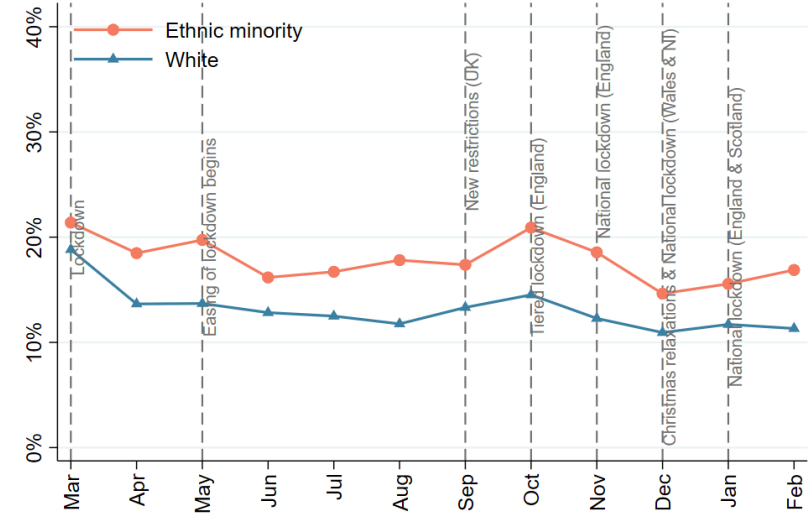


Figure 10k Unemployment stress by educational levels

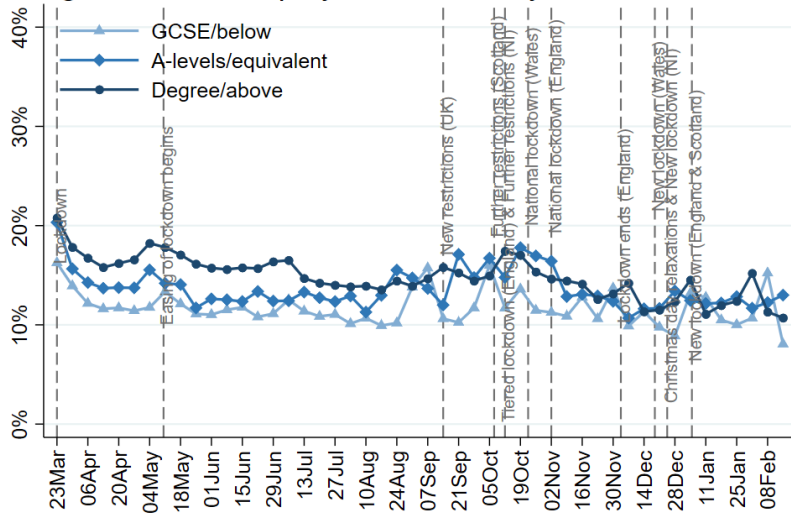


Figure 10l Unemployment stress by physical health diagnosis

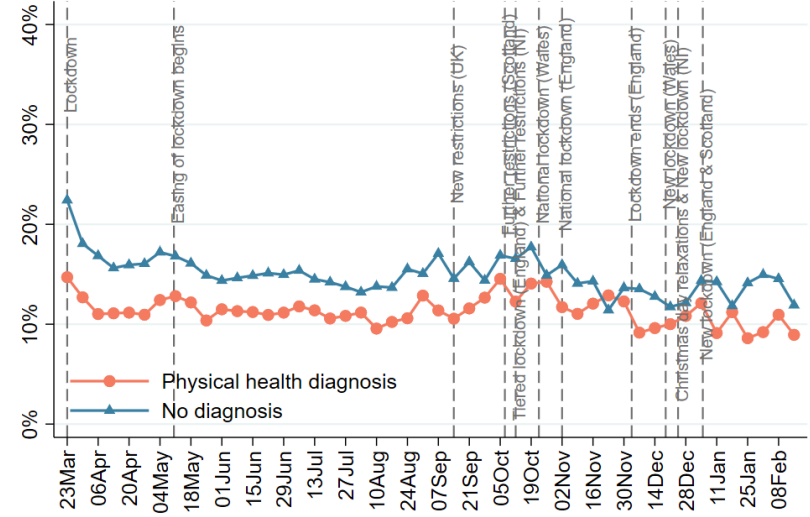


Figure 11a Financial stress by age groups

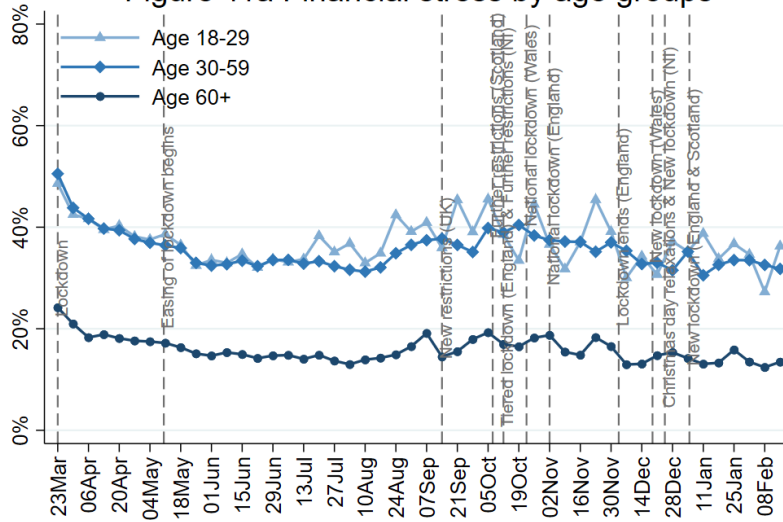


Figure 11b Financial stress by living arrangement

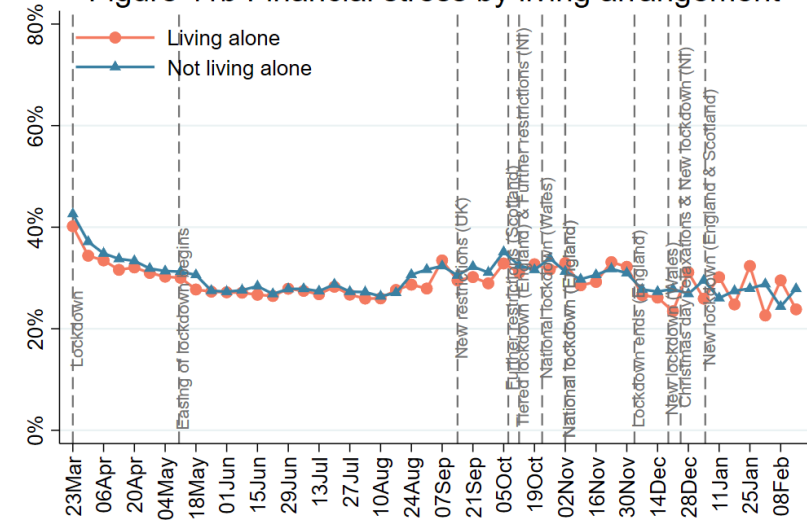


Figure 11c Financial stress by household income

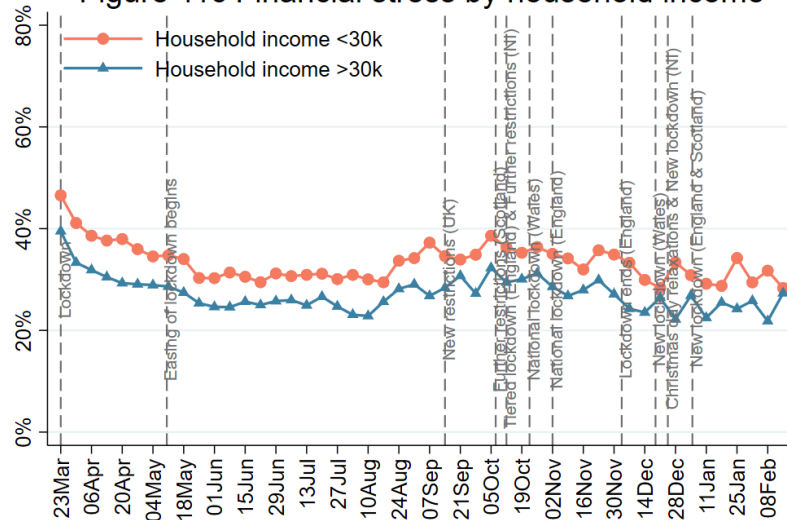


Figure 11d Financial stress by mental health diagnosis

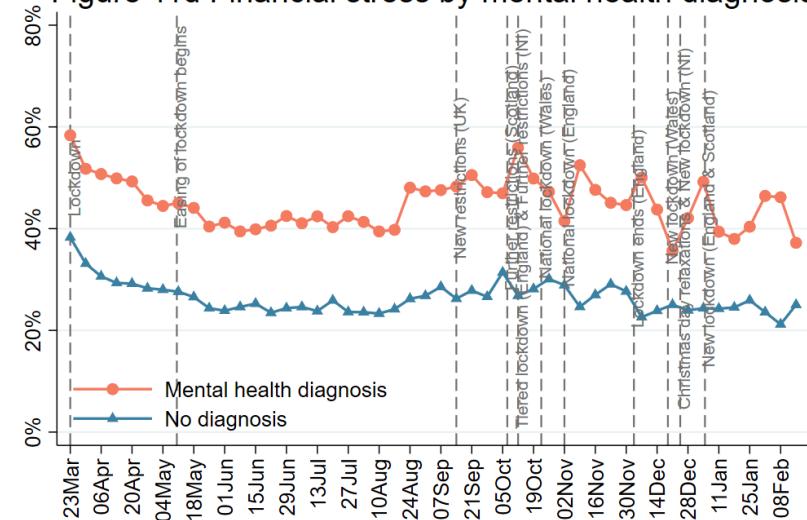


Figure 11e Financial stress by nations

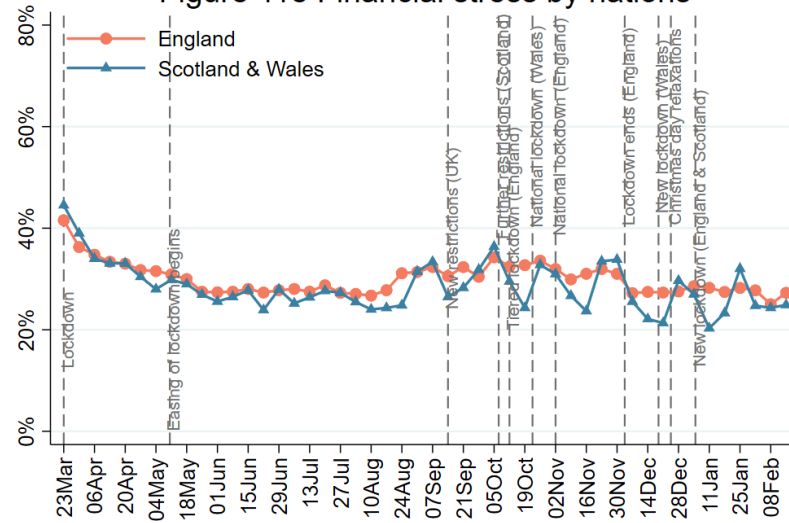


Figure 11f Financial stress by keyworker status

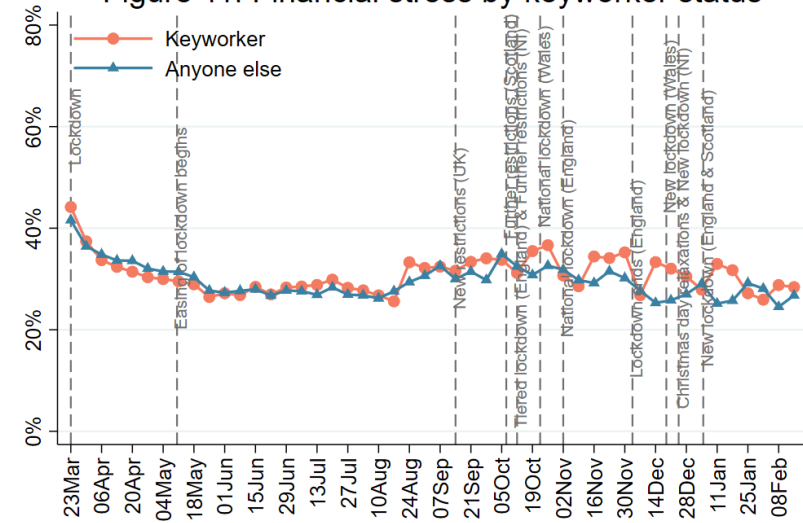


Figure 11g Financial stress by living with children

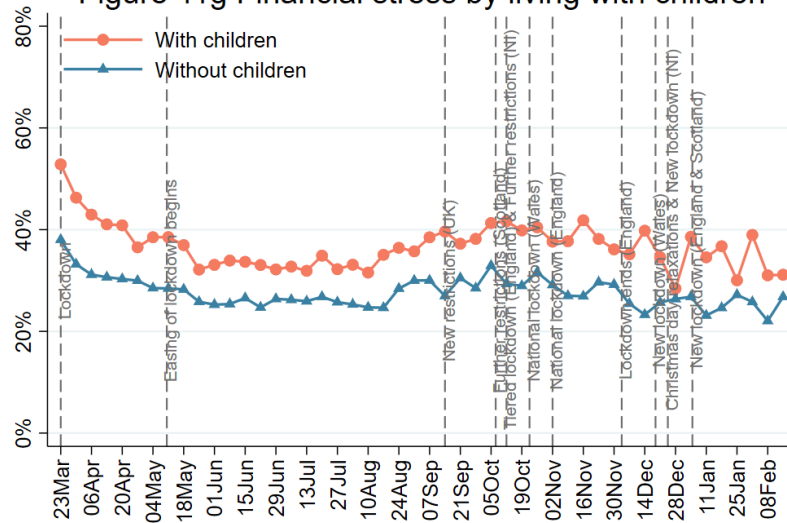
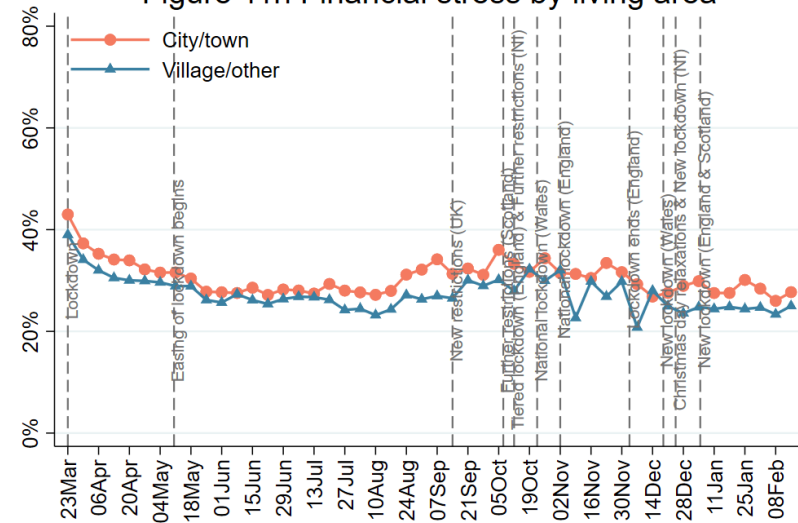


Figure 11h Financial stress by living area



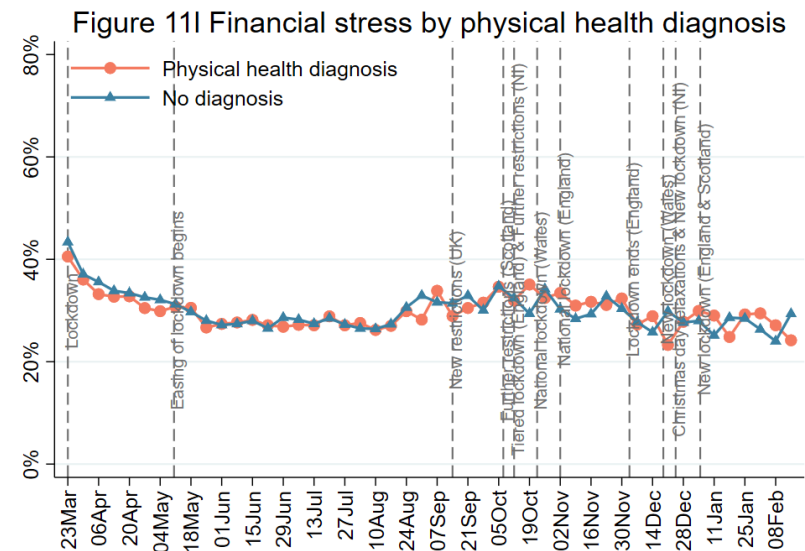
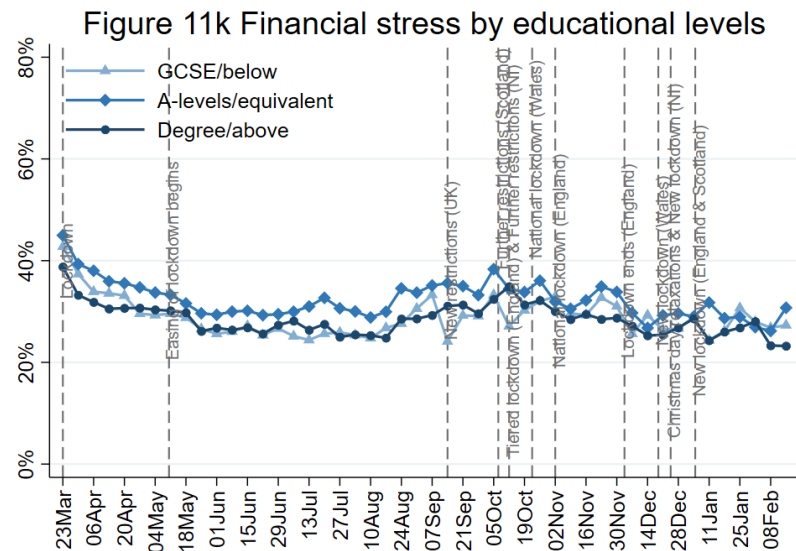
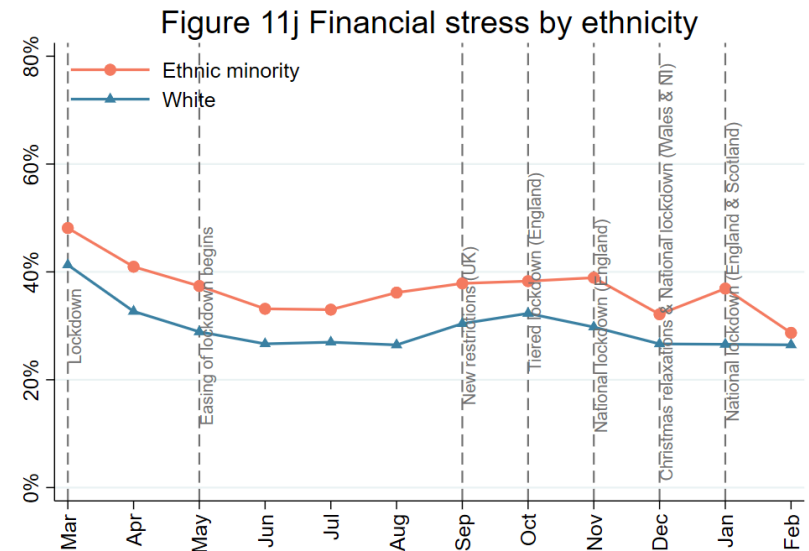
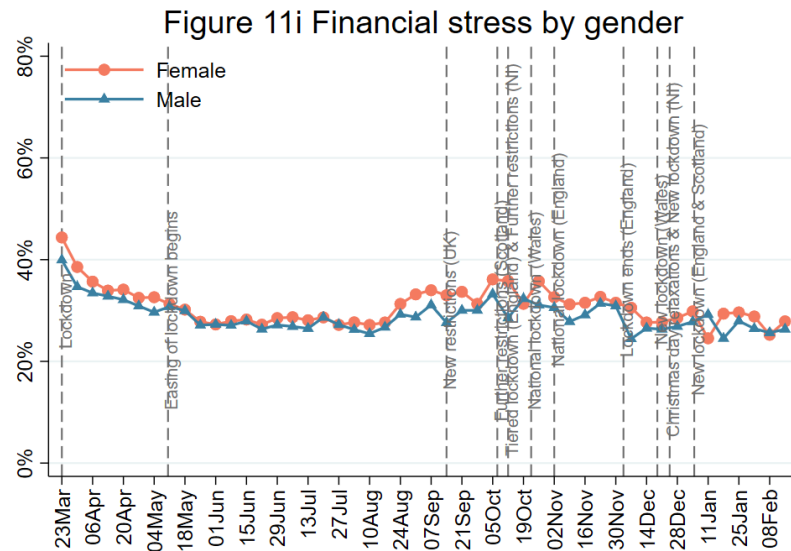


Figure 12a Food security stress by age groups

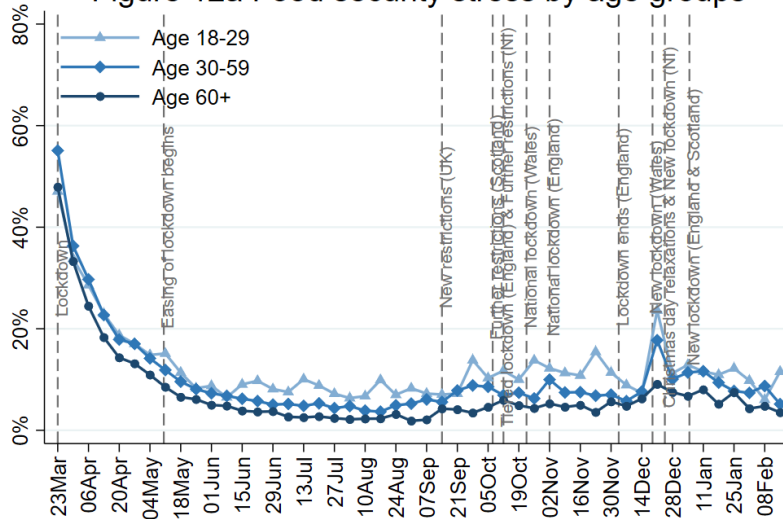


Figure 12b Food security stress by living arrangement

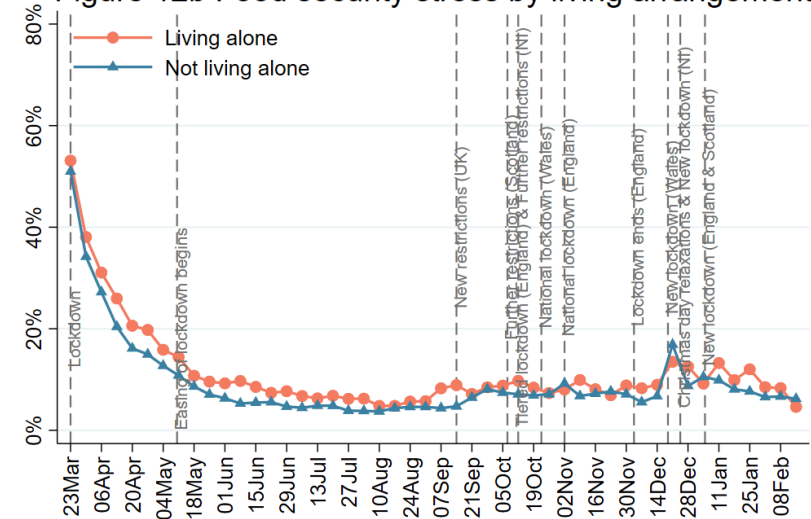


Figure 12c Food security stress by household income

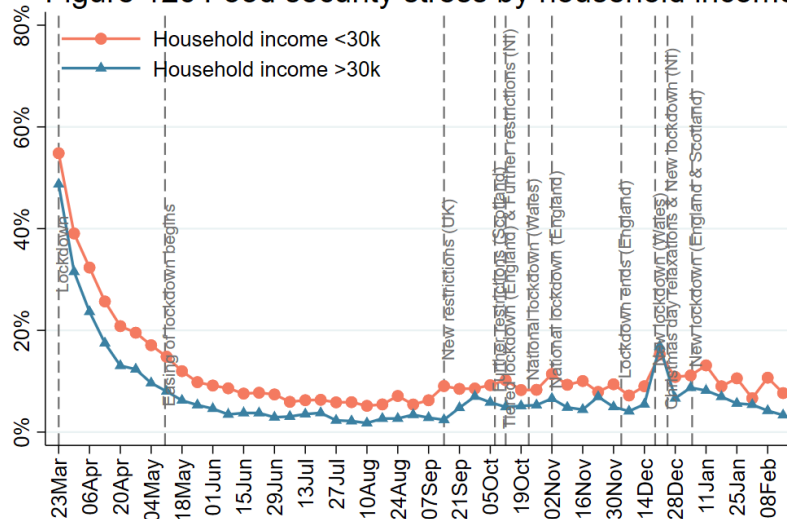


Figure 12d Food security stress by mental health

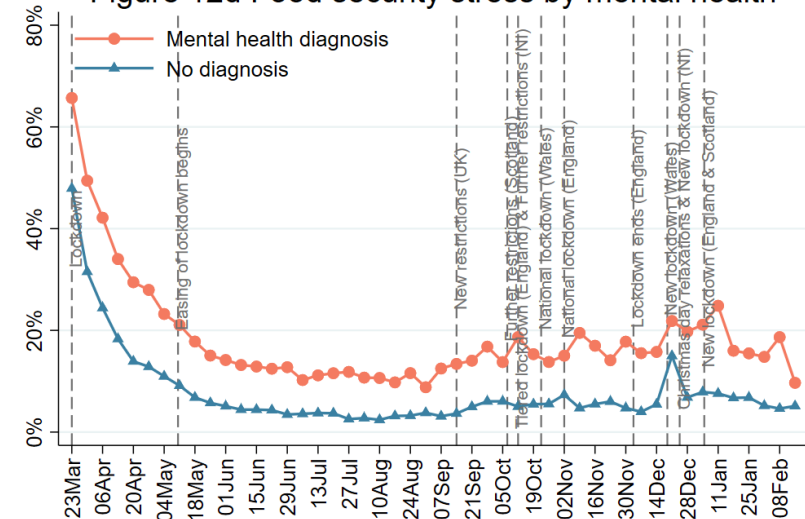


Figure 12e Food security stress by nations

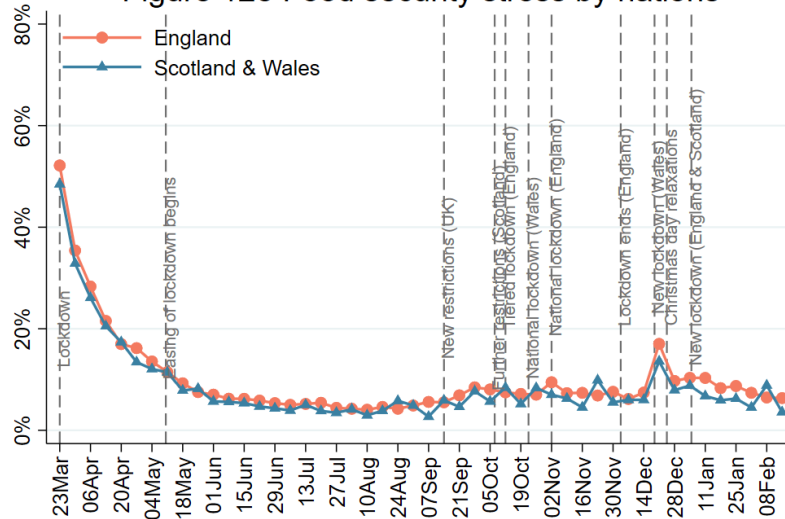


Figure 12f Food security stress by keyworker status

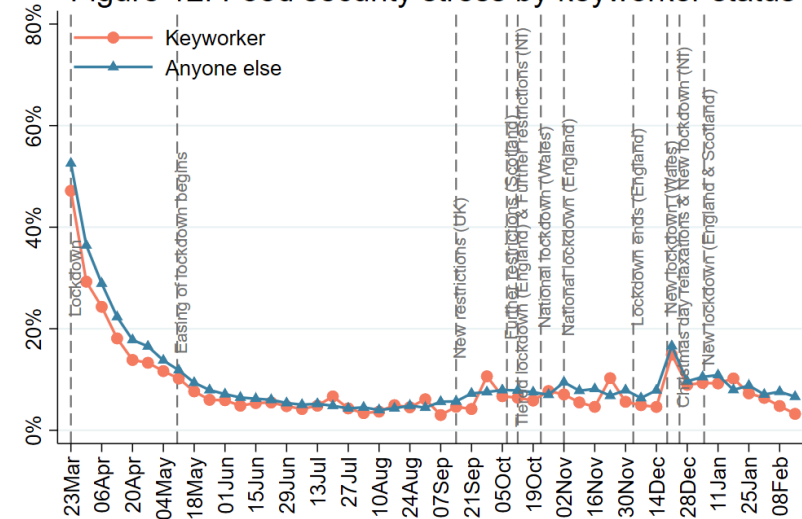


Figure 12g Food security stress by living with children

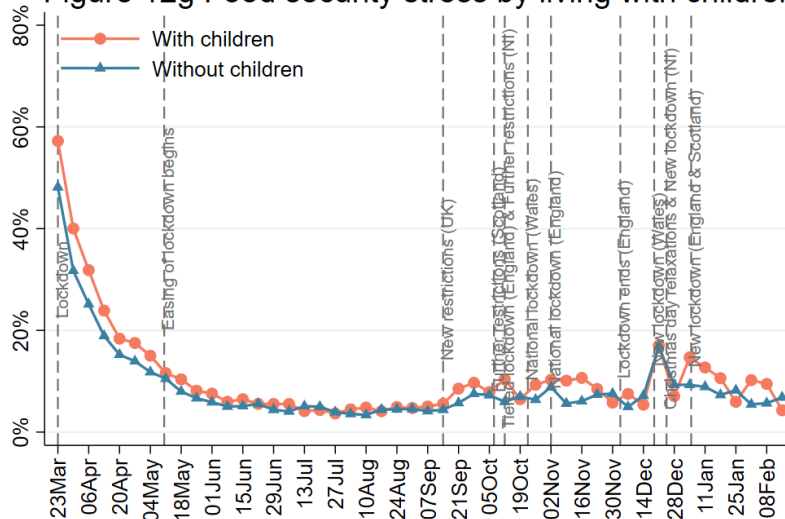


Figure 12h Food security stress by living area

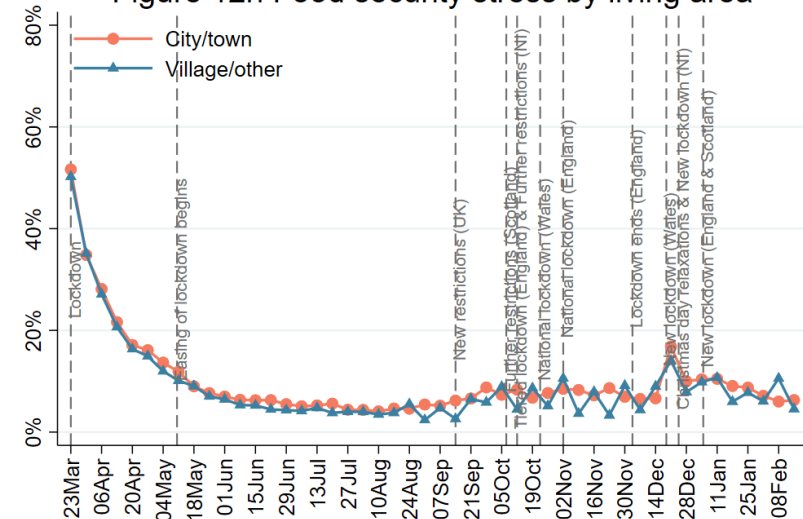


Figure 12i Food security stress by gender

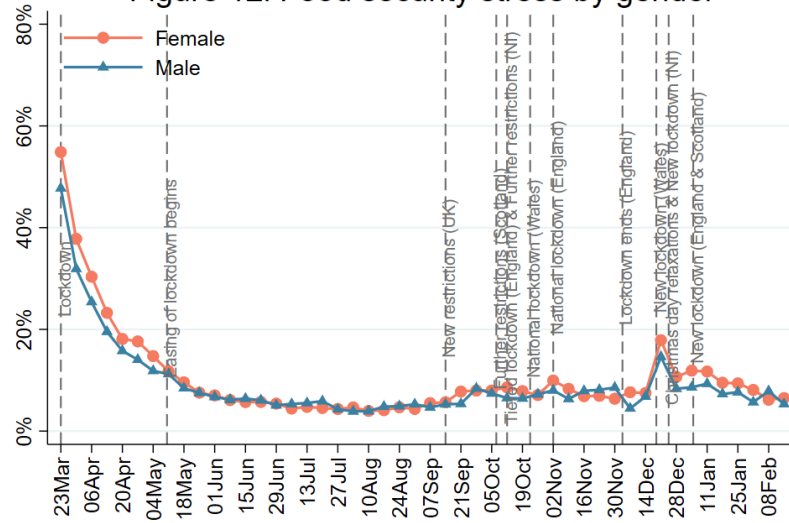


Figure 12j Food security stress by ethnicity

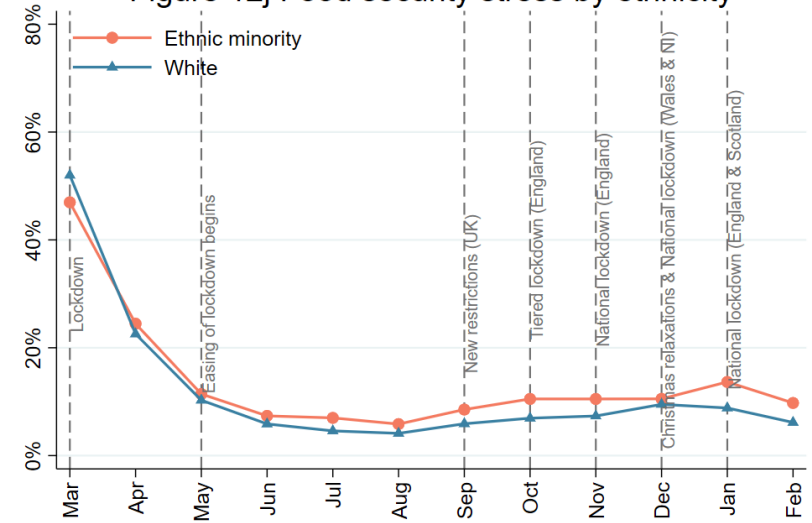


Figure 12k Food security stress by educational levels

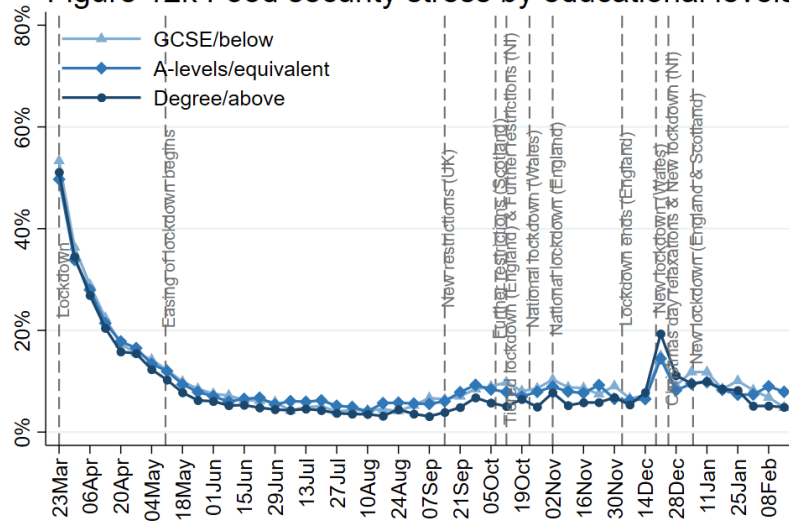
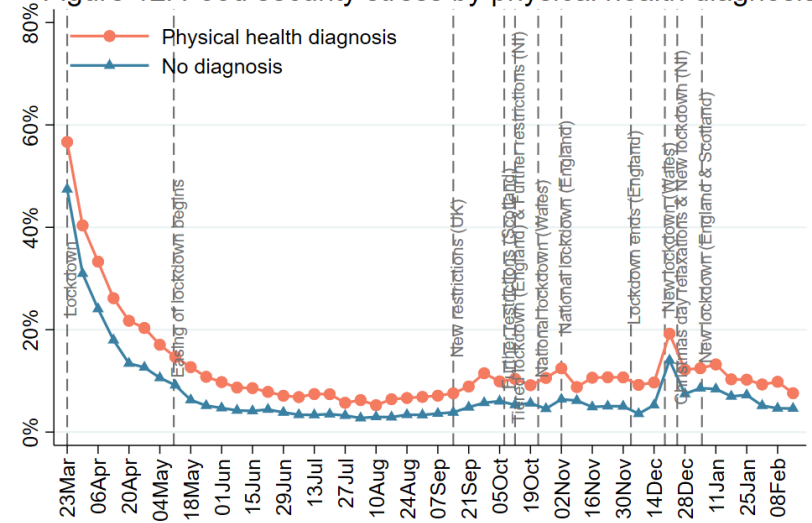
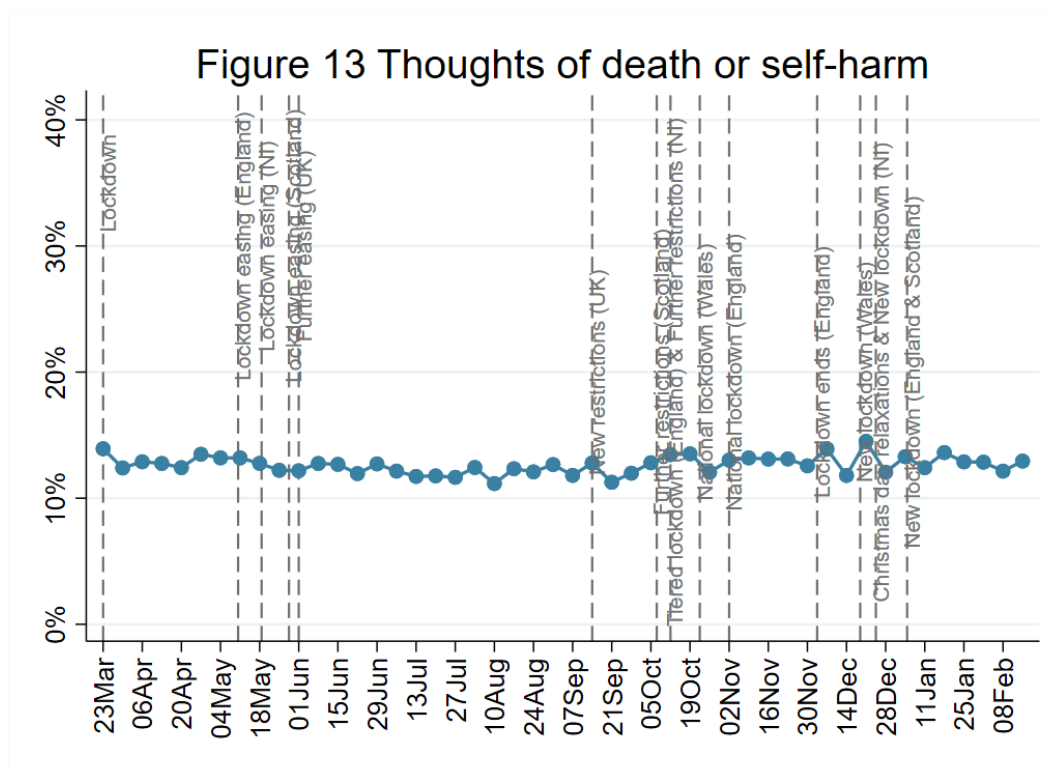


Figure 12l Food security stress by physical health diagnosis



3. Self-harm and abuse

3.1 Thoughts of death or self-harm



FINDINGS

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 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 one-quarter reporting thoughts of death or self-harm. Thoughts of death or self-harm are also higher in those with a diagnosed mental health condition, those with lower incomes, in urban areas, and amongst those in ethnic minority groups.

Figure 14a Thoughts of death by age groups

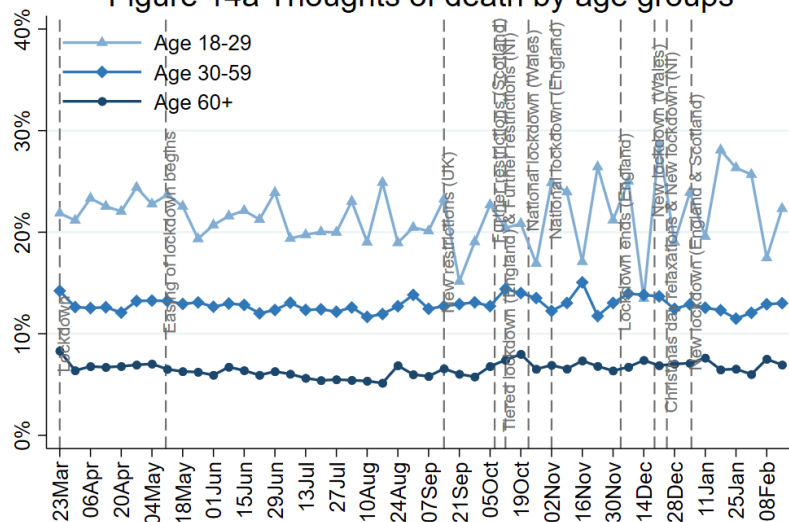


Figure 14b Thoughts of death by living arrangement

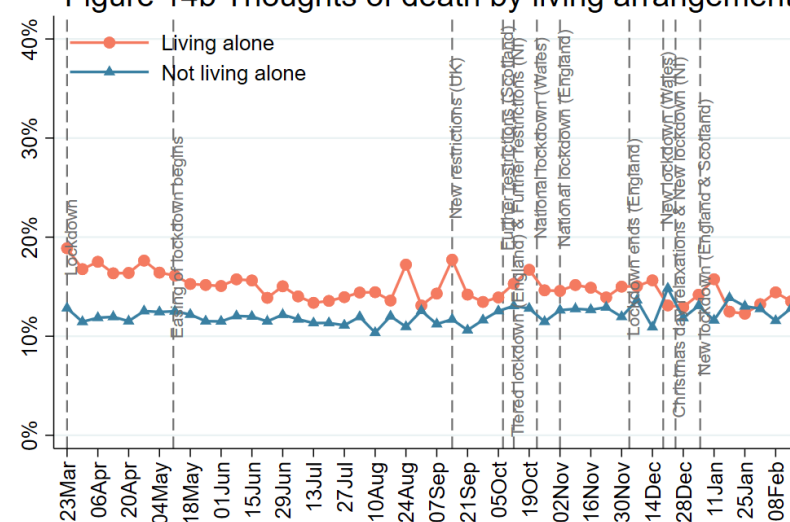


Figure 14c Thoughts of death by household income

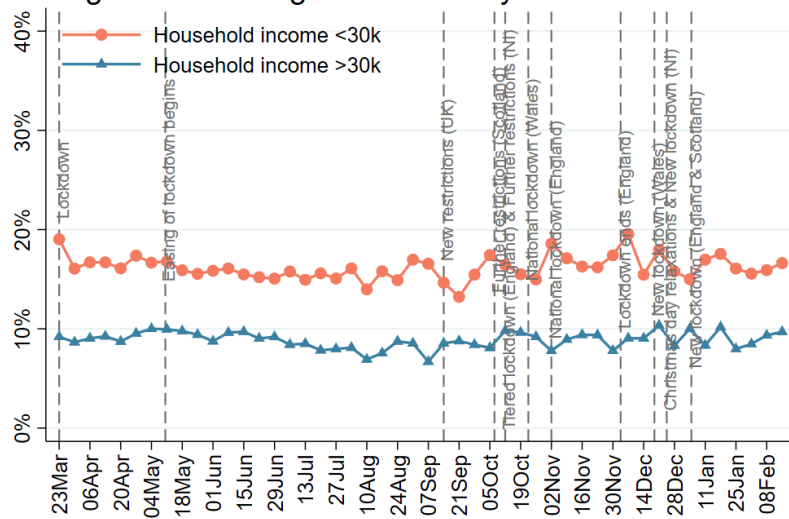


Figure 14d Thoughts of death by mental health diagnosis

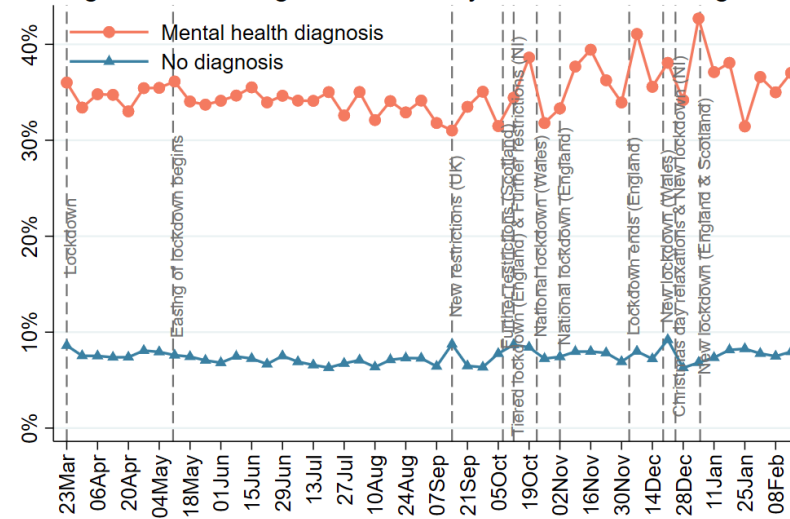


Figure 14e Thoughts of death by nations

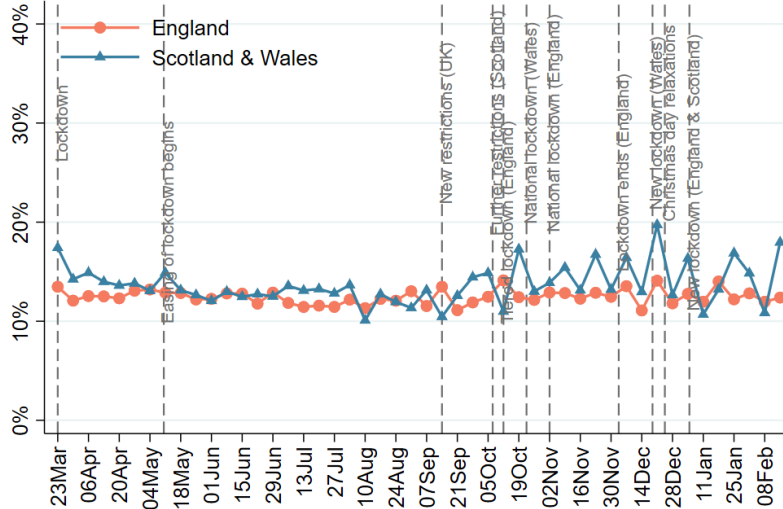


Figure 14f Thoughts of death by keyworker status

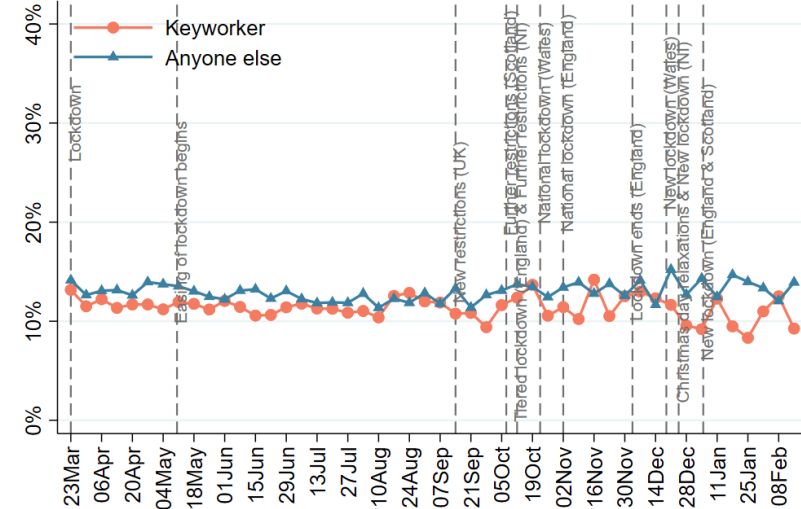


Figure 14g Thoughts of death by living with children

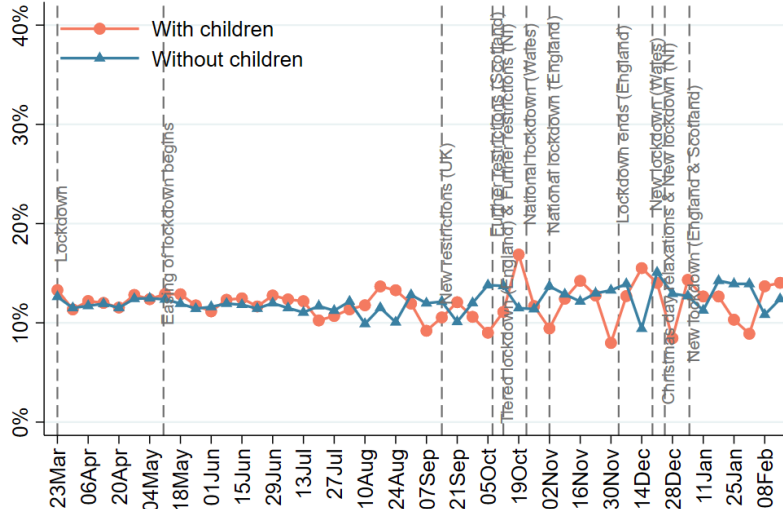


Figure 14h Thoughts of death by living area

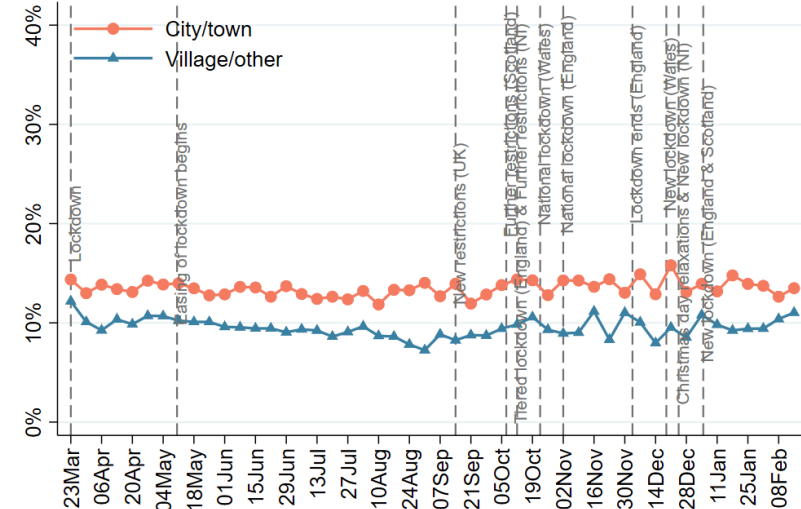


Figure 14i Thoughts of death by gender

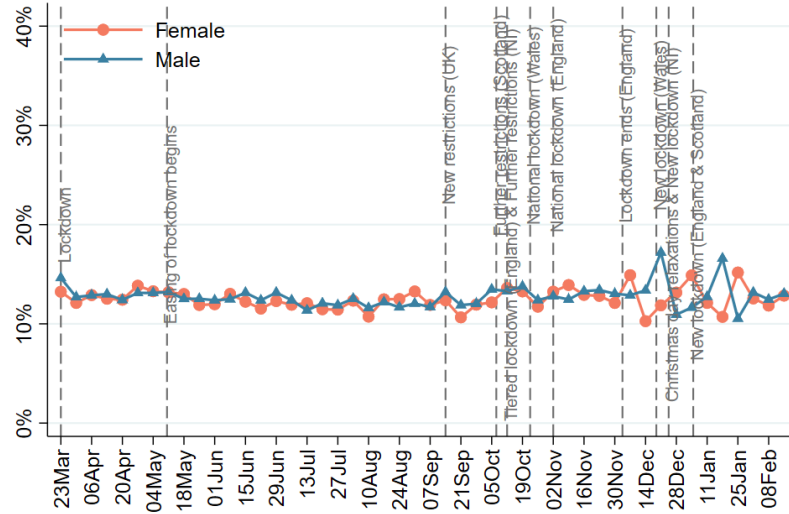


Figure 14j Thoughts of death by ethnicity

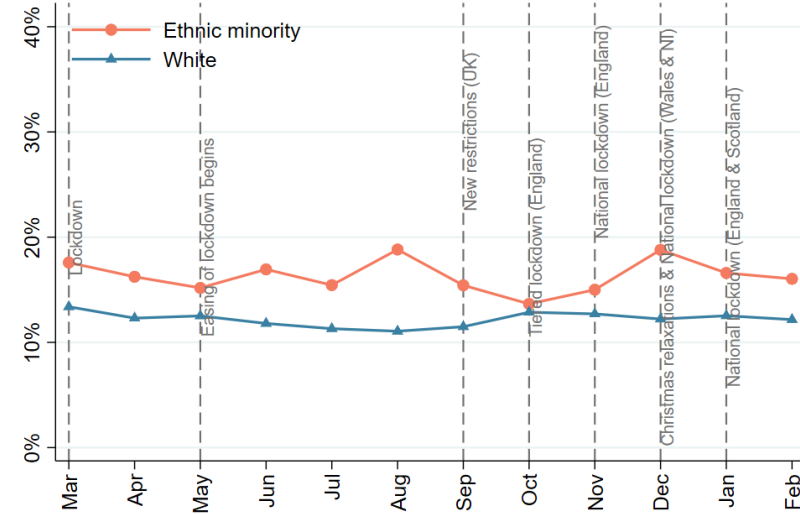


Figure 14k Thoughts of death by educational levels

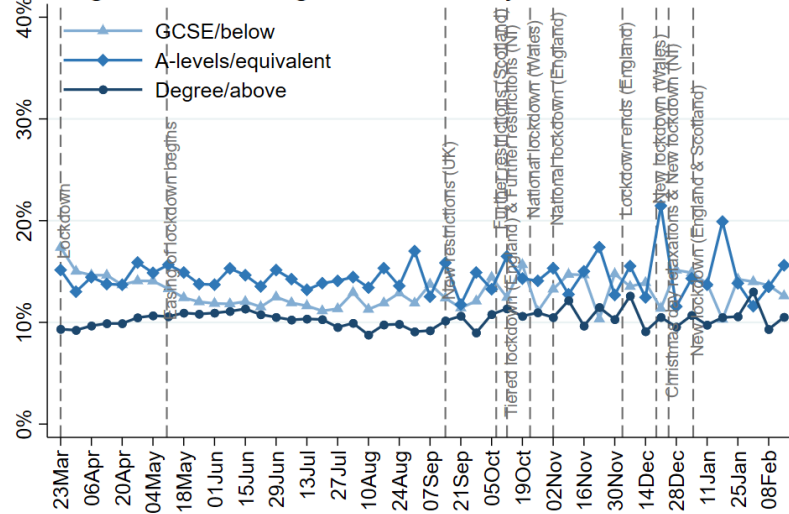
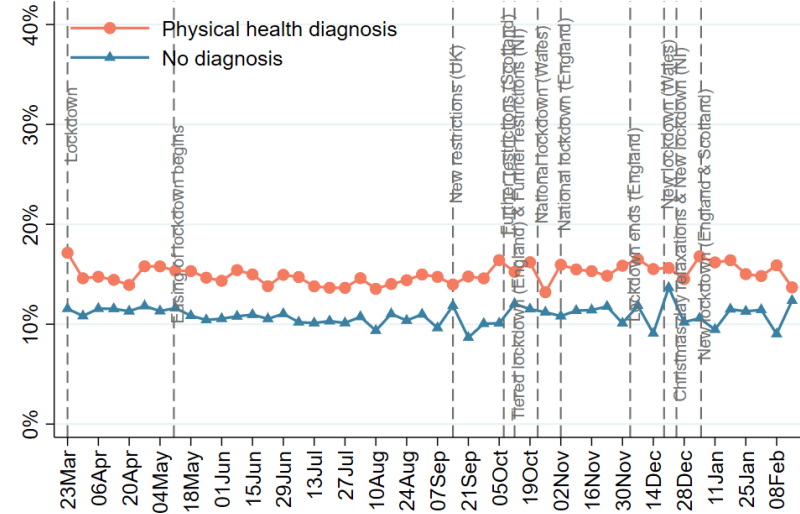
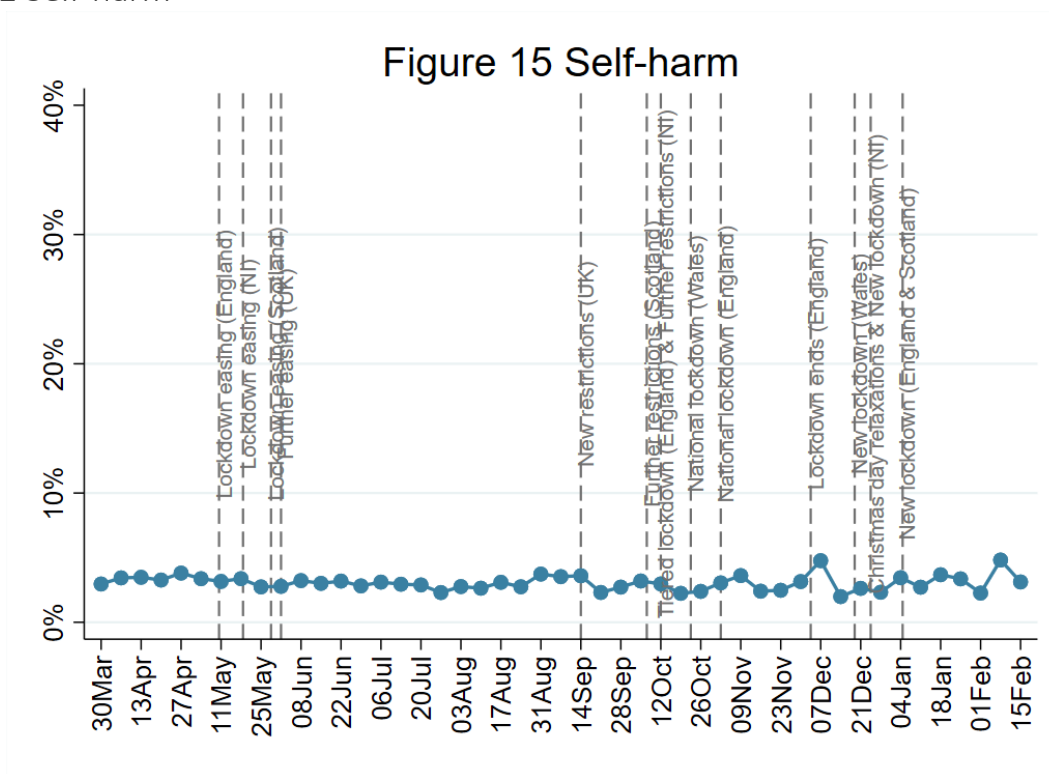


Figure 14l Thoughts of death by physical health diagnosis



3.2 Self-harm



FINDINGS

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 has remained relatively stable over the course of the pandemic. Self-harm remains higher amongst younger adults and those with a diagnosed mental health condition. It is now slightly higher amongst people who are not keyworkers.

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.

⁴ Spikes on particular days are likely due to variability in the data as opposed to indications of particularly adverse experiences on certain days. NB the question on self-harm was asked starting on 30 March 2020 and thus the x-axes for these graphs are slightly different compared to the other graphs in this report.

Figure 16a Self-harm by age groups

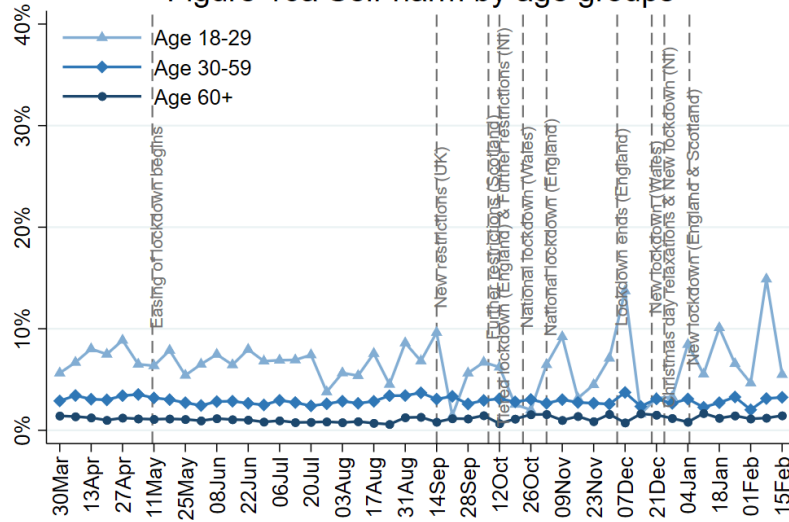


Figure 16b Self-harm by living arrangement

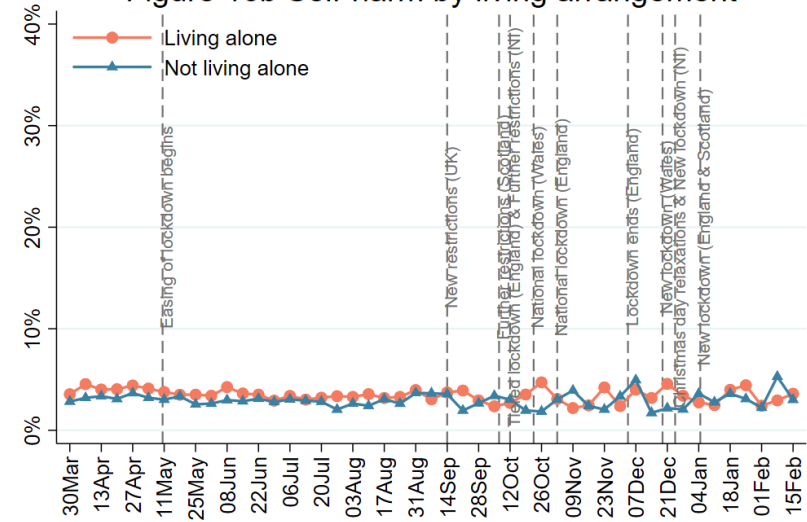


Figure 16c Self-harm by household income

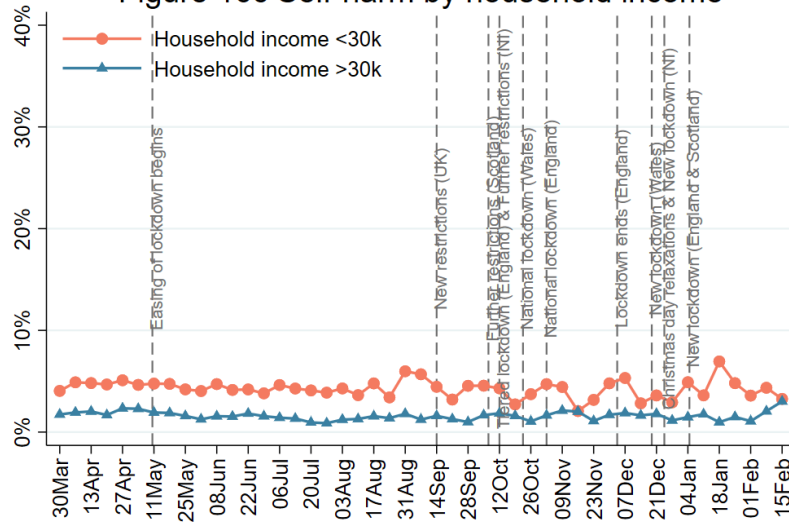


Figure 16d Self-harm by mental health diagnosis

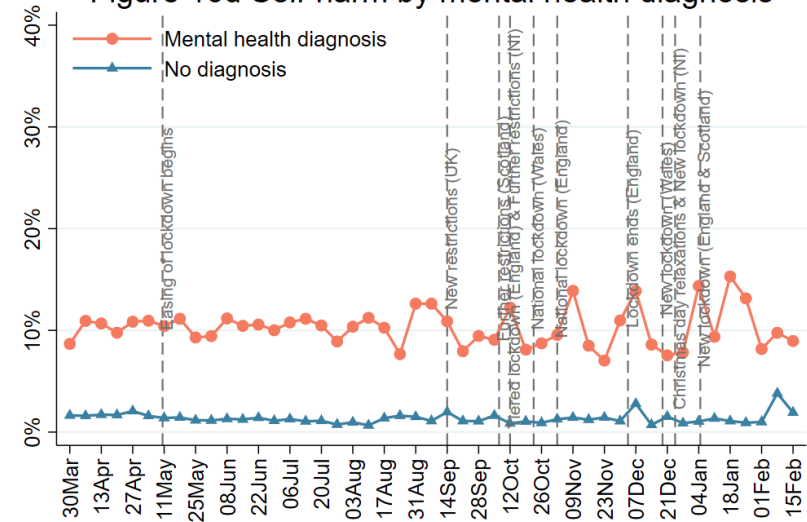


Figure 16e Self-harm by nations

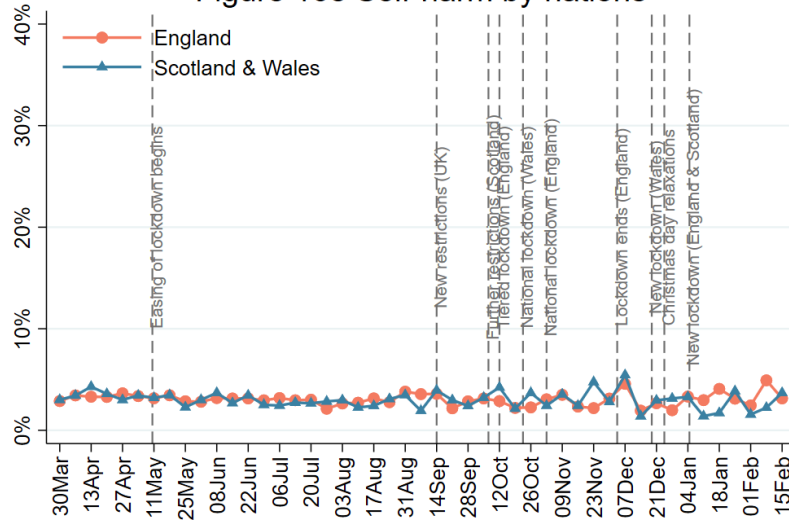


Figure 16f Self-harm by keyworker status

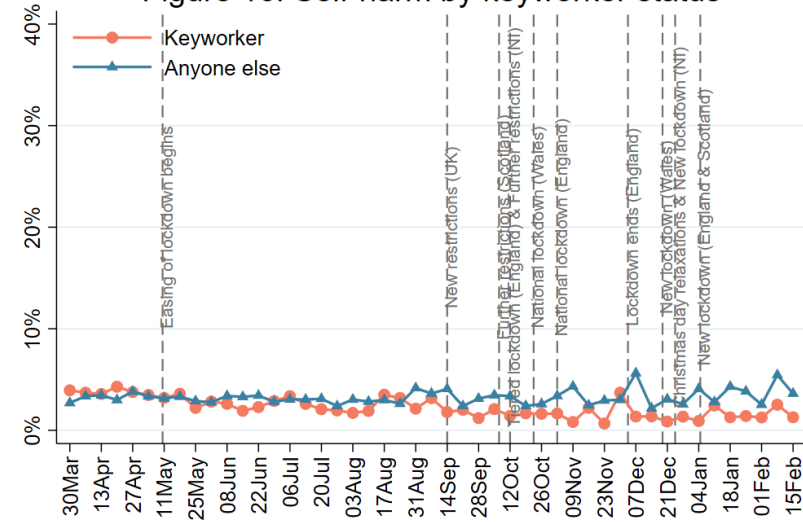


Figure 16g Self-harm by living with children

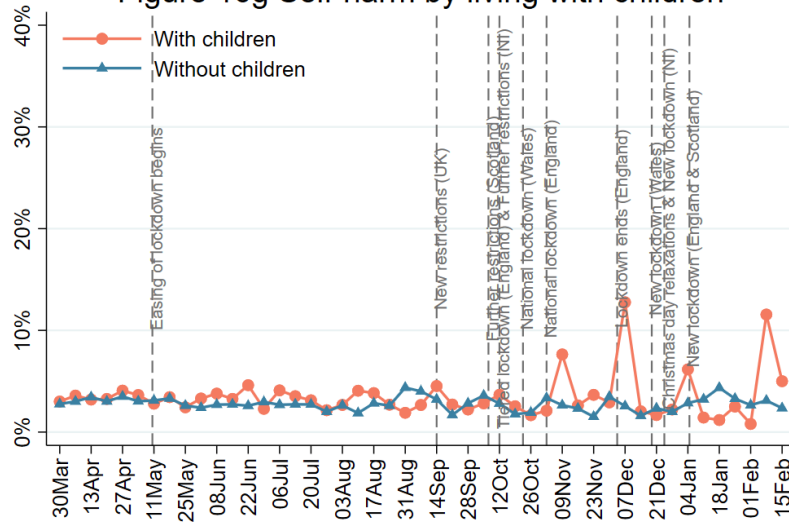
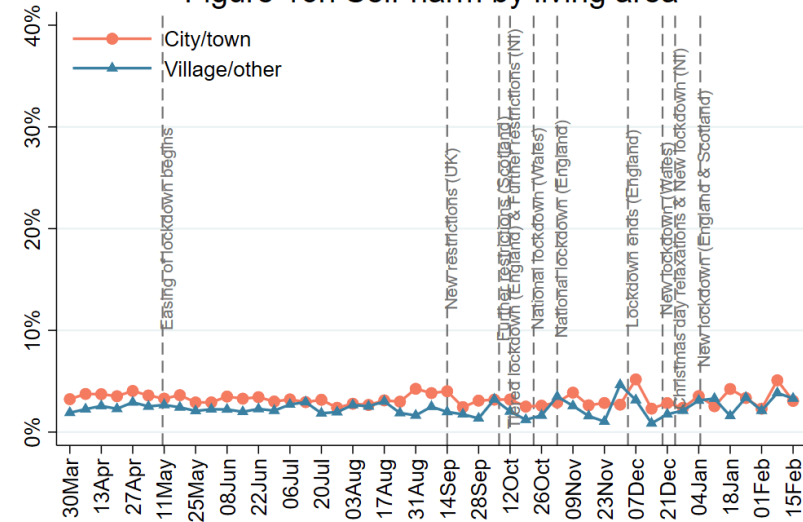
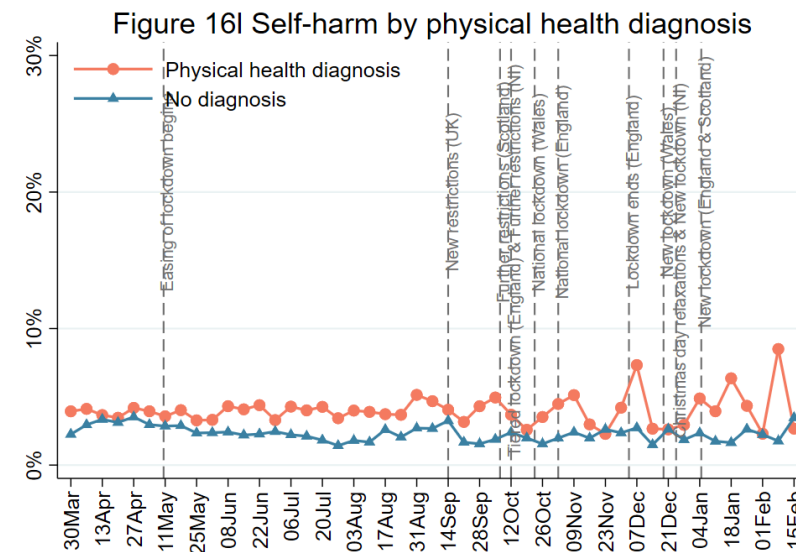
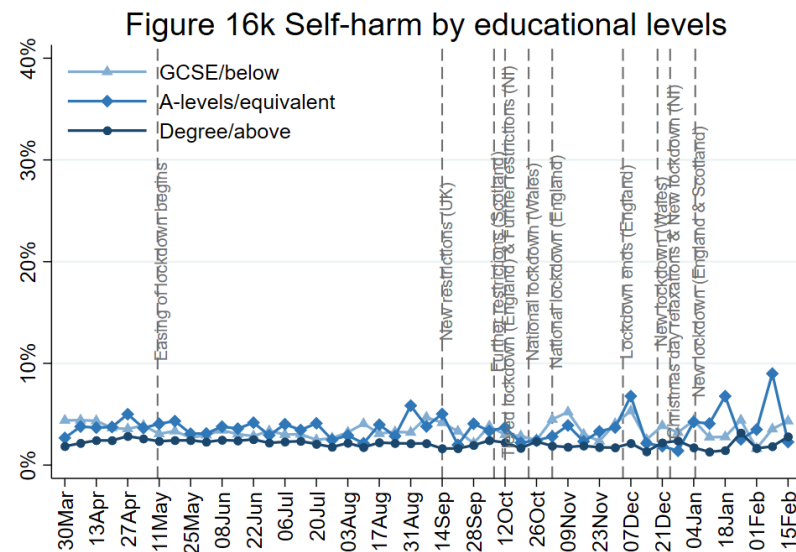
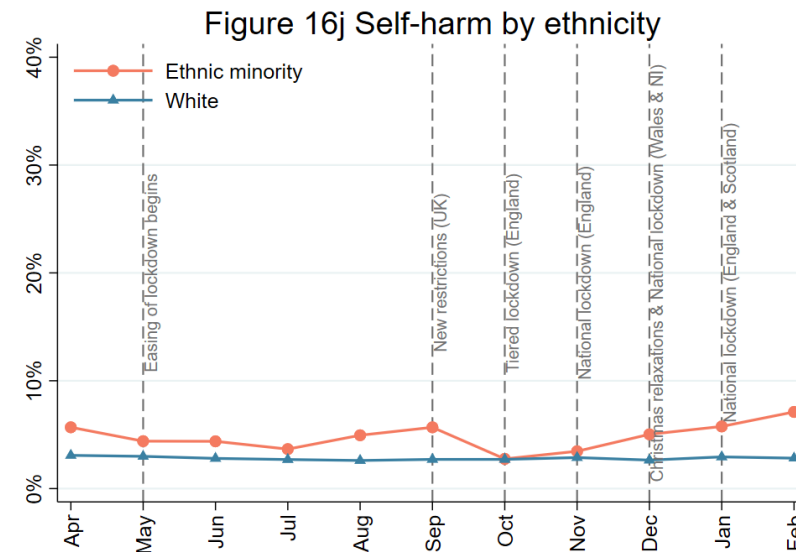
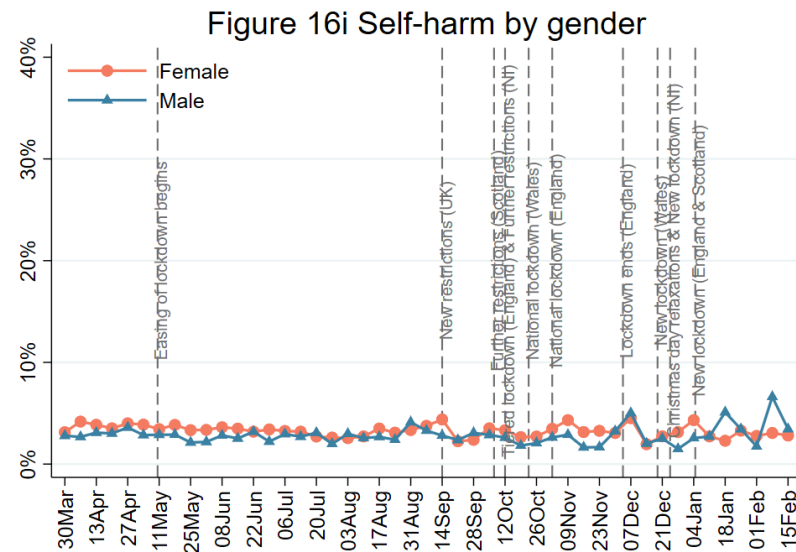
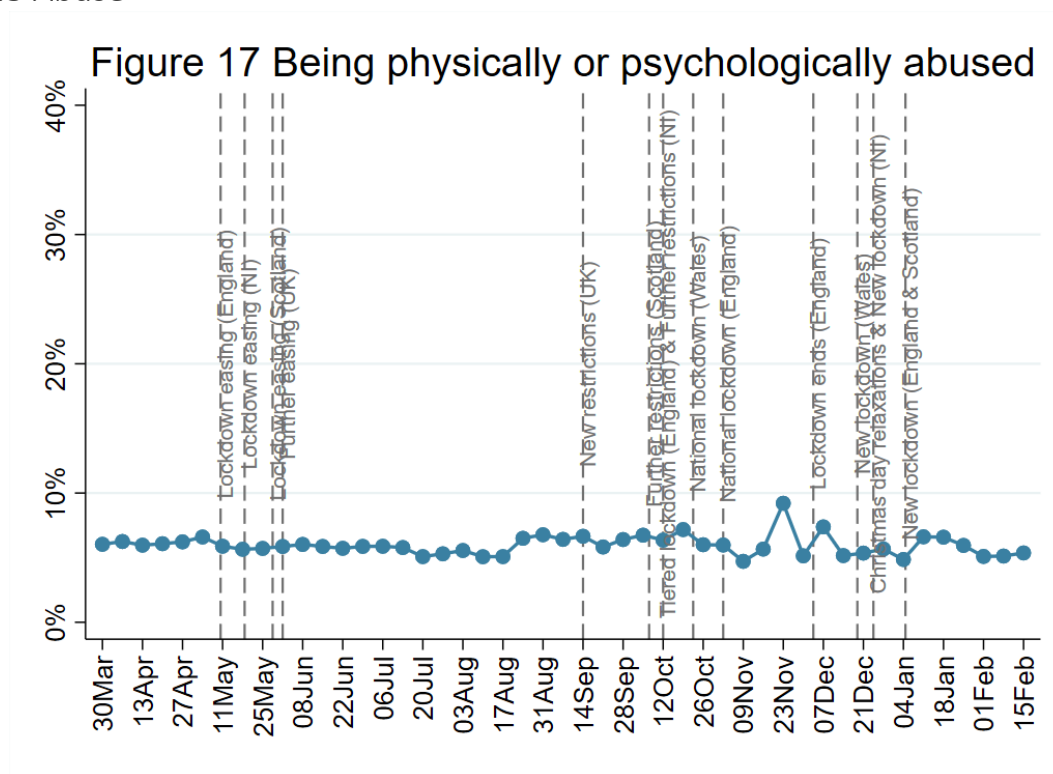


Figure 16h Self-harm by living area





3.3 Abuse



FINDINGS

Abuse was measured using two questions that ask if 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 in the past few months. It remains higher amongst people with a diagnosed mental or physical health condition. It is also slightly higher amongst people with lower household income, and people from ethnic minority backgrounds but appears to have been decreasing in the last month in this latter group. This pattern remains to be explored further in the coming weeks. Whilst abuse increased slightly more amongst non-keyworkers after the start of the third lockdown, levels of abuse have been similar in keyworkers and everyone else over the last several weeks.

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 levels⁵.

⁵ Spikes on particular days are likely due to variability in the data as opposed to indications of particularly adverse experiences on certain days.

Figure 18a Abuse by age groups

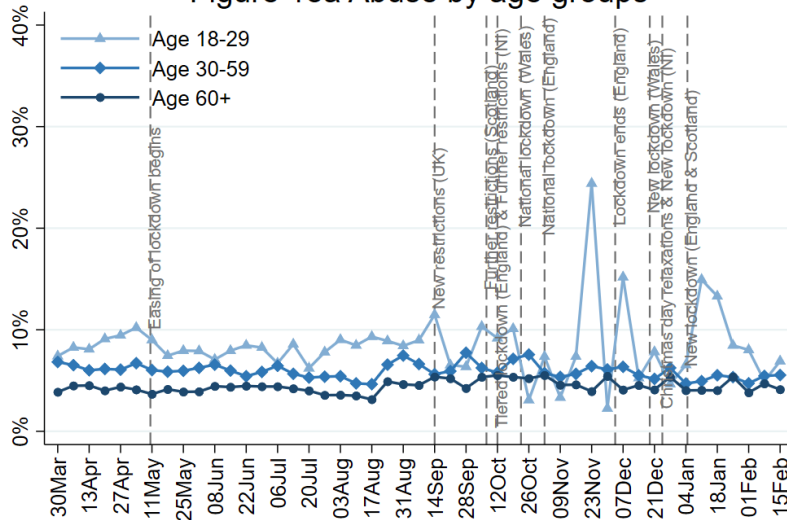


Figure 18b Abuse by living arrangement

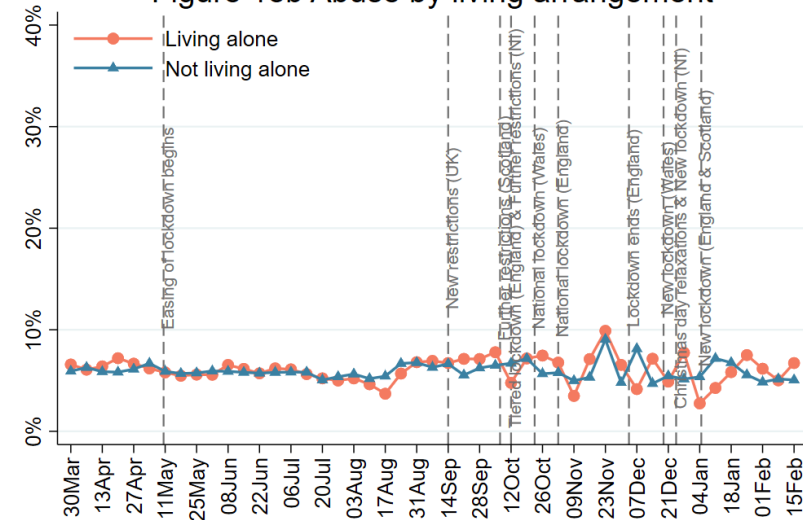


Figure 18c Abuse by household income

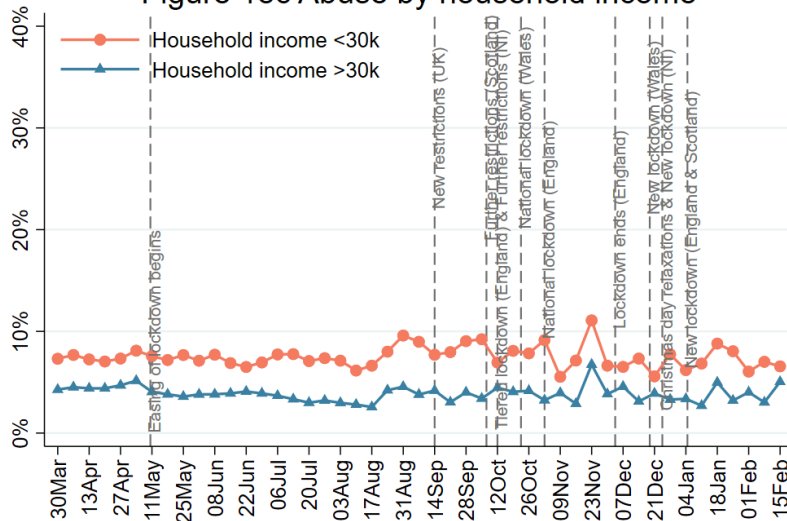


Figure 18d Abuse by mental health diagnosis

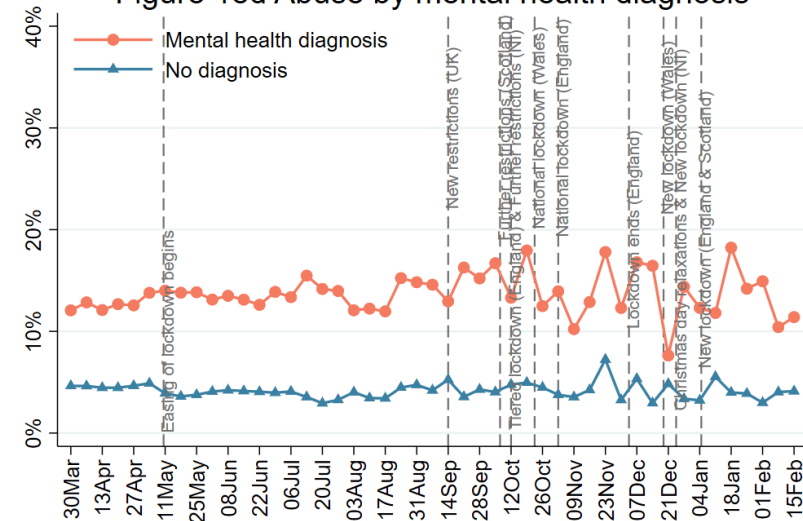


Figure 18e Abuse by nations

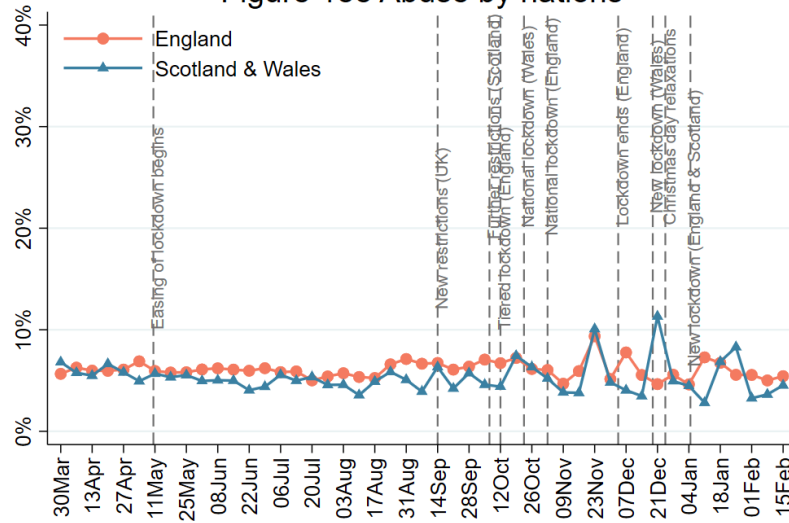


Figure 18f Abuse by keyworker status

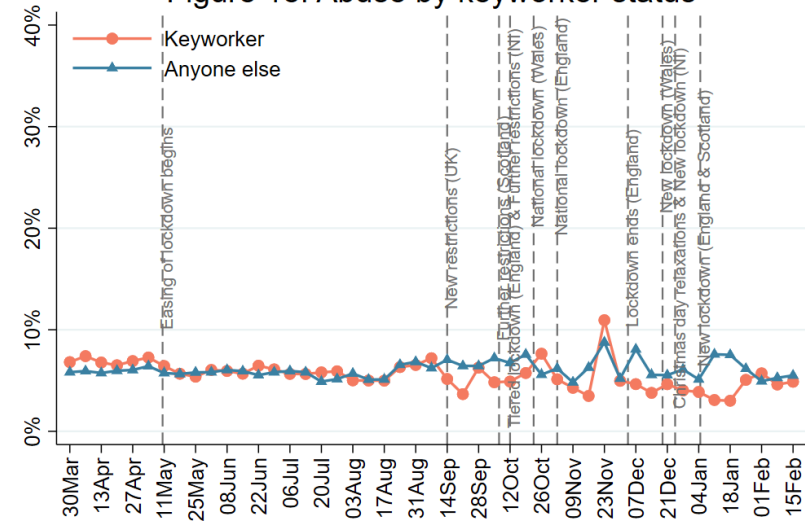


Figure 18g Abuse by living with children

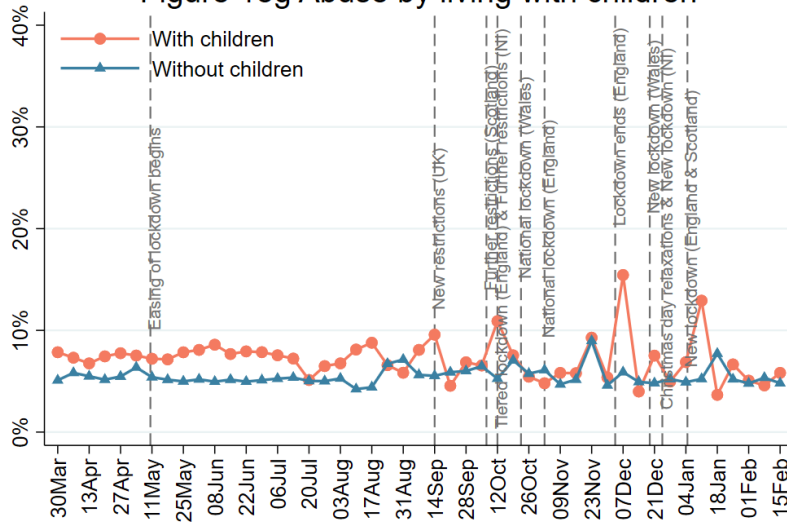


Figure 18h Abuse by living area

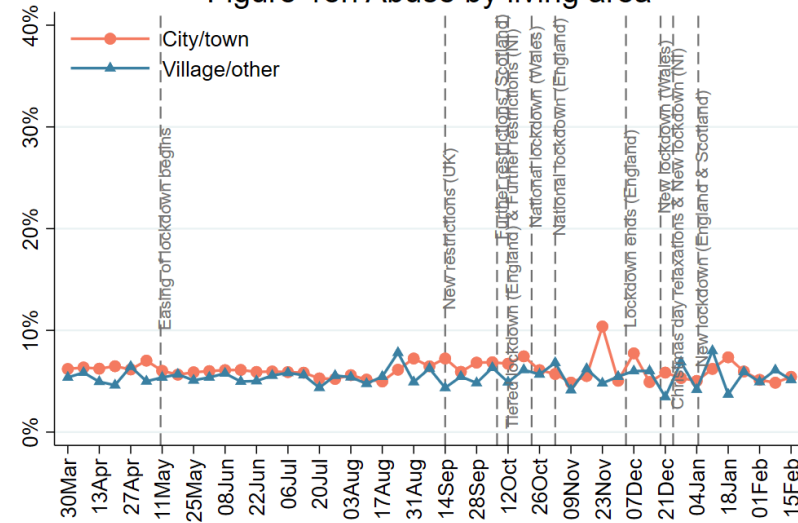


Figure 18i Abuse by gender

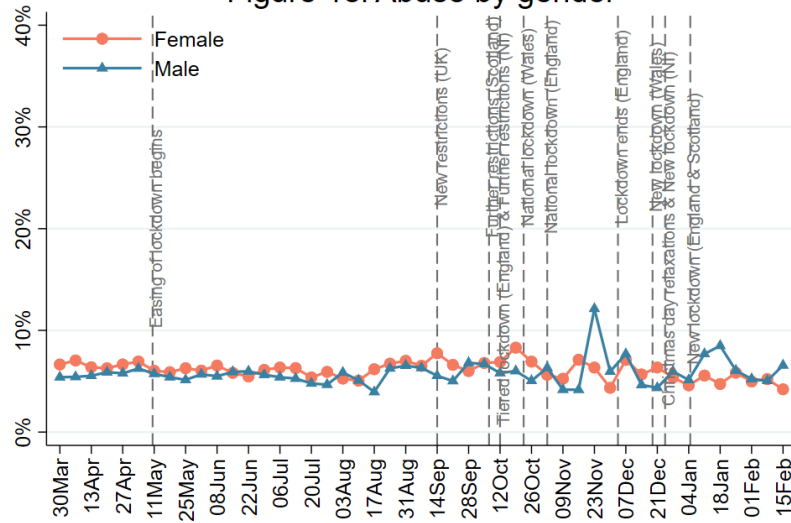


Figure 18j Abuse by ethnicity

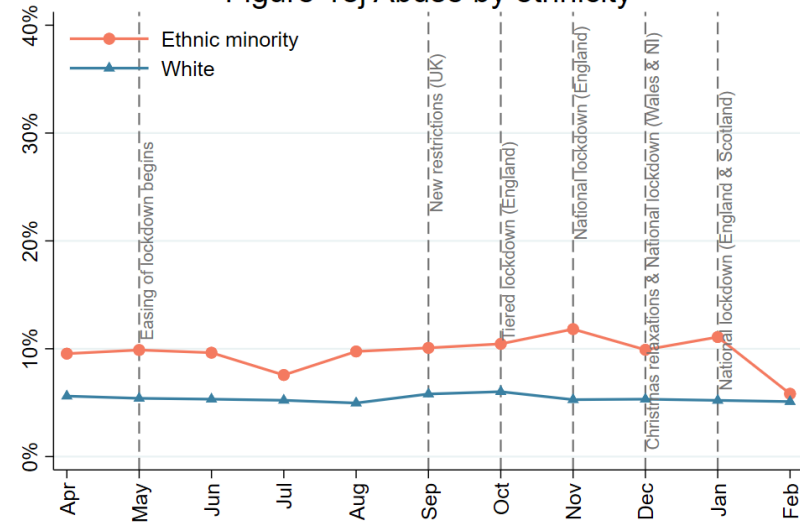


Figure 18k Abuse by educational levels

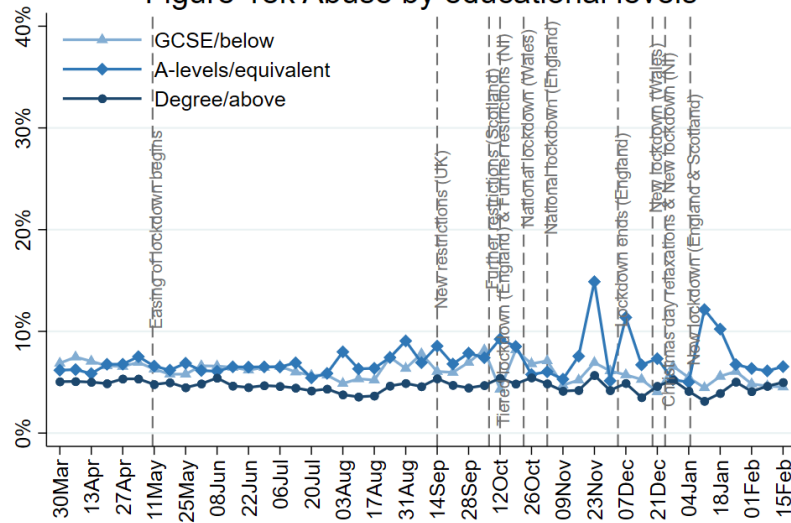
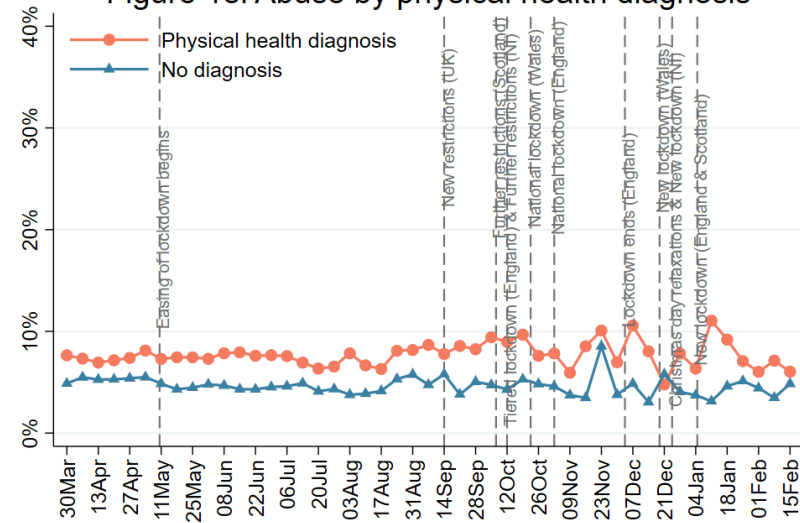
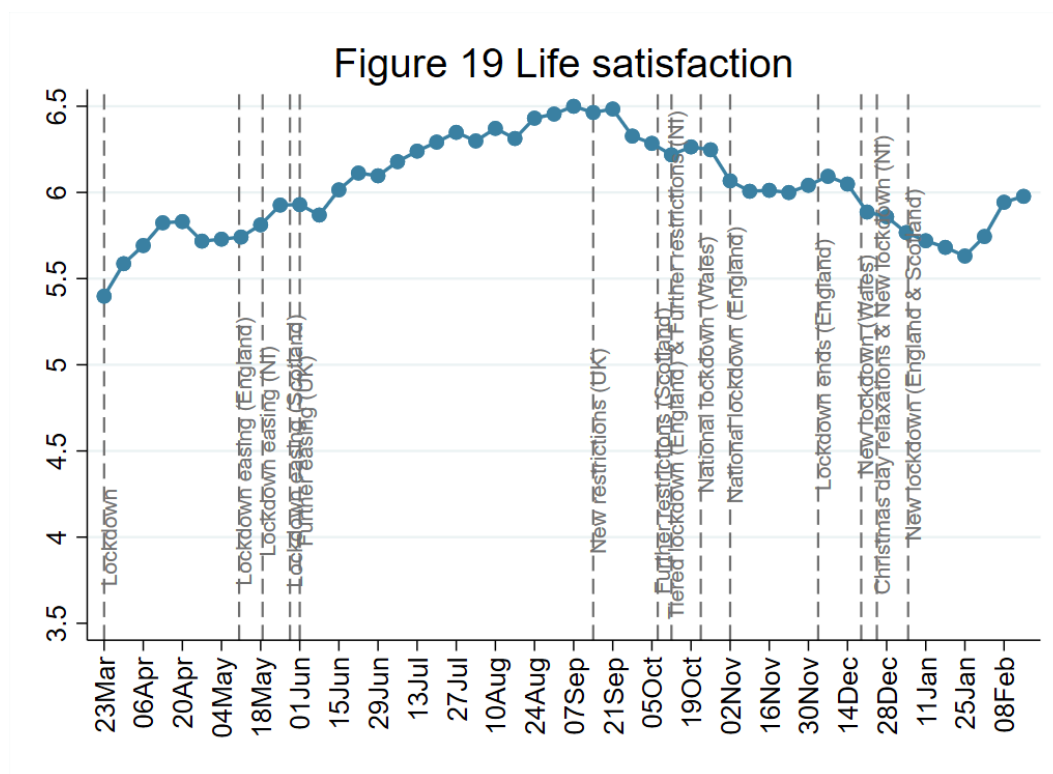


Figure 18l Abuse by physical health diagnosis



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).

There has been an increase in life satisfaction in the last month seen across all age groups. Life satisfaction remains lower than during the summer, but levels are now similar to June 2020 when lockdown restrictions were being lifted.

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 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.

⁶Layard R, Clark A, De Neve J-E, Krekel 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

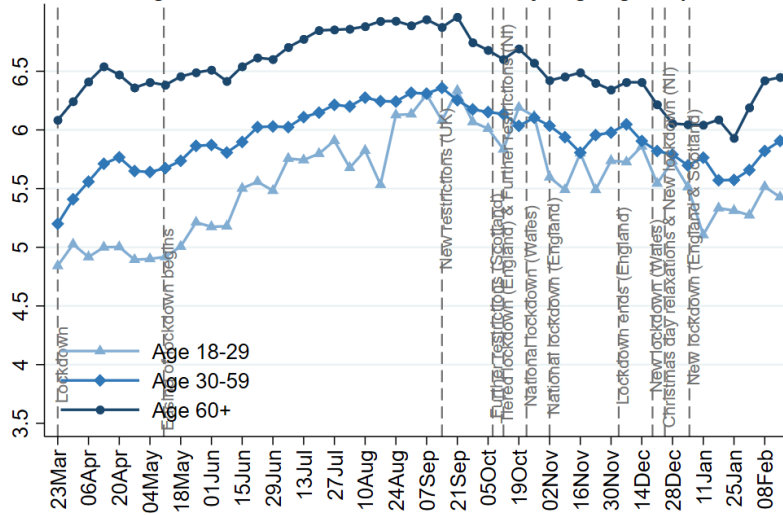


Figure 20b Life satisfaction by living arrangement

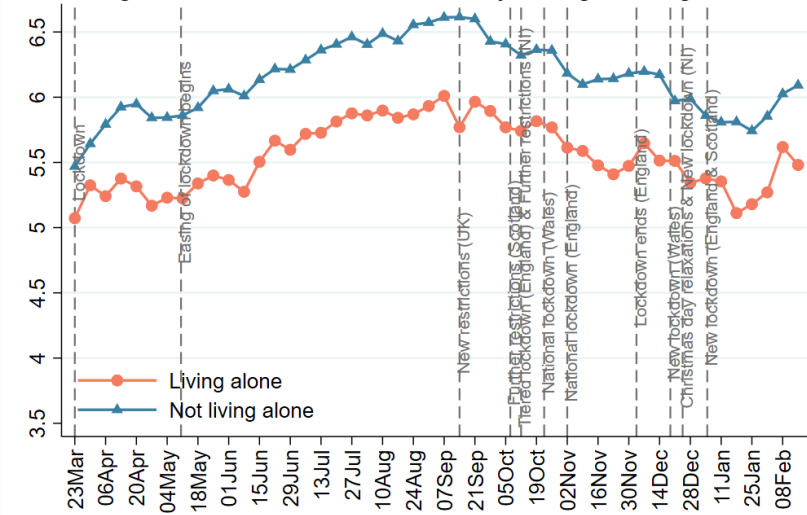


Figure 20c Life satisfaction by household income

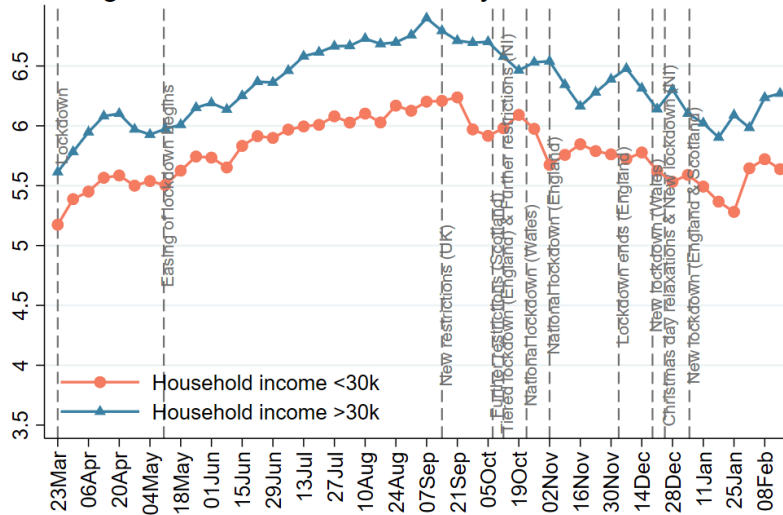


Figure 20d Life satisfaction by mental health diagnosis

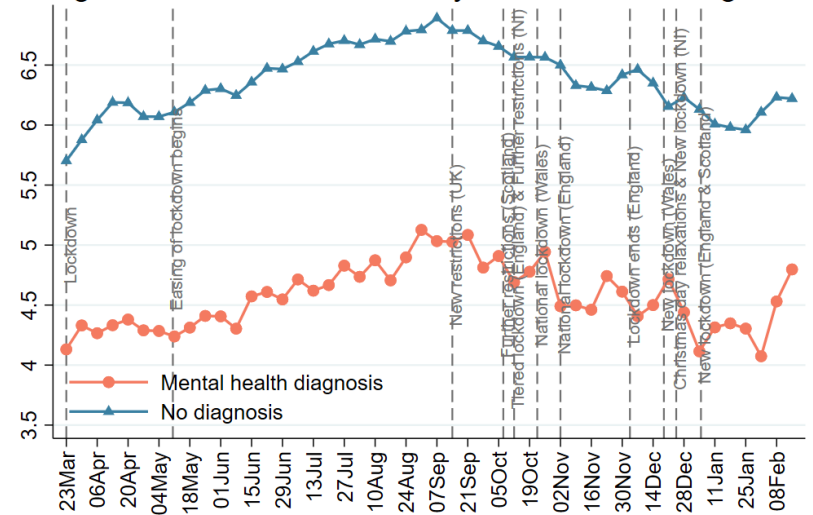


Figure 20e Life satisfaction by nations

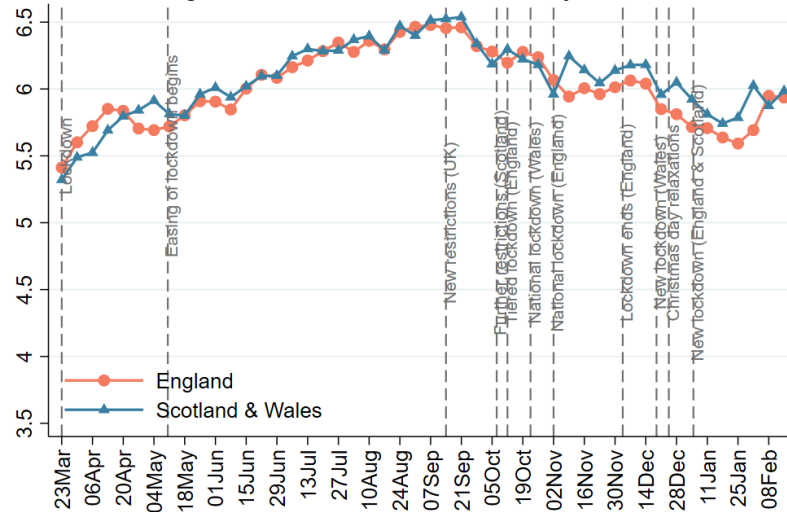


Figure 20f Life satisfaction by keyworker status

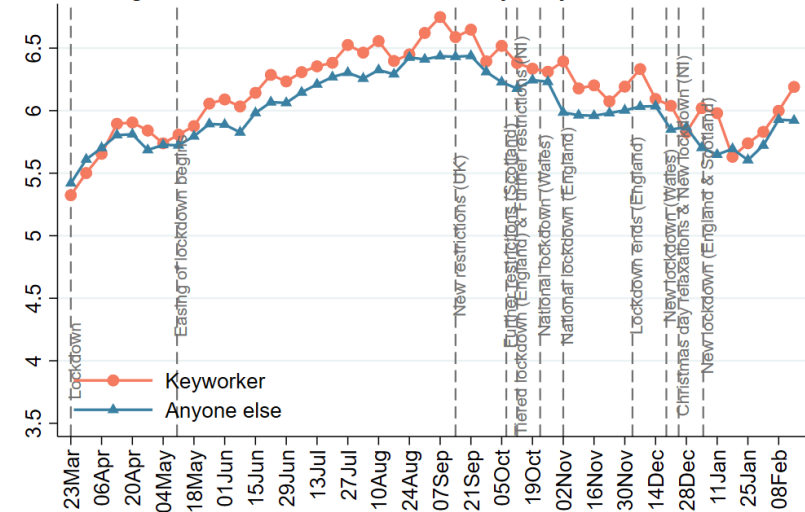


Figure 20g Life satisfaction by living with children

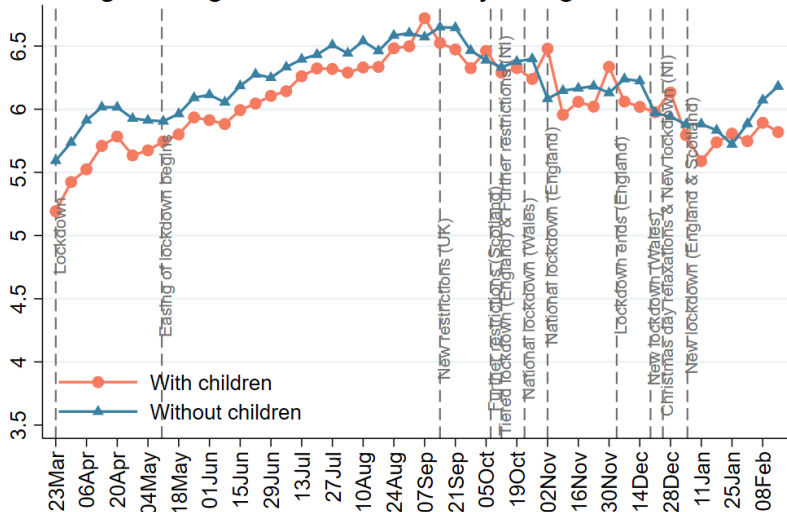


Figure 20h Life satisfaction by living area

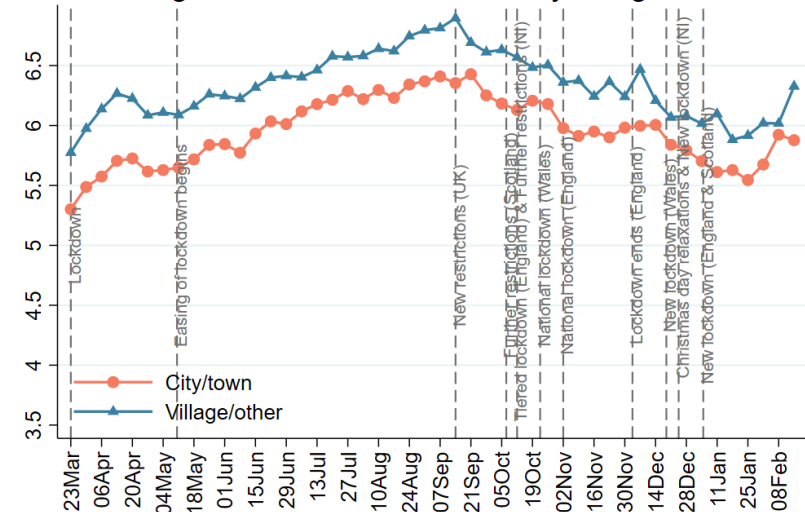


Figure 20i Life satisfaction by gender

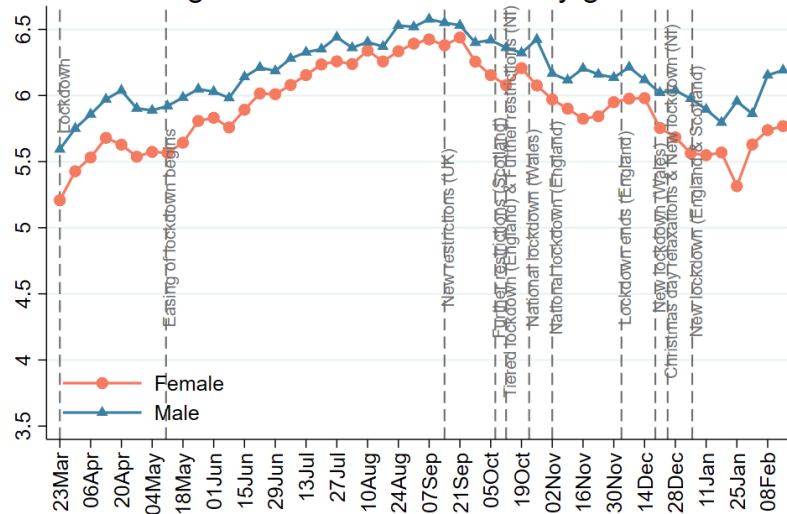


Figure 20j Life satisfaction by ethnicity

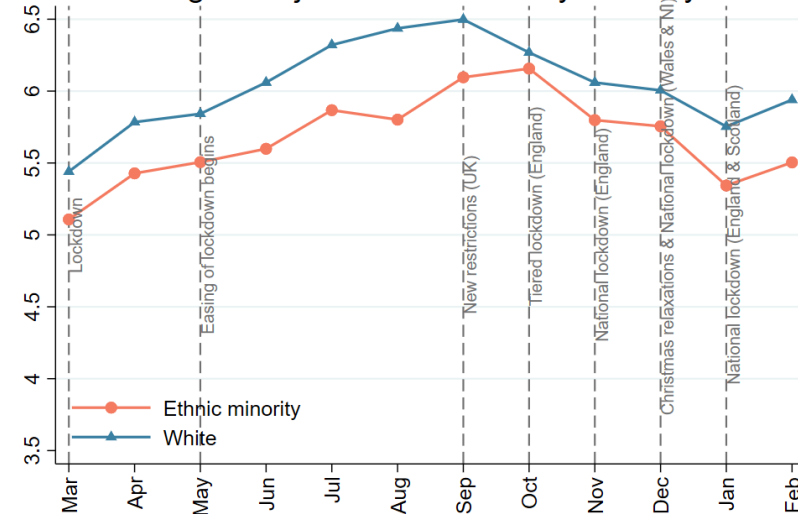


Figure 20k Life satisfaction by educational levels

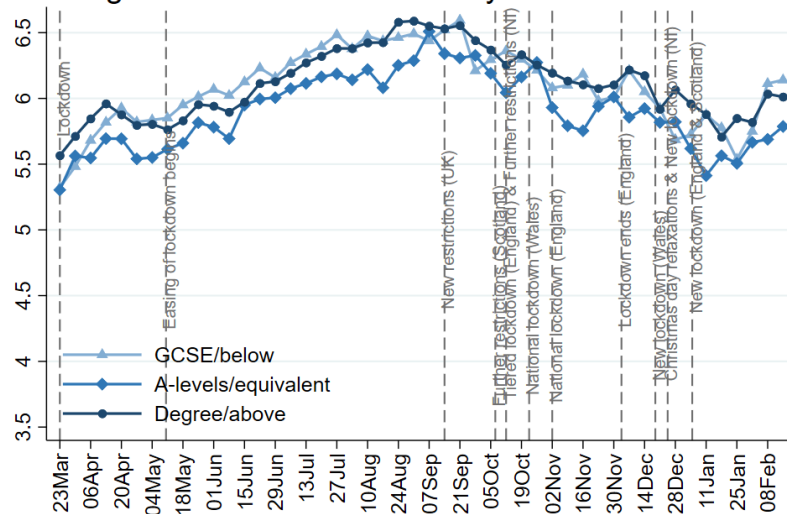
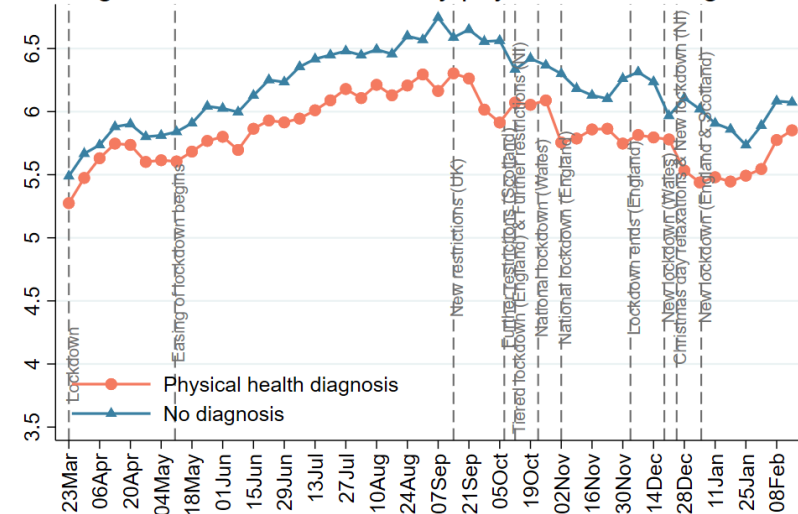
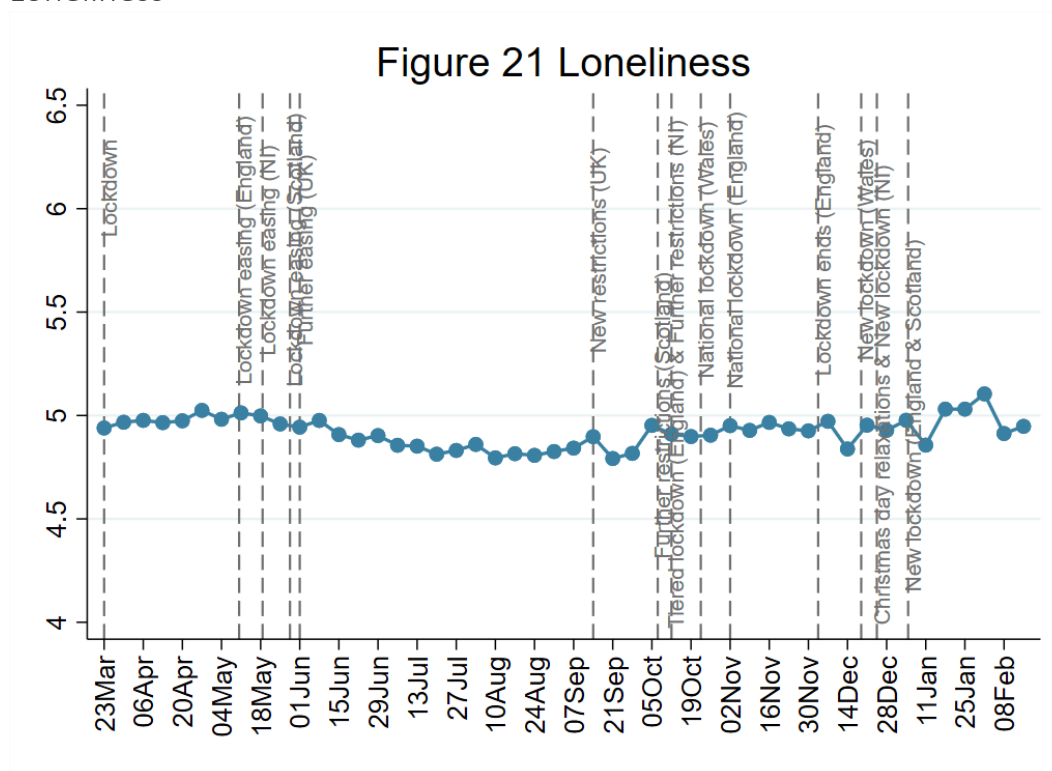


Figure 20l Life satisfaction by physical health diagnosis



4.2 Loneliness



FINDINGS

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 rating scale, ranging from “never” to “always”, with higher scores indicating greater loneliness.

Loneliness levels remain similar to what they were during first lockdown. Although they increased just after the introduction of the latest lockdown, the levels recorded in the past two weeks are in line with those recorded over the autumn and winter. Loneliness remains highest in people living alone, those with a mental health condition, amongst those from ethnic minority backgrounds, people with lower household income, and women.

Figure 22a Loneliness by age groups

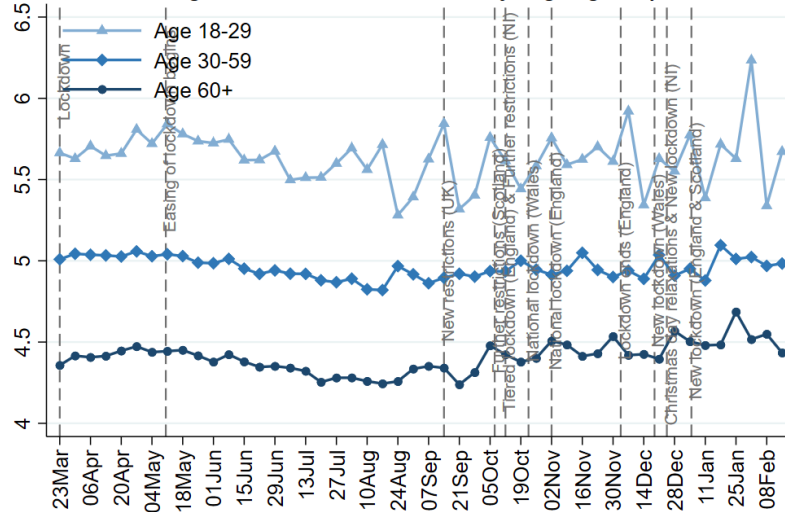


Figure 22b Loneliness by living arrangement

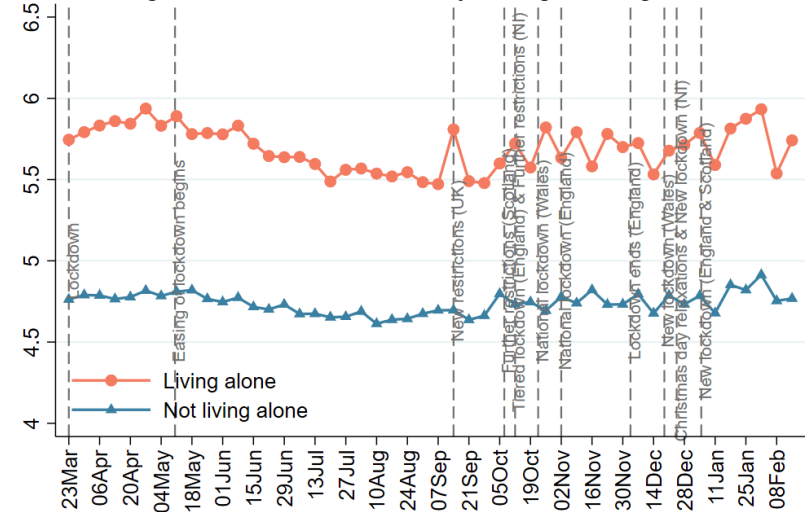


Figure 22c Loneliness by household income

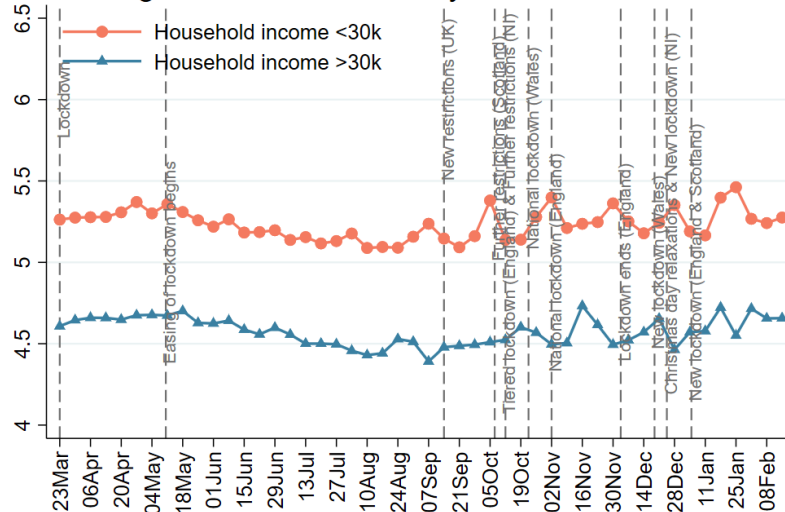


Figure 22d Loneliness by mental health diagnosis

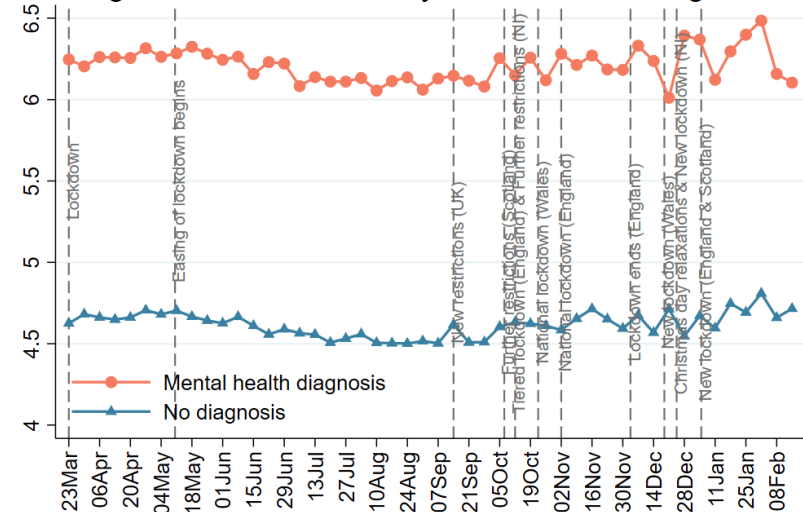


Figure 20e Life satisfaction by nations

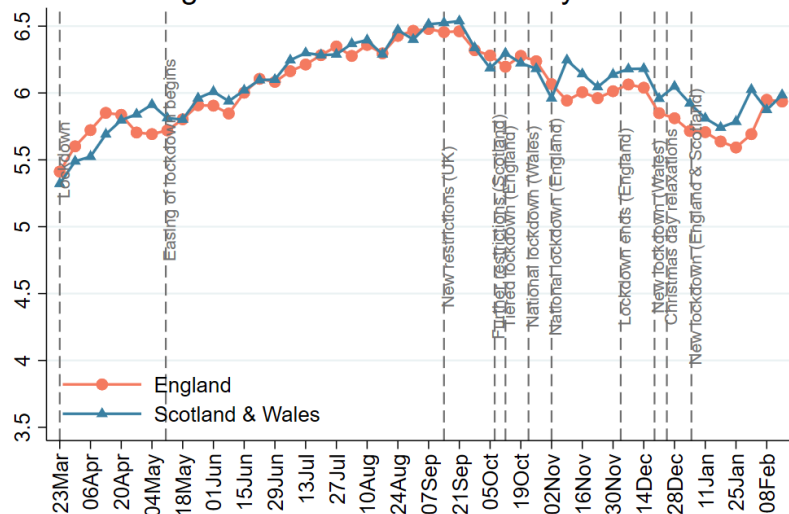


Figure 20f Life satisfaction by keyworker status

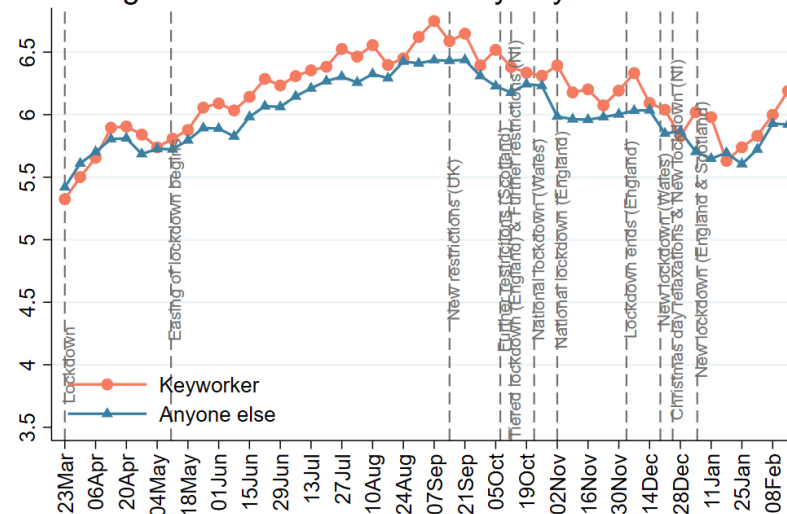


Figure 20g Life satisfaction by living with children

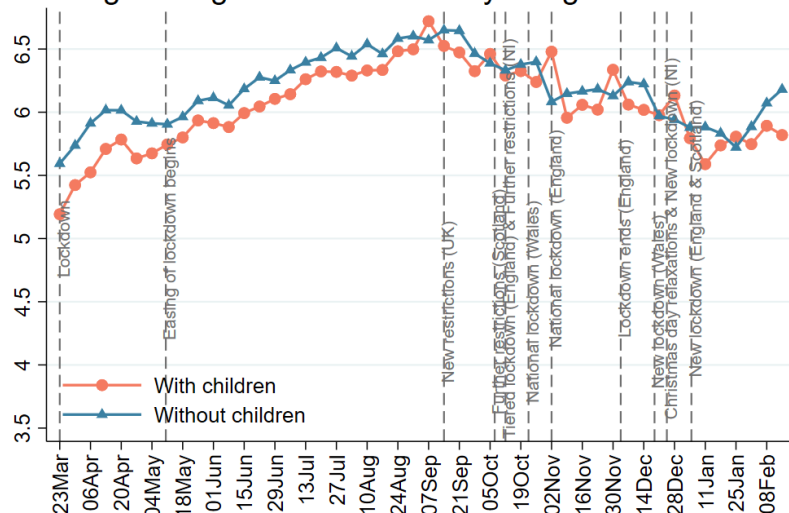


Figure 20h Life satisfaction by living area

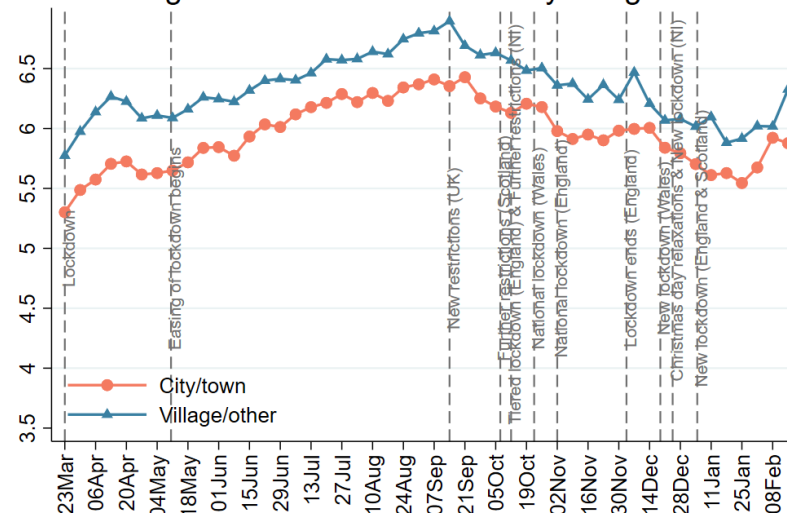


Figure 22i Loneliness by gender

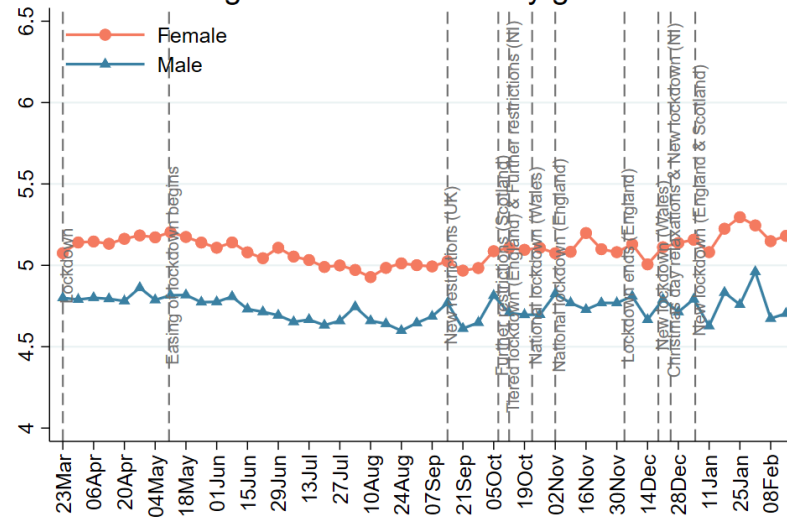


Figure 22j Loneliness by ethnicity

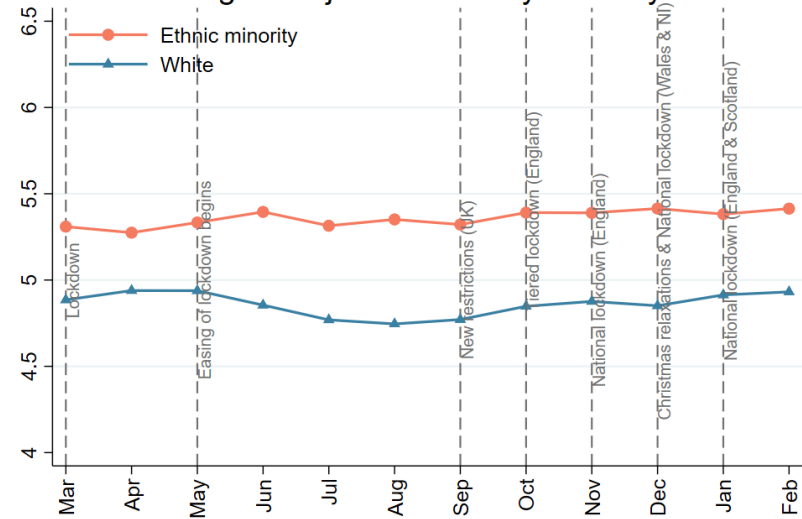


Figure 22k Loneliness by educational levels

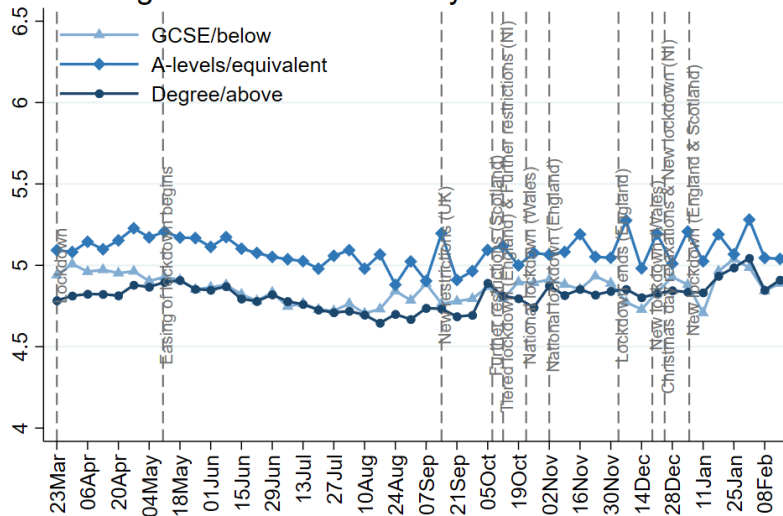
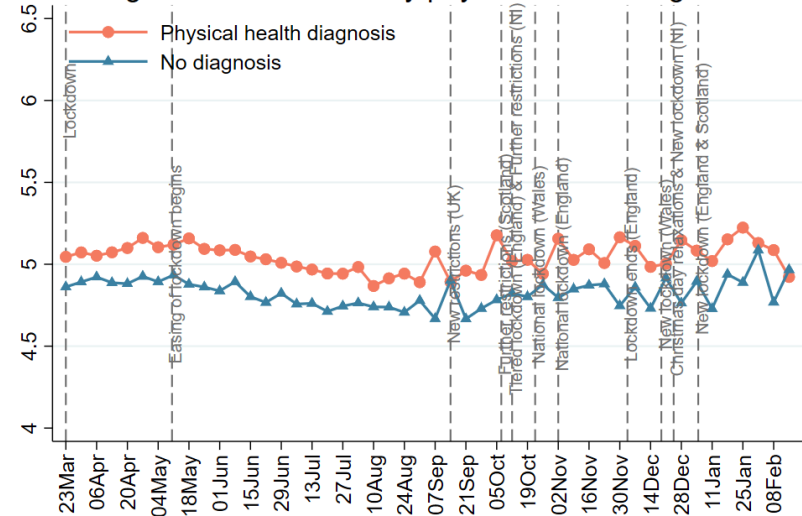
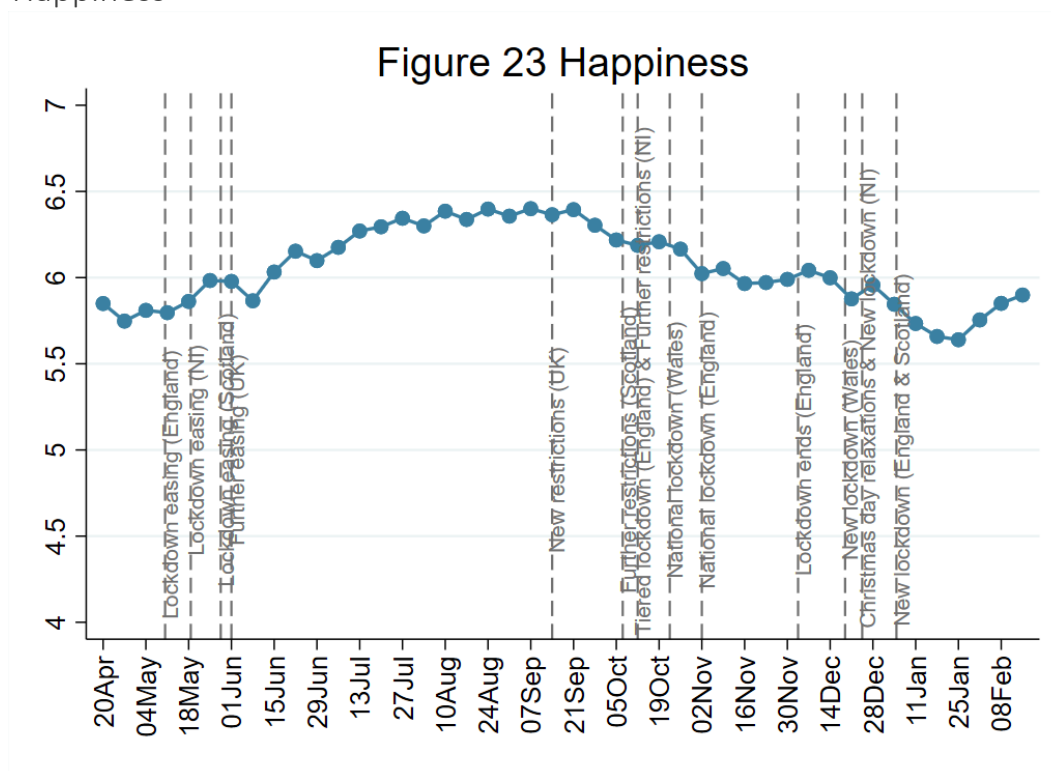


Figure 22l Loneliness by physical health diagnosis



4.3 Happiness



FINDINGS

Respondents were asked to rate to what extent they felt happy during the past week using the Office for National Statistics wellbeing scale on a scale from 0 (not at all) to 10 (completely). Happiness ratings are only available from 21st April onwards.

Happiness levels have increased somewhat in recent weeks in all age groups, showing similar levels to during first lockdown in 2020. However, they remain lower than they were in the summer. Happiness levels over the past several weeks are similar to levels early in the pandemic in the UK.

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 females, and people from ethnic minority backgrounds.

Figure 24a Happiness by age groups

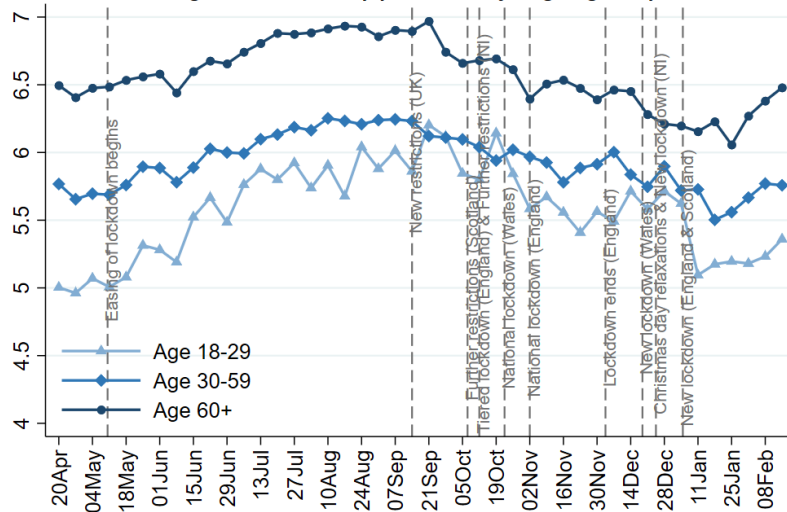


Figure 24b Happiness by living arrangement

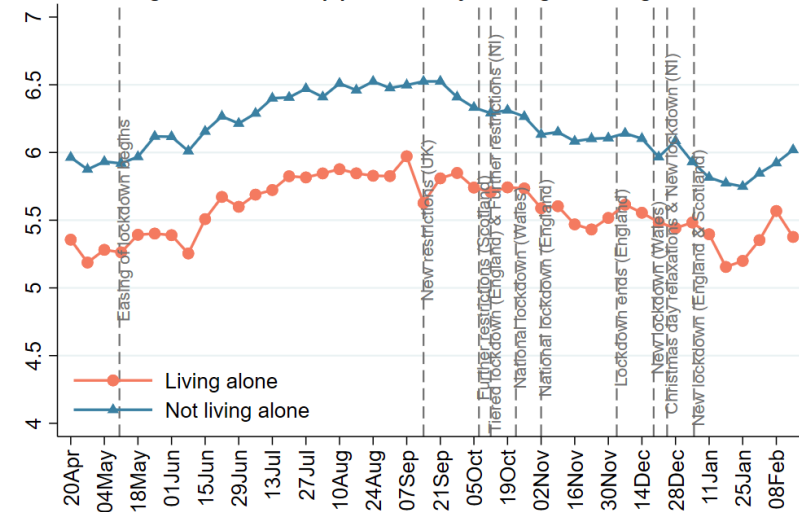


Figure 24c Happiness by household income

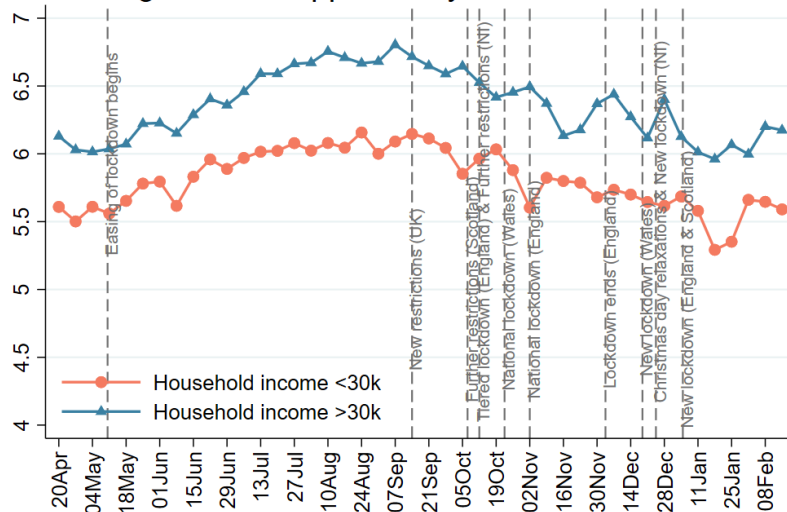


Figure 24d Happiness by mental health

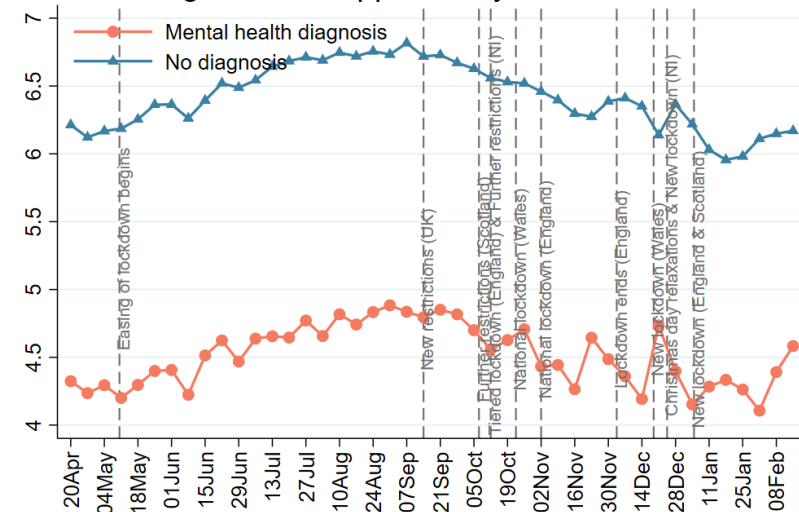


Figure 24e Happiness by nations

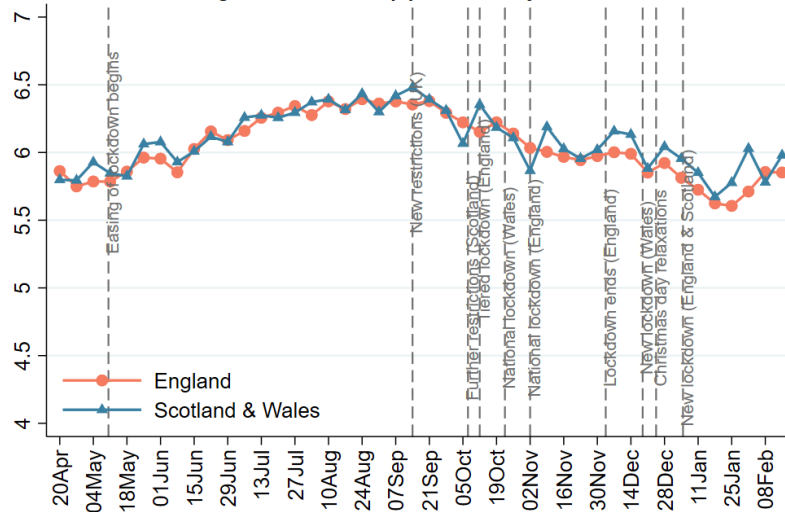


Figure 24f Happiness by keyworker status

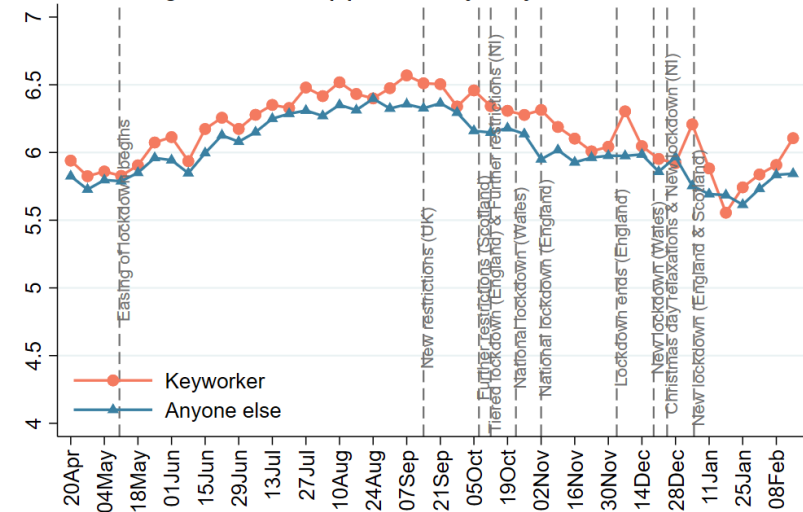


Figure 24g Happiness by living with children

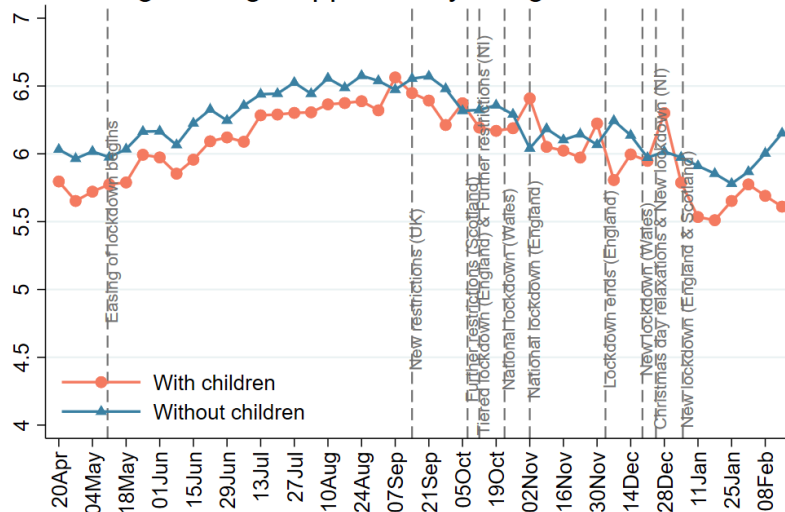


Figure 24h Happiness by living area

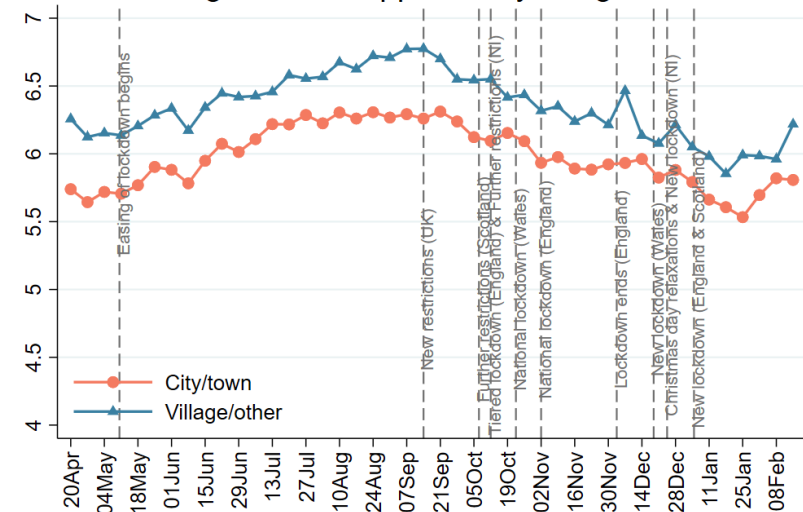


Figure 24i Happiness by gender

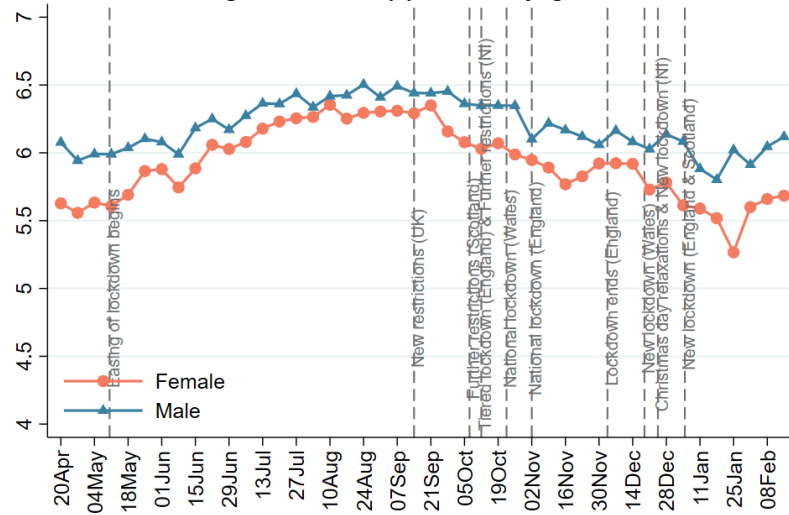


Figure 24j Happiness by ethnicity

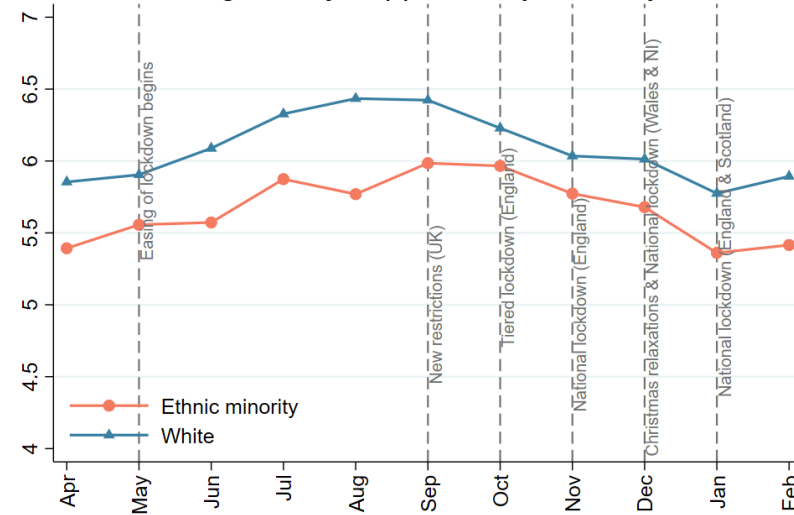


Figure 24k Happiness by educational levels

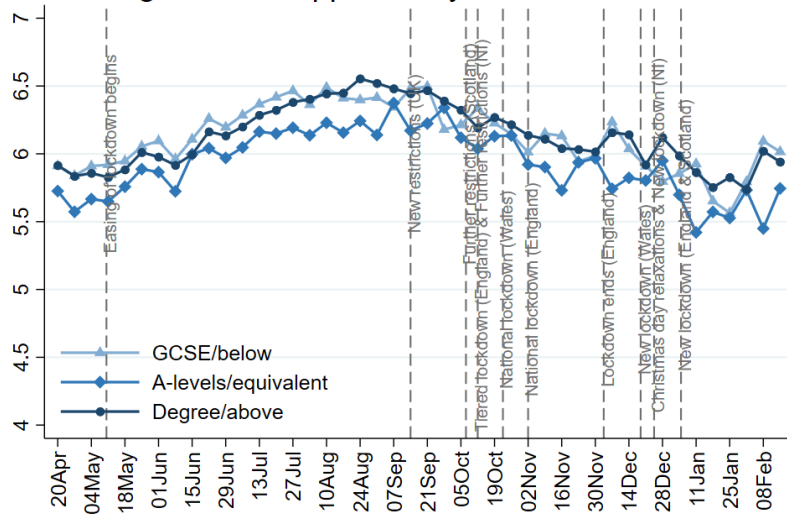
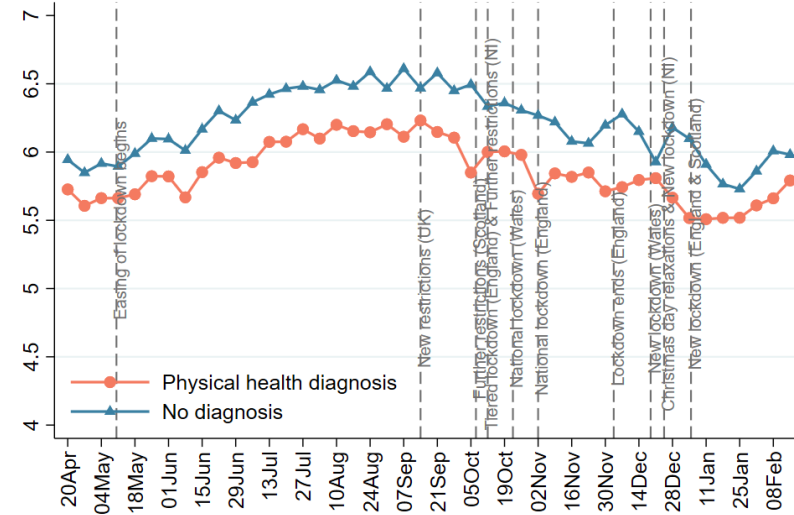
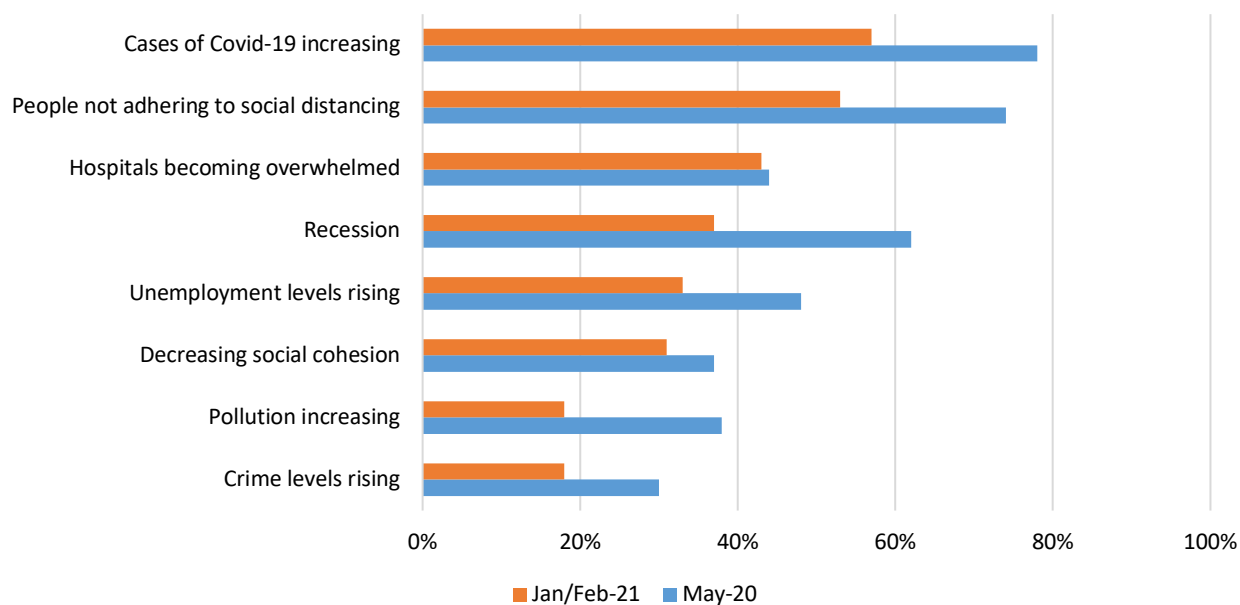


Figure 24l Happiness by physical health diagnosis



5. Concerns after lockdown

Figure 25 Concerns after lockdown in May 2020 vs Jan-Feb 2021



FINDINGS

In May 2020 towards the end of first lockdown, respondents were asked about what factors they were concerned about as lockdown is eased. In January-February 2021 these questions were repeated.

The proportion of people concerned about each factor has decreased compared to May, although concerns about hospitals becoming overwhelmed remain similar in January/February 2021 (43%) to what they were in May 2020 (44%). Concerns about increasing cases of Covid-19 and about hospitals being overwhelmed are fairly consistent in the two older age groups, but slightly higher in younger adults.

As in May 2020, the most prevalent current concerns are cases of Covid-19 increasing (57%) and people not adhering to social distancing (53%). Economic concerns remain relatively high, with around 1 in 3 people (37%) concerned about a recession and about unemployment levels rising (33%), and nearly as many people are worried about social cohesion decreasing (31%). Fewer than 1 in 5 people are now showing concern about pollution increasing and crime levels rising compared to around 1 in 3 in May 2020.

Around 1 in 3 adults of all ages are concerned about unemployment and a recession, and these proportions are slightly higher in adults of working age (recession: 39%, unemployment: 34%). Concern about people not adhering to social distancing is highest in older adults, while concern about pollution increasing is higher in adults under the age of 30 (26%).

Figure 26a Concerns after lockdown in Jan-Feb 2021
amongst younger adults (aged 18-29)

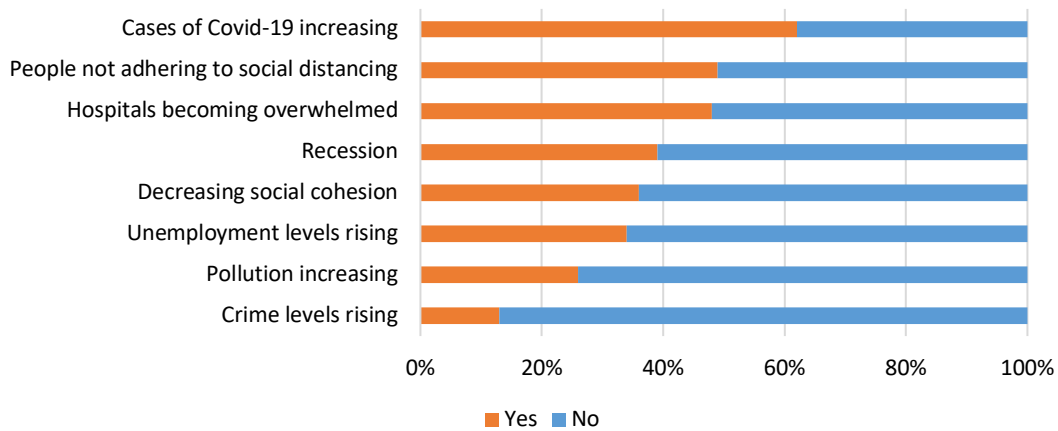


Figure 26b Concerns after lockdown in Jan-Feb 2021
amongst adults (aged 30-59)

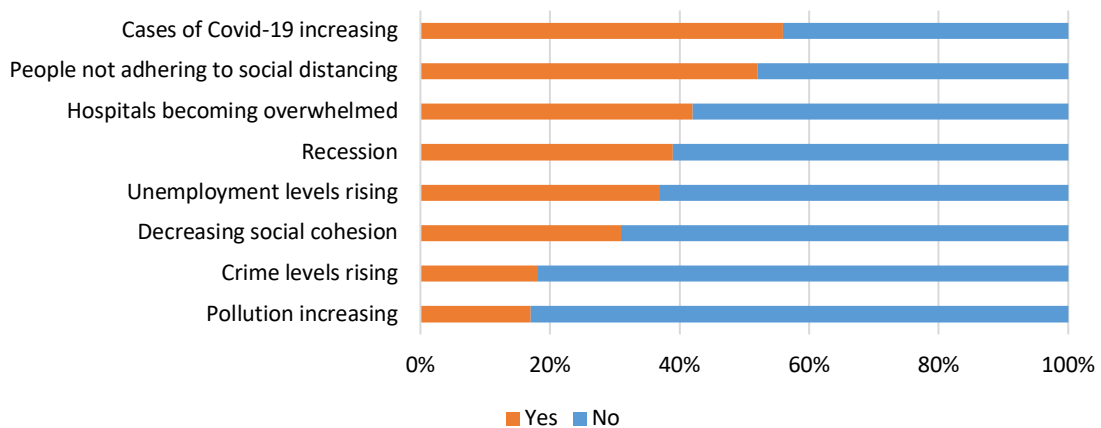
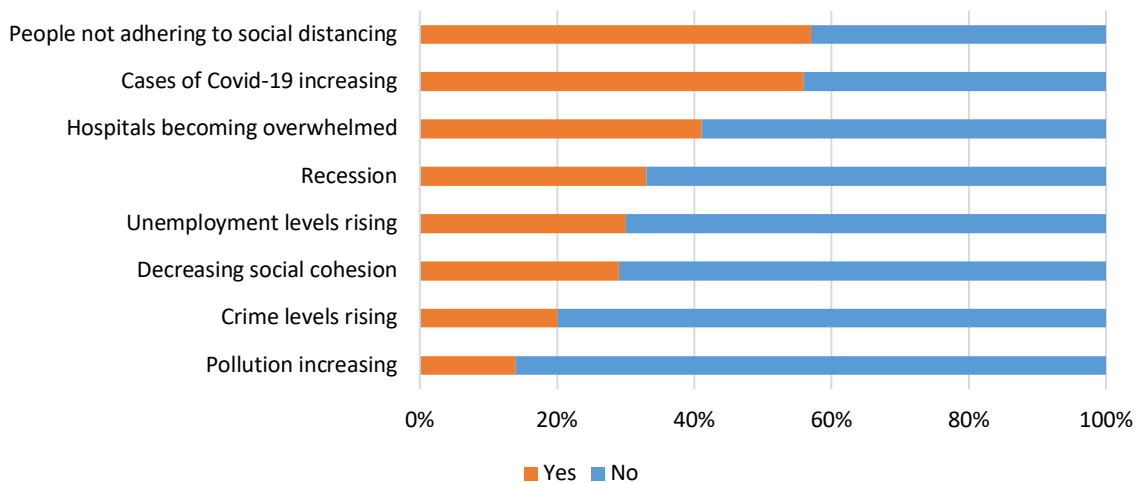
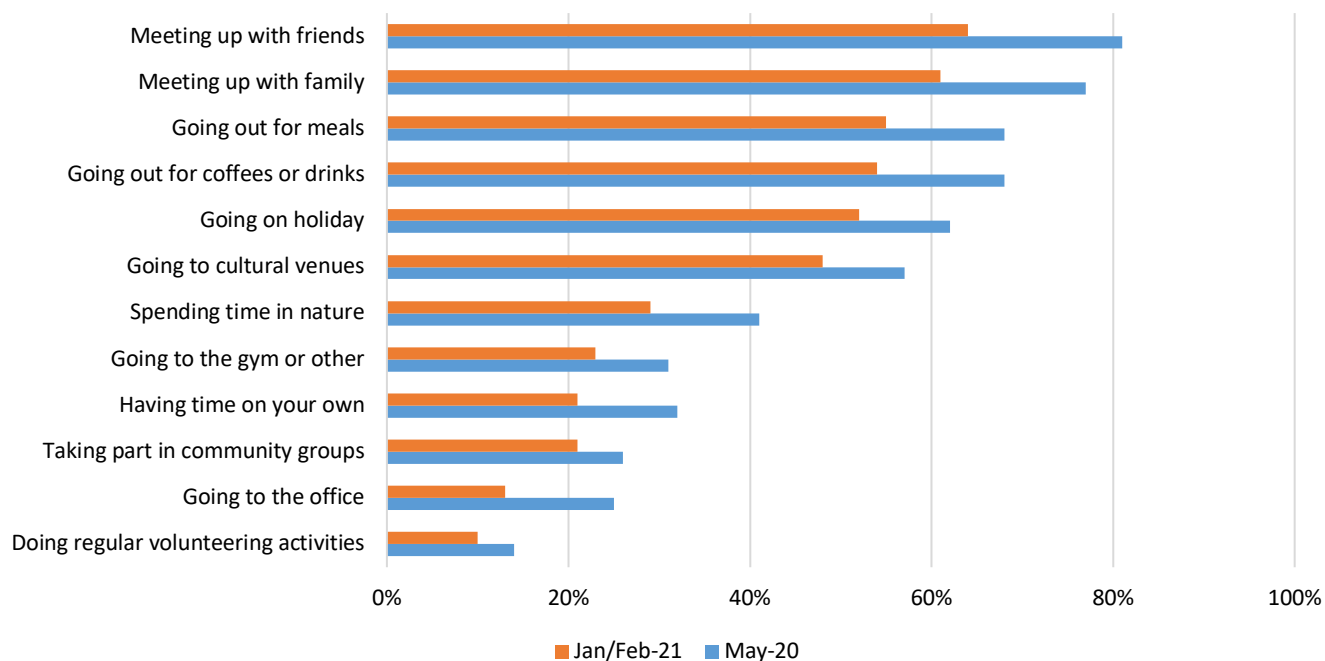


Figure 26c Concerns after lockdown in Jan-Feb 2021 amongst
older adults (aged 60+)



6. Activities missed during lockdown

Figure 27 Activities missed during lockdown in May 2020 vs Jan-Feb 2021



FINDINGS

In May 2020 towards the end of first lockdown, respondents were asked about which activities they have been missing during lockdown. In January-February 2021 these questions were repeated.

Whilst fewer people are currently reporting missing each of the activities compared to May 2020, the most prevalent activities missed in January/February 2021 continue to be meeting up with friends (64%) and family (61%). There are few differences in whether people are missing meeting up with family and friends by age.

Over half of adults are missing meals and coffees out and going on holiday. Going to cultural venues is being missed by 48% of adults, while 29% are missing spending time in nature. These factors are all being missed most by younger adults.

Around 1 in 4 adults are missing going to the gym. This is particularly prevalent amongst younger adults (33%). Similarly, 1 in 4 adults (35% of adults under 30) are missing having time alone.

1 in 4 adults are missing taking part in community groups, while just 13% of people are missing going to the office. More young adults say they miss going to the office (22%).

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 factors amongst adults over the age of 60.

Figure 28a Activities missed during lockdown in Jan-Feb 2021
amongst younger adults (aged 18-29)

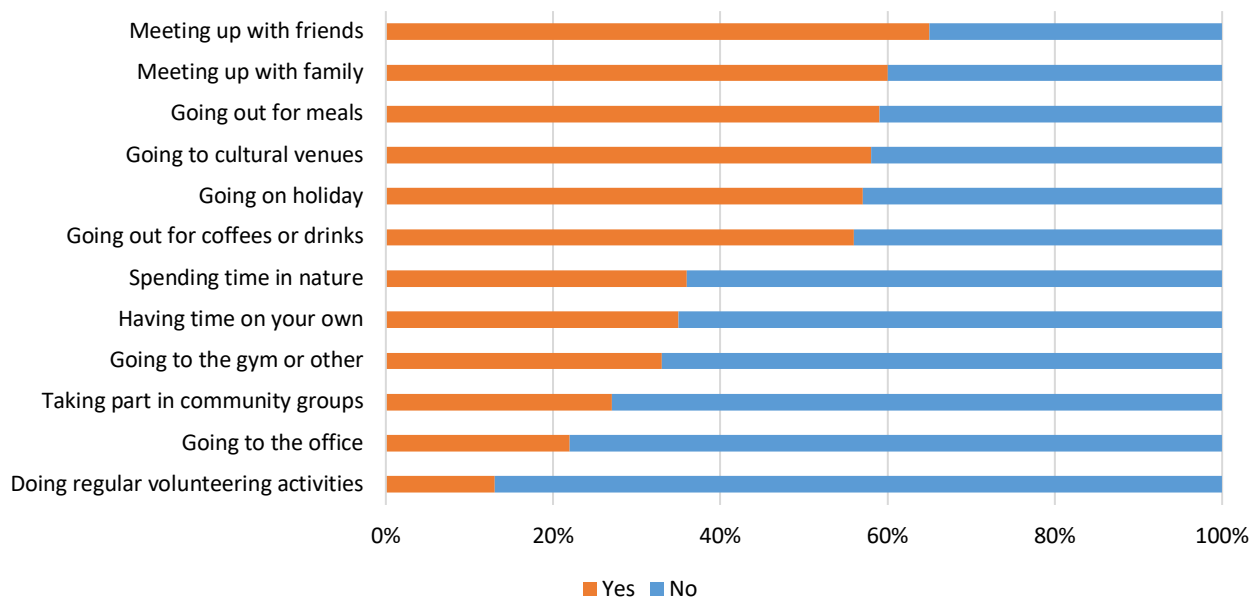


Figure 28b Activities missed during lockdown in Jan-Feb 2021
amongst adults (aged 30-59)

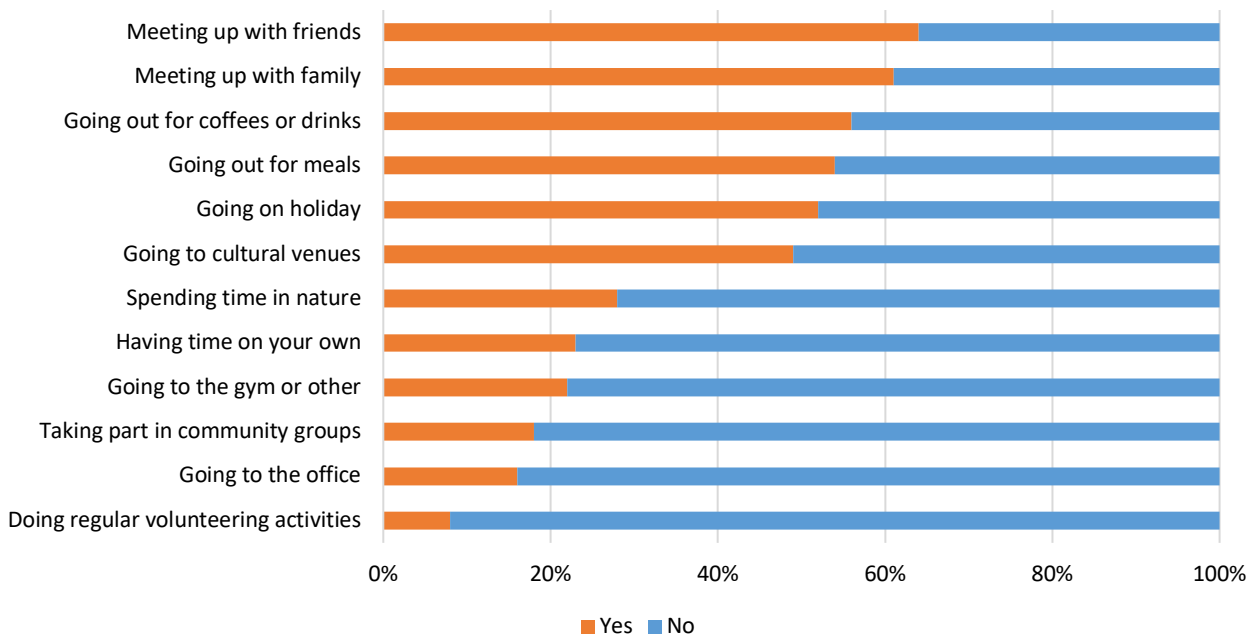
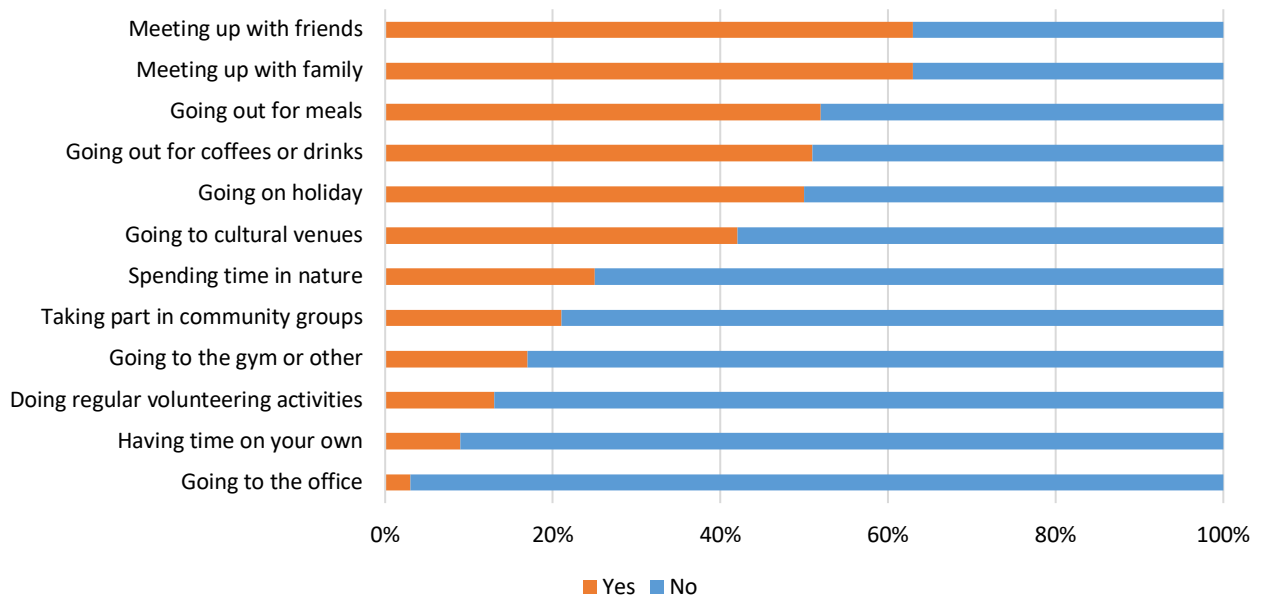


Figure 28c Activities missed during lockdown in Jan-Feb 2021
amongst older adults (aged 60+)



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 21st February 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

	Number of observations	%		Number of observations	%
Age			Education levels		
18-29	50,367	5.80	GCSE or below	122,017	14.1
30-59	476,781	54.9	A-levels of equivalent	149,735	17.3
60+	340,615	39.3	Degree or above	596,011	68.7
Gender			Any diagnosed mental health conditions		
Male	217,845	25.2	No	722,653	83.3
Female	646,464	74.8	Yes	145,110	16.7
Ethnicity			Any diagnosed physical health conditions		
White	830,715	96.0	No	499,518	57.6
Ethnic minority	34,320	3.97	Yes	368,245	42.4
UK nations			Keyworker		
England	701,054	81.6	No	686,731	79.1
Wales	104,703	12.2	Yes	181,032	20.9
Scotland	53,592	6.24	Living with children		
Living arrangement			No (excluding those who live alone)	492,947	71.9
Not living alone	685,238	79.0	Yes	192,291	28.1
Living alone	182,525	21.0	Living area		
Annual household income			Village/hamlet/isolated dwelling	217,112	25.0
>30k	466,048	59.6	City/large town/small town	650,651	75.0
<30k	315,875	40.4			