Covid-19 Social Study

Results Release 37

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Executive summary

Background

This report provides data from the last 72 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-SEVENTH report, we focus on psychological responses to the first seventy-two weeks since just before the first UK lockdown was announced (21/03/2020 to 08/08/2021). 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***** Changes in relationships

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

- Most adults said that the quality of their relationships in nine different categories (e.g., children, friends, relatives, parents inside and outside of the household, colleagues or co-workers, neighbours) has been about the same as usual over the past year.
- Over 1 in 4 (28%) respondents said the quality of their relationship with their spouse or partner has improved over the last year. Nearly half (46%) of young adults (ages 18-29) reported improvement in these relationships, compared with 27% of adults aged 30-59 and 21% of older adults. However, young adults were also most likely to report a worsening of relationships with friends outside of the household (30% vs 26% of adults aged 30-59 and 14% of older adults).
- Over 1 in 5 (22%) adults said they had experienced a complete breakdown of any relationship in the same nine categories in the past year. Young adults were most likely to report a relationship breakdown (35% vs 12% of adults aged 60 and over), as were people with a diagnosed mental health condition (37% vs 19%). People living with children (27% vs 20%), people with lower household income (24% vs 20%), people from ethnic minority groups (36% vs 20%), women (25% vs 19%), and people living in urban areas (23% vs 19%) were also more likely to report a relationship breakdown.
- Despite the ending of the latest restrictions, majority compliance with the rules and guidelines continues to be high and is currently at 89%. Complete compliance with the rules, has, however been decreasing since the beginning of the year and is now being reported by fewer than 1 in 2 people (38%).
- Depression and anxiety symptoms have generally been decreasing since the end of February and are now similar to what they were in the summer of 2020. However, depression and anxiety symptoms are still highest in young adults, people living alone, people with lower household income, people living with children, women, people from ethnic minority groups, and those with a physical or mental health condition.
- The proportion of people concerned about catching or becoming seriously ill from Covid-19 increased over the two months preceding the end of the latest restrictions in July but appears to be decreasing again.
- Despite having decreased over the last three months, confidence in government to handle the pandemic in England now appears to be increasing slightly, although more data will be needed to confirm this trend.

1. Compliance and confidence

1.1 Compliance with guidelines

Figure 1 Compliance with guidelines
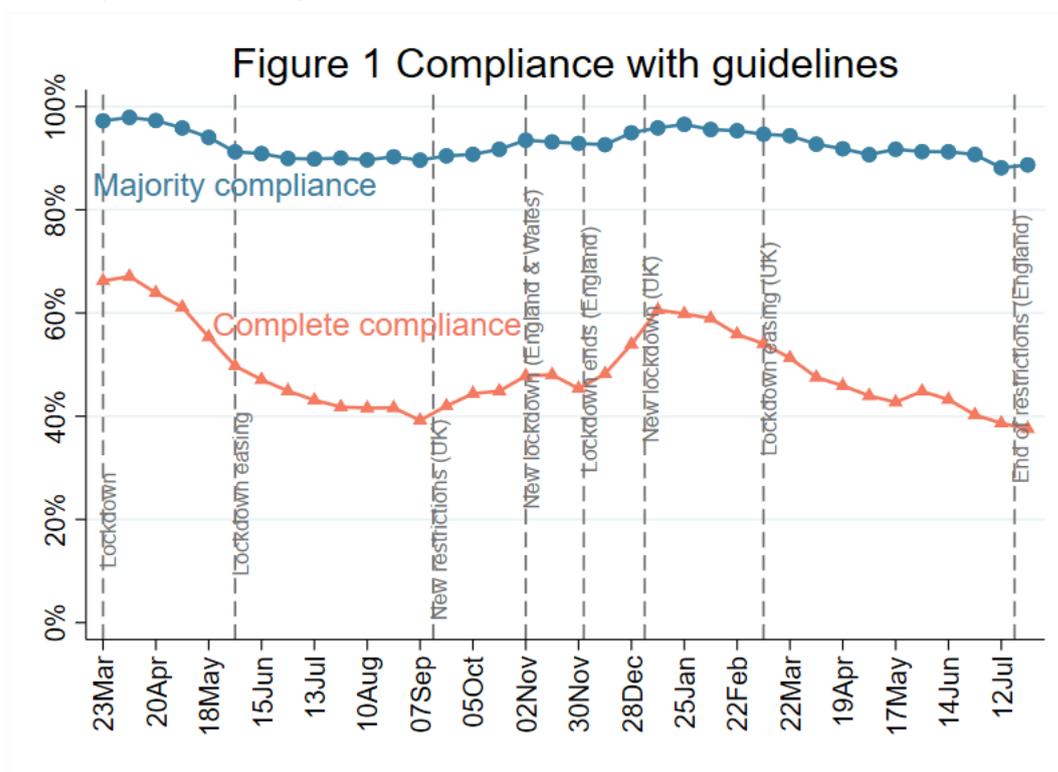
FINDINGS

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).

Majority compliance has continued to decline since the easing of the latest restrictions and is now what it was in the summer of 2020.

Complete compliance (i.e., following rules and recommendations with no bending or even minor infringements) has been decreasing since the start of the new year and is what it was at the end summer of 2020, around 40%. 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 9 in 10 (89%) people in the last month, with consistent patterns since the beginning of the year 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.

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
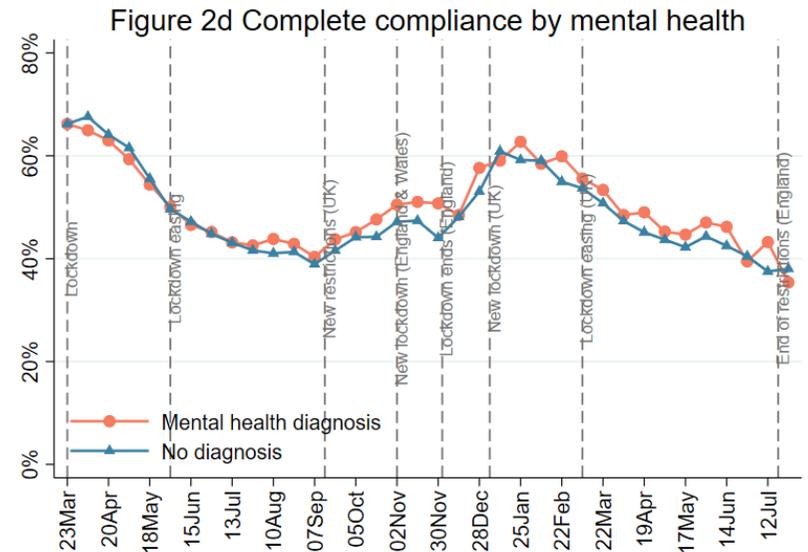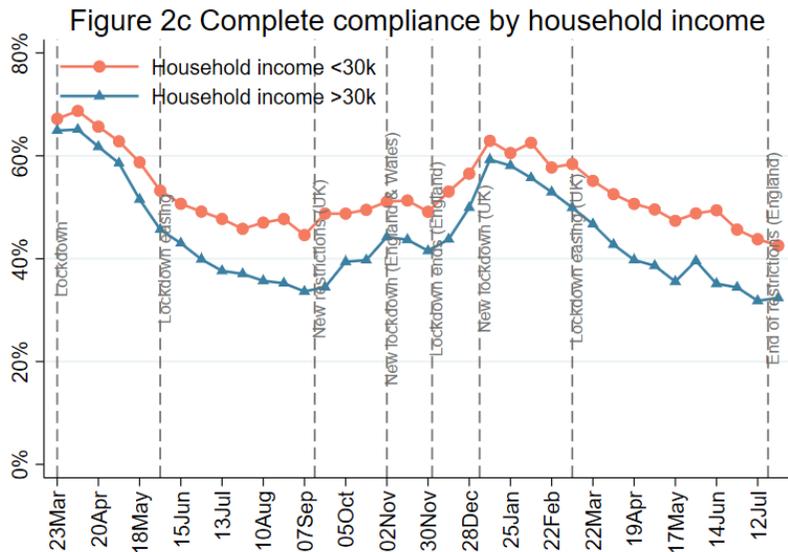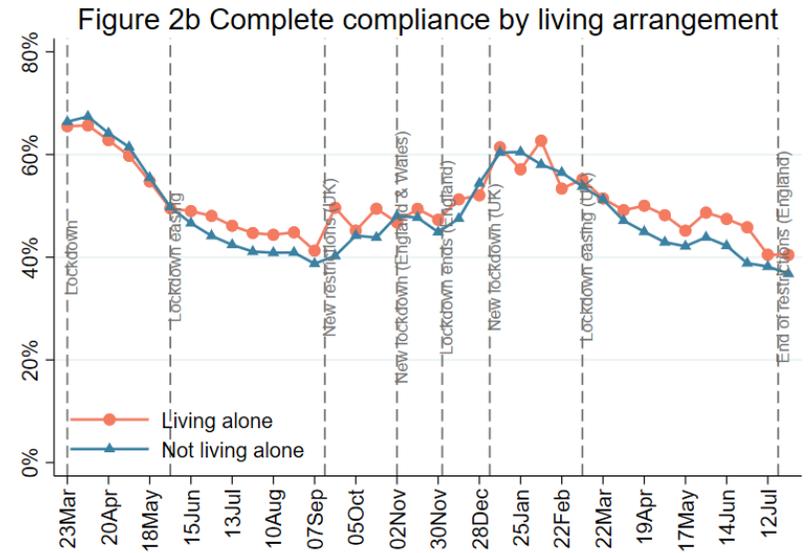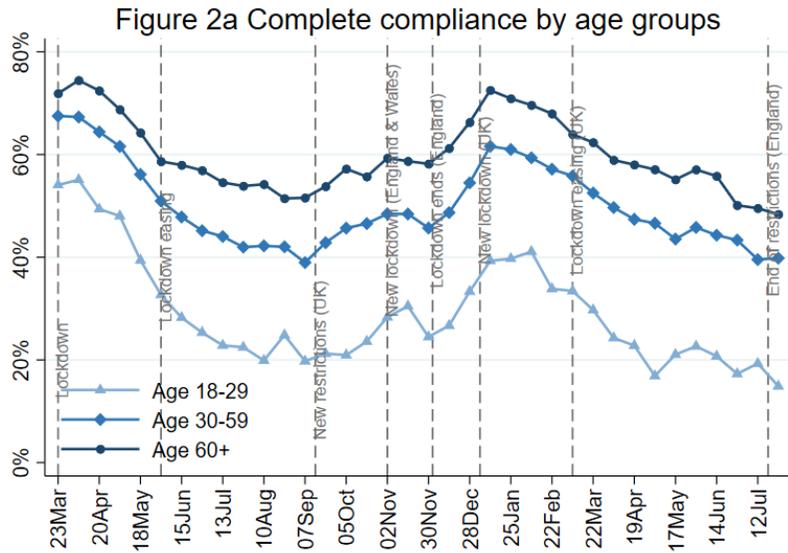
Figure 2e Complete compliance by nations
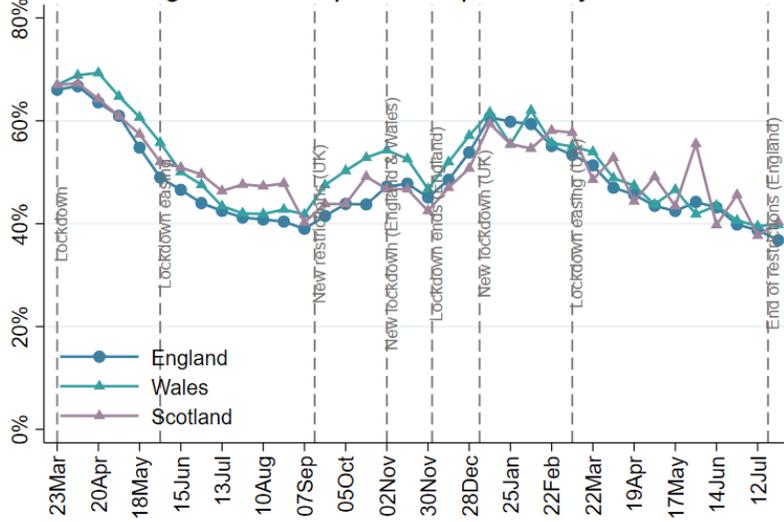


Figure 2f Complete compliance by keyworker status
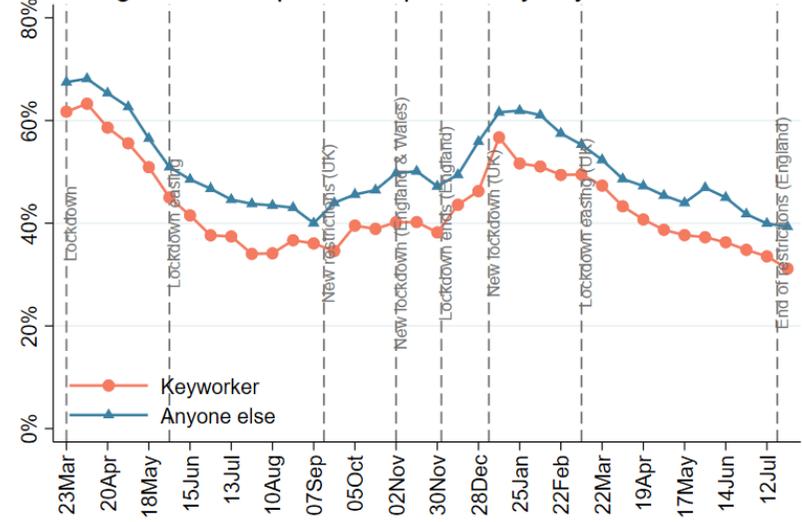

Figure 2g Complete compliance by living with children
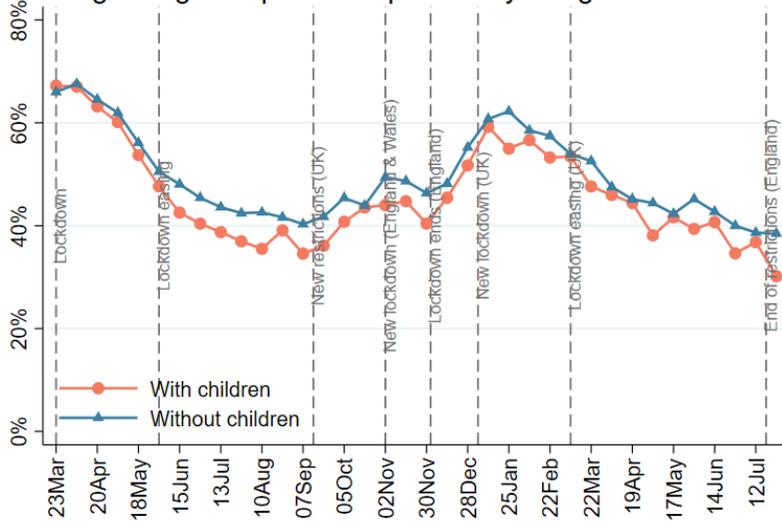

Figure 2h Complete compliance by living area
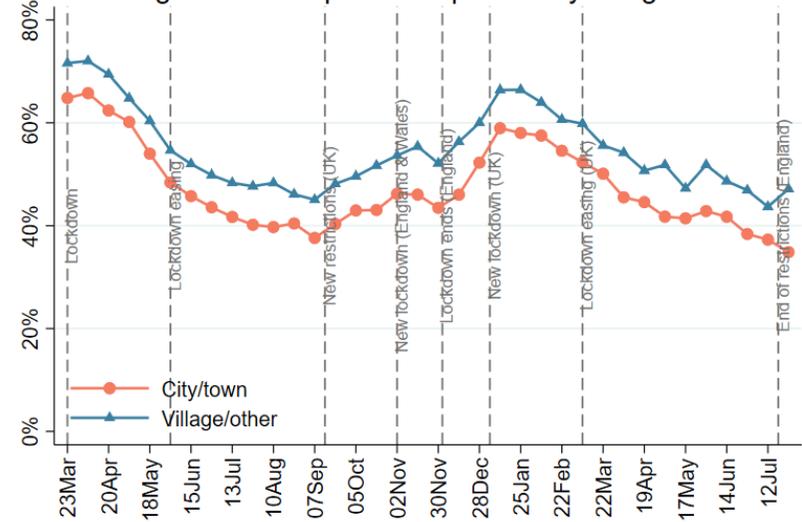
Figure 2i Complete compliance by gender
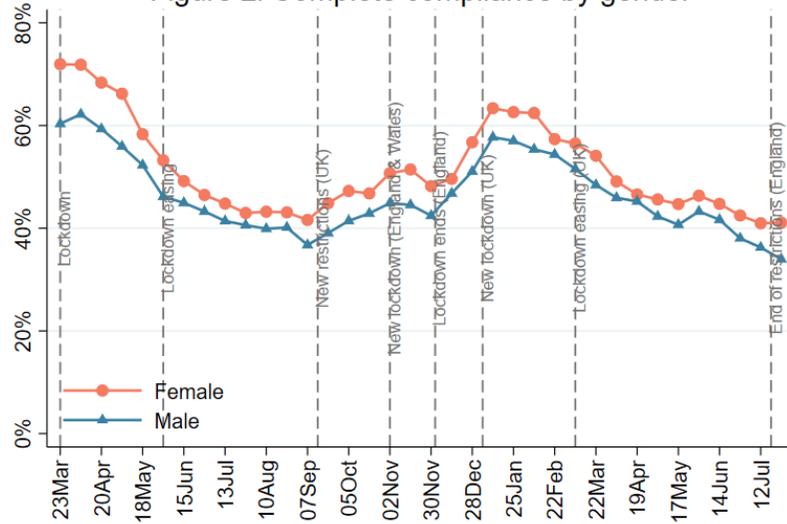
Figure 2j Complete compliance by ethnicity
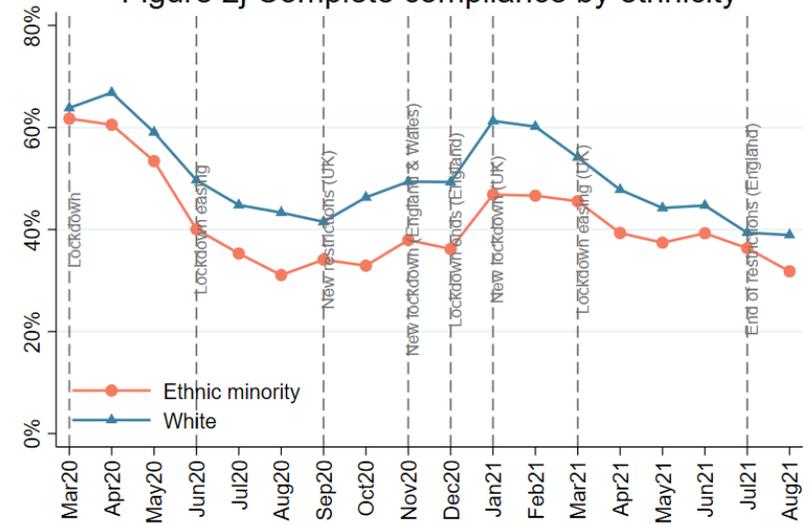
Figure 2k Complete compliance by educational levels
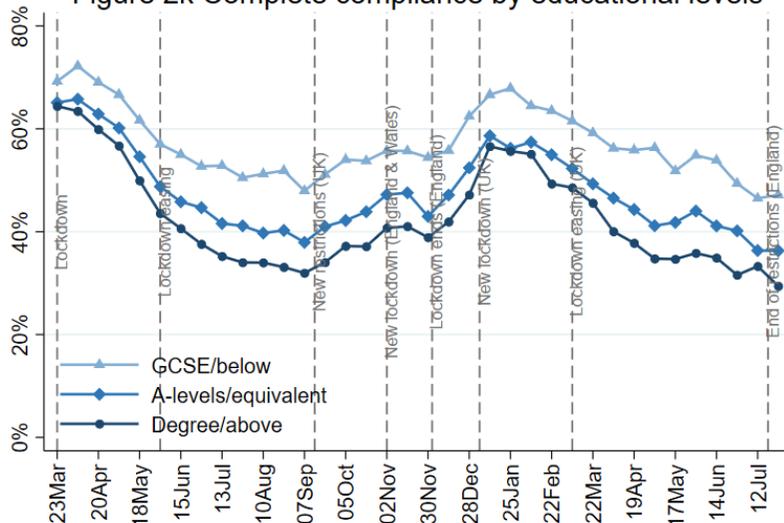
Figure 2l Complete compliance by physical health

Figure 2m Majority compliance by age groups

Legend: Age 18-29, Age 30-59, Age 60+

Figure 2n Majority compliance by living arrangement

Legend: Living alone, Not living alone

Figure 2o Majority compliance by household income

Legend: Household income <30k, Household income >30k

Figure 2p Majority compliance by mental health

Legend: Mental health diagnosis, No diagnosis

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Figure 2q Majority compliance by nations

Figure 2r Majority compliance by keyworker status

Figure 2s Majority compliance by living with children

Figure 2t Majority compliance by living area

Figure 2u Majority compliance by gender

Figure 2v Majority compliance by ethnicity

Figure 2w Majority compliance by educational levels

Figure 2x Majority compliance by physical health

1.2 Confidence in government

Figure 3 Confidence in government
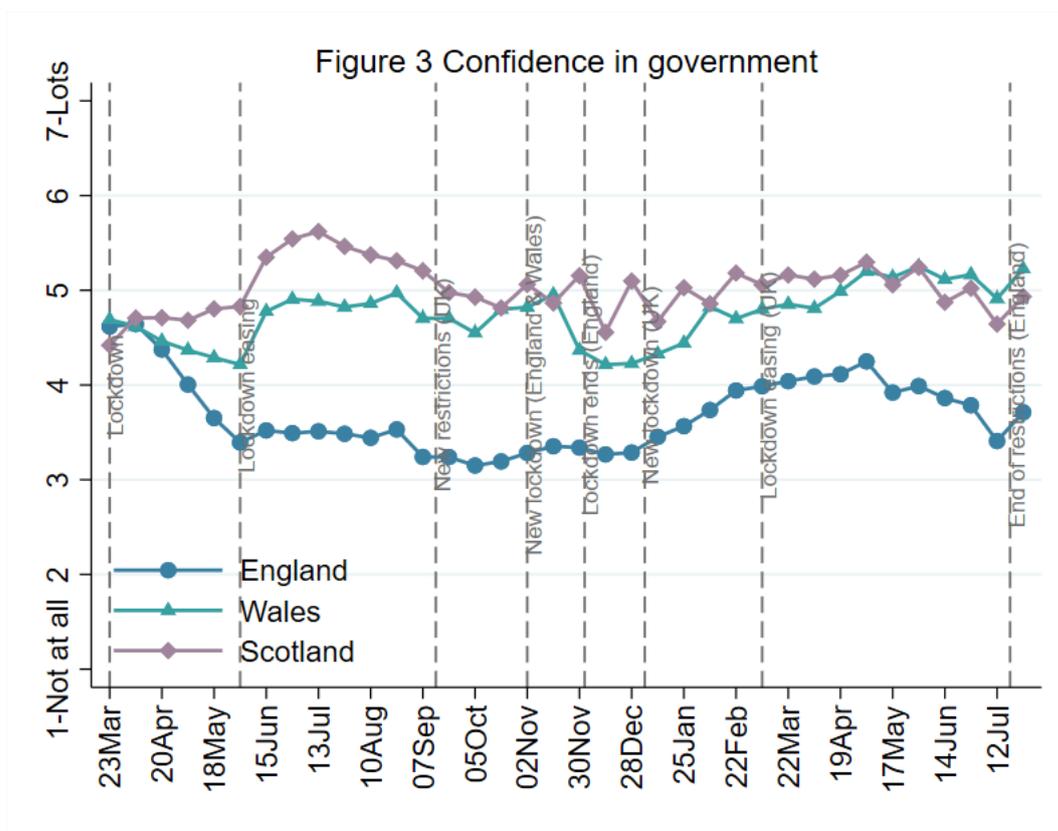
FINDINGS

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 government to handle the Covid-19 pandemic remains lower in England than devolved nations and has been decreasing since the end of April.[2] Levels of confidence appear to have increased in England over the last month, but more data will be needed to confirm this trend.

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 groups, in people with a mental health diagnosis, people with higher household incomes, and amongst people with higher educational qualifications.

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[2] Figures for Northern Ireland have now been removed from our daily tracker graphs due to a small sample size that makes extrapolation even with statistical weighting unreliable. These data are being analysed in other papers and reports.

Figure 4a Confidence by age groups

Figure 4b Confidence by living arrangement

Figure 4c Confidence by household income

Figure 4d Confidence by mental health diagnosis

Figure 4e Confidence by nations

Legend: England, Wales, Scotland

Figure 4f Confidence by keyworker status

Legend: Keyworker, Anyone else

Figure 4g Confidence by living with children

Legend: With children, Without children

Figure 4h Confidence by living area

Legend: City/town, Village/other

Figure 4i Confidence in government by gender

Figure 4j Confidence in government by ethnicity

Figure 4k Confidence in government by educational levels

Figure 4l Confidence in government by physical health

2. Mental Health

2.1 Depression and anxiety

Figure 5 Depression and anxiety
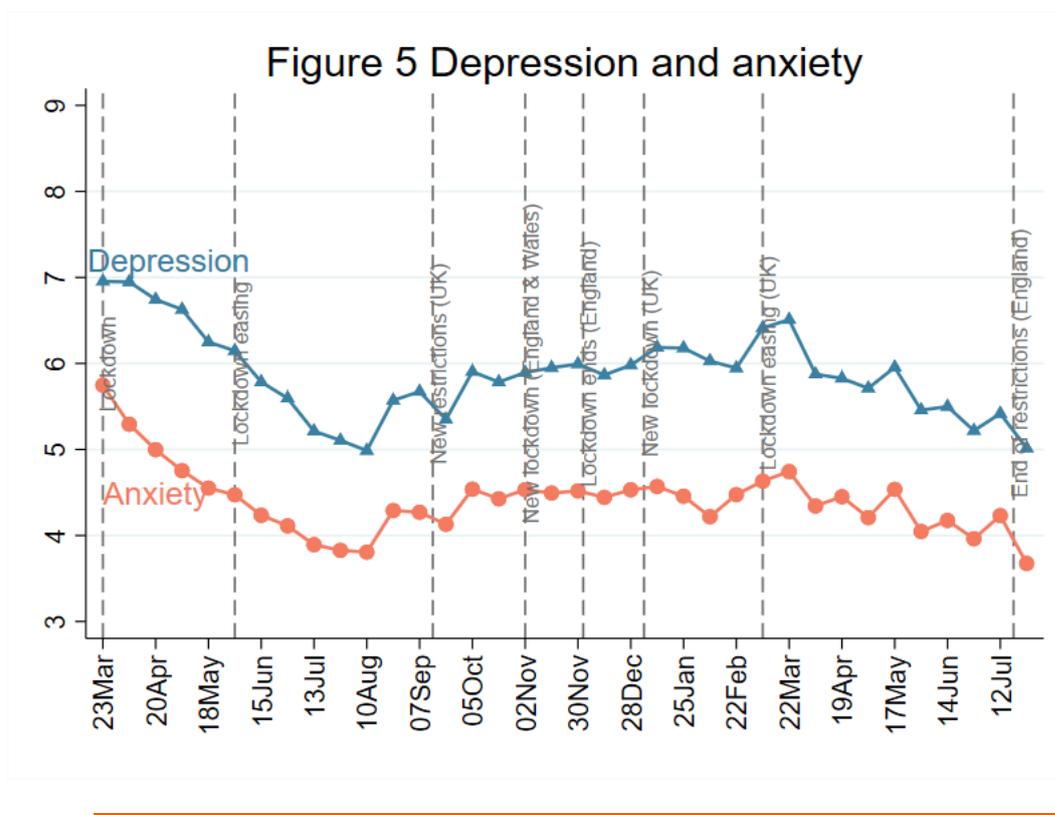
FINDINGS

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 higher than 10 can indicate major depression or moderate anxiety.

Depression and anxiety symptoms have generally continued to decrease over the past month as they have been since the end of February and are now similar to what they were in the summer 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, people living alone, people with lower household income, people living with children, those living in urban areas, women, people from ethnic minority groups, and those with a physical health condition. People with a mental health diagnosis are still reporting higher levels of depression and anxiety symptoms (as might be expected) (see Figures 6d and 7d).

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[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
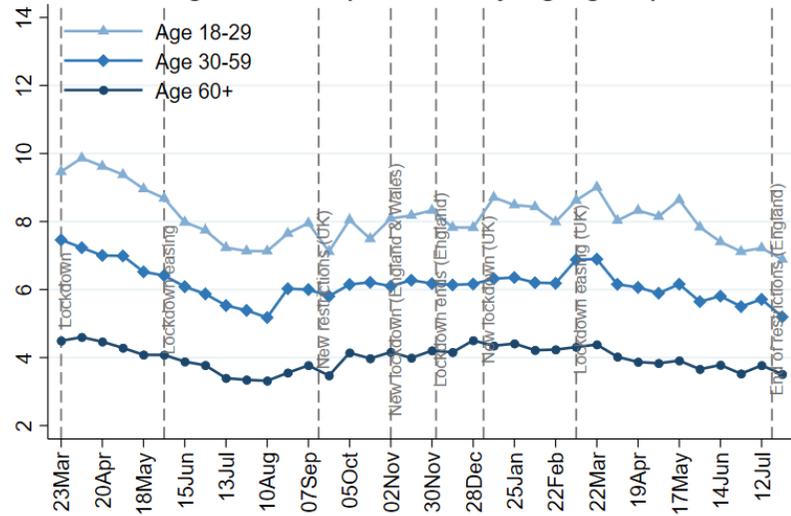
Figure 6b Depression by living arrangement
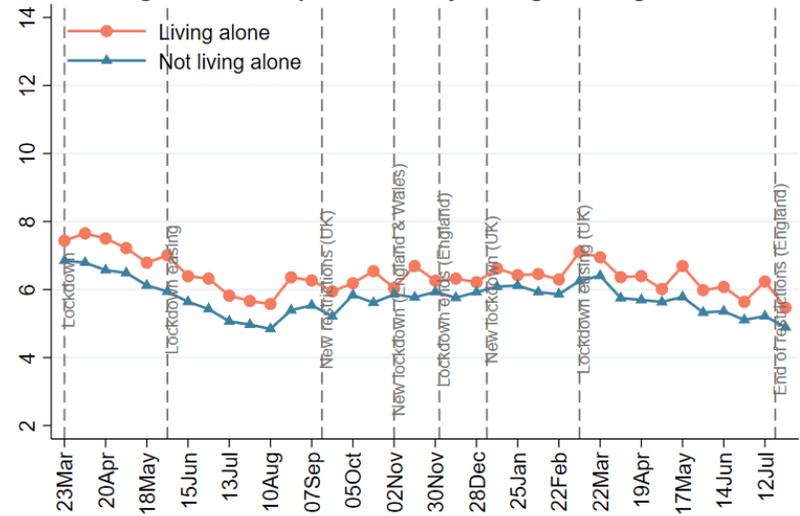
Figure 6c Depression by household income
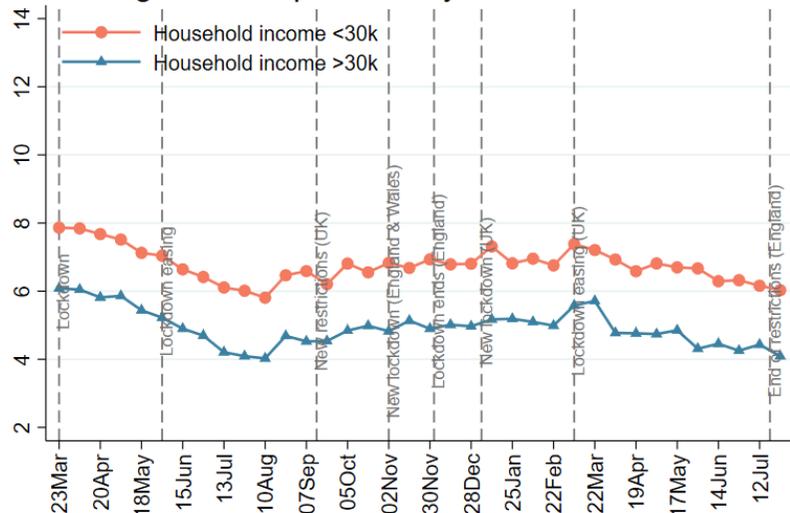
Figure 6d Depression by mental health diagnosis
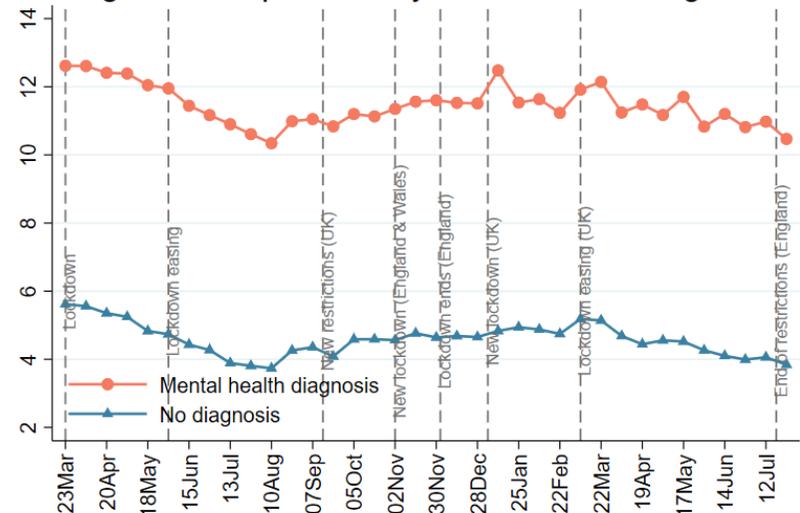
Figure 6e Depression by nations
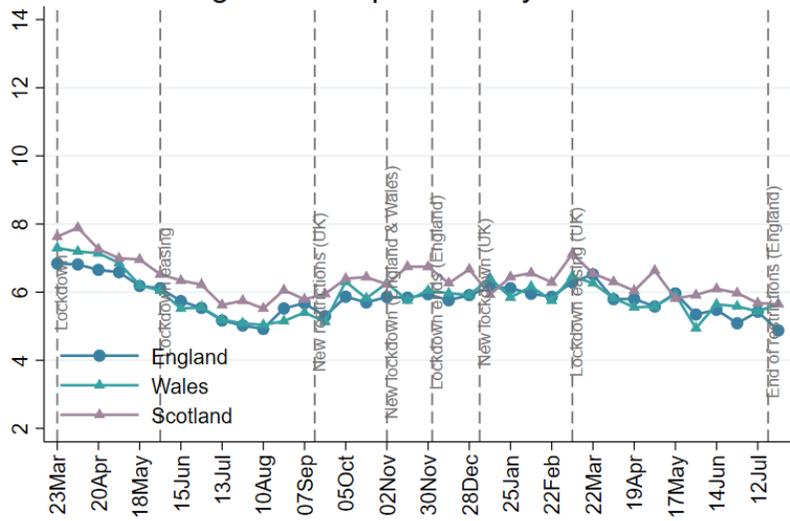
Figure 6f Depression by keyworker status
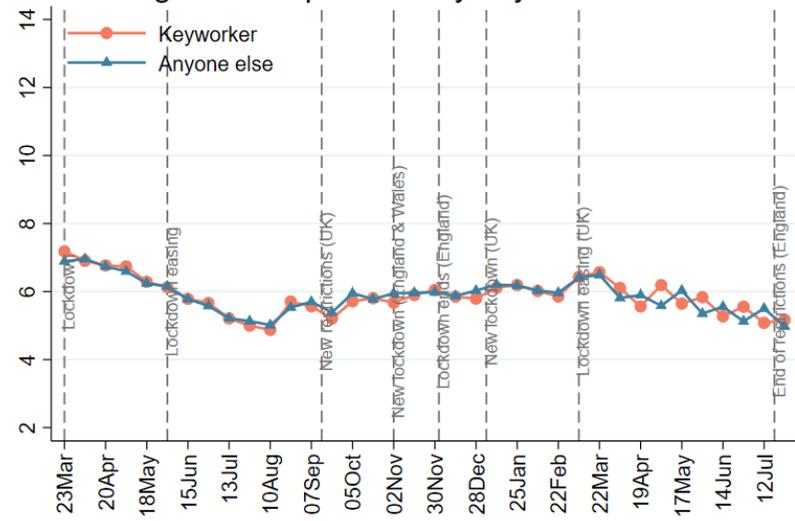
Figure 6g Depression by living with children
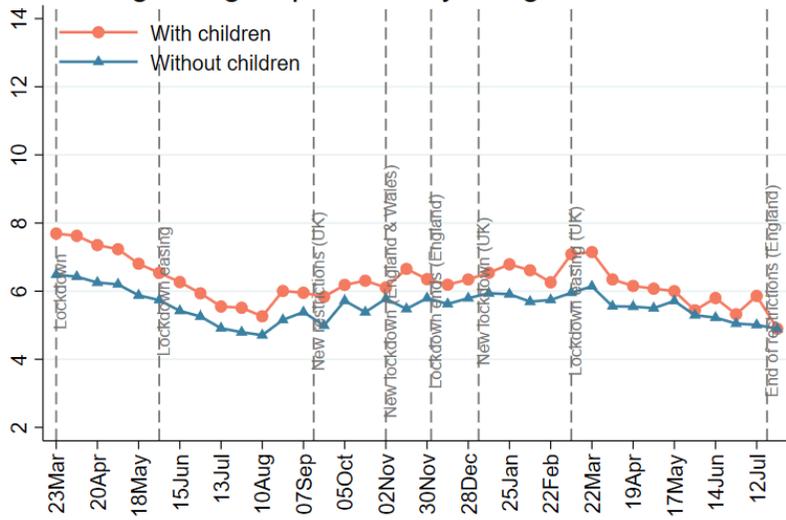
Figure 6h Depression by living area
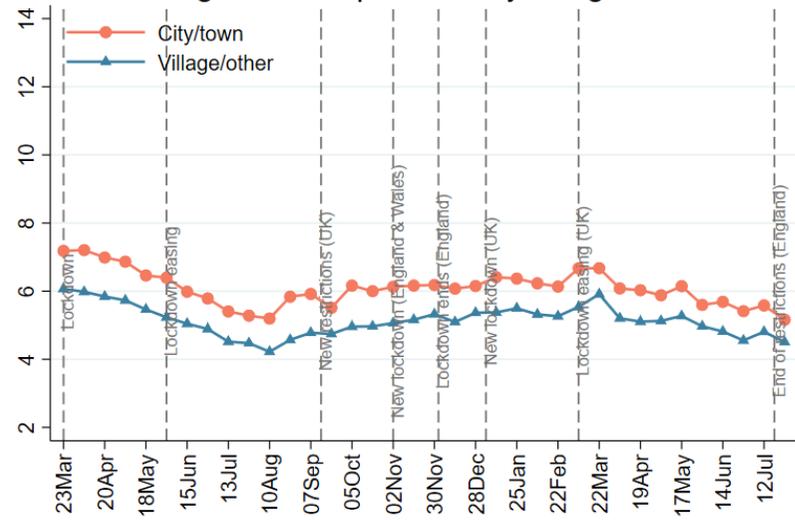
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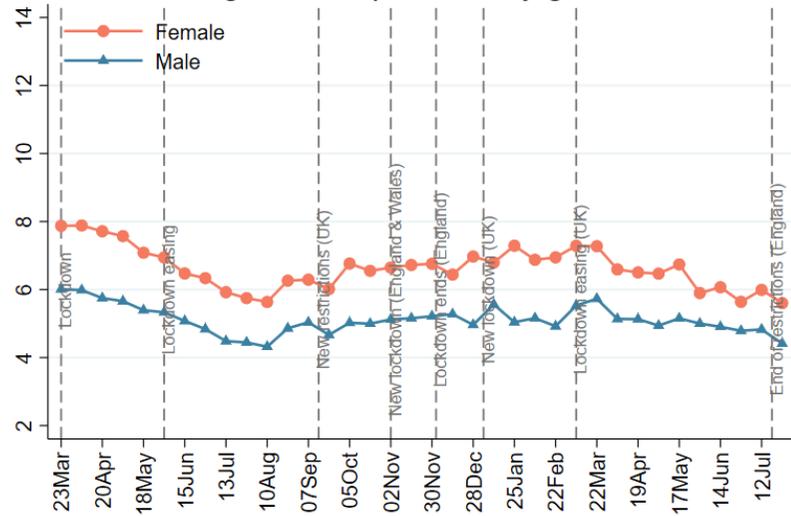
Figure 6j Depression by ethnicity
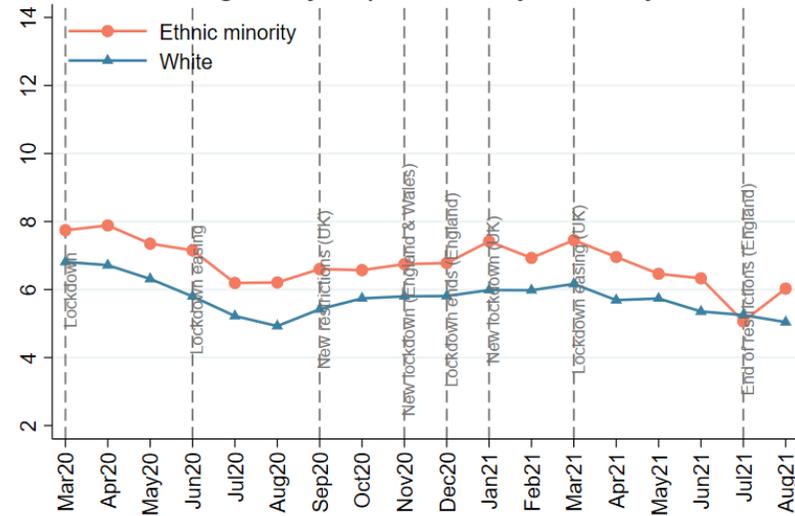
Figure 6k Depression by educational levels
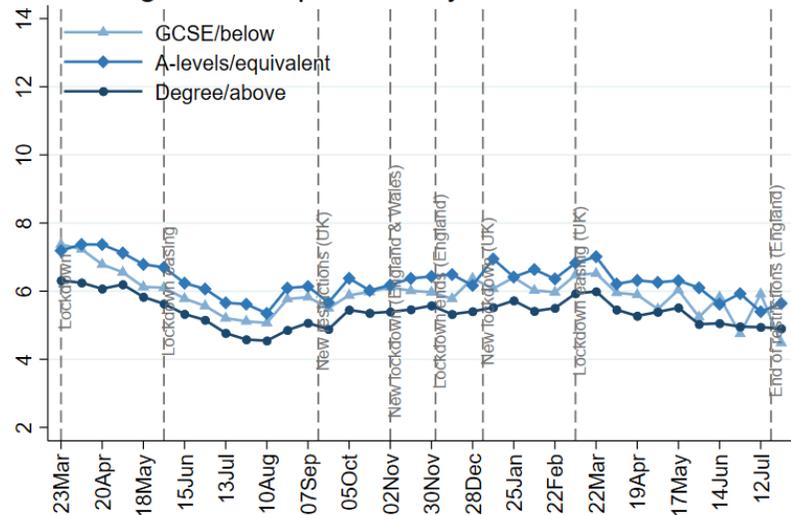
Figure 6l Depression by physical health diagnosis
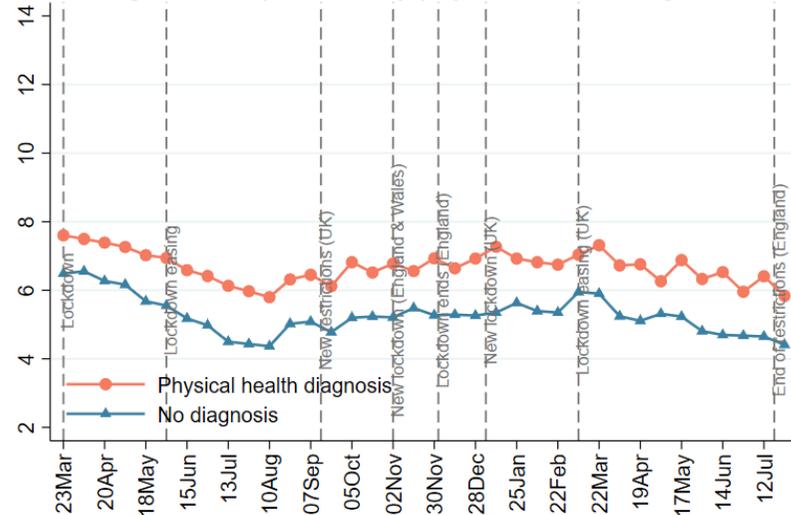
Figure 7a Anxiety by age groups
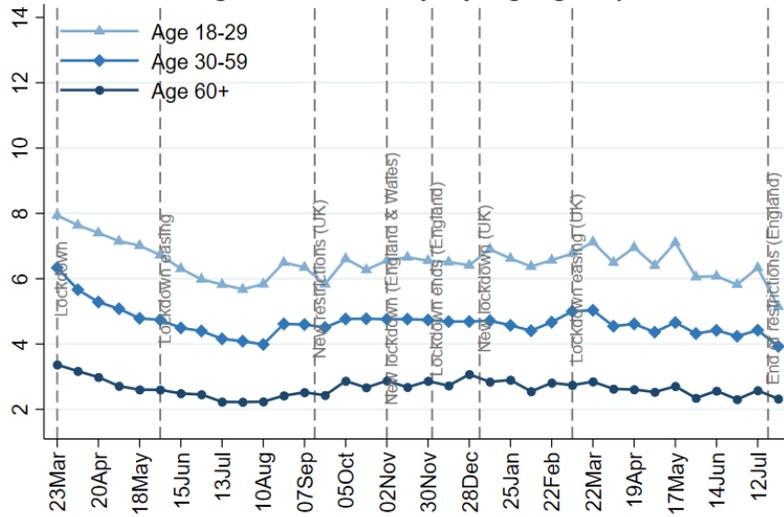
Figure 7b Anxiety by living arrangement
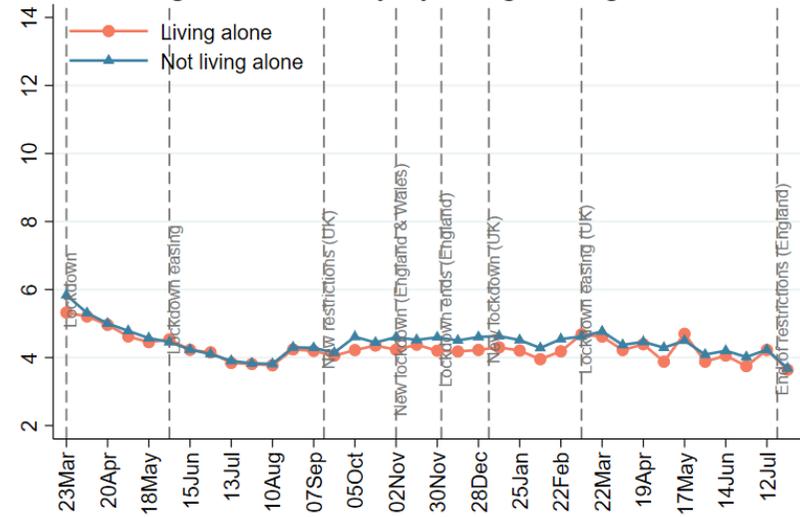
Figure 7c Anxiety by household income
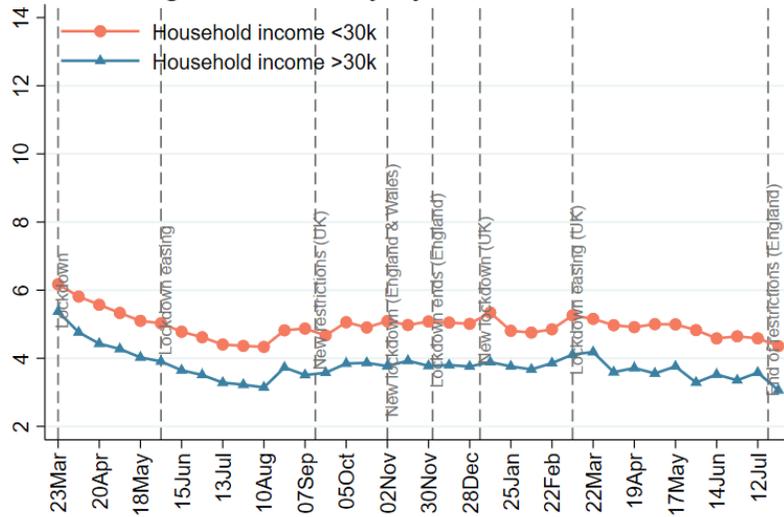
Figure 7d Anxiety by mental health diagnosis
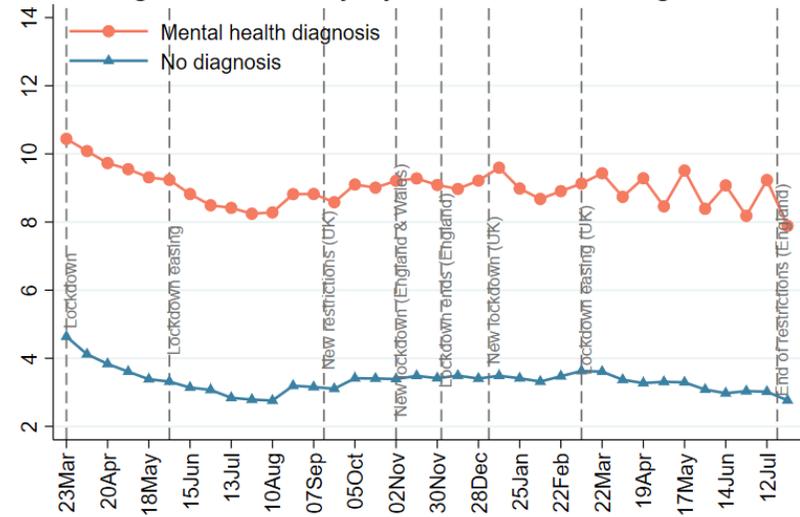
Figure 7e Anxiety by nations
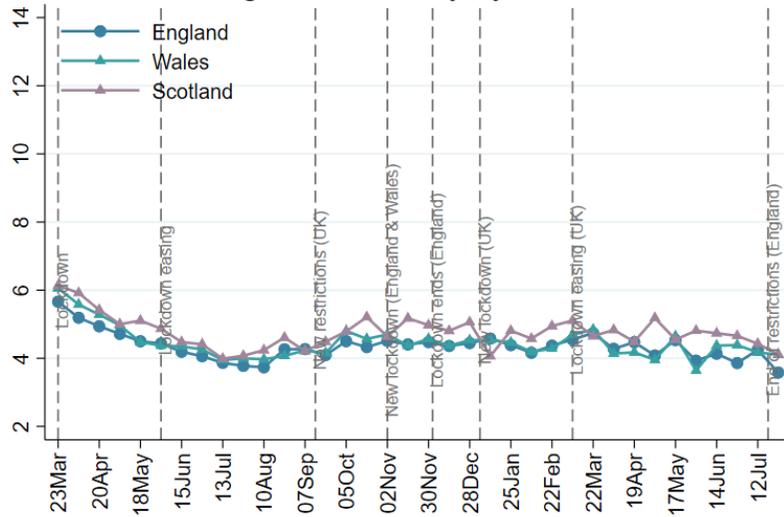
Figure 7f Anxiety by keyworker status
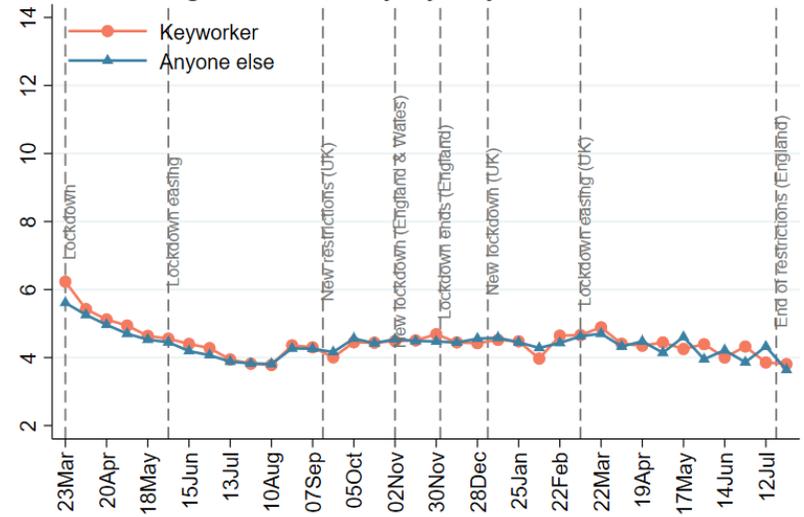
Figure 7g Anxiety by living with children
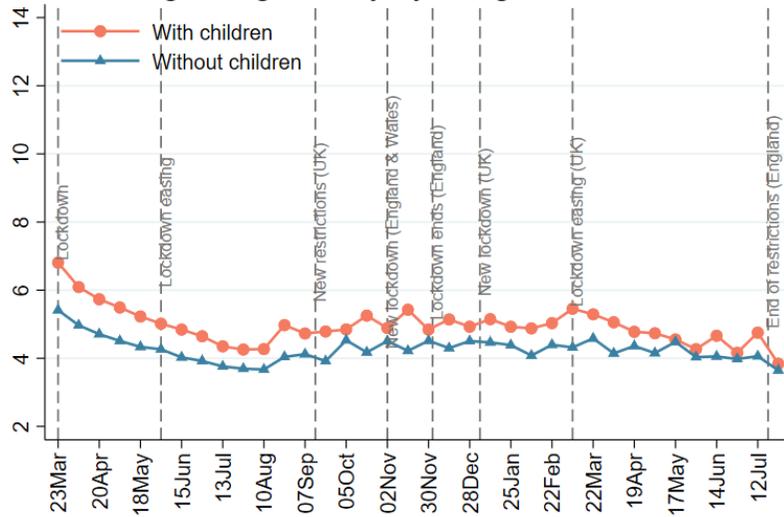
Figure 7h Anxiety by living area
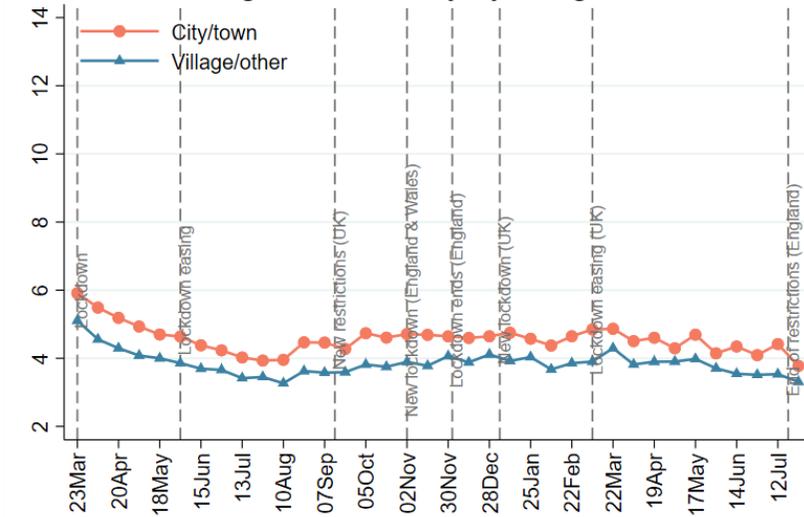
Figure 7i Anxiety by gender
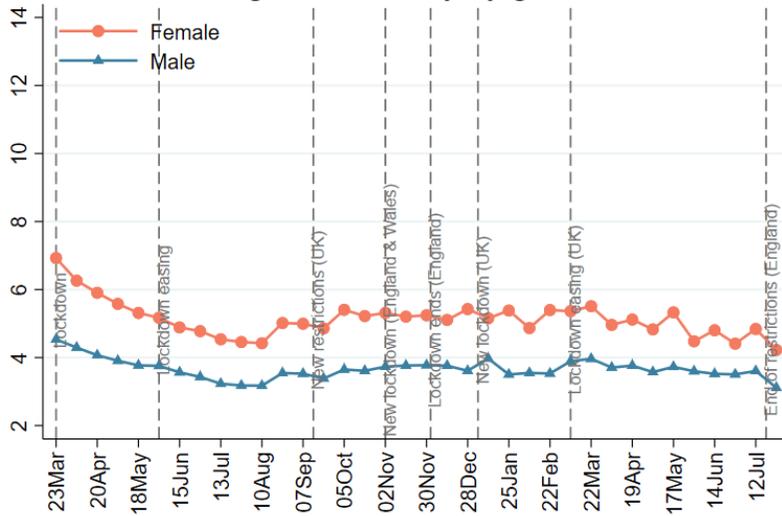
Figure 7j Anxiety by ethnicity
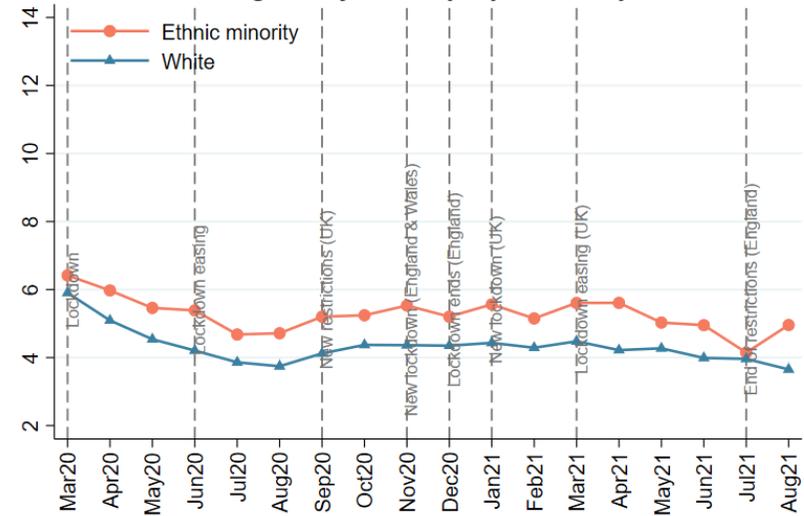
Figure 7k Anxiety by educational levels
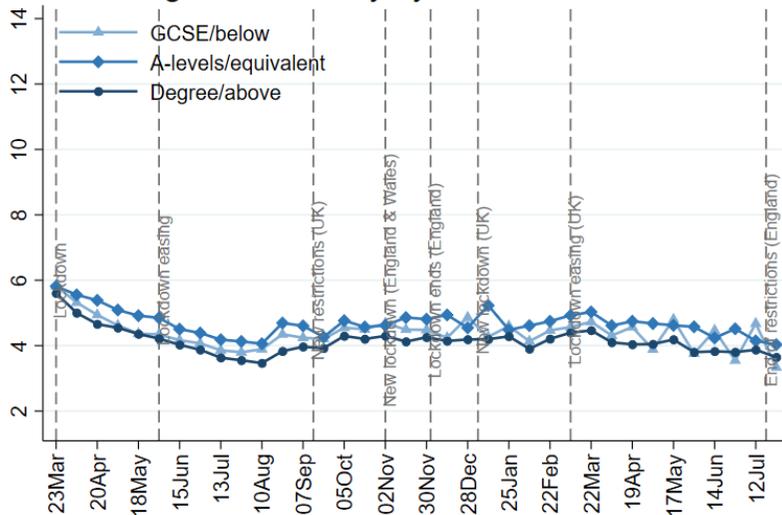
Figure 7l Anxiety by physical health diagnosis
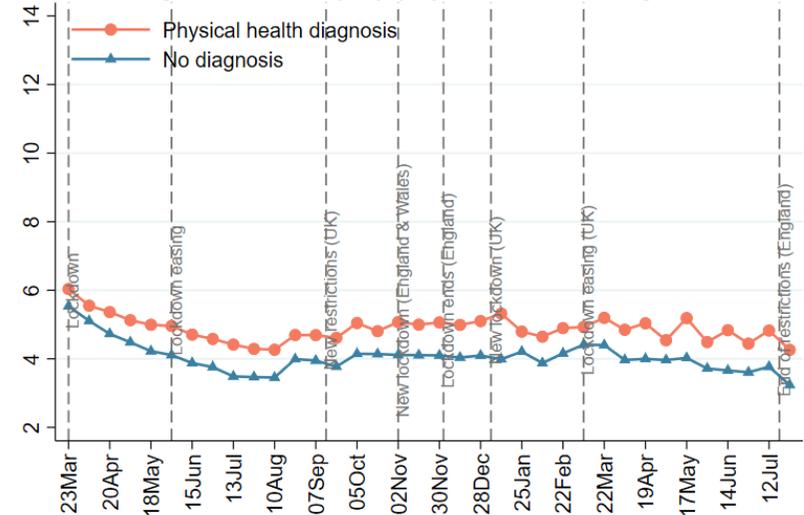
2.2 Stress

Figure 8 Stressors
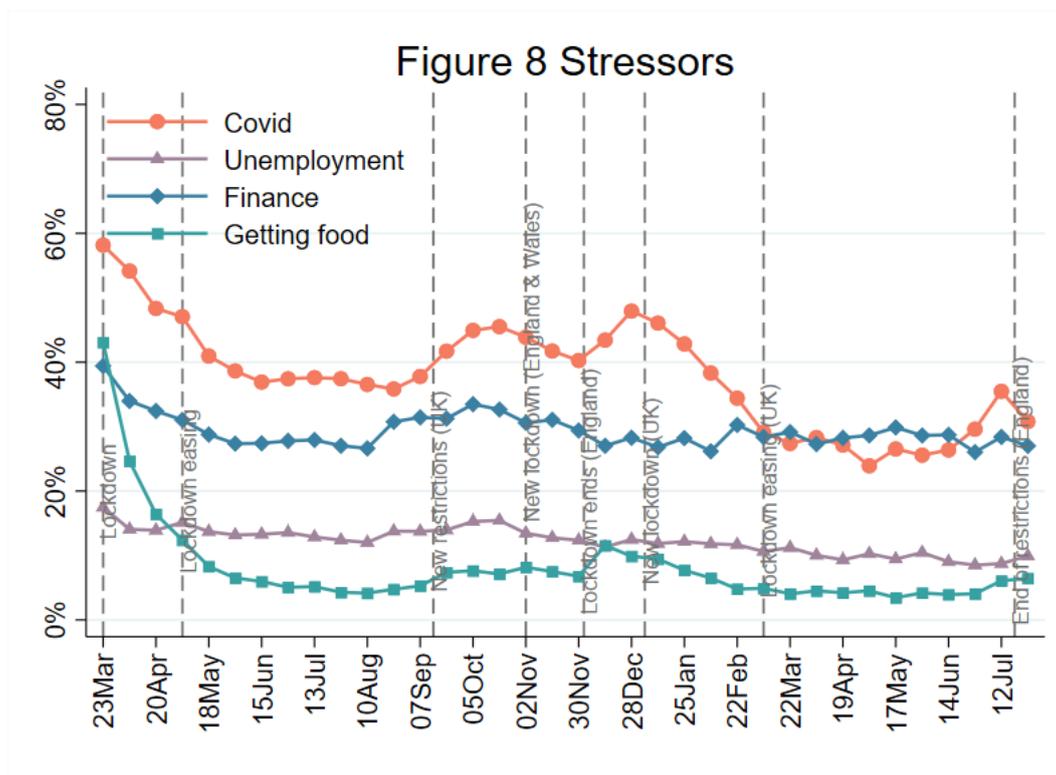
FINDINGS

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).

The proportion of people concerned about catching or becoming seriously ill from Covid-19 increased over the two months preceding the end of restrictions in July 2021 but appears to be decreasing again. More data will be needed to confirm this trend. A greater proportion of young adults have been expressing this concern than adults over the age of 30 over the past few months. Women and people with a physical or mental health diagnosis remain more worried about catching or becoming seriously ill from Covid-19.

Worries about unemployment continue to concern 1 in 10 people. Unemployment stress is higher in people under the age of 60, people with a mental health diagnosis, in urban areas, and amongst people from ethnic minority groups.

Worries about finance have remained relatively stable since the beginning of the year and are comparable to their lowest levels of around 1 in 3 people over the summer of 2020. Concerns about finances remain highest amongst adults of working age (18-59 years), people with low household incomes, those with a mental health diagnosis, people living with children, and people from ethnic minority groups. Worries about finance increased in young adults from the end of March 2021 to the end of May 2021 and remain higher in this group than adults over the age of 30.

Worries about accessing food have been stable since the end of 2020 and are affecting approximately 5% of people; comparable to summer 2020. Most groups are reporting 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.

## Figure 9a Covid-19 stress by age groups

Age 18-29
Age 30-59
Age 60+
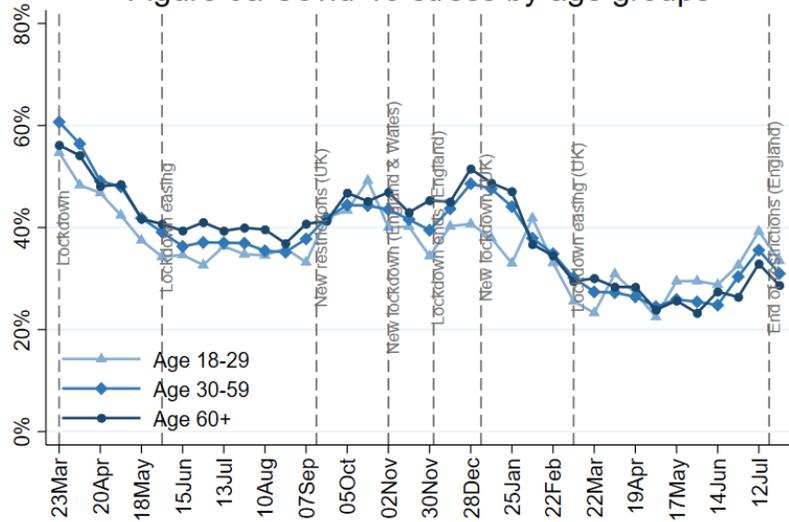
Figure 9b Covid-19 stress by living arrangement

Living alone
Not living alone
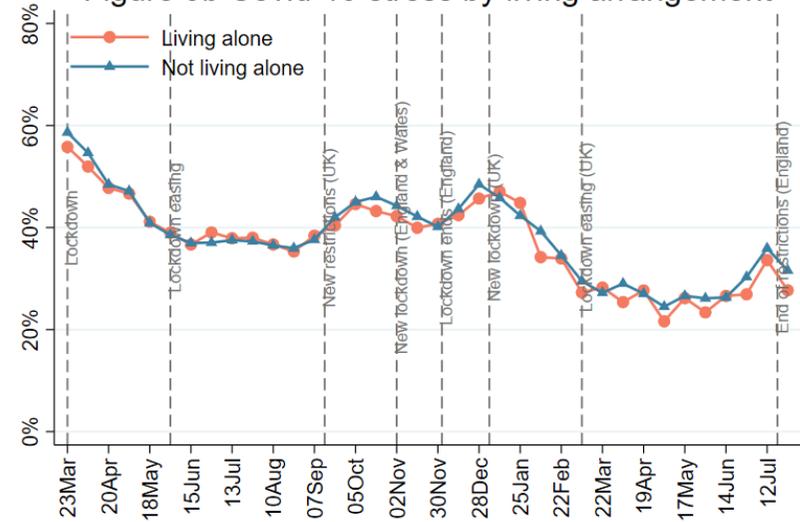
Figure 9c Covid-19 stress by household income

Household income <30k
Household income >30k
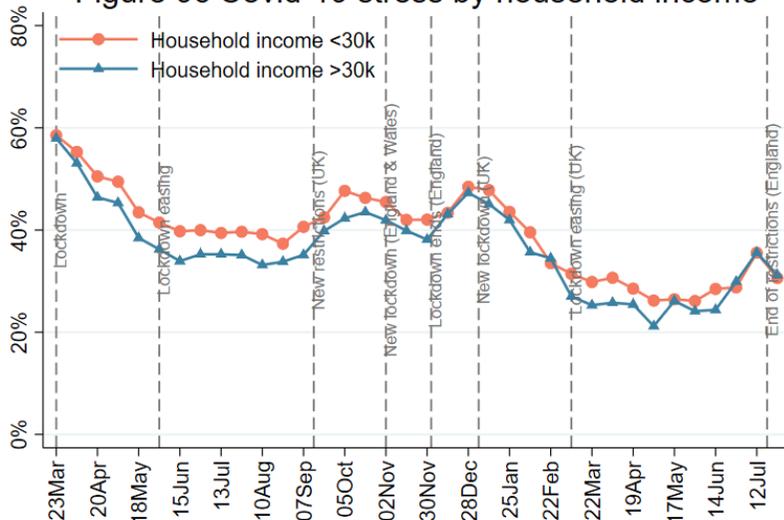
Figure 9d Covid-19 stress by mental health diagnosis

Mental health diagnosis
No diagnosis

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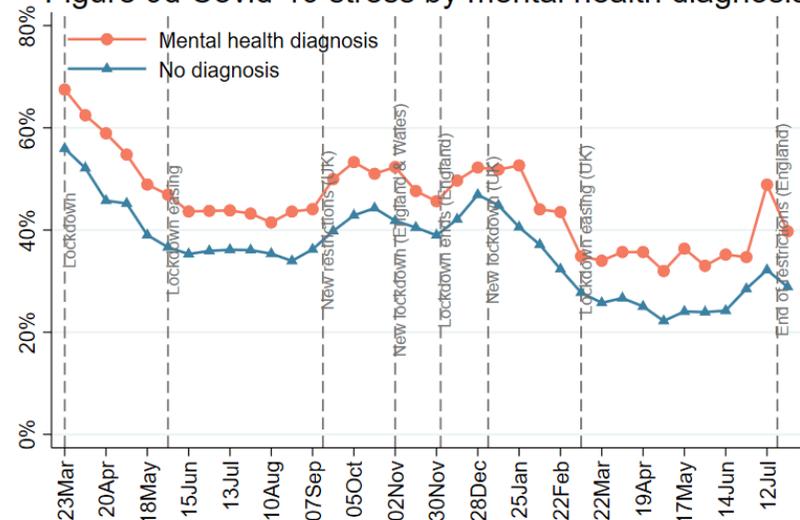
Figure 9e Covid-19 stress by nations
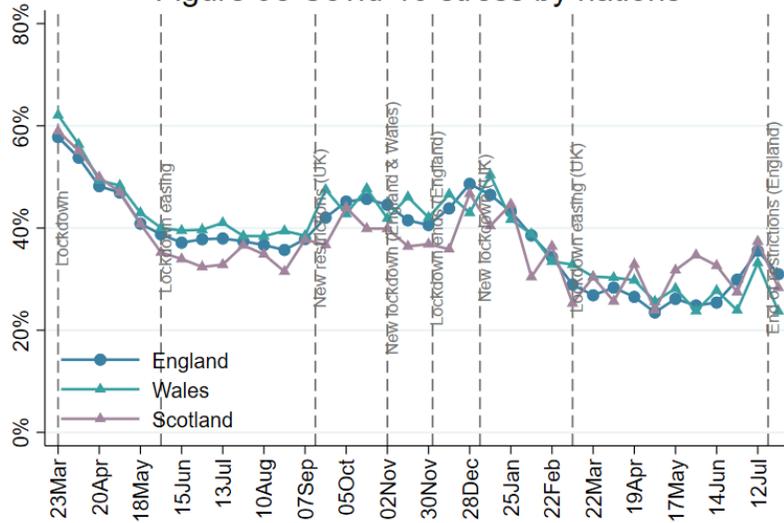
Figure 9f Covid-19 stress by keyworker status
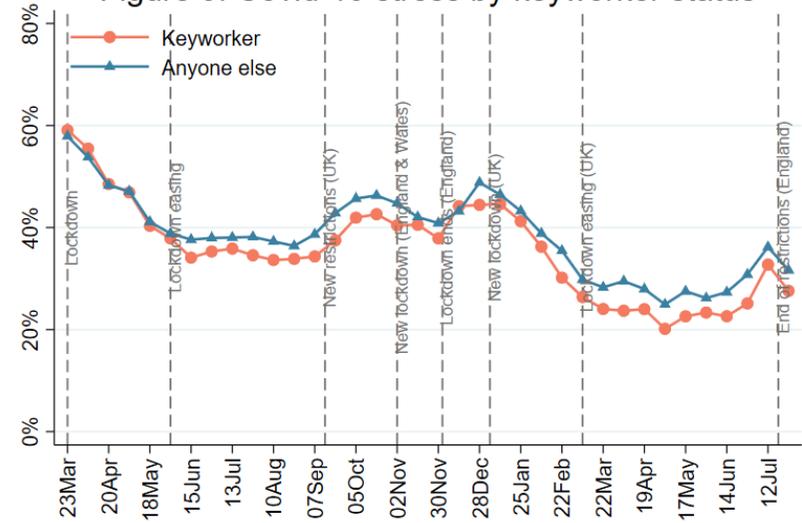

Figure 9g Covid-19 stress by living with children
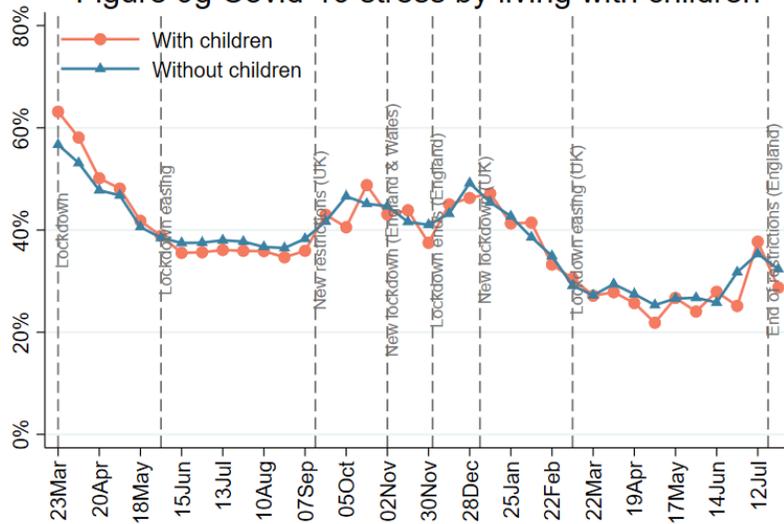
Figure 9h Covid-19 stress by living area
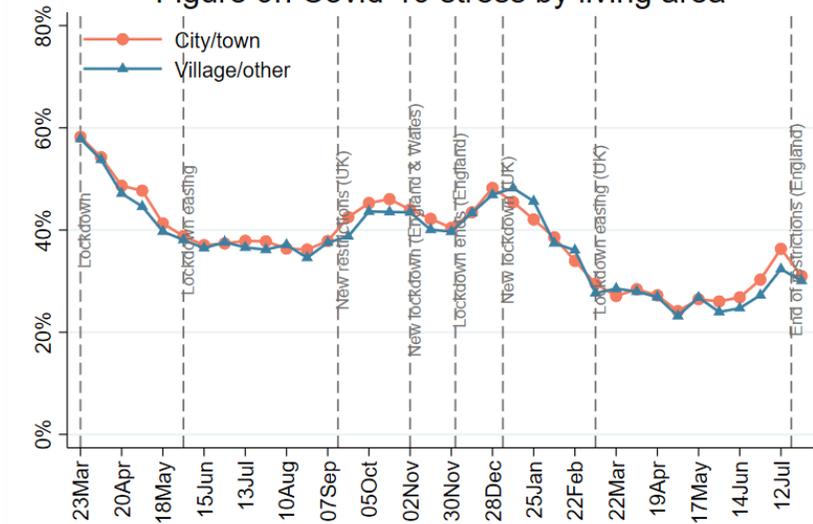
Figure 9i Covid-19 stress by gender
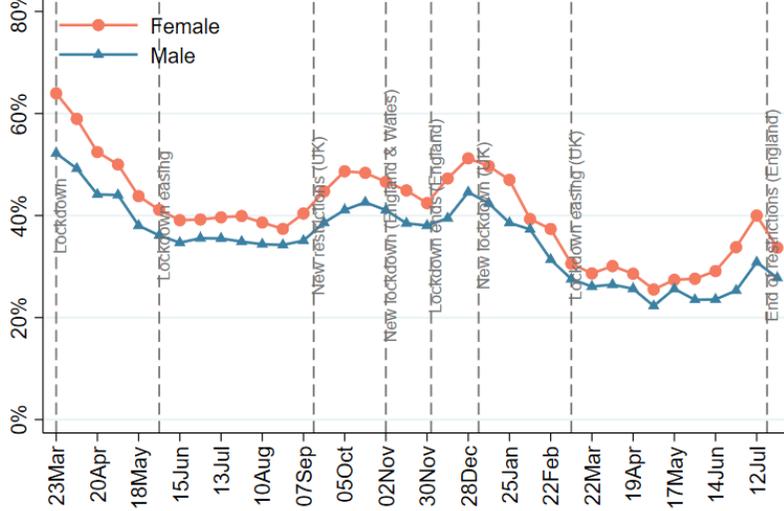
Figure 9j Covid-19 stress by ethnicity
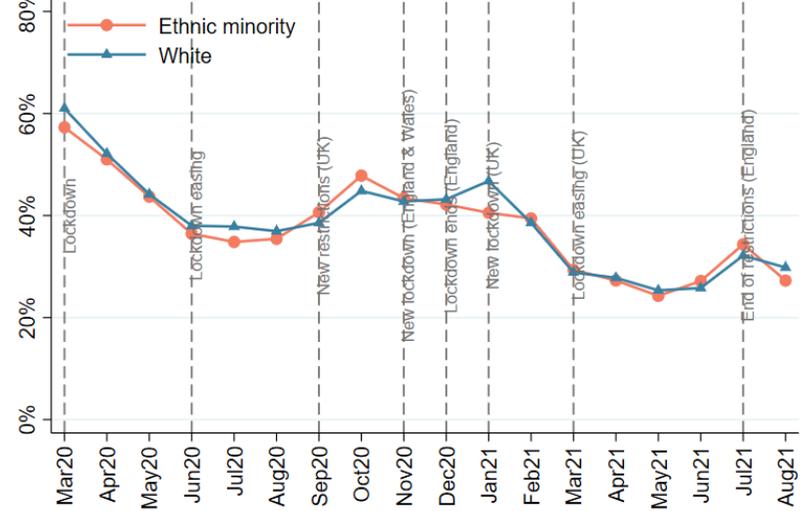
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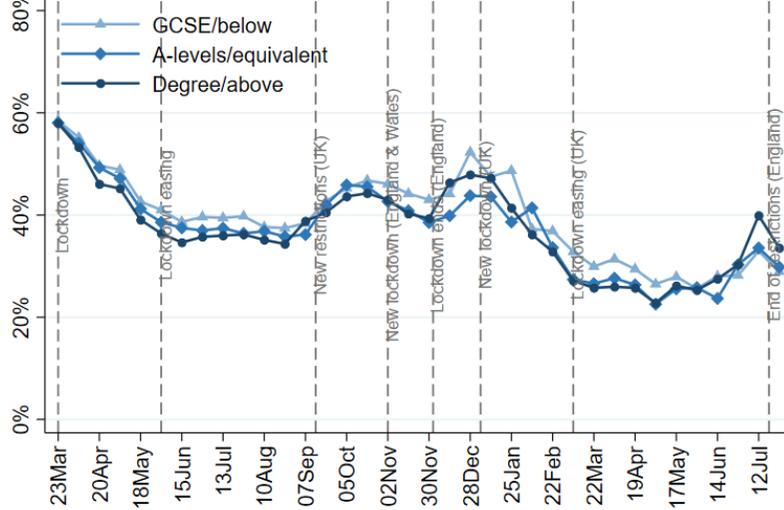
Figure 9l Covid-19 stress by physical health diagnosis
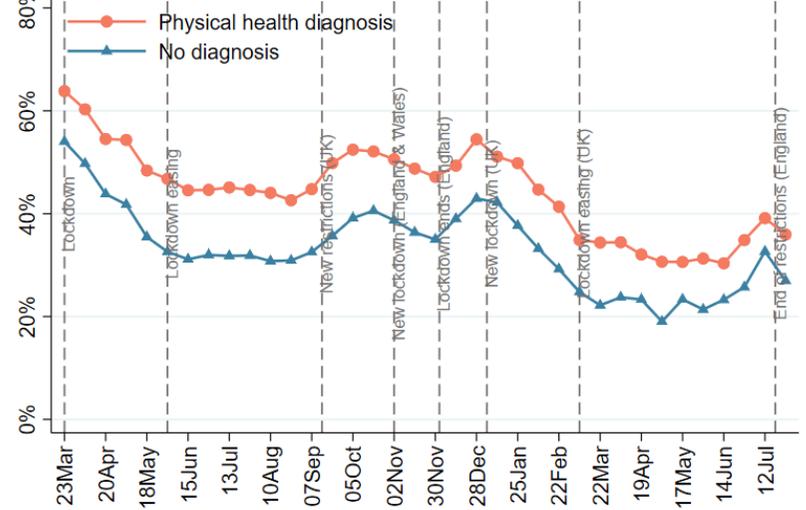
Figure 10a Unemployment stress by age groups
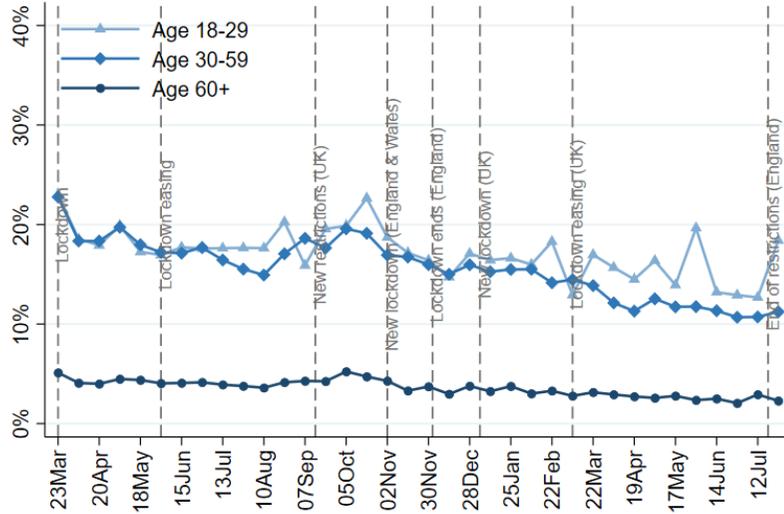
Figure 10b Unemployment stress by living arrangement
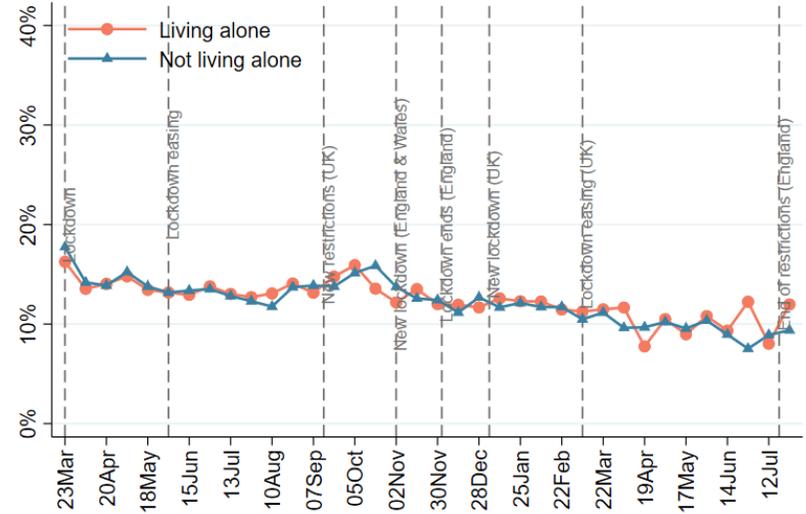
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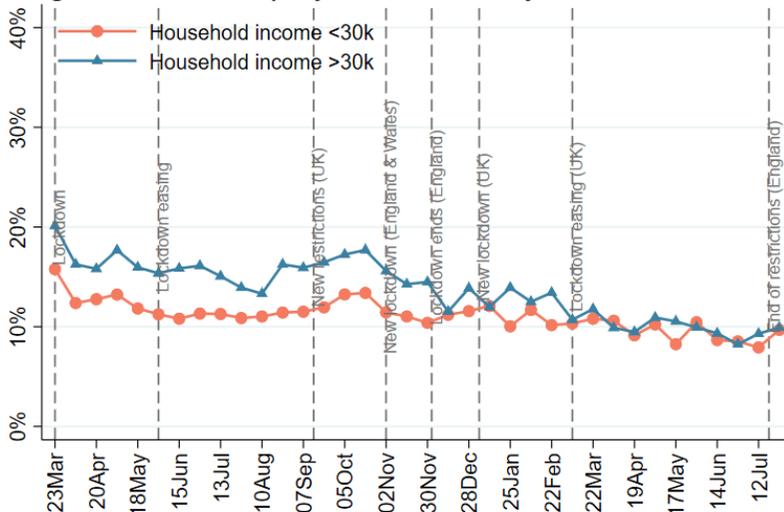
Figure 10d Unemployment stress by mental health
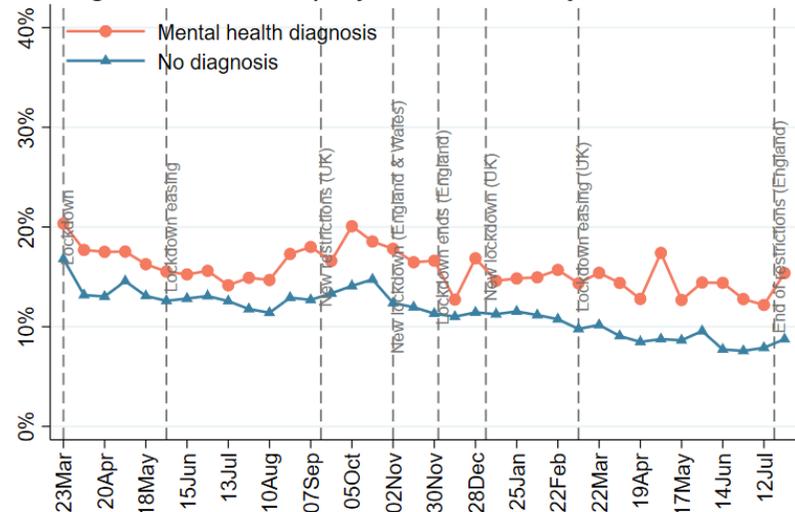
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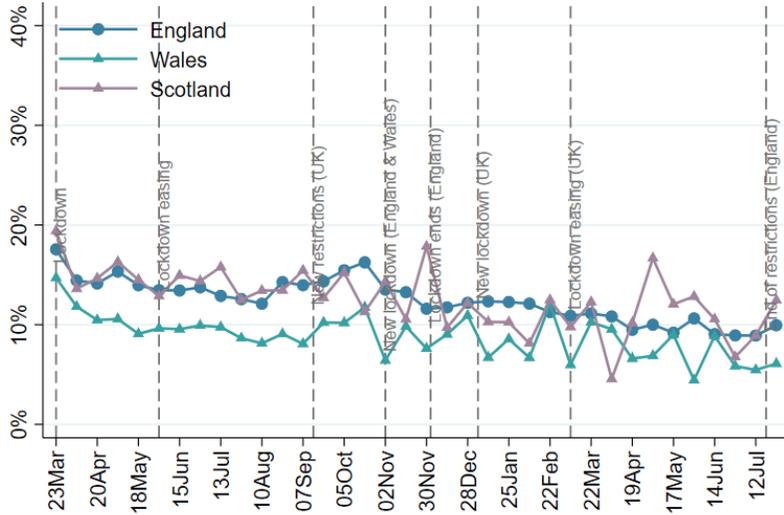
Figure 10f Unemployment stress by keyworker status
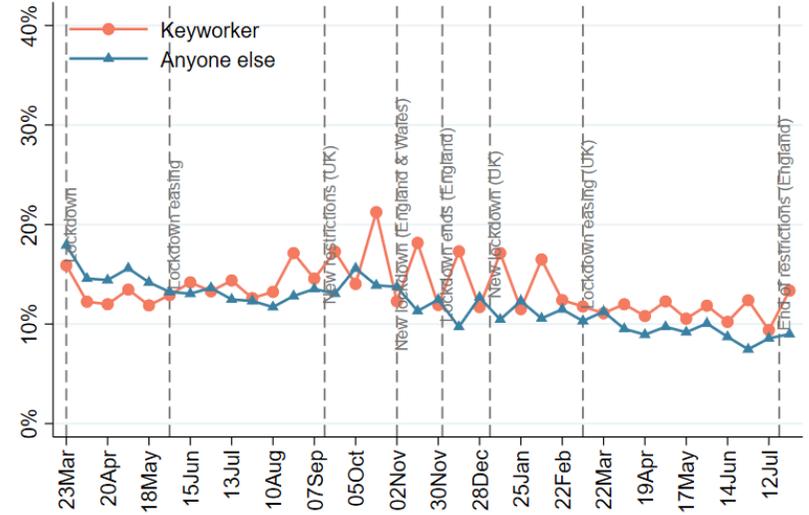
Figure 10g Unemployment stress by living with children
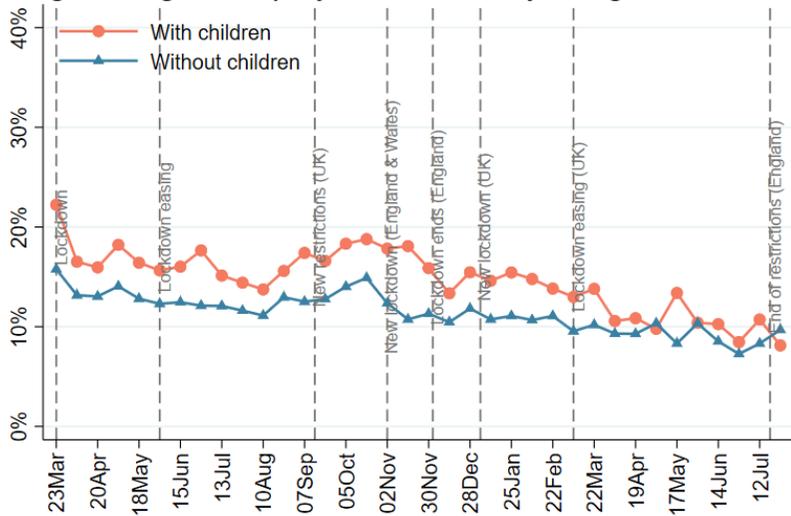

Figure 10h Unemployment stress by living area
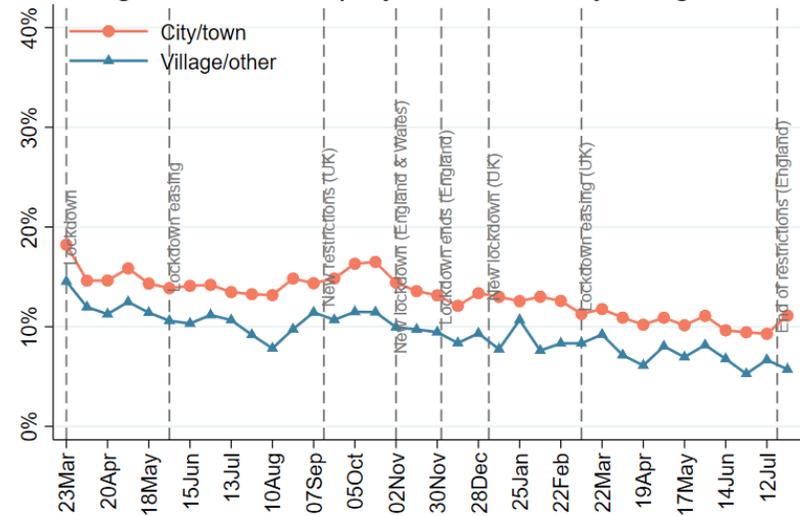
Figure 10i Unemployment stress by gender
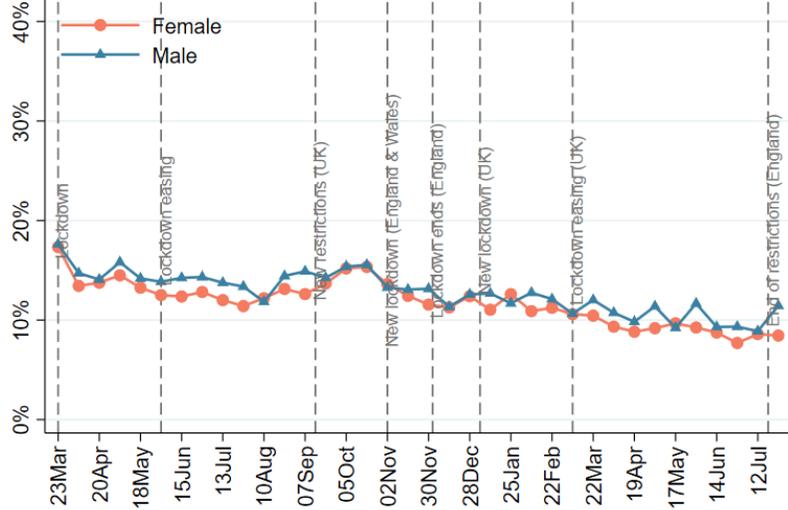

Figure 10j Unemployment stress by ethnicity
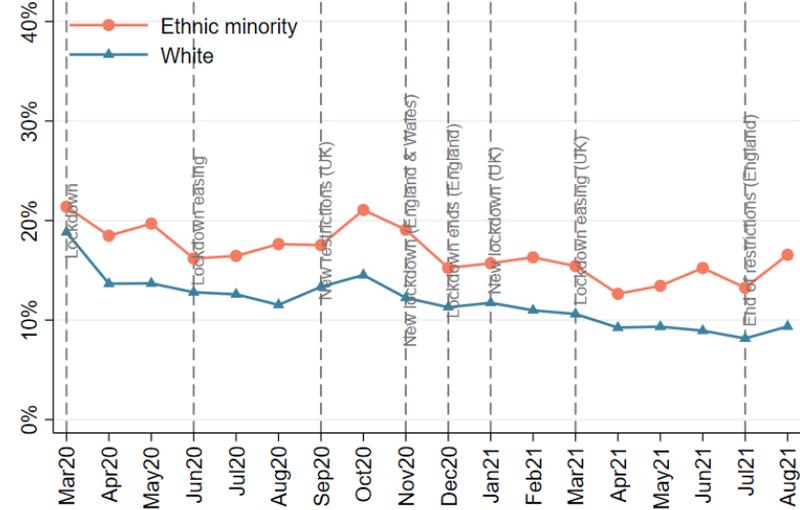
Figure 10k Unemployment stress by educational levels
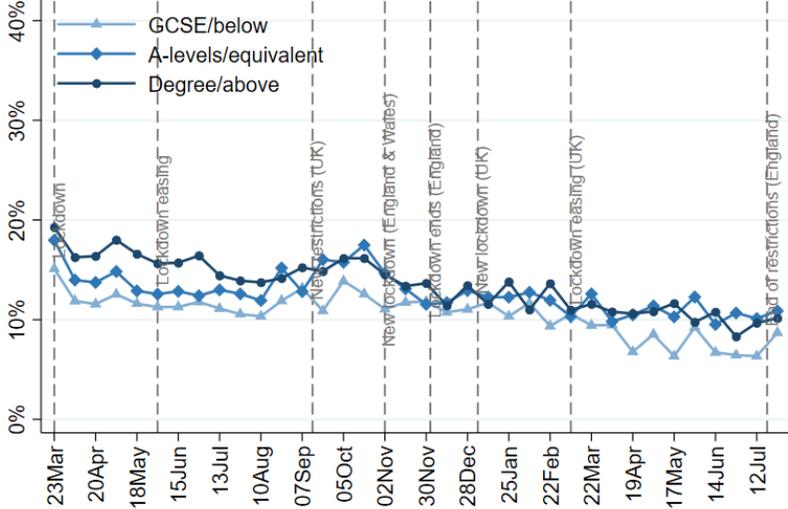
Figure 10l Unemployment stress by physical health diagnosis
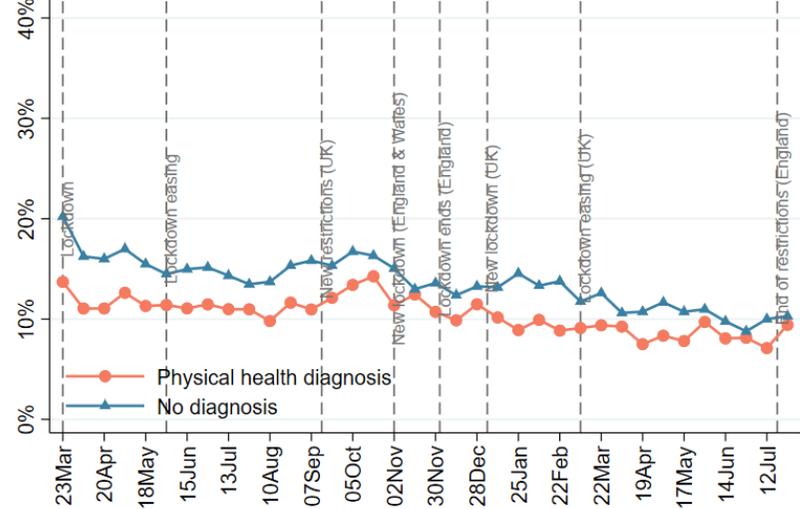
Figure 11a Financial stress by age groups

- Age 18-29
- Age 30-59
- Age 60+
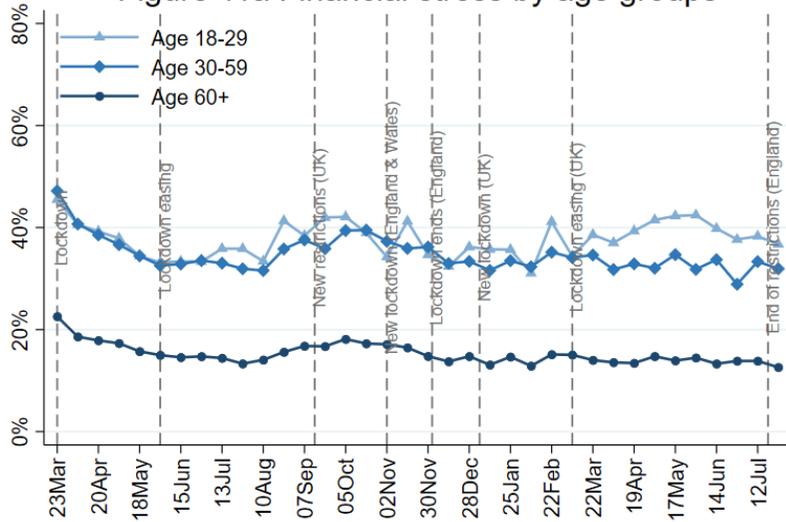
Figure 11b Financial stress by living arrangement

- Living alone
- Not living alone
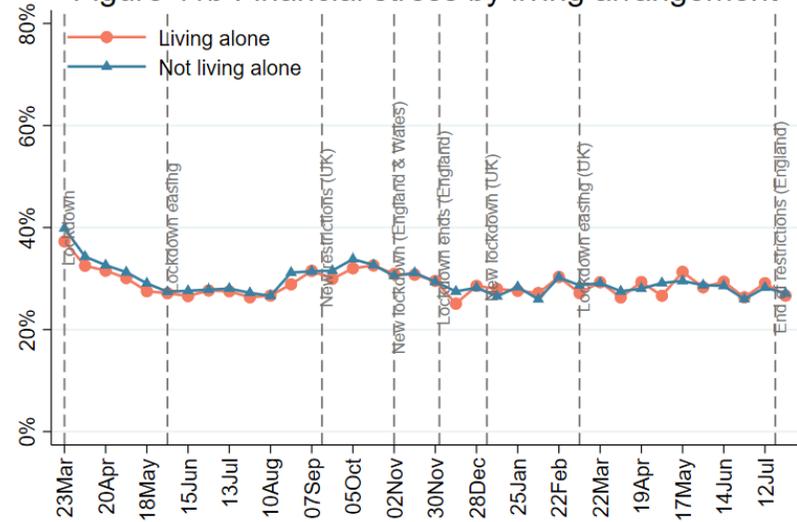
Figure 11c Financial stress by household income

- Household income <30k
- Household income >30k
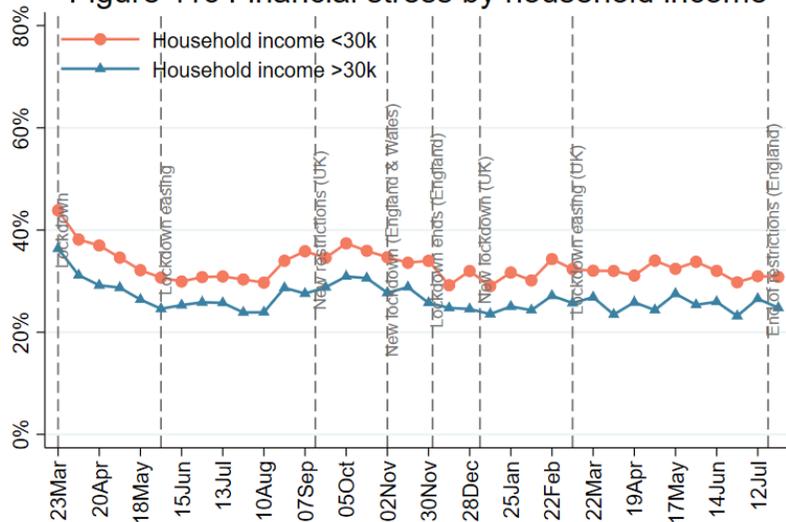
Figure 11d Financial stress by mental health diagnosis

- Mental health diagnosis
- No diagnosis
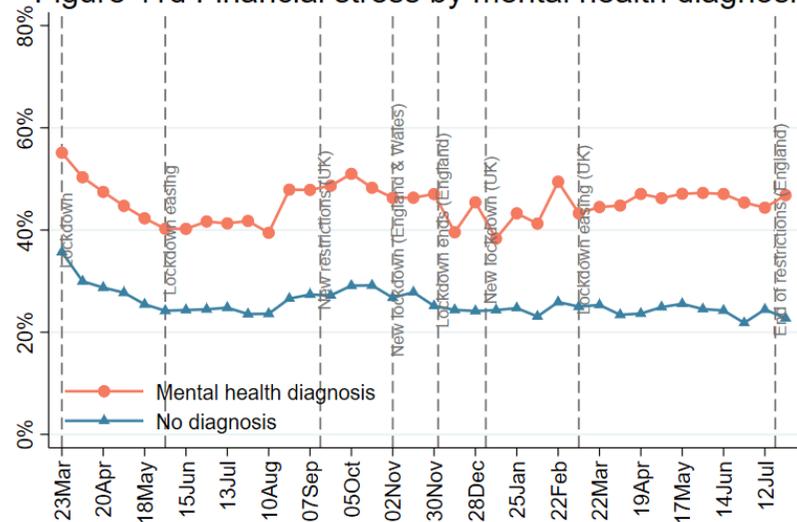
Figure 11e Financial stress by nations
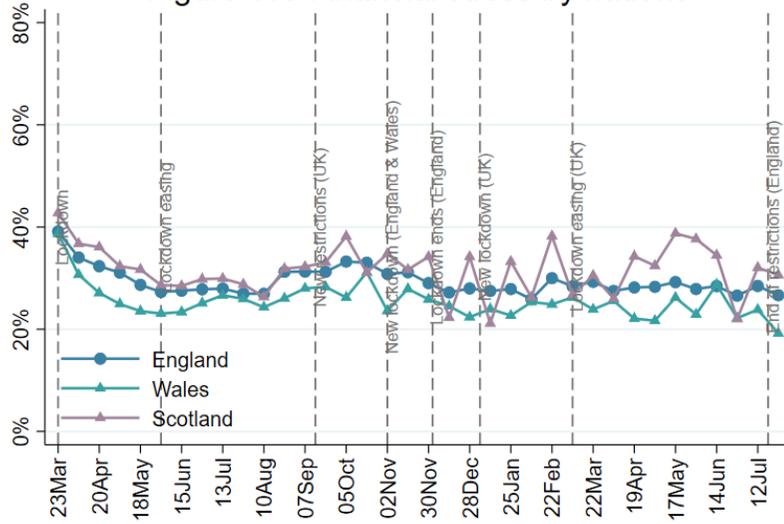
Figure 11f Financial stress by keyworker status
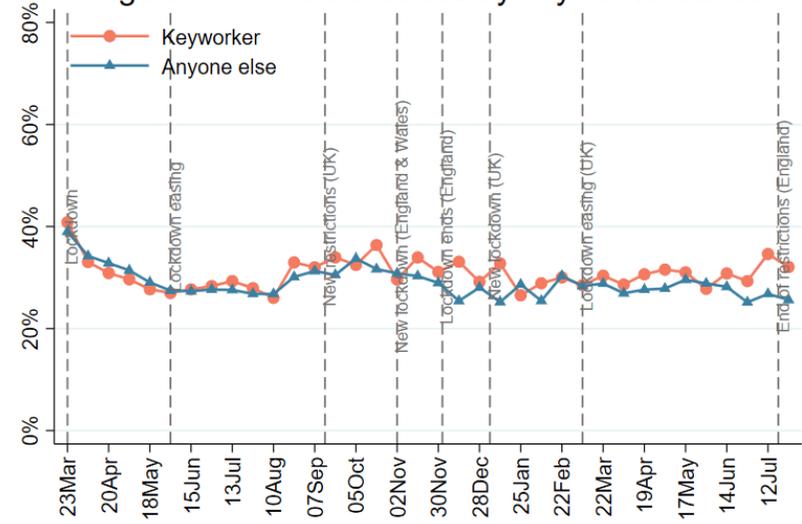
Figure 11g Financial stress by living with children
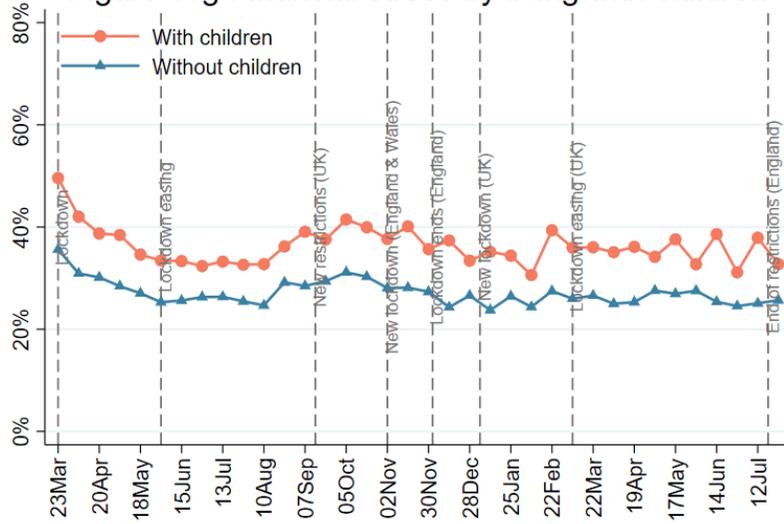
Figure 11h Financial stress by living area
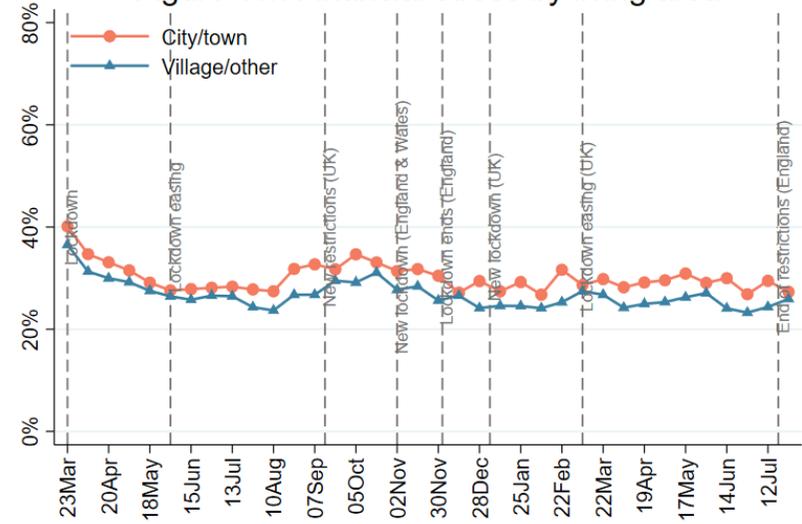
Figure 11i Financial stress by gender
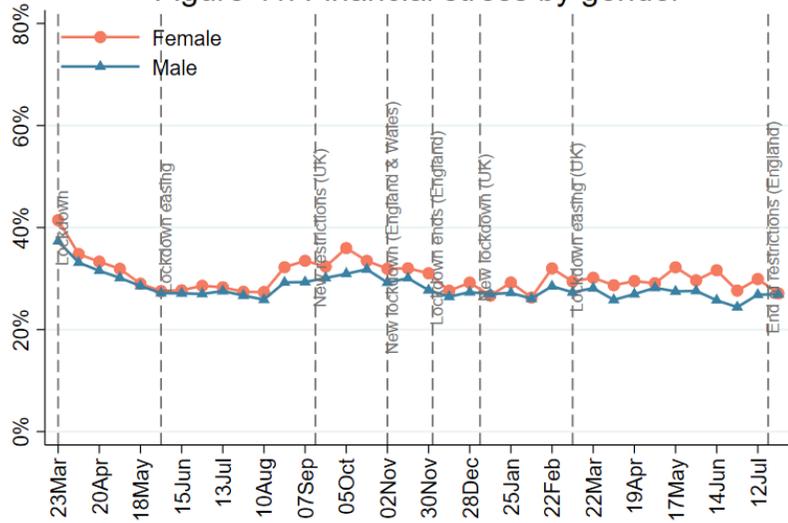

Figure 11j Financial stress by ethnicity
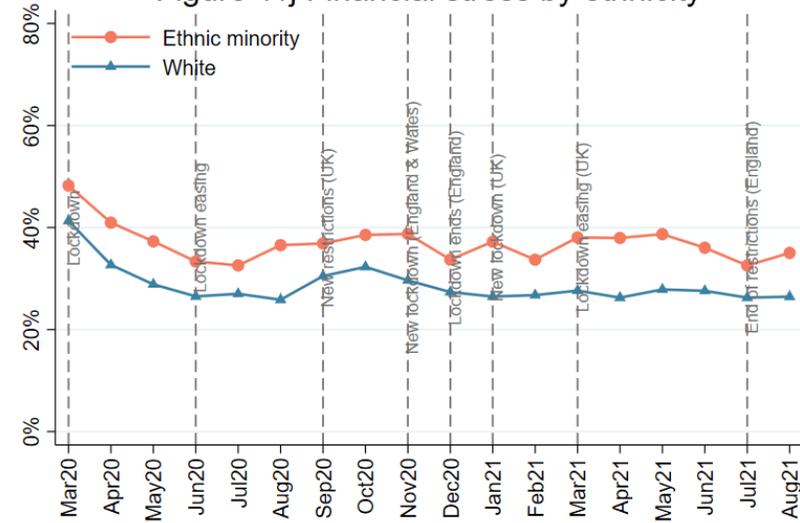
Figure 11k Financial stress by educational levels
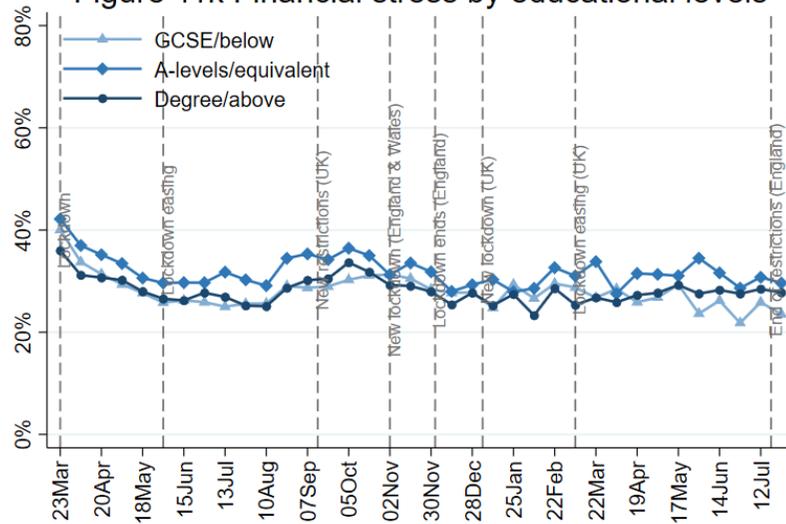
Figure 11l Financial stress by physical health diagnosis
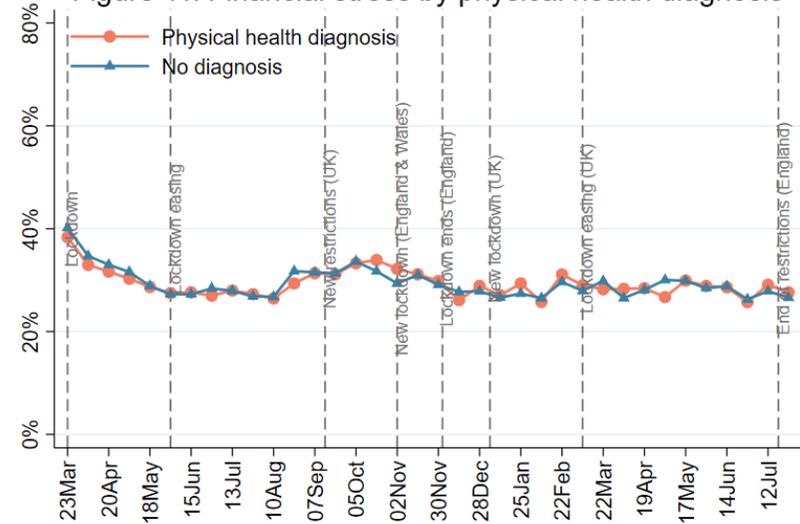
Figure 12a Food security stress by age groups
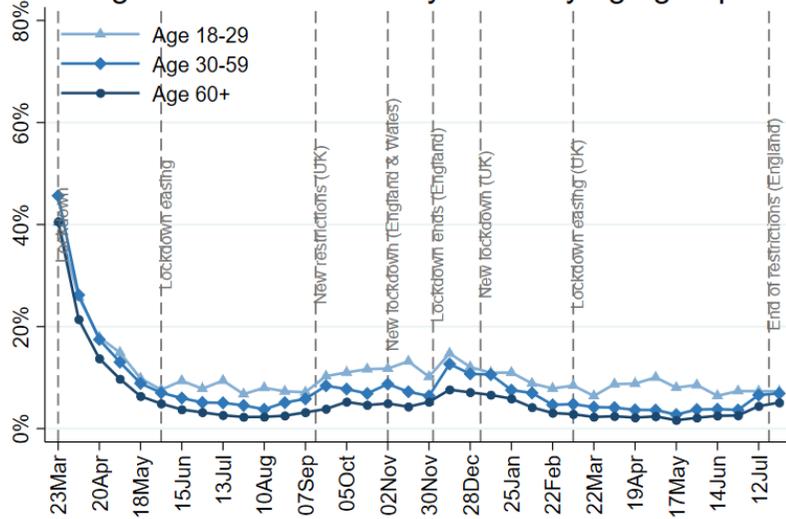
Figure 12b Food security stress by living arrangement
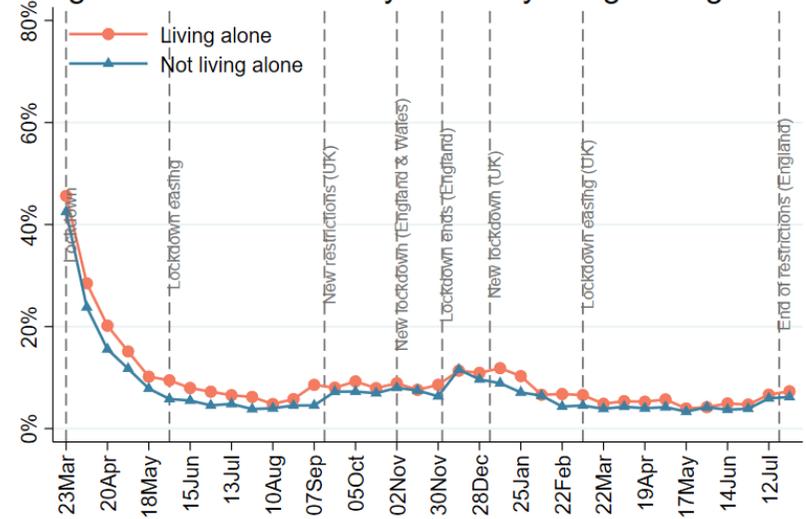
Figure 12c Food security stress by household income
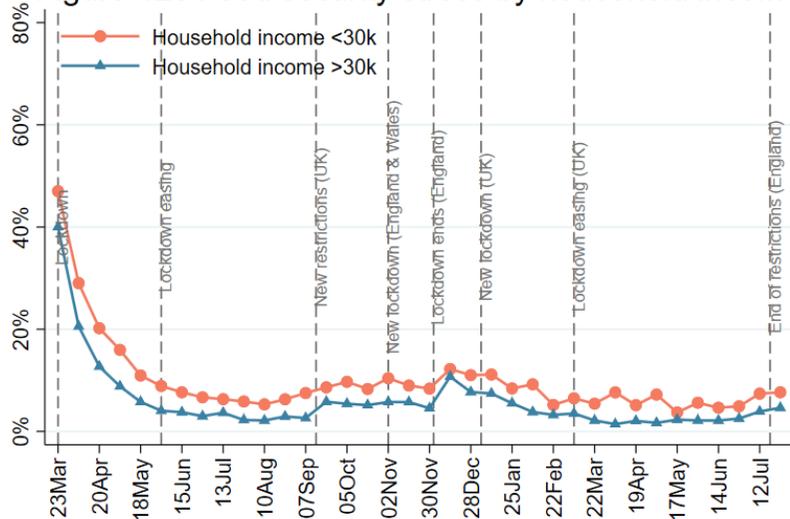
Figure 12d Food security stress by mental health
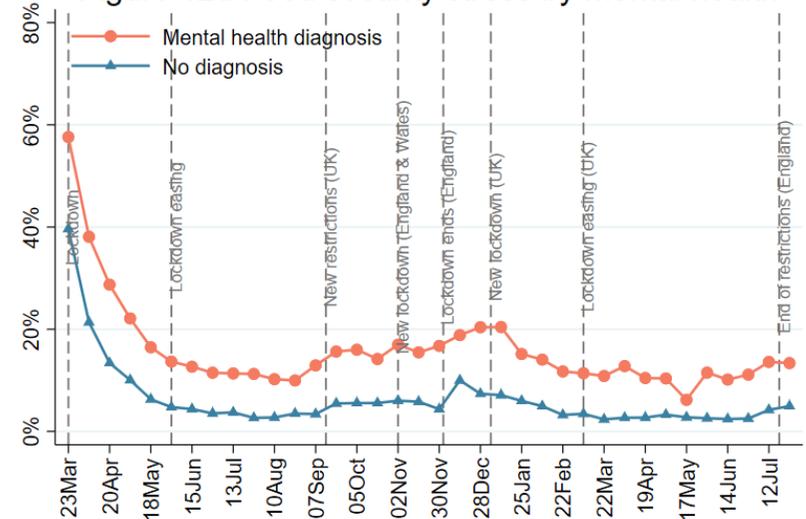
Figure 12e Food security stress by nations
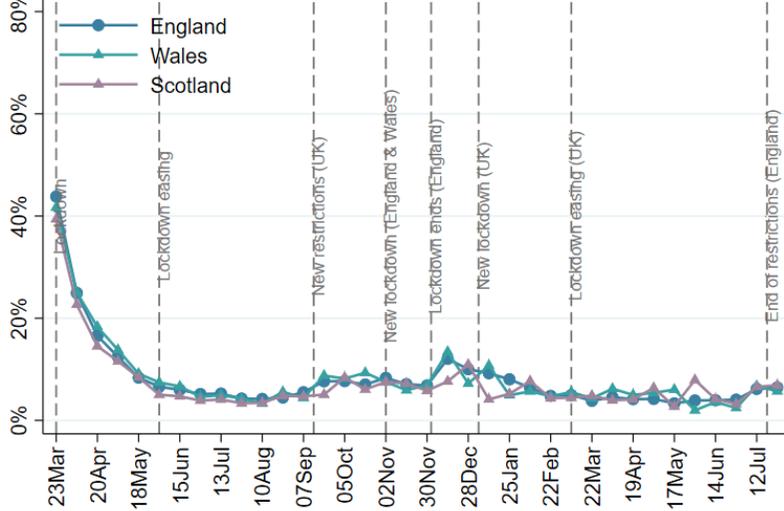
Figure 12f Food security stress by keyworker status
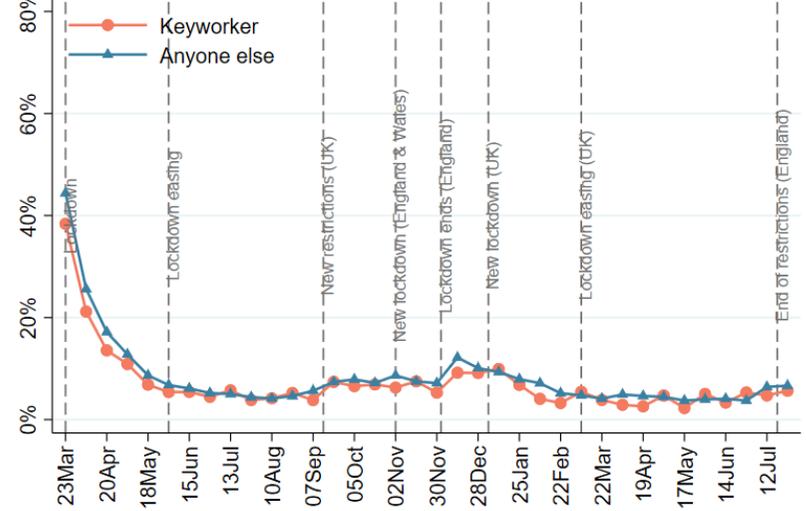
Figure 12g Food security stress by living with children
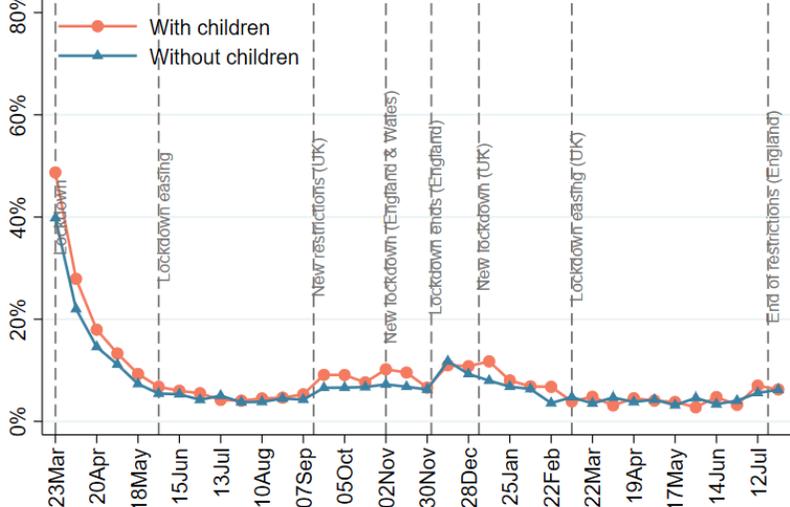

## Figure 12h Food security stress by living area
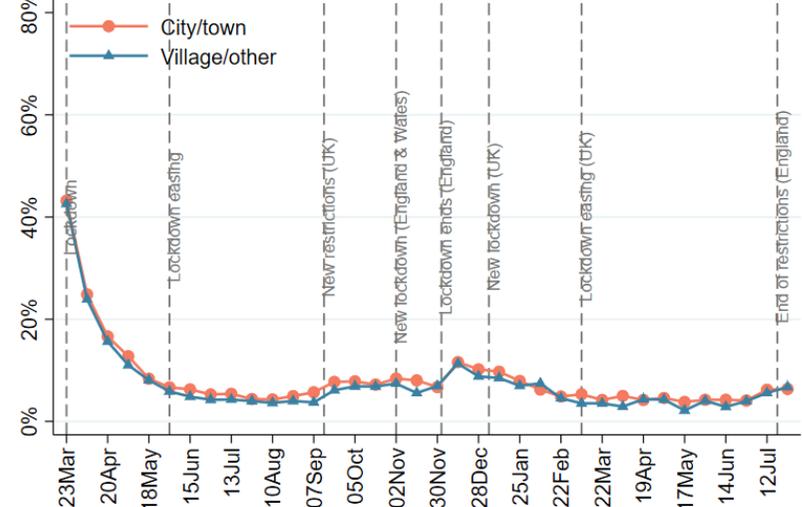
Figure 12i Food security stress by gender
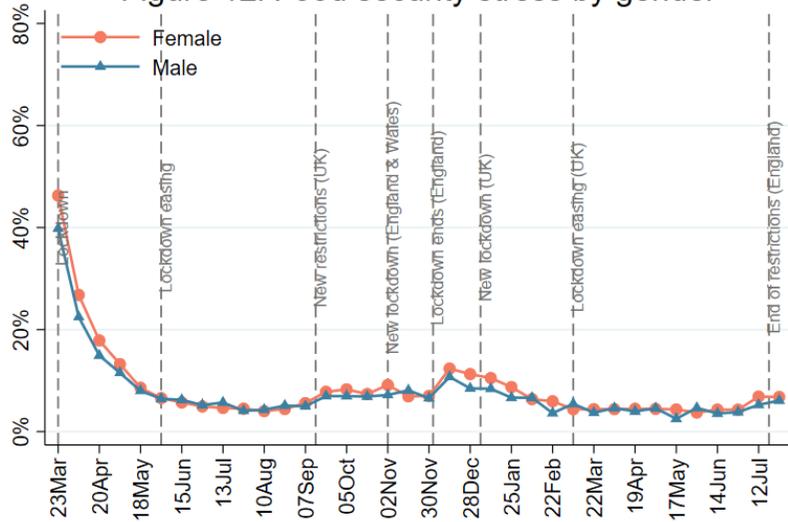

Figure 12j Food security stress by ethnicity
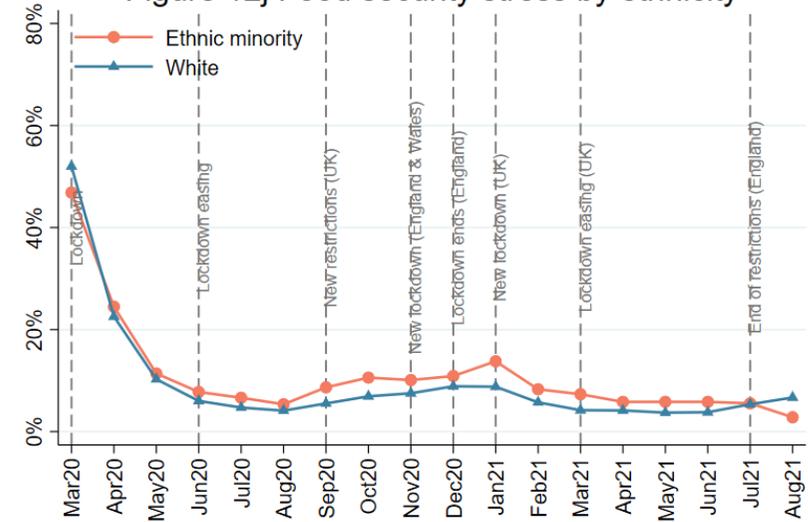
Figure 12k Food security stress by educational levels
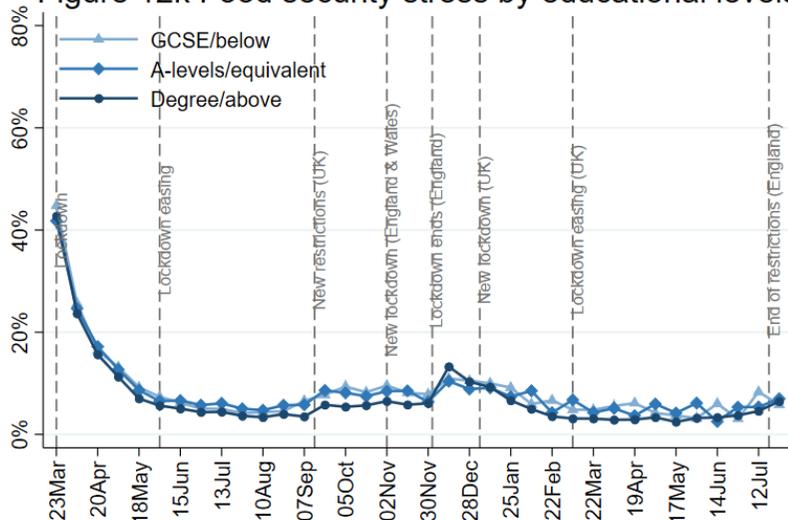


Figure 12l Food security stress by physical health diagnosis
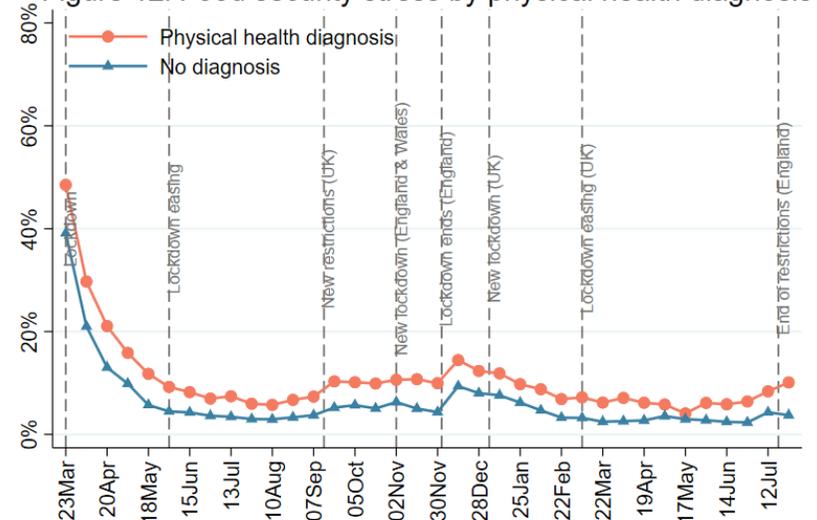
3. Self-harm and abuse

3.1 Thoughts of death or self-harm

Figure 13 Thoughts of death or self-harm
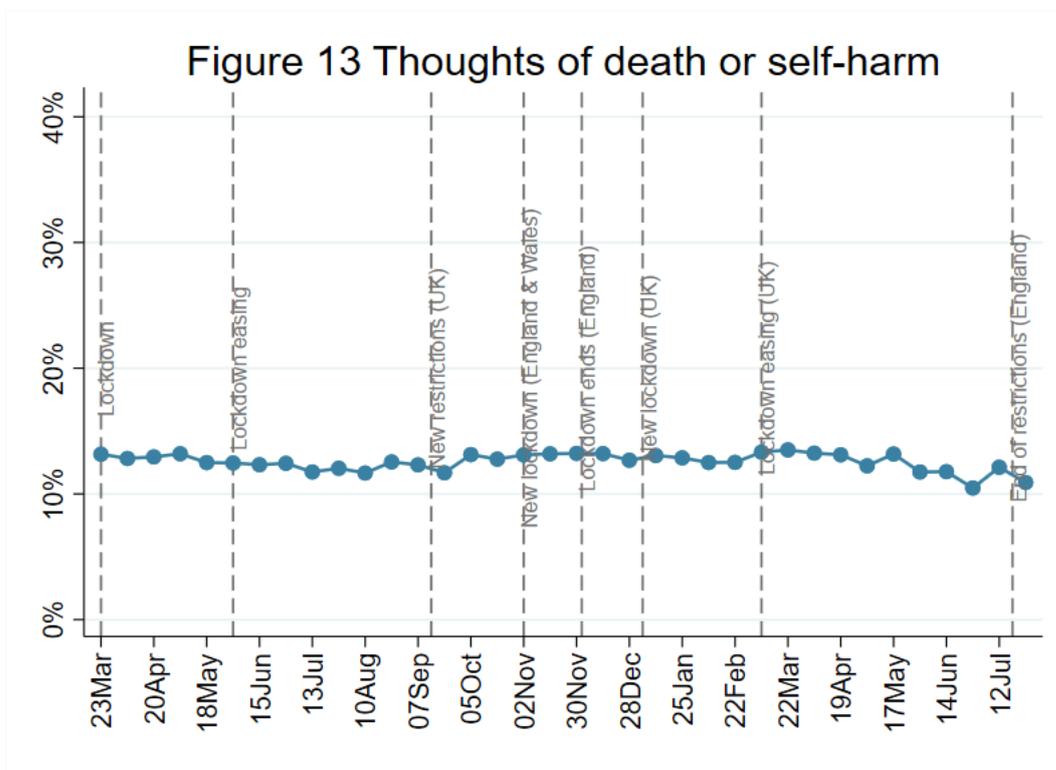
FINDINGS

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.

The proportion of people reporting thoughts of death or self-harm was relatively stable throughout the pandemic but appears to have decreased slightly over the past month. More data will be needed to confirm this trend.

People with a diagnosed mental health condition, people living alone, those with lower incomes, and people with a physical health diagnosis continue to report thoughts of death or self-harm in greater proportions. Thoughts of death or self-harm remain higher in adults under the age of 30.

Figure 14a Thoughts of death by age groups
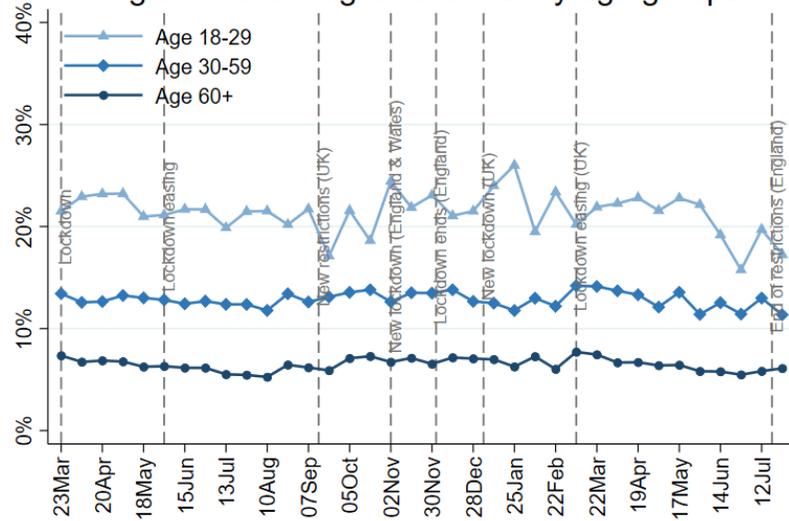
Figure 14b Thoughts of death by living arrangement
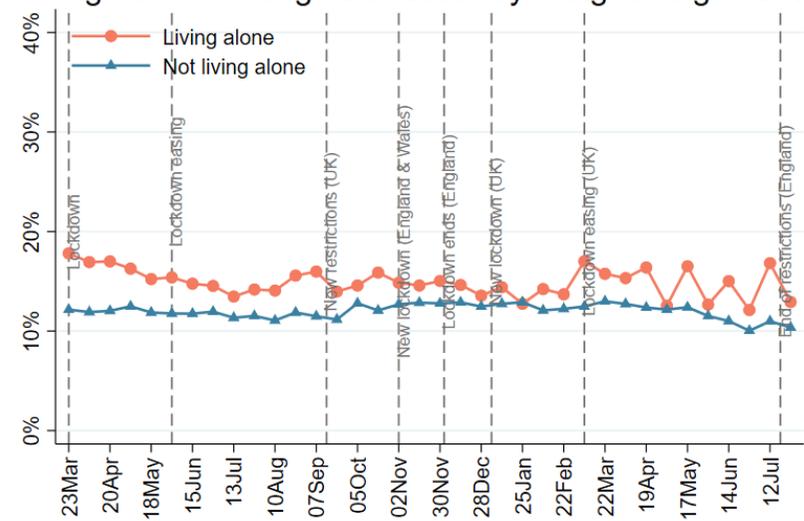
Figure 14c Thoughts of death by household income
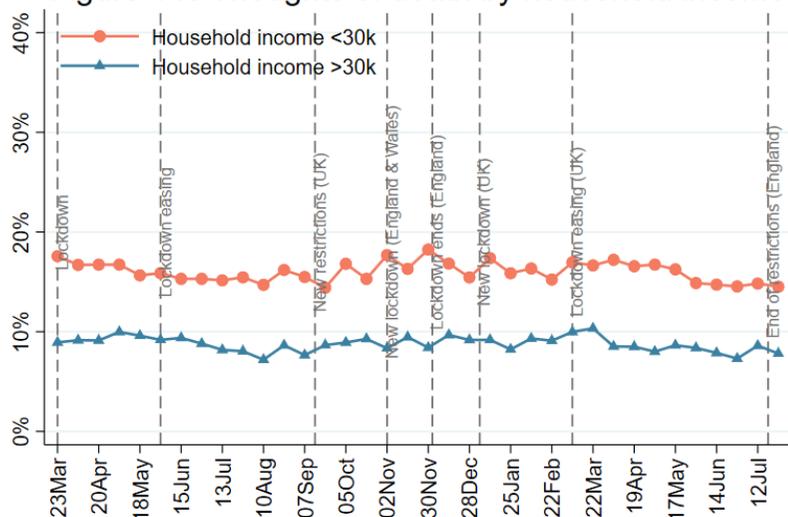
Figure 14d Thoughts of death by mental health diagnosis
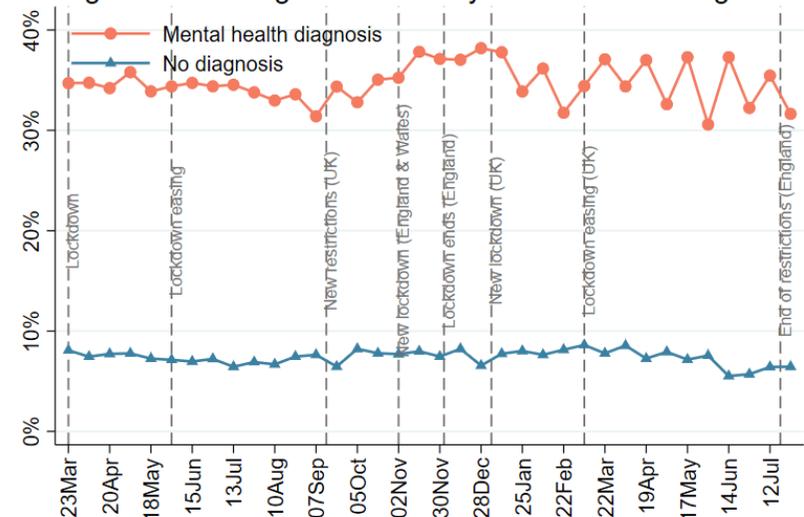
Figure 14e Thoughts of death by nations
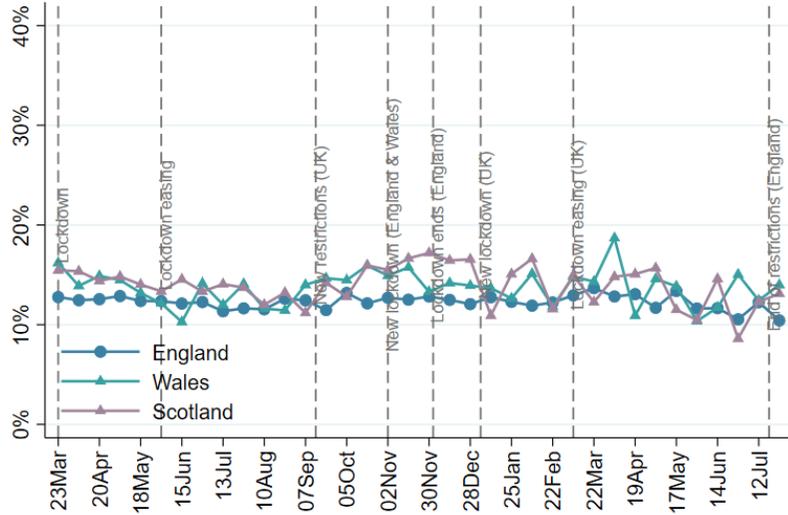
Figure 14f Thoughts of death by keyworker status
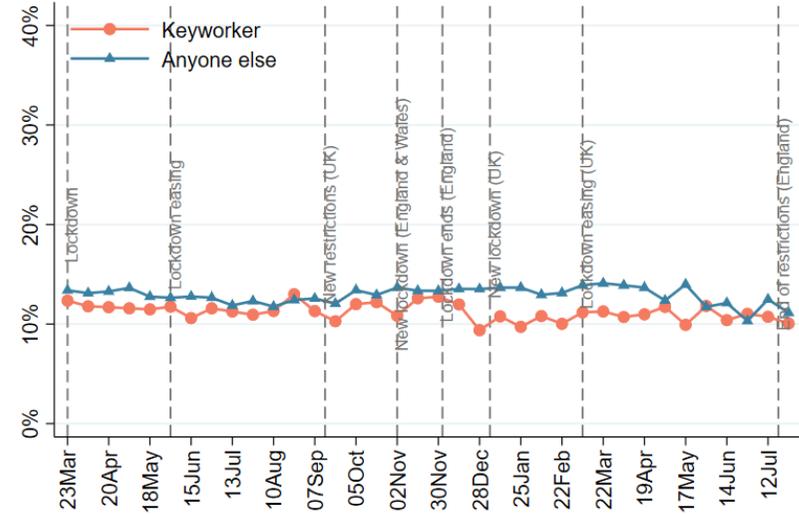
Figure 14g Thoughts of death by living with children
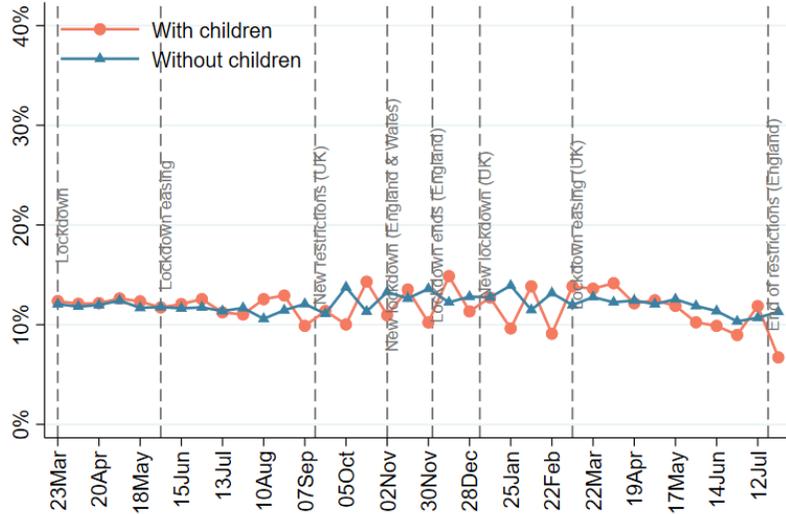
Figure 14h Thoughts of death by living area
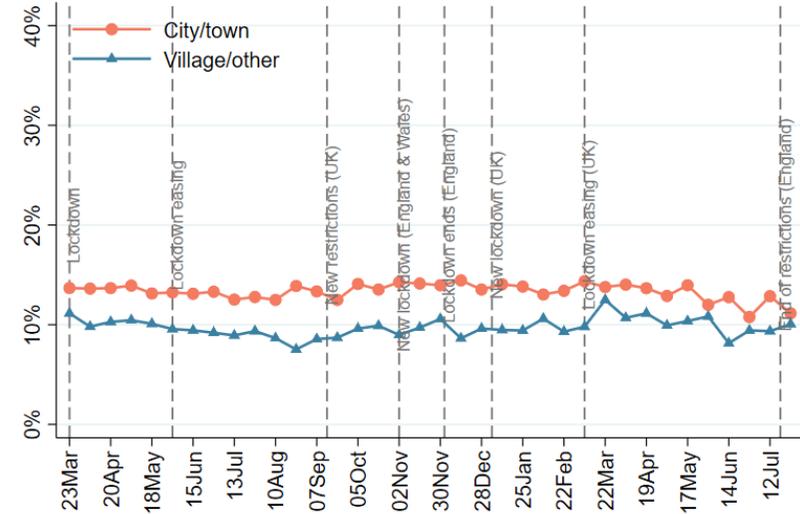
Figure 14i Thoughts of death by gender
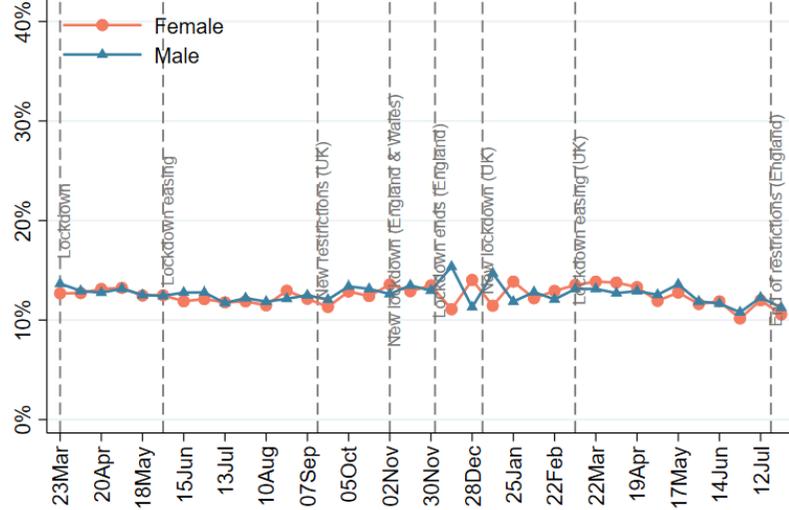
Figure 14j Thoughts of death by ethnicity
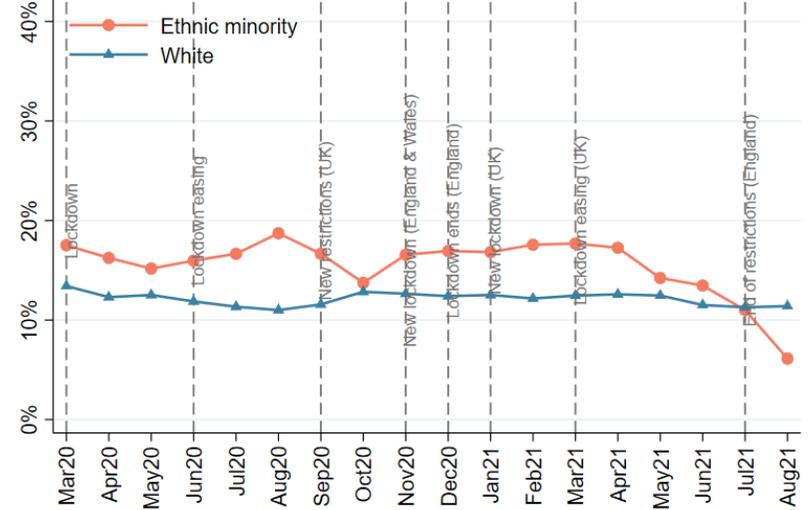

Figure 14k Thoughts of death by educational levels
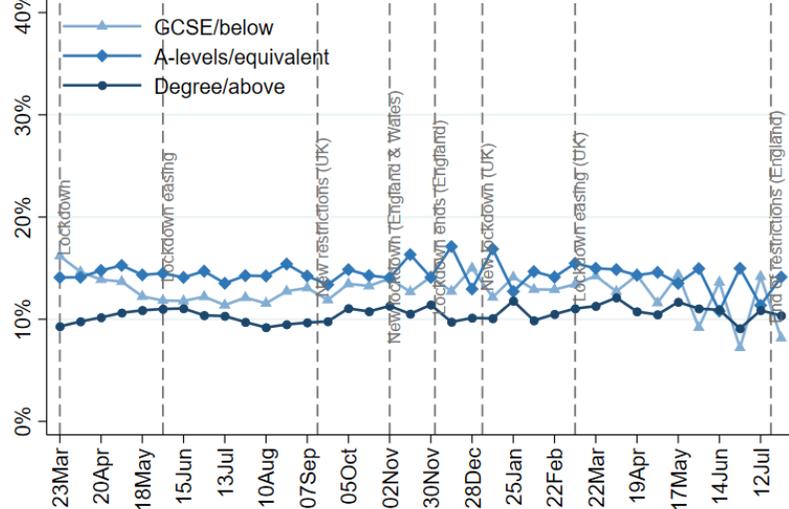
Figure 14l Thoughts of death by physical health diagnosis
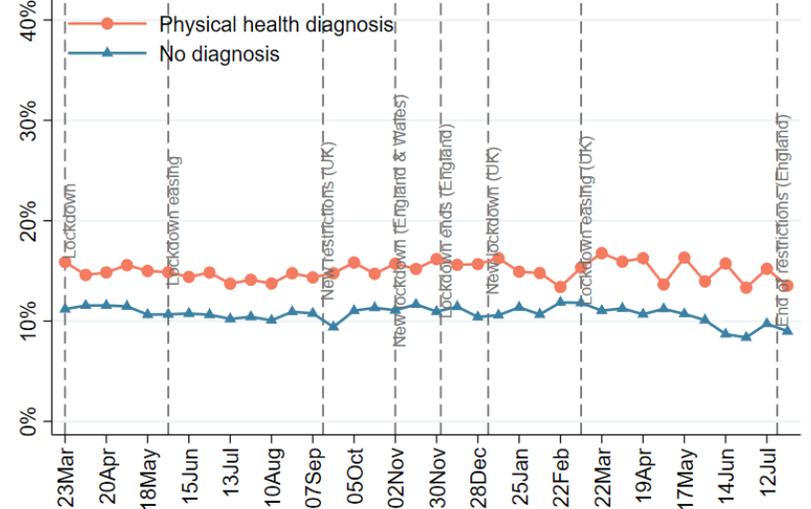
3.2 Self-harm

Figure 15 Self-harm
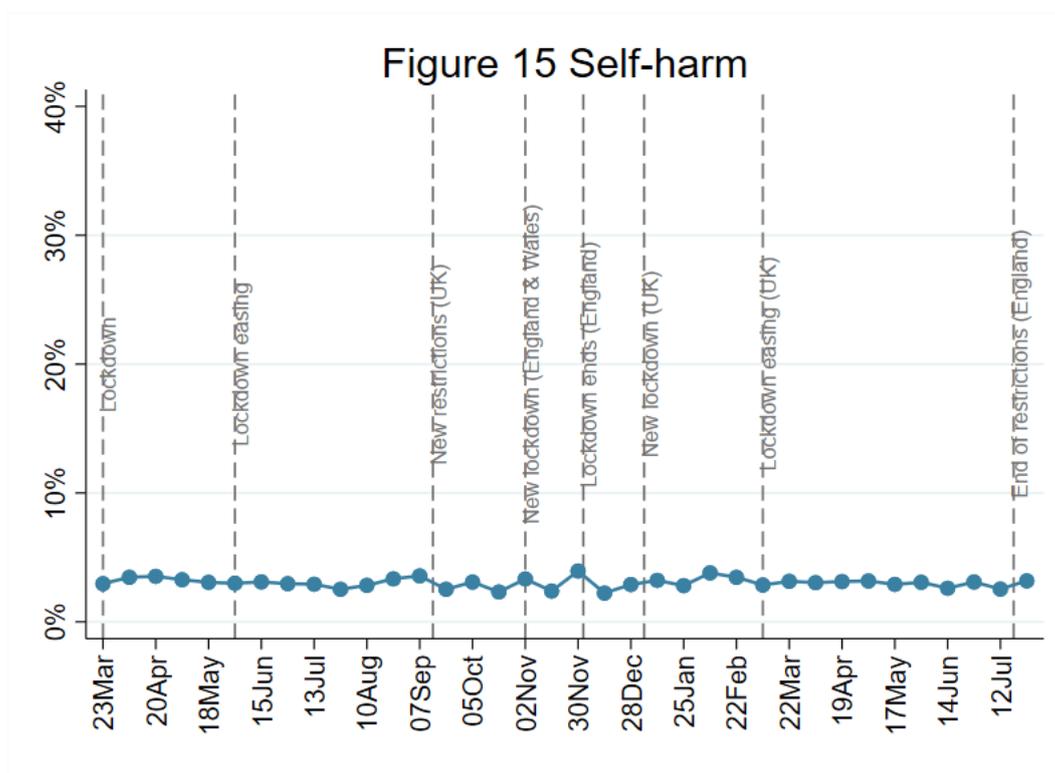
FINDINGS

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 continues to remain relatively stable over the course of the pandemic. Throughout most of the pandemic, self-harm has been higher amongst younger adults, people with lower household incomes, those with a mental health diagnosis, 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 levels[4].

---

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

Figure 16a Self-harm by age groups
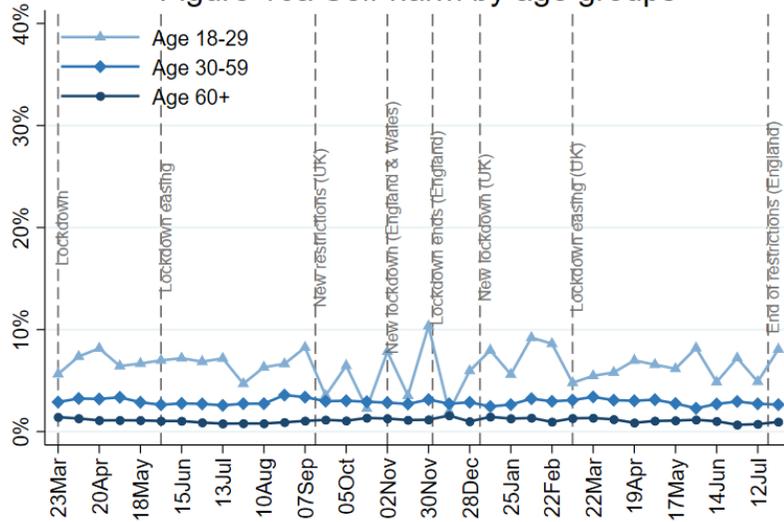
Figure 16b Self-harm by living arrangement
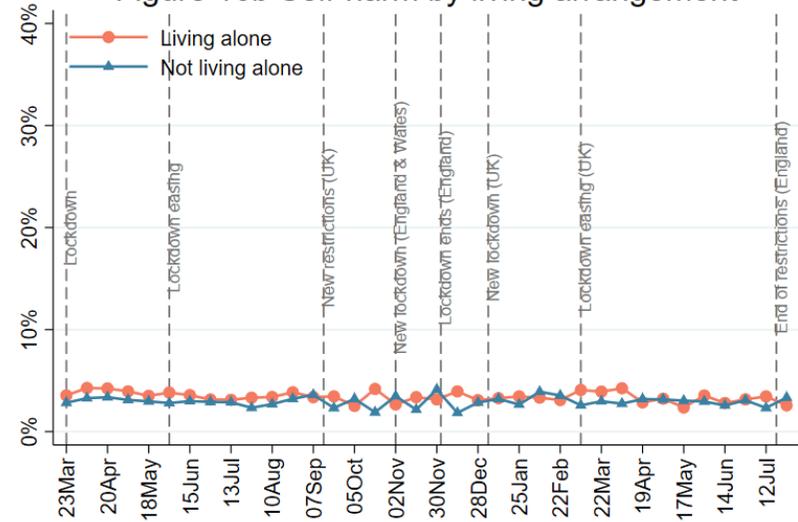
Figure 16c Self-harm by household income
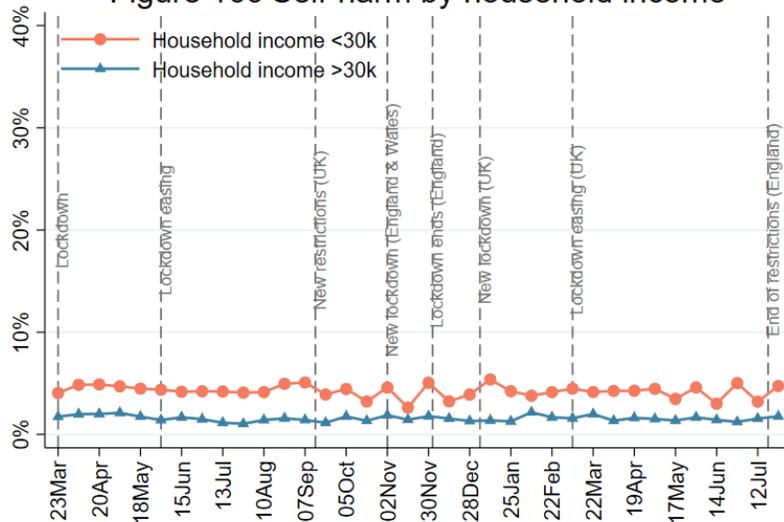
Figure 16d Self-harm by mental health diagnosis
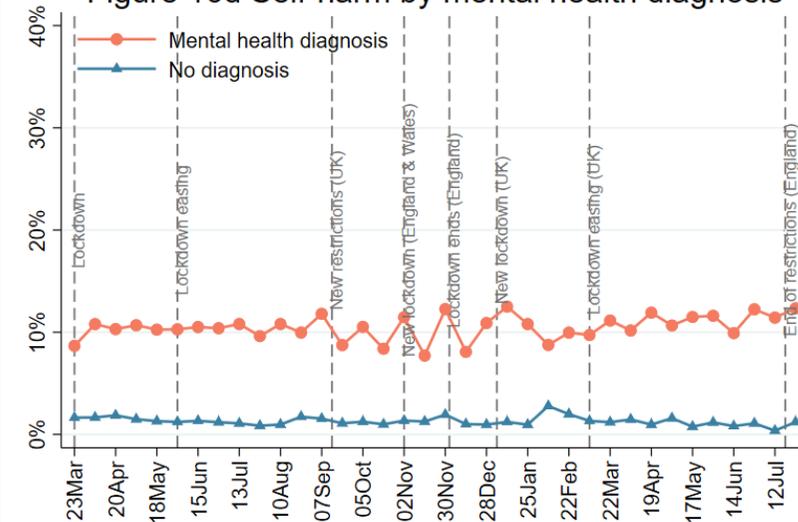
Figure 16e Self-harm by nations
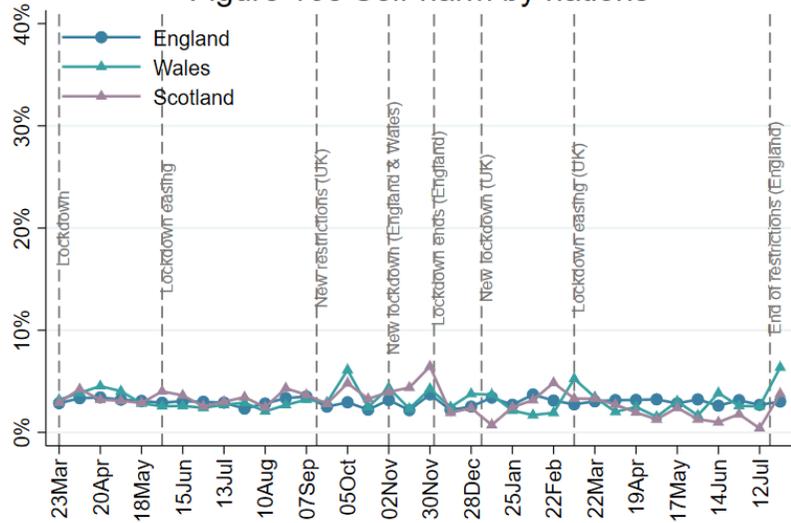
Figure 16f Self-harm by keyworker status
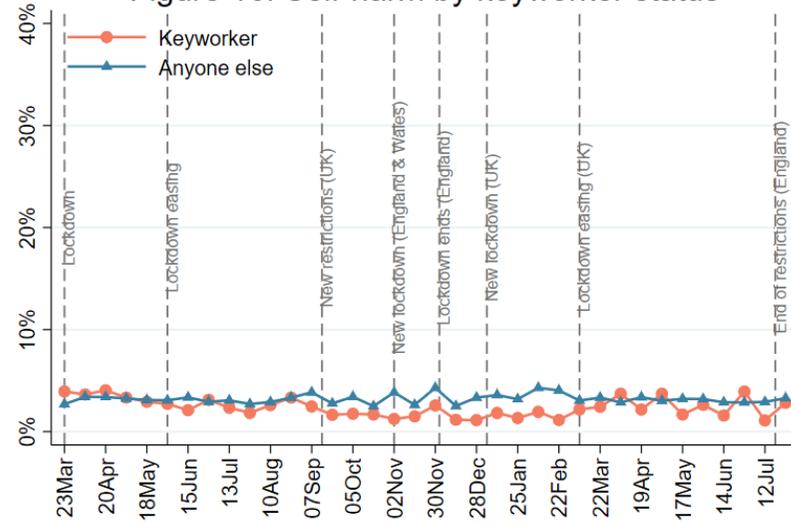
Figure 16g Self-harm by living with children
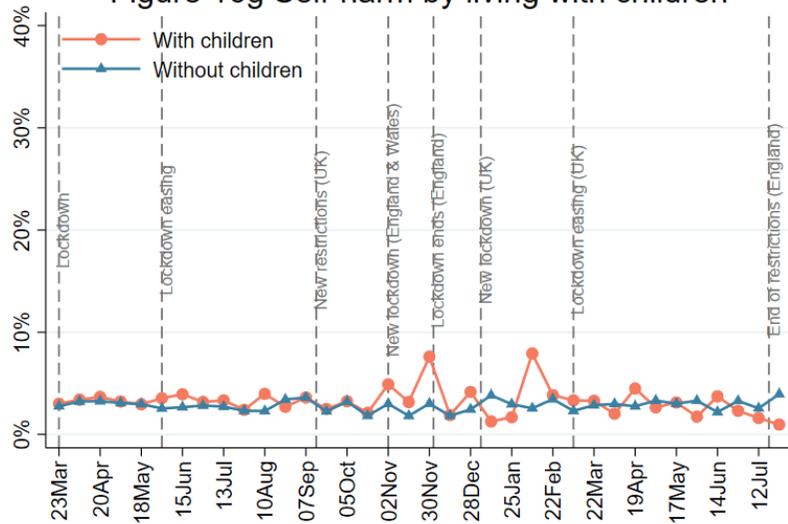
Figure 16h Self-harm by living area
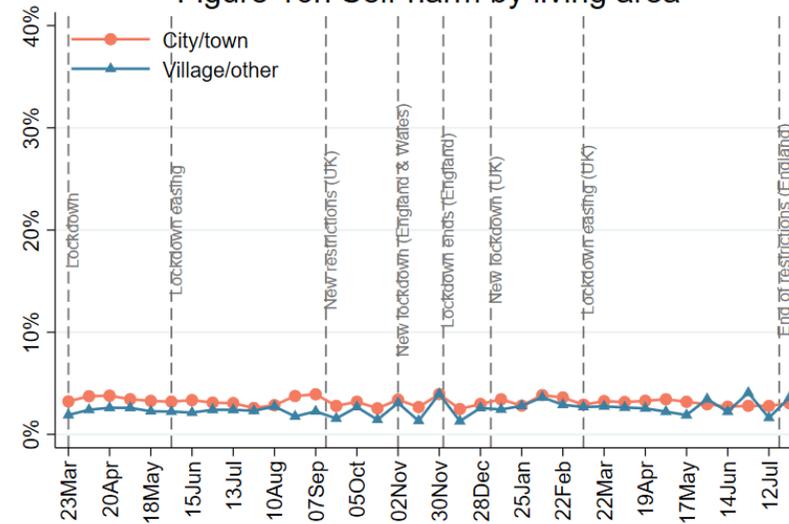
Figure 16i Self-harm by gender
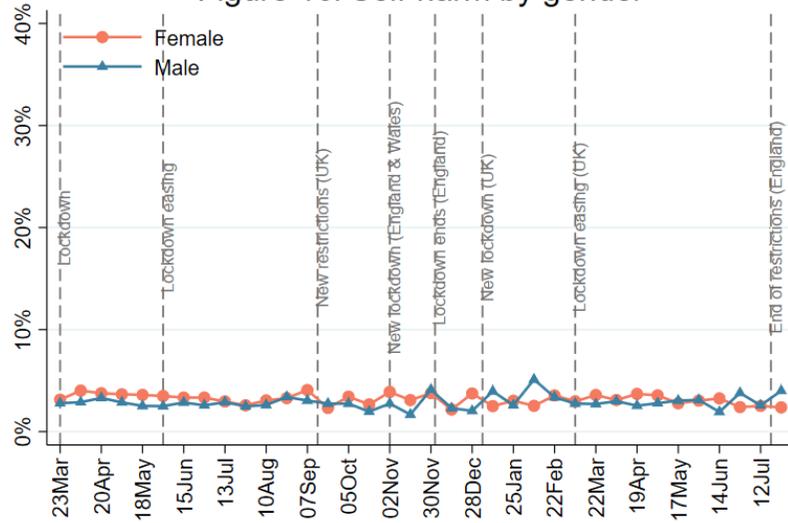
Figure 16j Self-harm by ethnicity
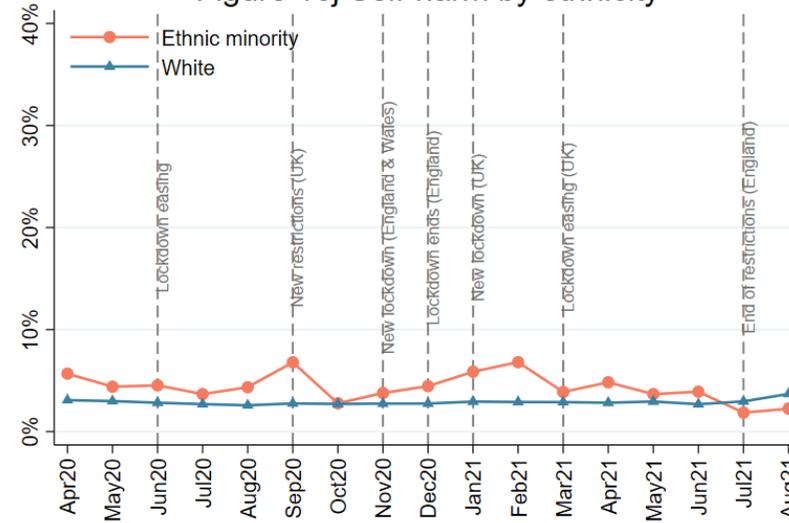
Figure 16k Self-harm by educational levels
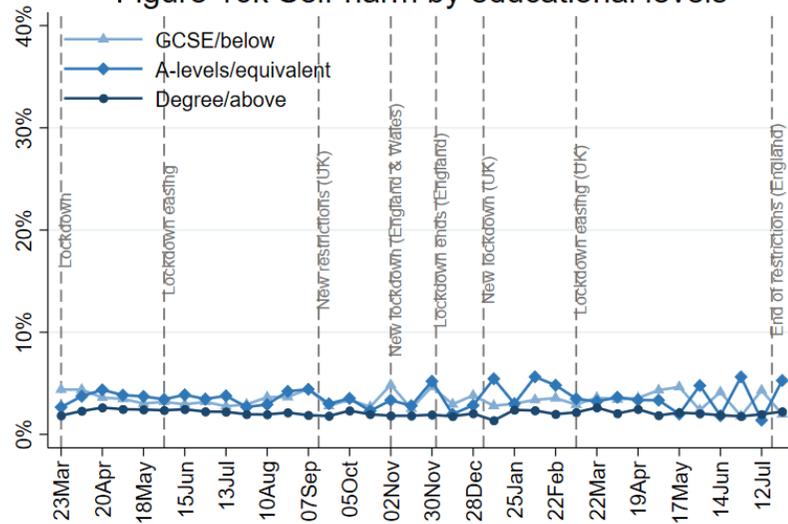
Figure 16l Self-harm by physical health diagnosis

3.3 Abuse

Figure 17 Being physically or psychologically abused
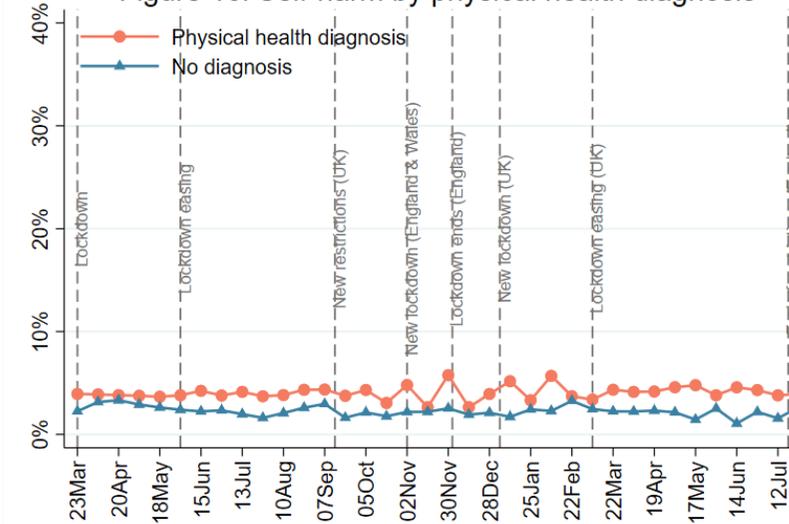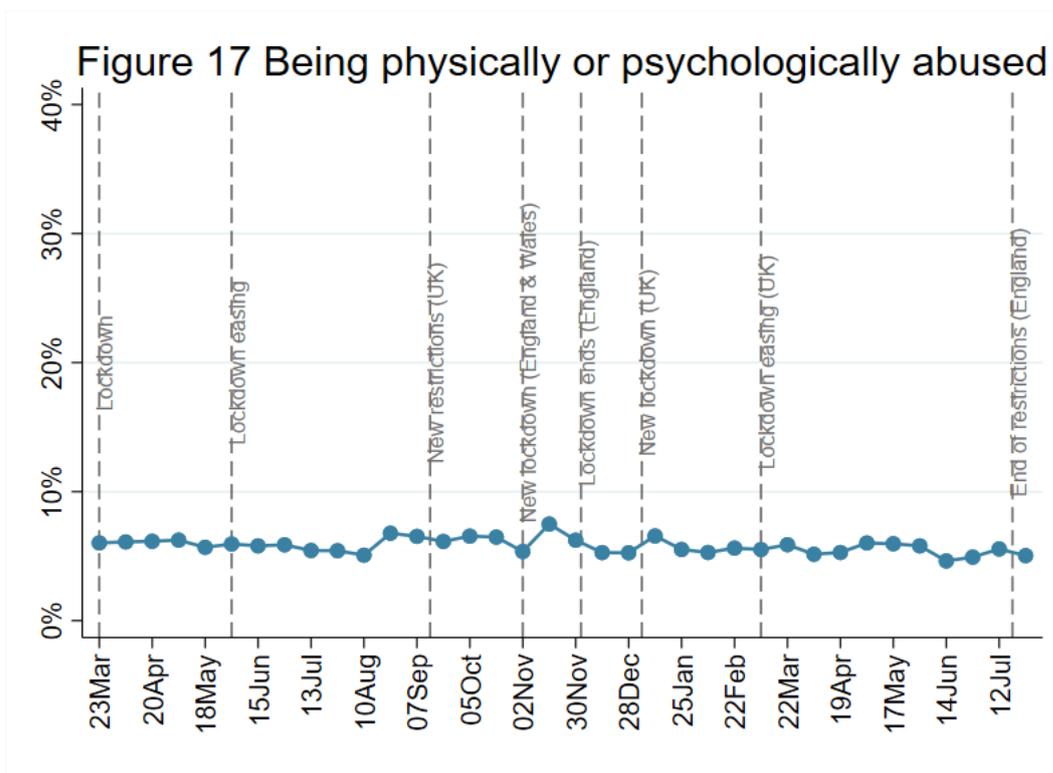
FINDINGS

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.

Reports of abuse have continued to remain relatively stable over the course of the pandemic. They are more common amongst people with lower household income, people with a mental health diagnosis, and in those with a physical health condition.

It should be noted that not all people who experienced physical or psychological abuse will necessarily report it, so these levels are anticipated to be an under-estimation of actual levels[5].

[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
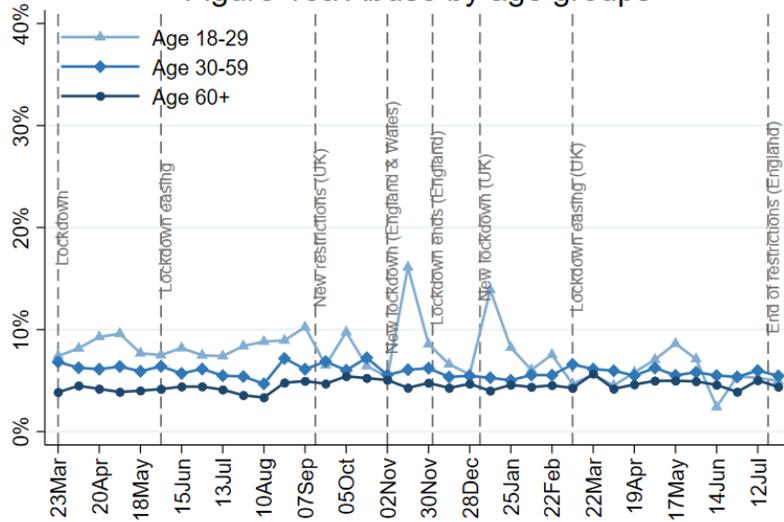
Figure 18b Abuse by living arrangement
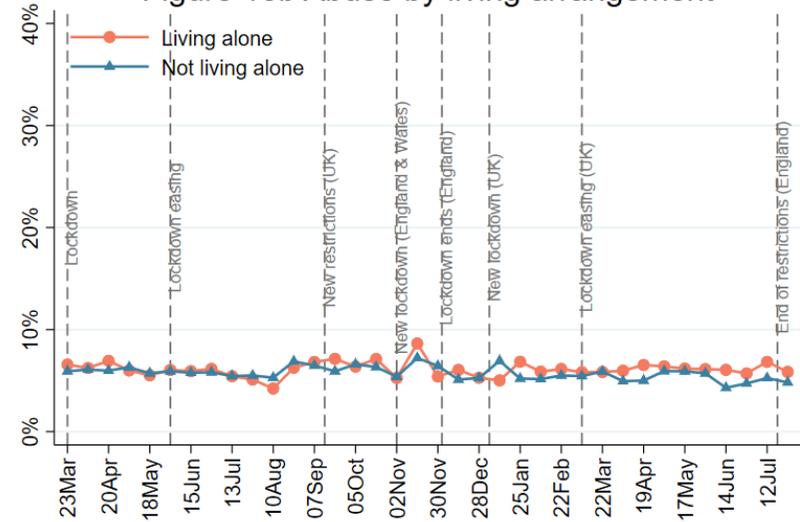
Figure 18c Abuse by household income
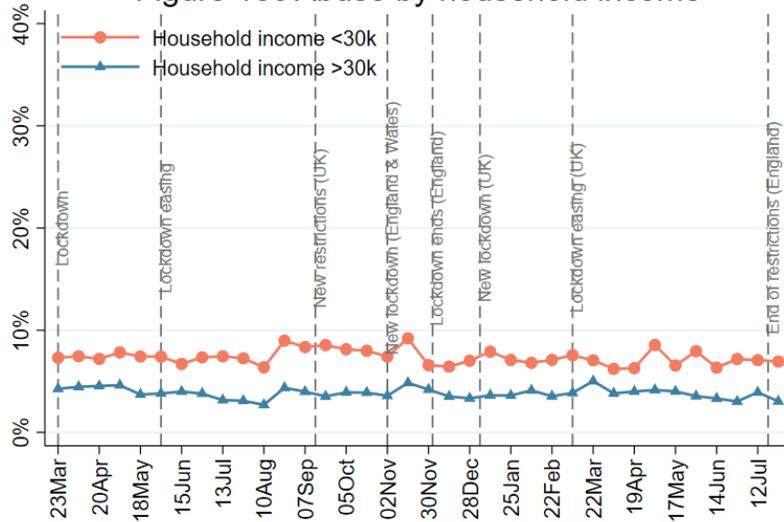
Figure 18d Abuse by mental health diagnosis
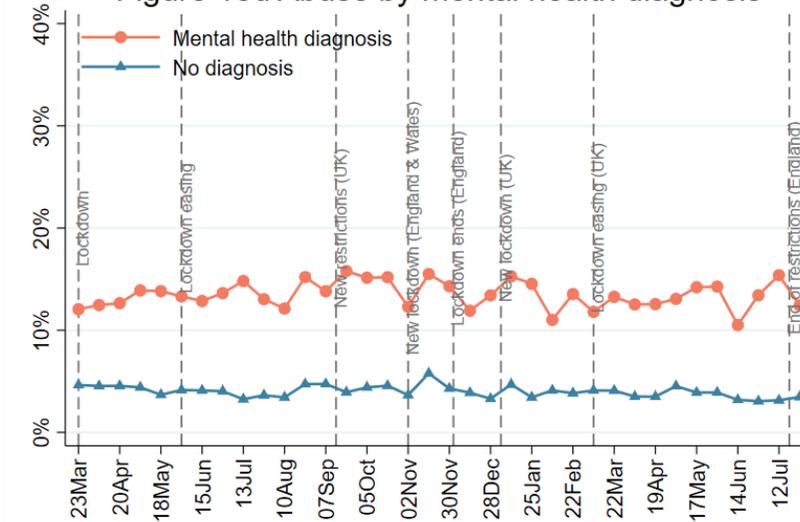
Figure 18e Abuse by nations
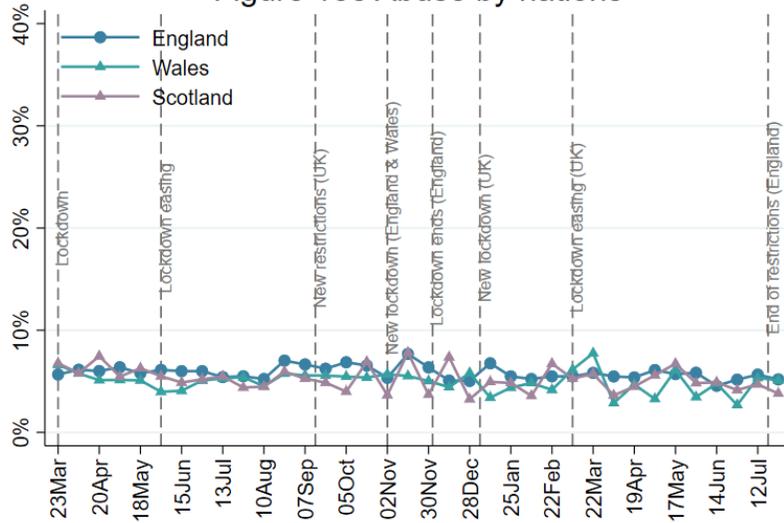
Figure 18f Abuse by keyworker status
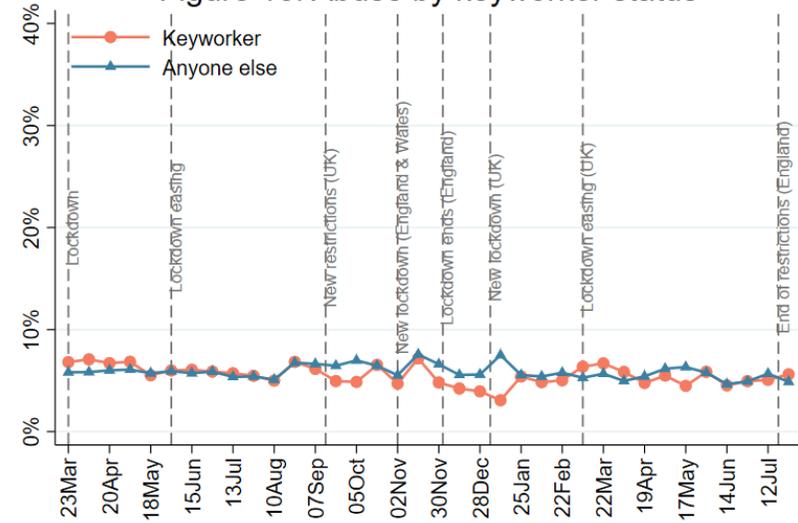
Figure 18g Abuse by living with children
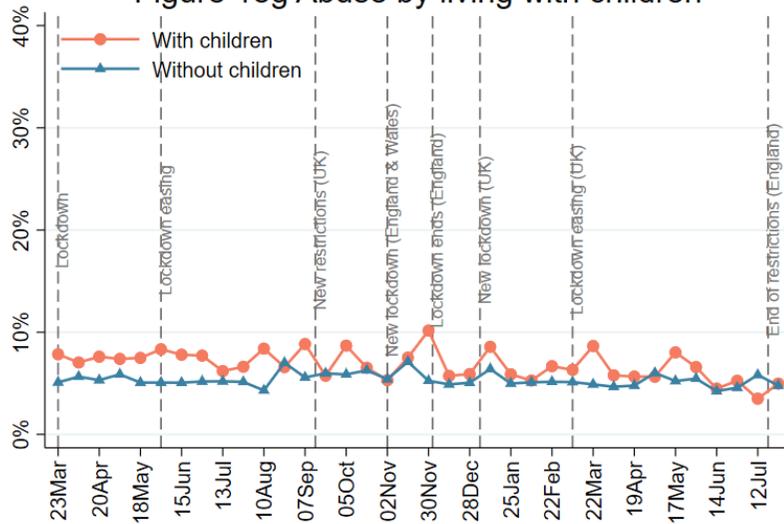
Figure 18h Abuse by living area
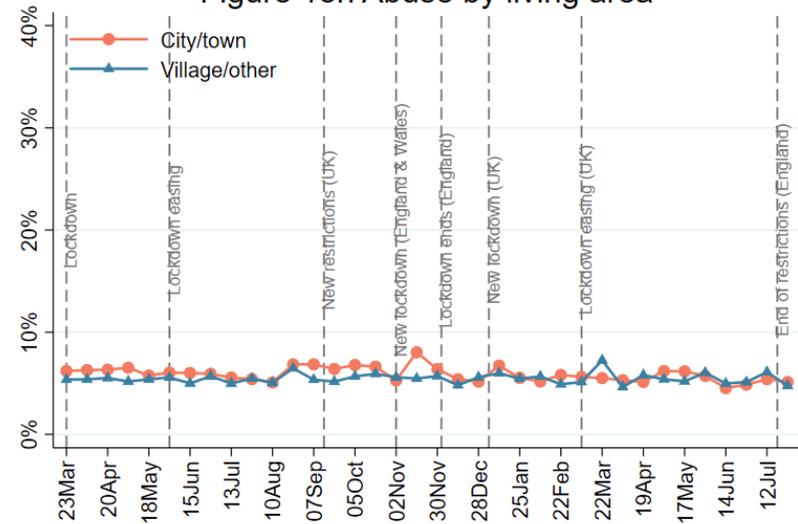
Figure 18i Abuse by gender
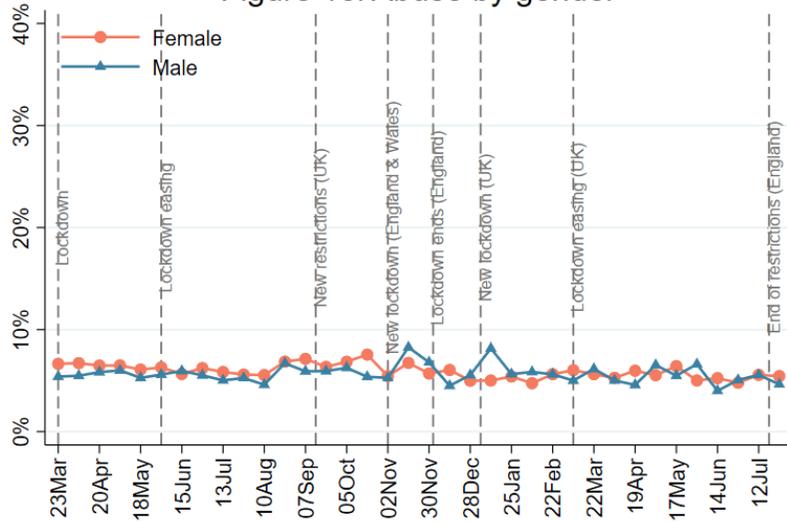
Figure 18j Abuse by ethnicity
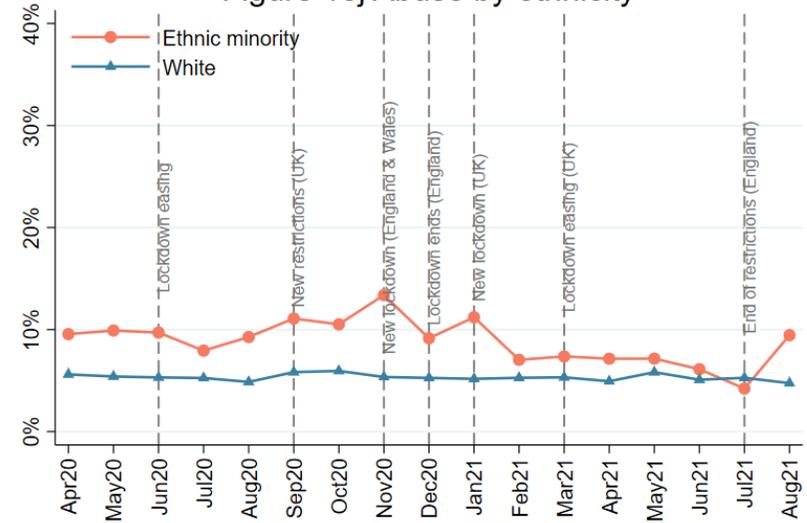
Figure 18k Abuse by educational levels
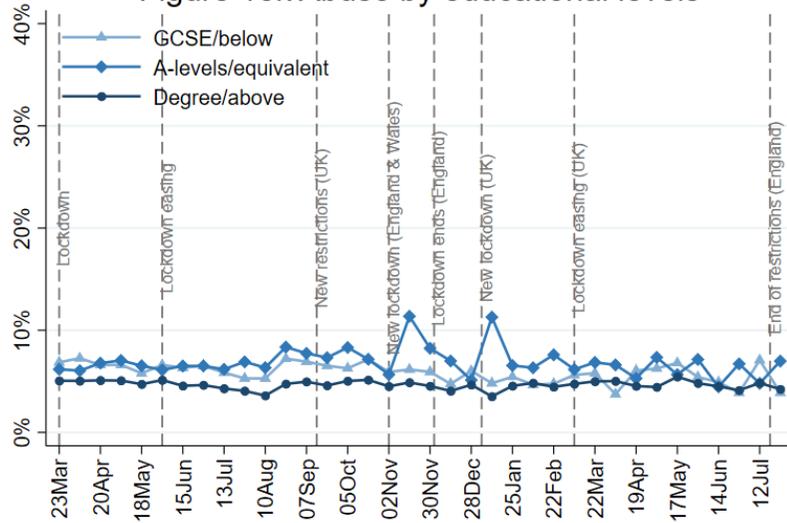
Figure 18l Abuse by physical health diagnosis
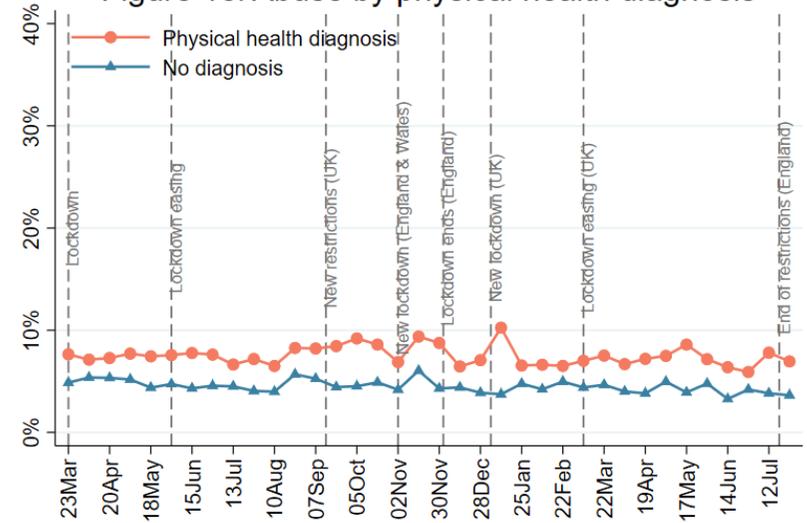
4. General well-being

4.1 Life satisfaction

Figure 19 Life satisfaction
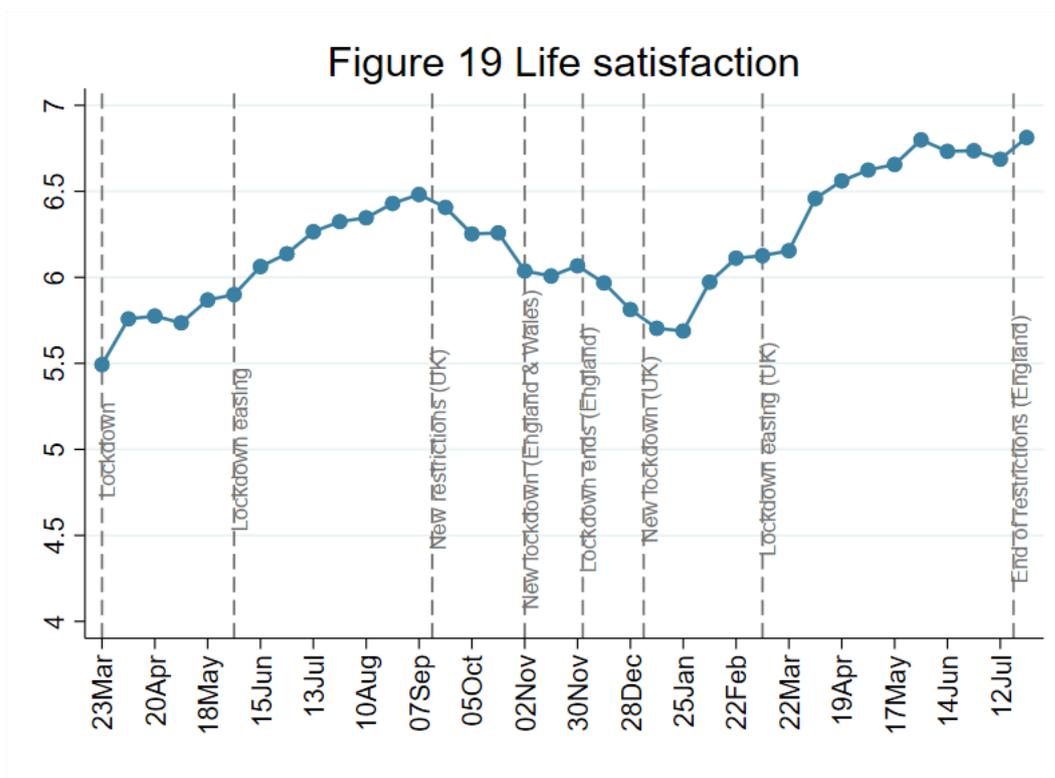
FINDINGS

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 increased steadily from the start of the new year to the beginning of May, decreased slightly over the next two months and appears to be increasing again. This recent increase in life satisfaction was generally seen across all demographic groups. Although difficult to interpret due to small biweekly sample sizes, life satisfaction decreased in young adults from the end of May to just before the end of the latest restrictions and then levelled off. More data will be required to confirm the trend.

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

Although this study focuses on trajectories rather than prevalence, the levels of life satisfaction remain lower than usual reported averages using the same scale (7.7)[6].

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[6] Layard 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
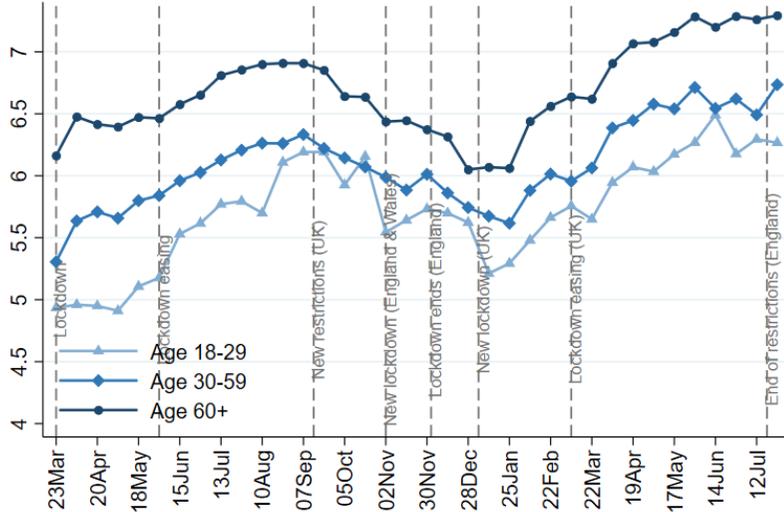
Figure 20b Life satisfaction by living arrangement
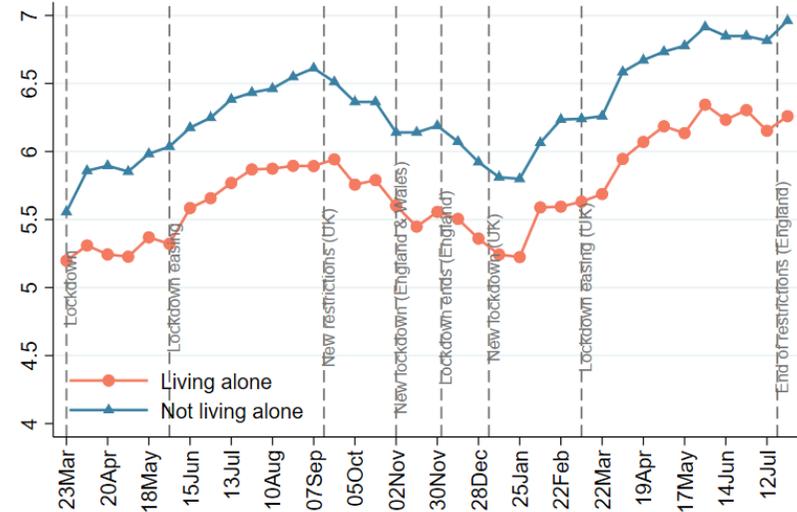
Figure 20c Life satisfaction by household income
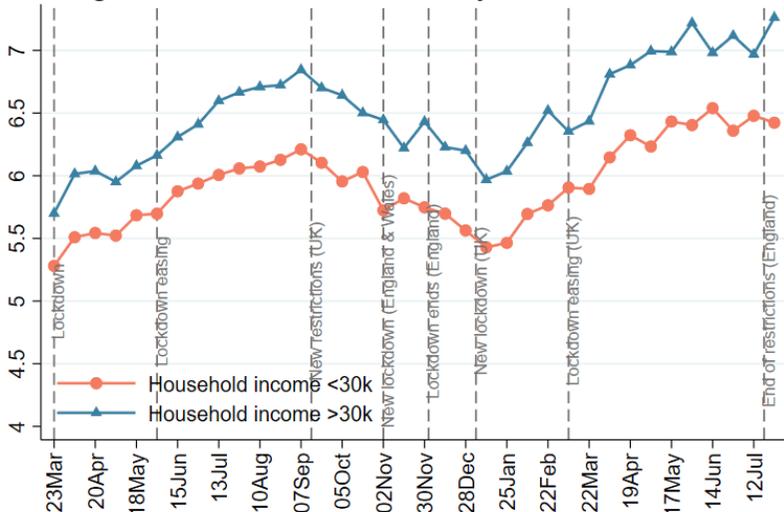
Figure 20d Life satisfaction by mental health diagnosis
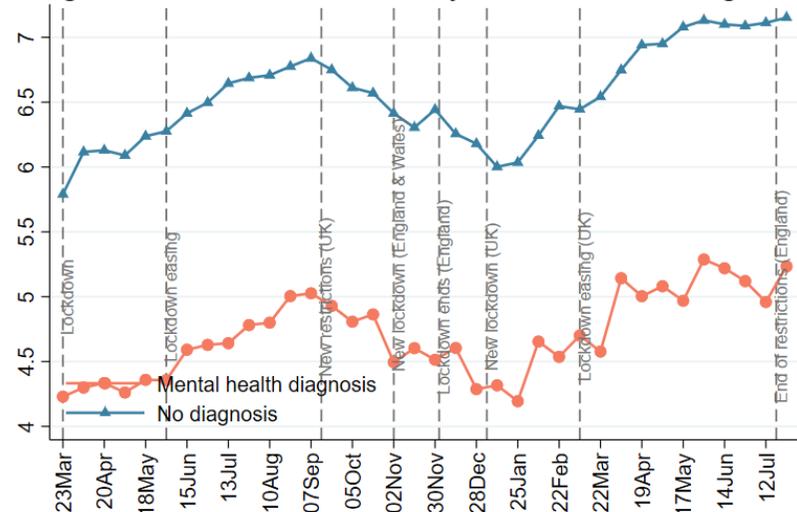
Figure 20e Life satisfaction by nations
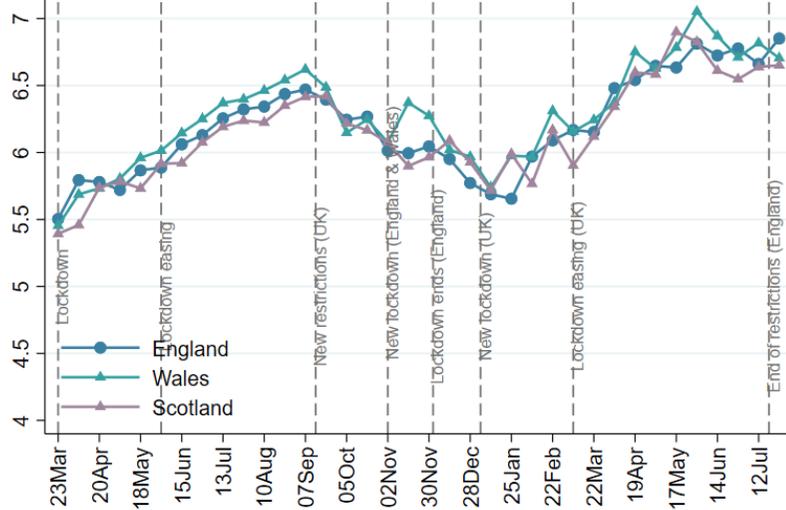
Figure 20f Life satisfaction by keyworker status
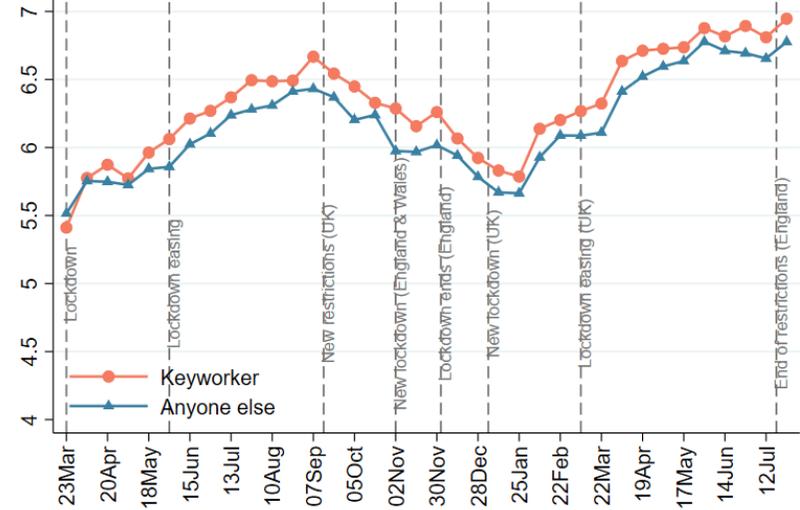
Figure 20g Life satisfaction by living with children
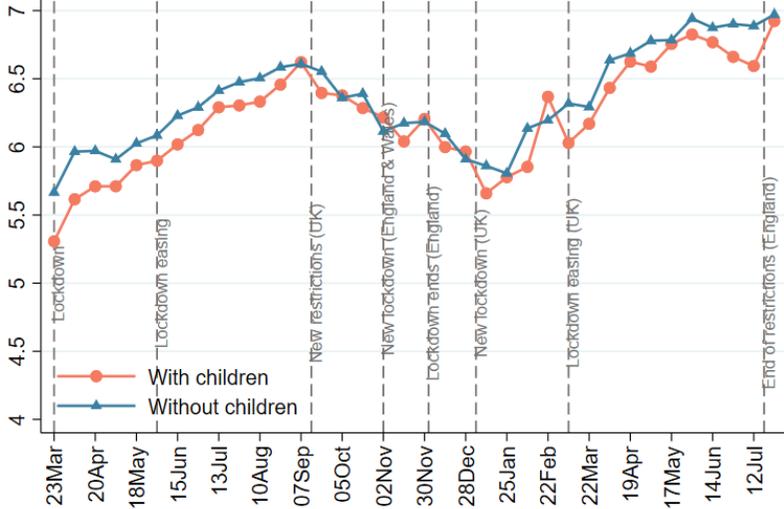
Figure 20h Life satisfaction by living area
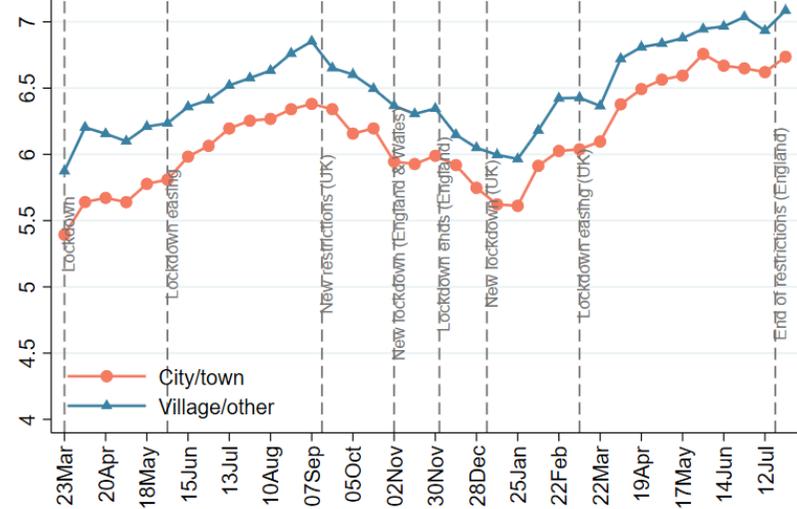
Figure 20i Life satisfaction by gender
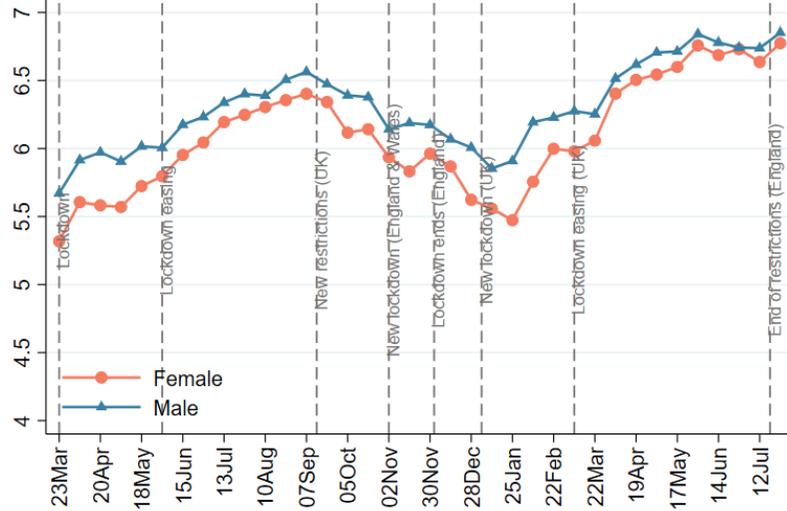
Figure 20j Life satisfaction by ethnicity
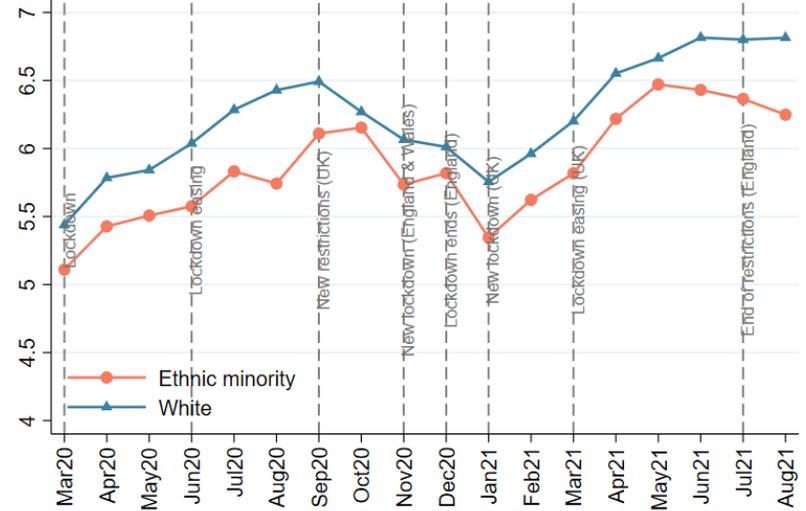
Figure 20k Life satisfaction by educational levels
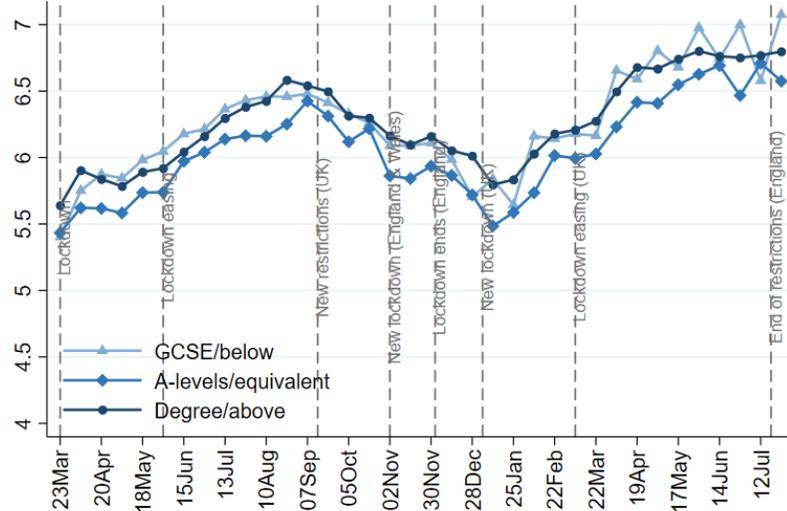
Figure 20l Life satisfaction by physical health diagnosis

50

4.2 Loneliness
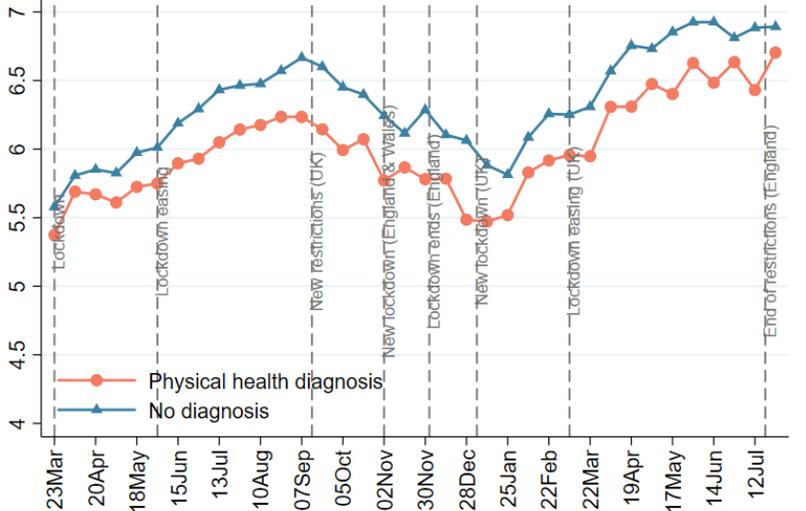
Figure 21 Loneliness
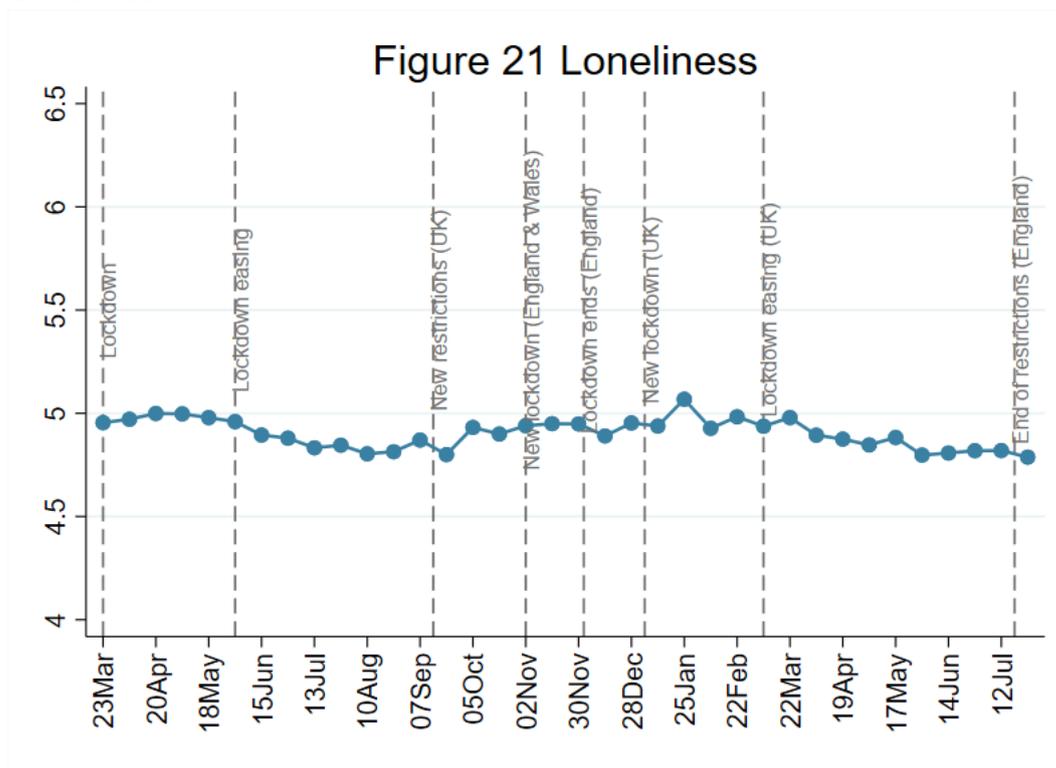
FINDINGS

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 scale, ranging from "never" to "always", with higher scores indicating greater loneliness.

Loneliness levels have been decreasing slightly since the beginning of March 2021 but remain similar to what they were in summer 2020. Loneliness remains highest in young adults, people living alone, those with a mental health diagnosis, people with lower household income, amongst those from ethnic minority groups, women, and those living in urban areas.

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
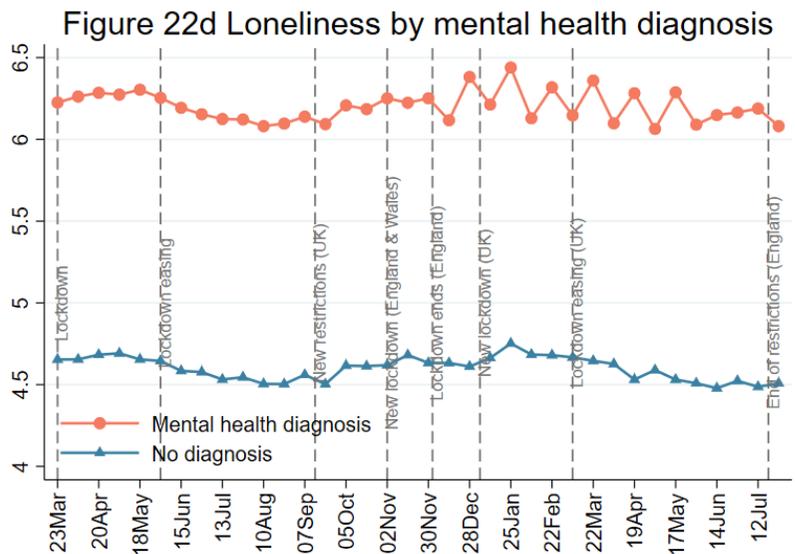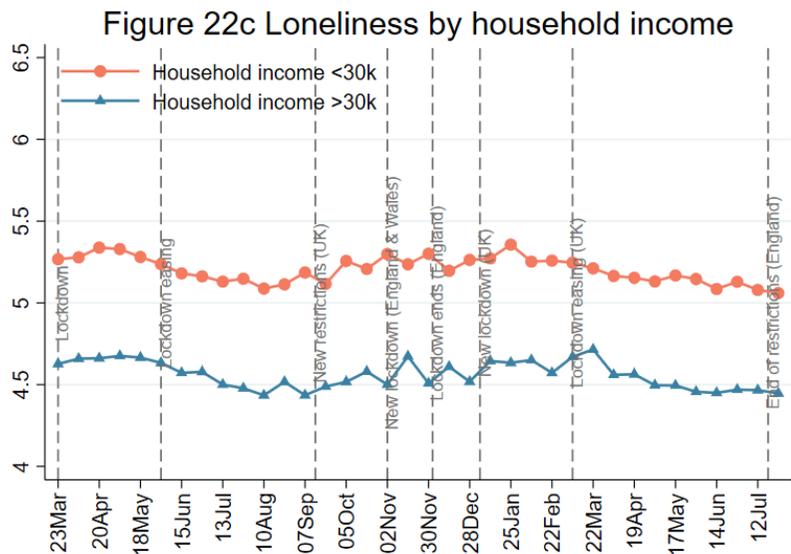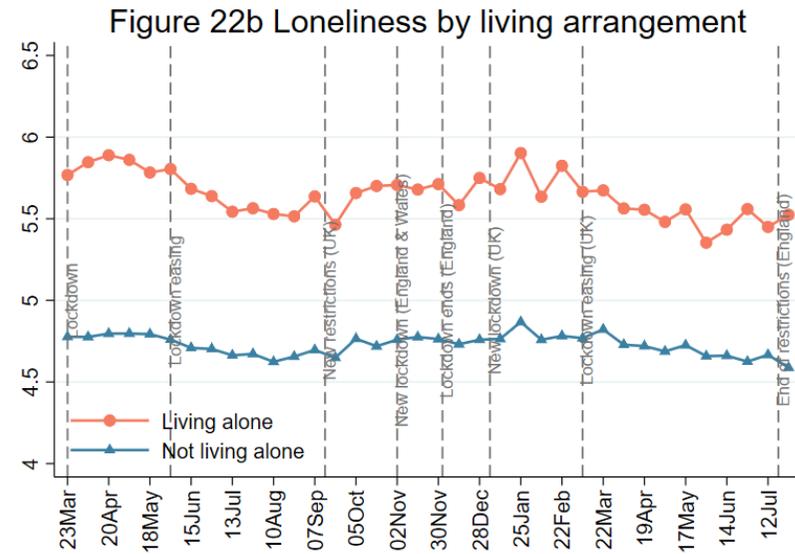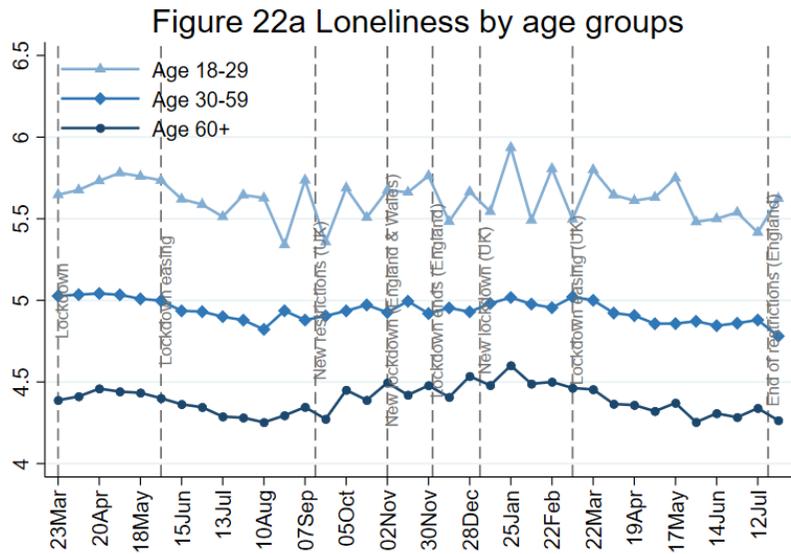
Figure 22e Loneliness by nations
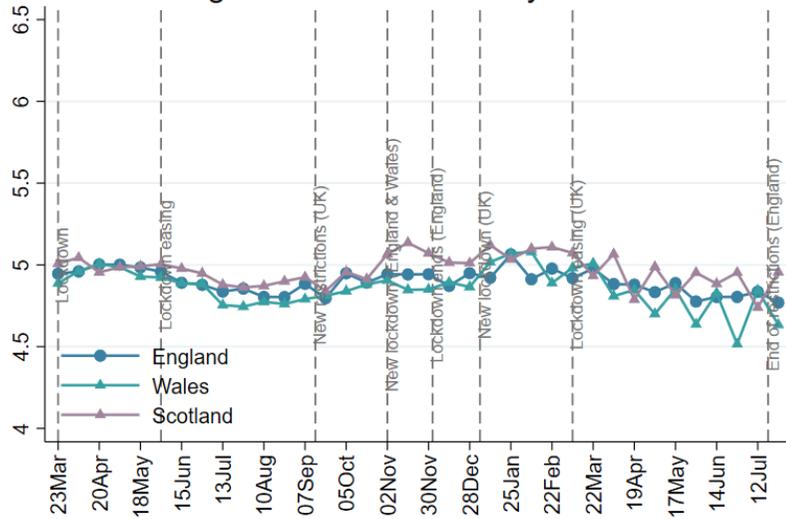
Figure 22f Loneliness by keyworker status
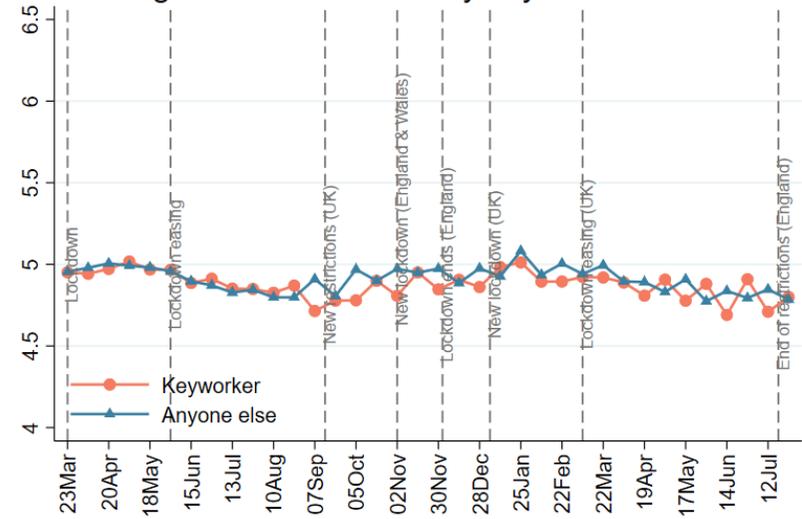
Figure 22g Loneliness by living with children
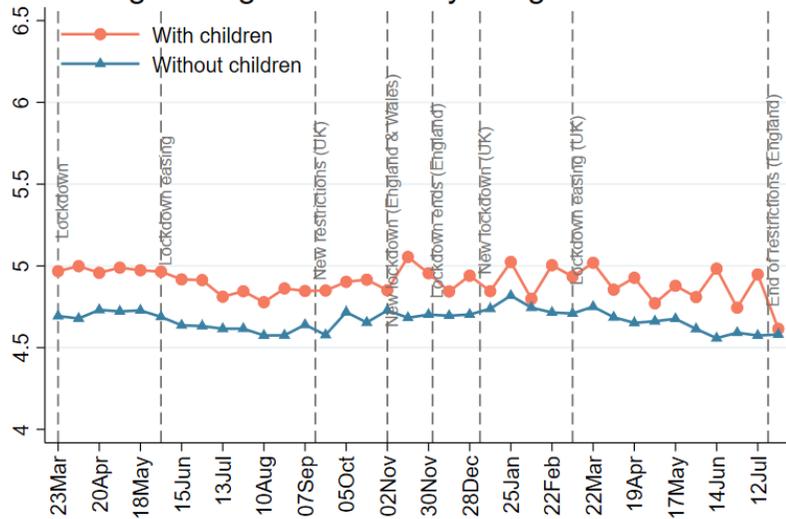
Figure 22h Loneliness by living area
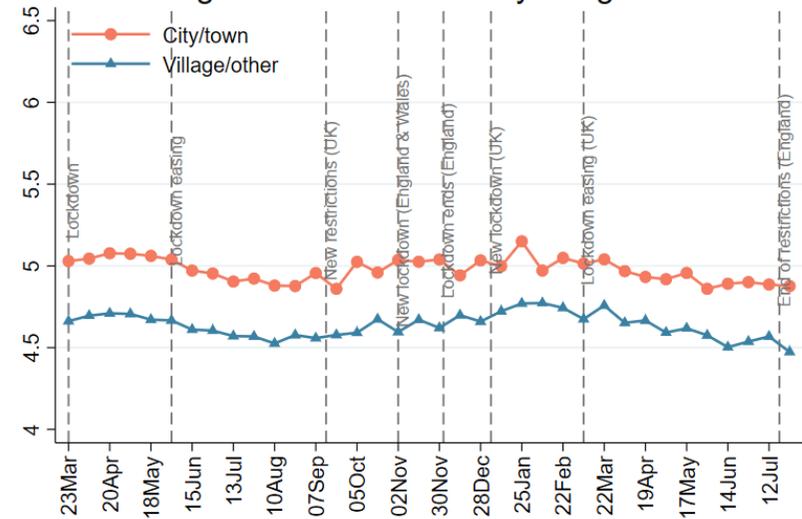
Figure 22i Loneliness by gender
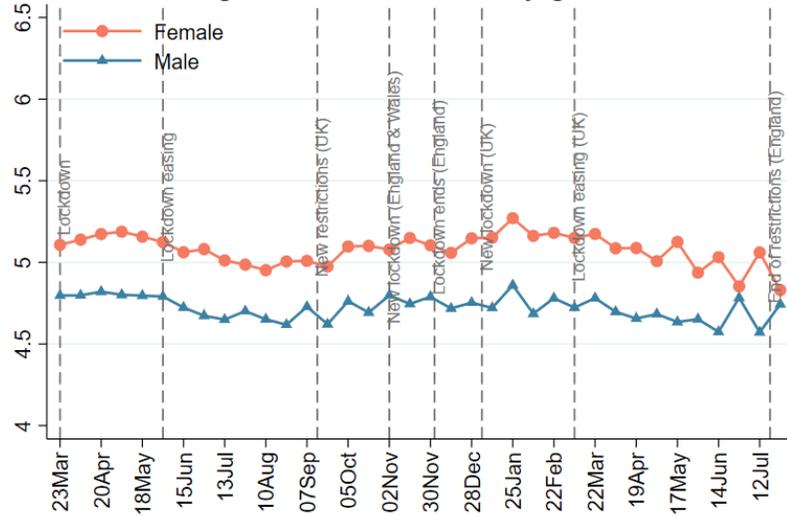
Figure 22j Loneliness by ethnicity
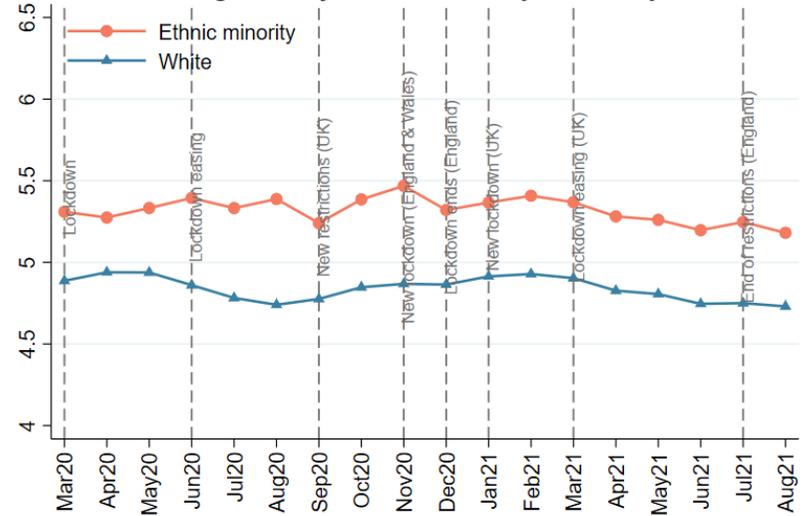
Figure 22k Loneliness by educational levels
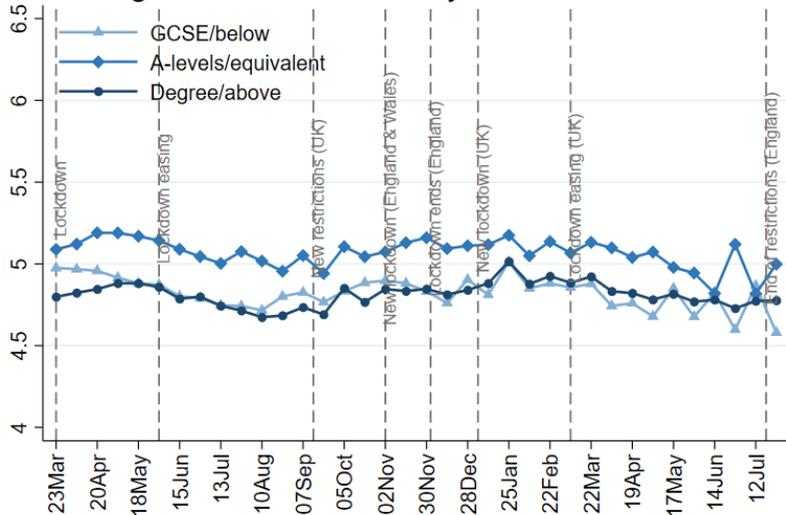
Figure 22l Loneliness by physical health diagnosis

4.3 Happiness
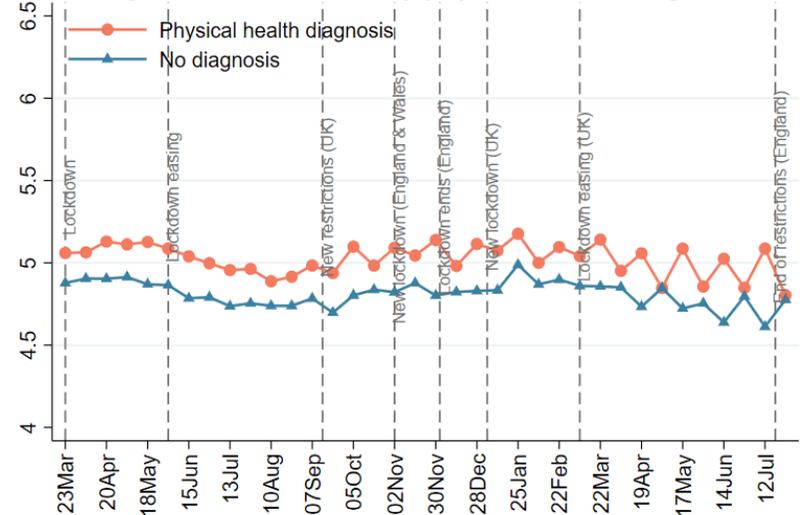
Figure 23 Happiness
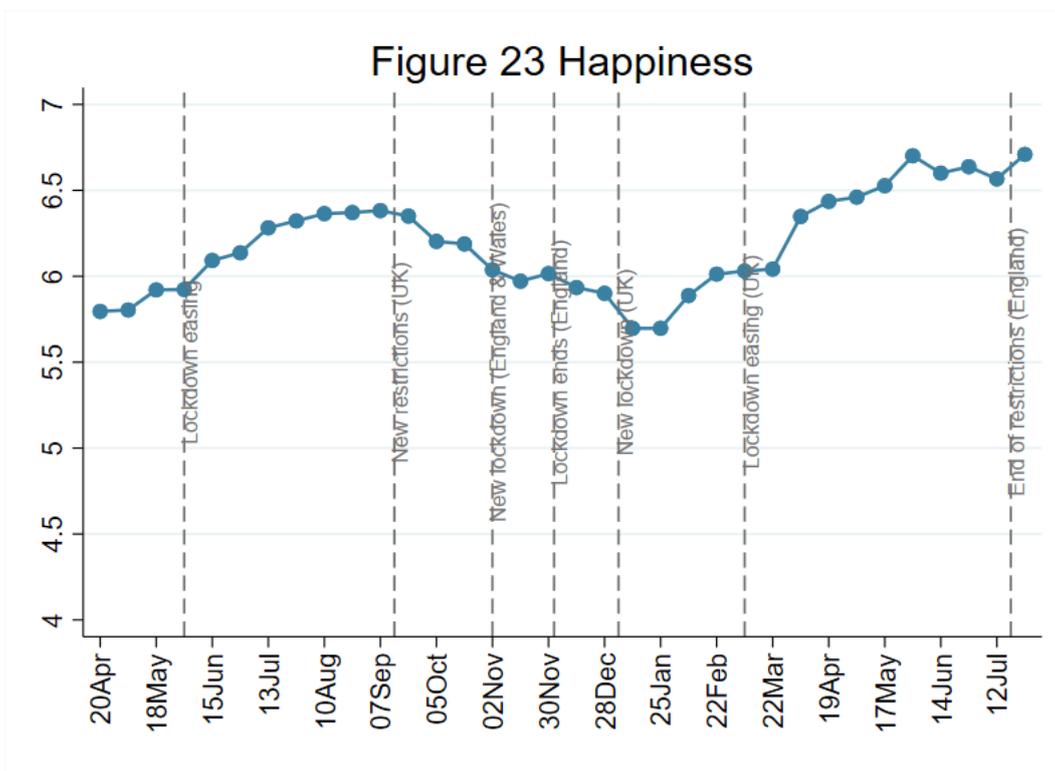
FINDINGS

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 increased from the end of March 2021 then levelled off to just before the end of restrictions in July, and now appear to be increasing.

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, and people from ethnic minority groups.

Figure 24a Happiness by age groups
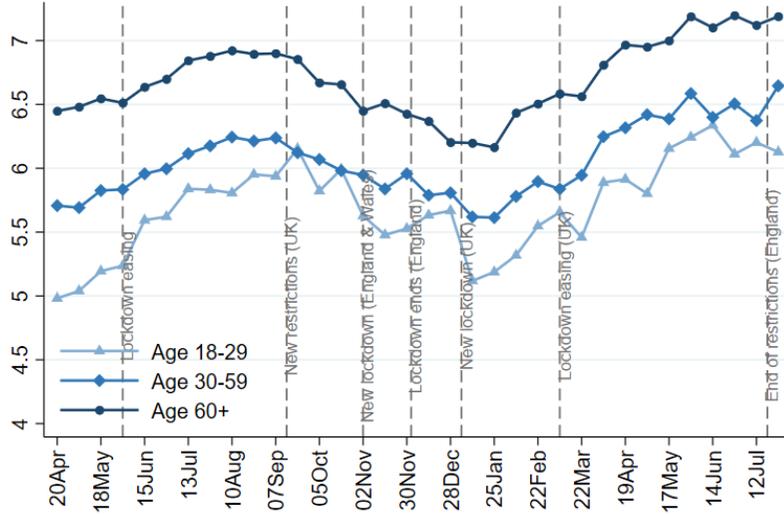
Figure 24b Happiness by living arrangement
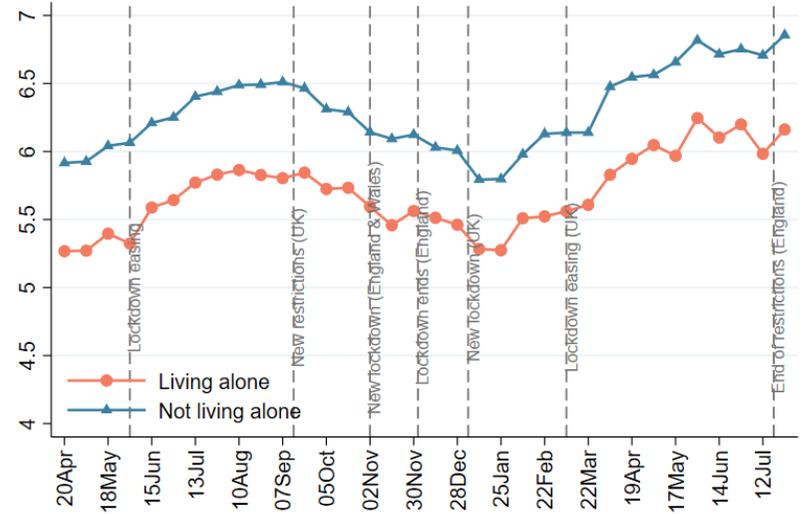
Figure 24c Happiness by household income
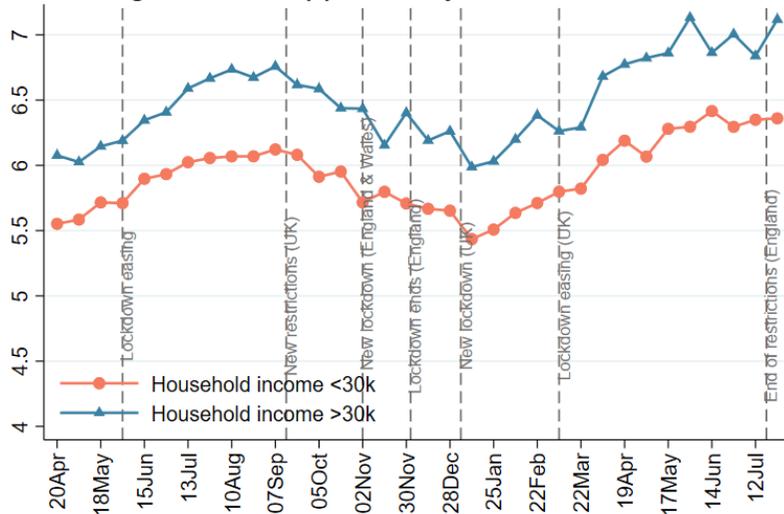
Figure 24d Happiness by mental health
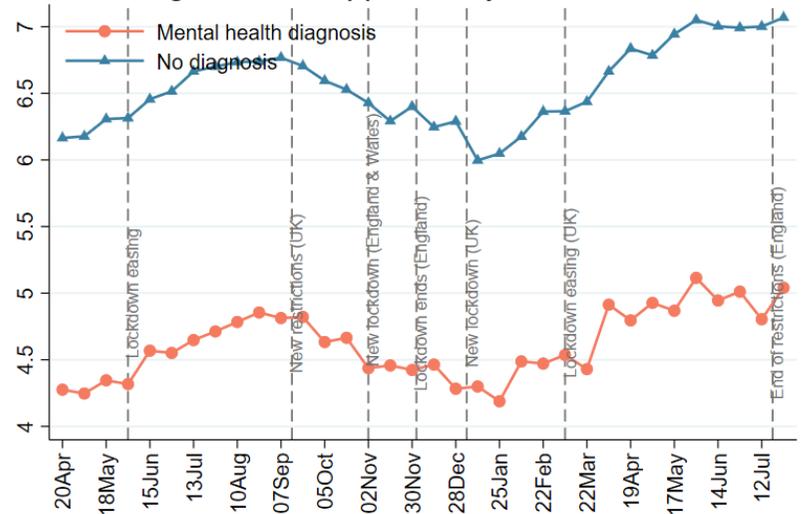
Figure 24e Happiness by nations
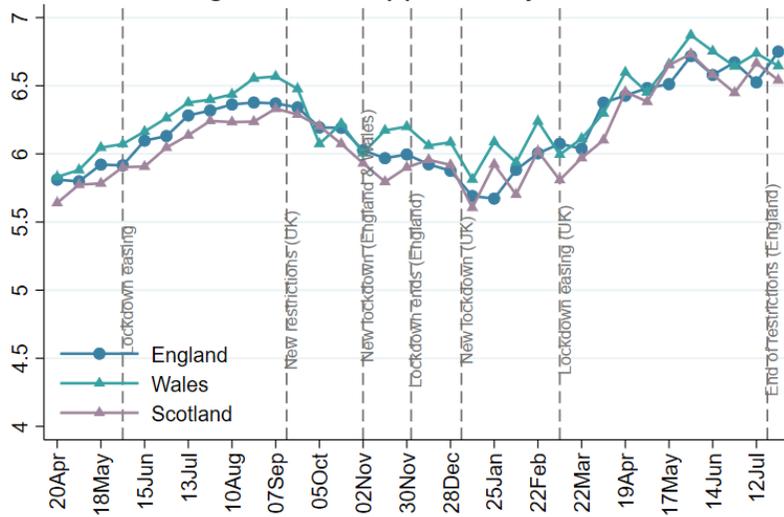
Figure 24f Happiness by keyworker status
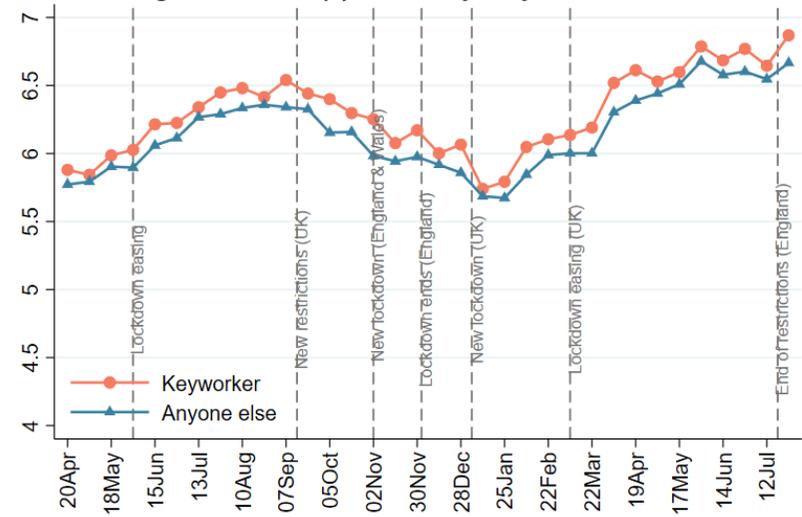
Figure 24g Happiness by living with children
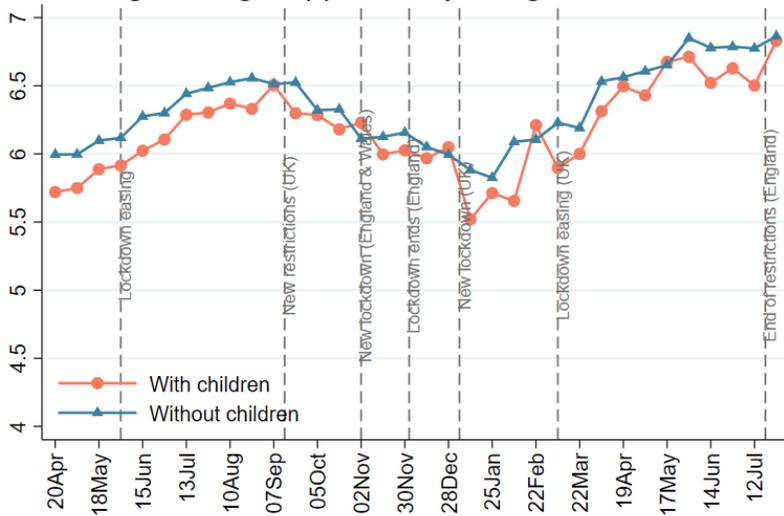
Figure 24h Happiness by living area
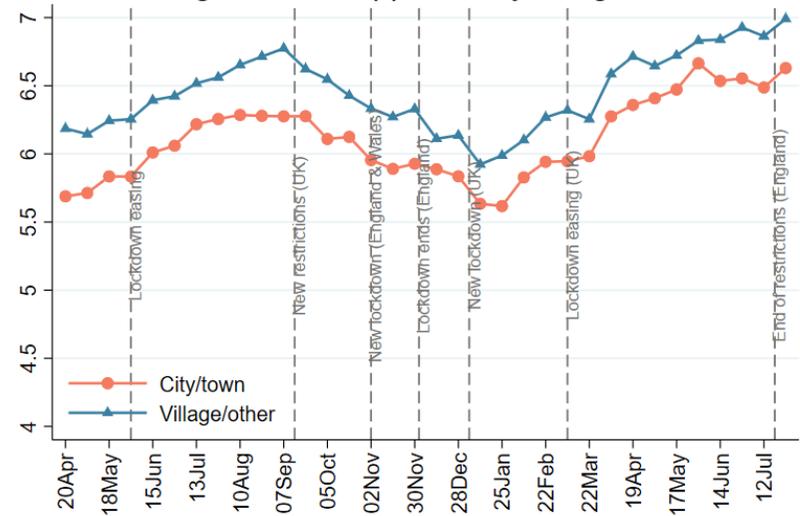
Figure 24i Happiness by gender
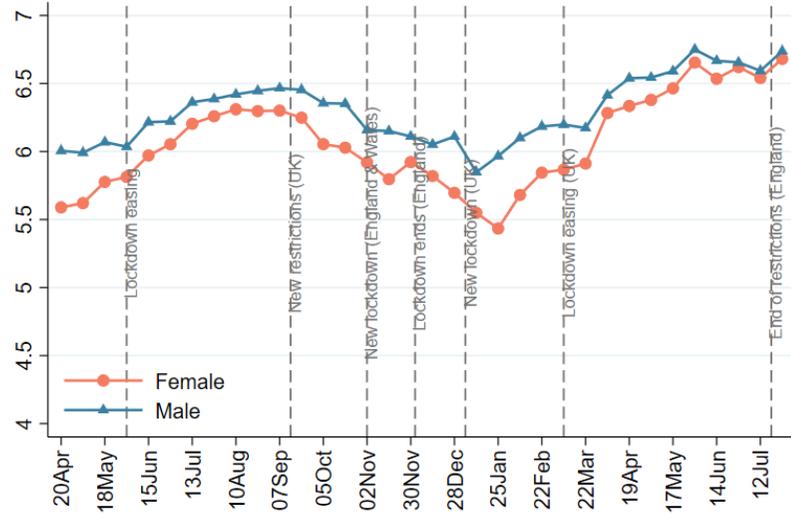
Figure 24j Happiness by ethnicity
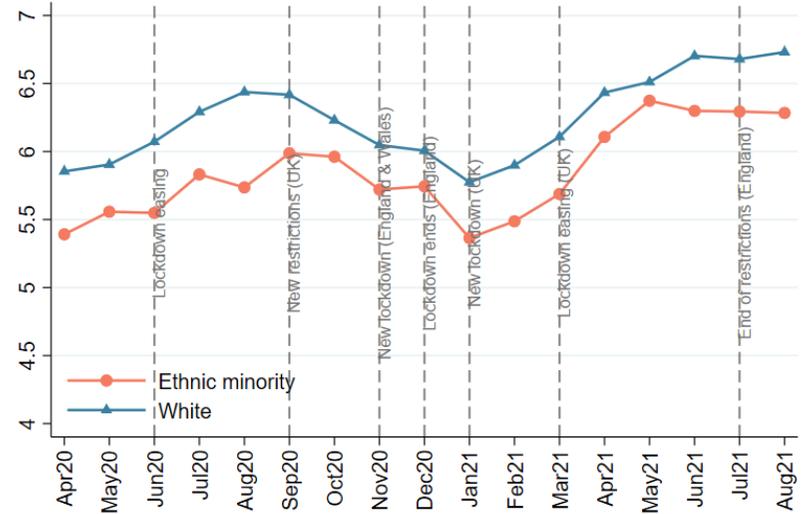
Figure 24k Happiness by educational levels
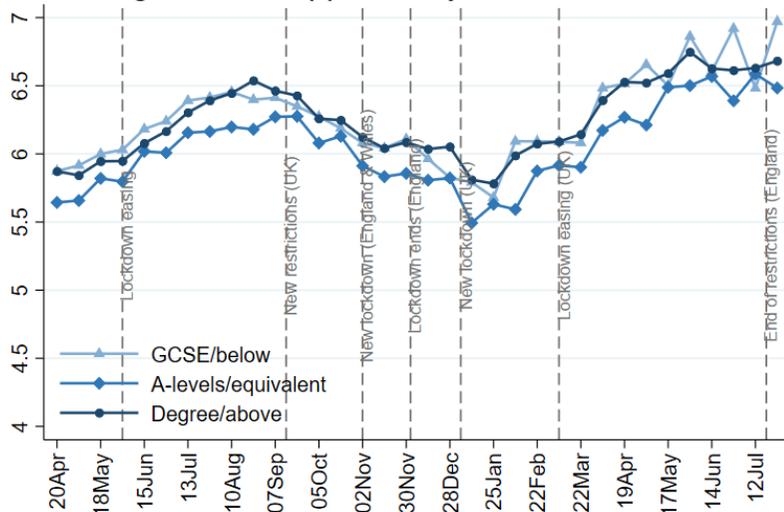
Figure 24l Happiness by physical health diagnosis
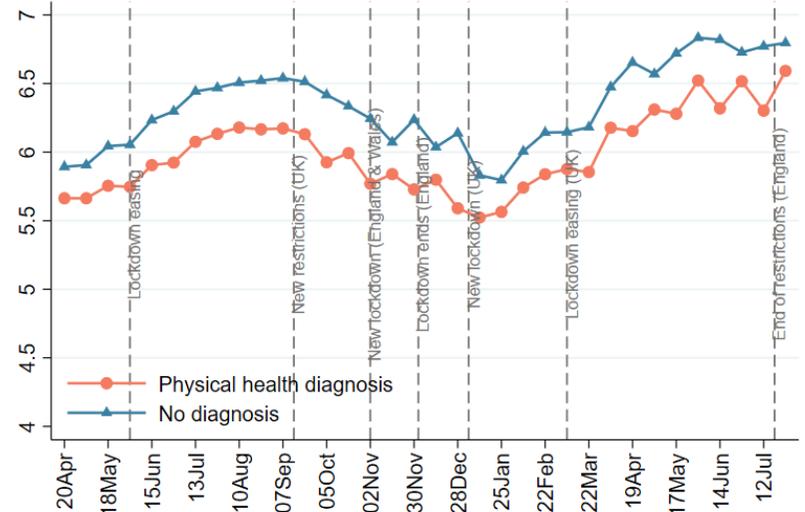
5. Relationships

5.1 Quality of relationships

Figure 25 Changes in relationship quality in 2020 vs 2021

■ Much worse than usual ■ A little worse than usual ■ About the same as usual
■ A bit better than usual ■ Much better than usual
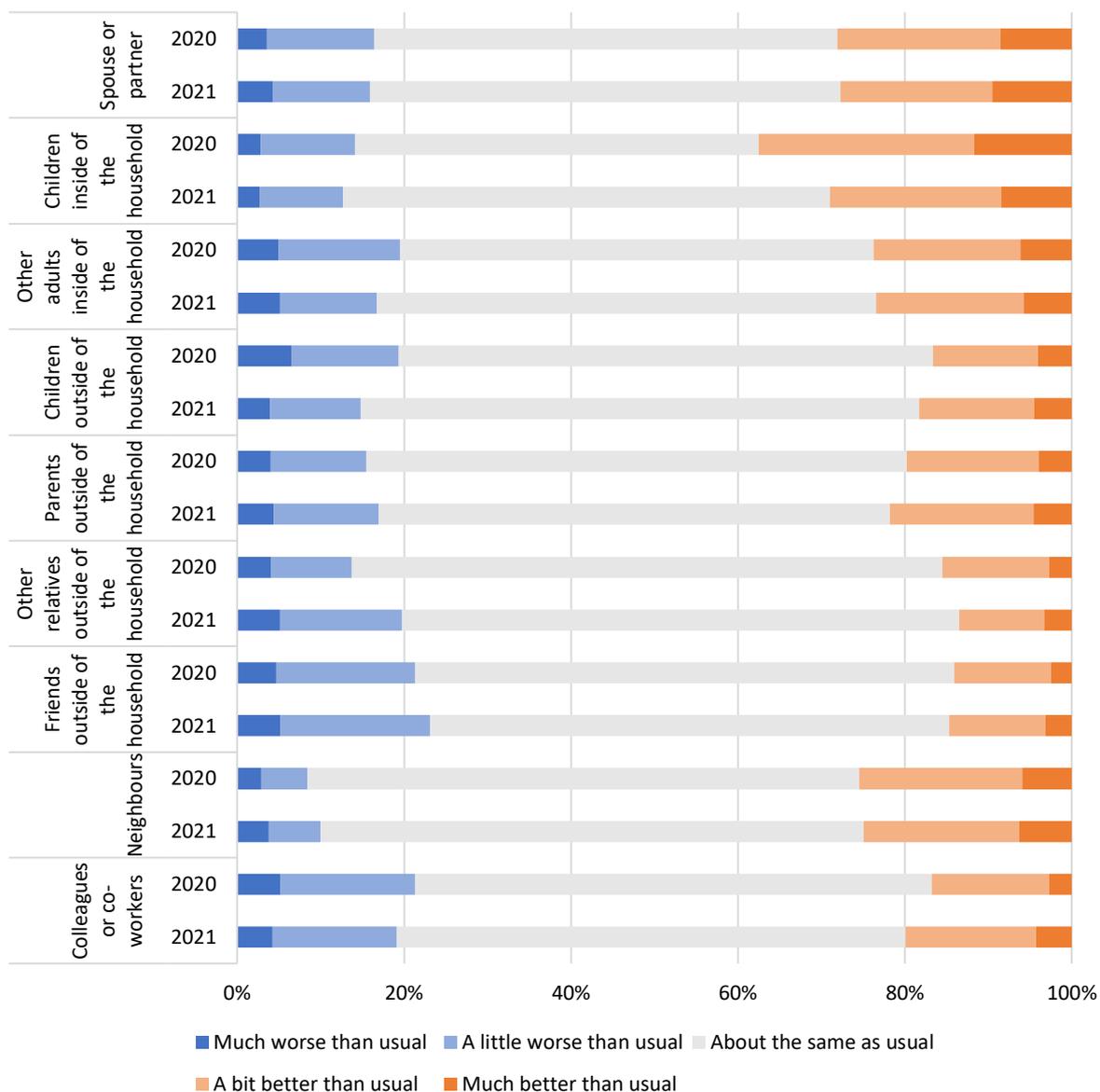
FINDINGS

In July 2020, respondents were asked how they would rate the overall quality of their relationships since lockdown began in March 2020 and in July 2021, participants were asked to rate the quality of their relationships over the last year. Ratings were on a five-point scale from "much worse than usual" to "much better than usual". Participants were given the option of also selecting "not applicable" if a category was either not relevant (e.g., they did not have any children in the household) or too hard to assign a number to (e.g., if they felt that a relationship with one child was much better whilst with another child was much worse), and participants who responded in this way were excluded from analyses.

For nearly all relationship categories, the majority of respondents said that the quality of their relationships was about the same as usual in 2020 and 2021. The exception was with children inside of the household in 2020, since only less than a half (48% of adults) said their relationship quality was about the same, primarily because for many it had improved in 2021. Very similar proportions of respondents reported that the quality of their relationships with colleagues or co-workers, friends outside of the household, children inside the household, and spouse or partner had deteriorated in 2021 and in 2020.

A decline in relationship quality in 2021 compared to 2020 was most pronounced for relationships with other relatives (not parents or children) outside of the household (20% in 2021 vs 14% in 2020). The proportion reporting that their relationships with children living inside their household had improved was lower in 2021 (29%) than in 2020 (38%).

Nearly half of young adults (46%) said the quality of their relationships with their spouse or partner has been better than usual over the last year. These proportions were lower in adults aged 30-59 (27%) and 60 and over (21%). Young adults were most likely to report a worsening of relationships with friends outside of the household (30% vs 26% of adults aged 30-59 and 14% of older adults).

1 in 4 young adults reported a worsening of their relationships with their spouse or partner (25%), colleagues or co-workers (25%), other adults inside the household (24%), and children living outside the household (23%). A higher proportion of older (21%) than younger (15%) and adults ages 30-59 (17%) said their relationships with their parents outside the household had deteriorated over the past year.

Figure 26a Changes in relationship quality in 2021 amongst younger adults (aged 18-29)
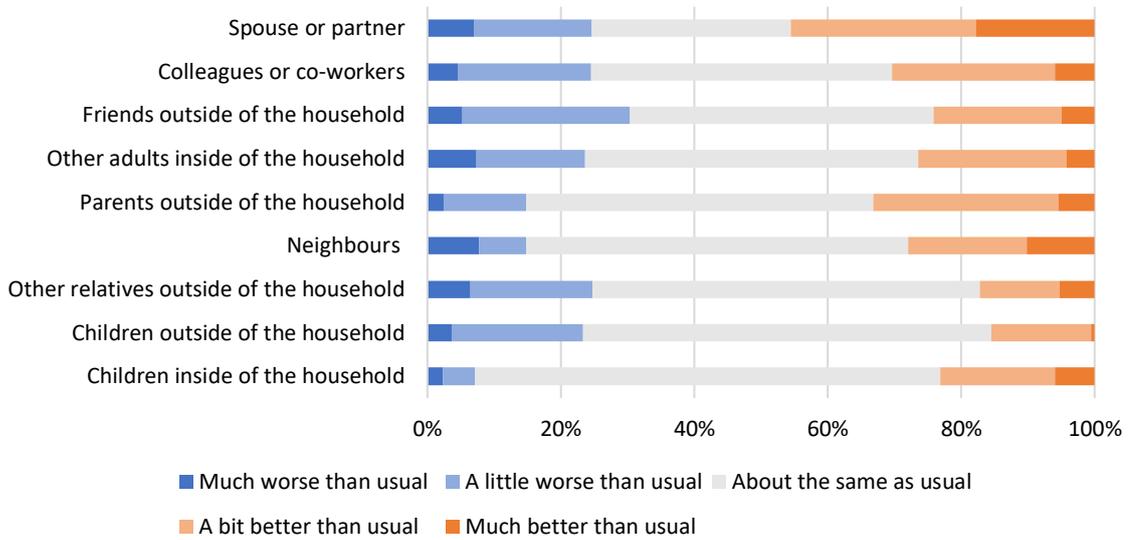
Figure 26b Changes in relationship quality in 2021 amongst adults (aged 30-59)
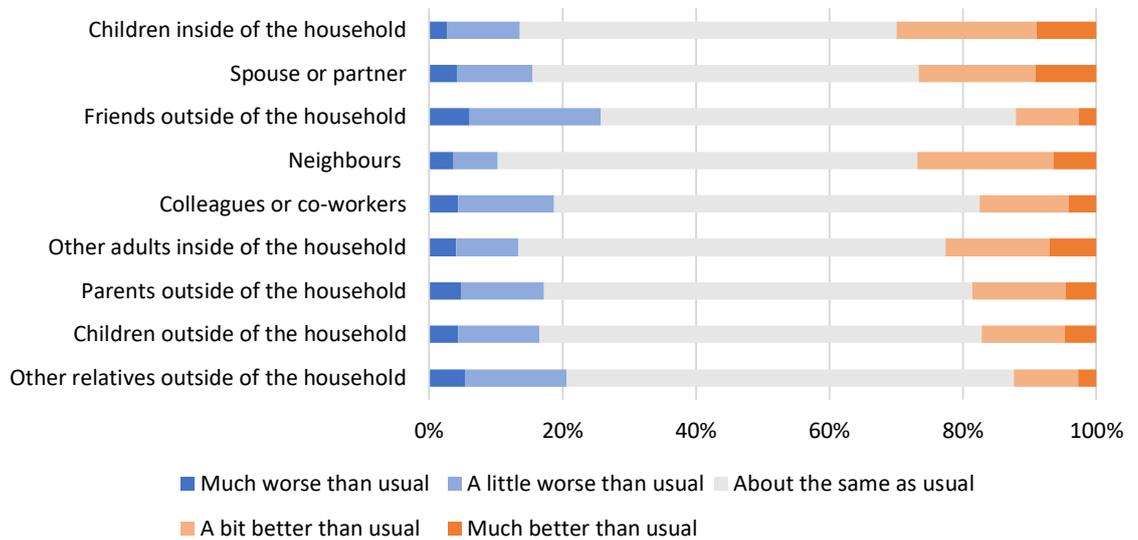
Figure 26c Changes in relationship quality in 2021 amongst older adults (aged 60+)
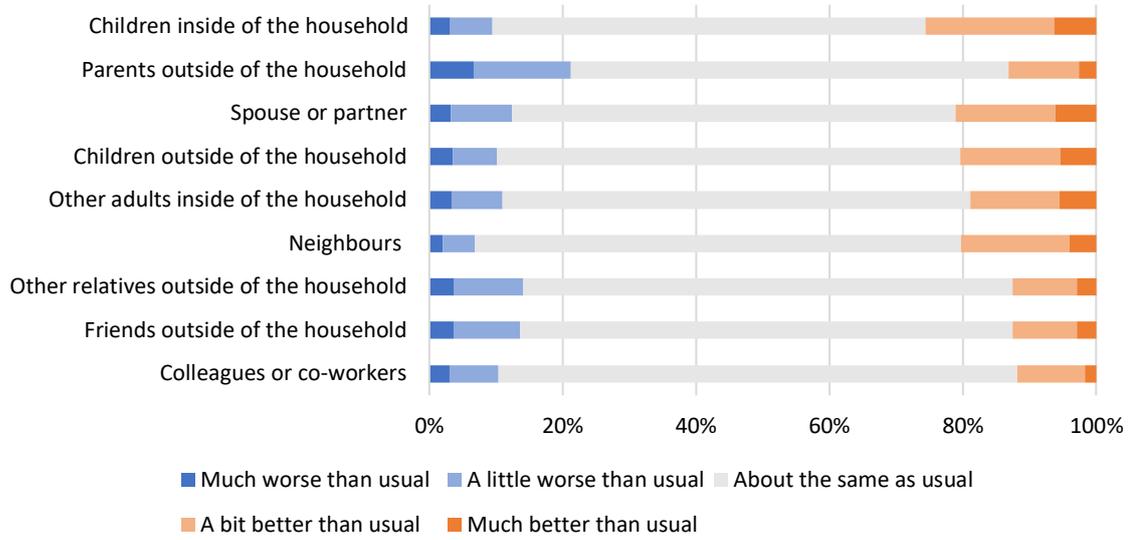
5.2 Breakdown of relationships

Figure 27 Relationship breakdown over the past year
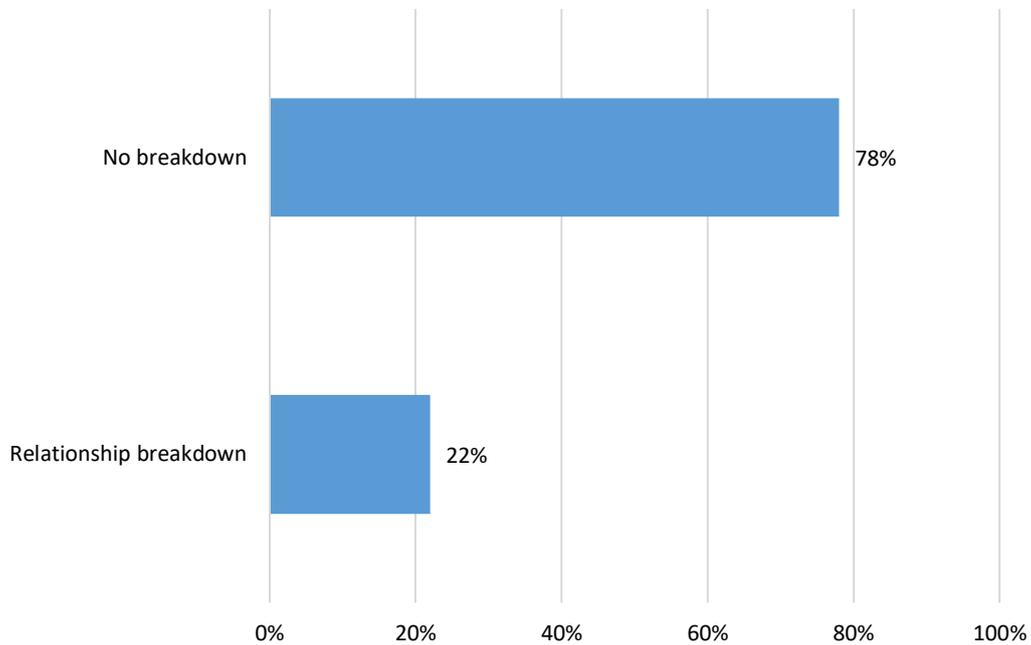
FINDINGS

Respondents were asked whether they had experienced a complete breakdown in a relationship for each group of people listed in section 5.1. Due to small percentages in each category, responses were combined to form a binary of 'any relationship breakdown(s)' vs 'no relationship breakdown'.

Just over 1 in 5 (22%) adults reported a breakdown of a relationship in the past year. This figure was highest amongst young adults (35%) compared with adults over 60 (12%), and amongst people with a mental health diagnosis (37% vs 19%). It was also higher amongst people living with children (27% vs 20%), people with lower household income (24% vs 20%), people from ethnic minority groups (36% vs 20%), women (25% vs 19%), and people in urban areas (23% vs 19%).

Figure 28a Relationship breakdown by age group
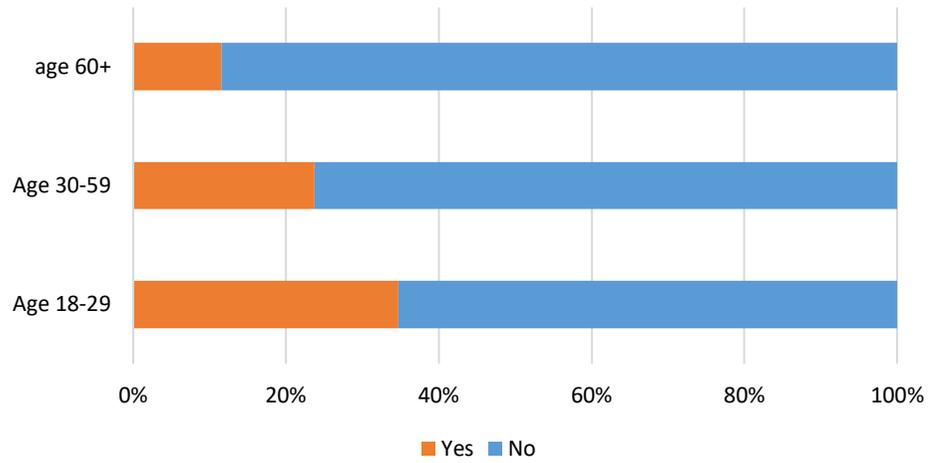
Figure 28b Relationship breakdown by living arrangement
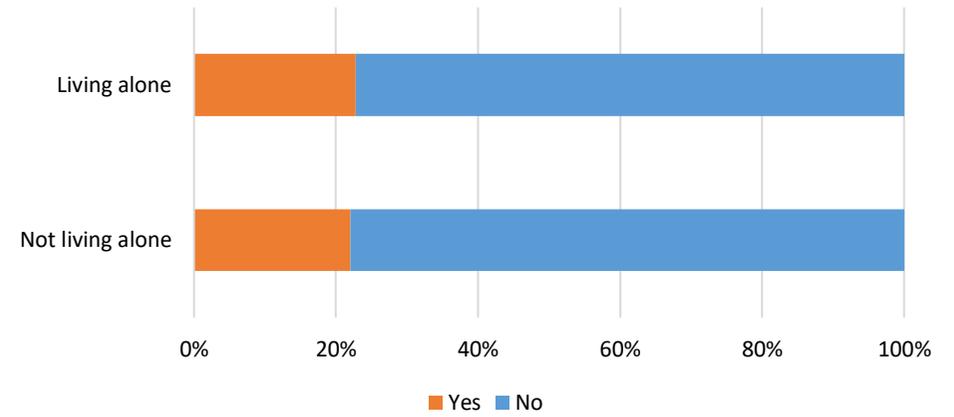
Figure 28c Relationship breakdown by household income
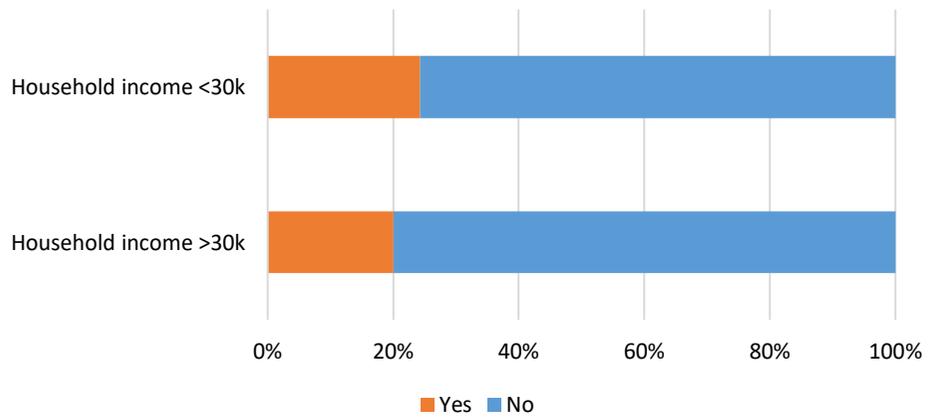
Figure 28d Relationship breakdown by mental health diagnosis
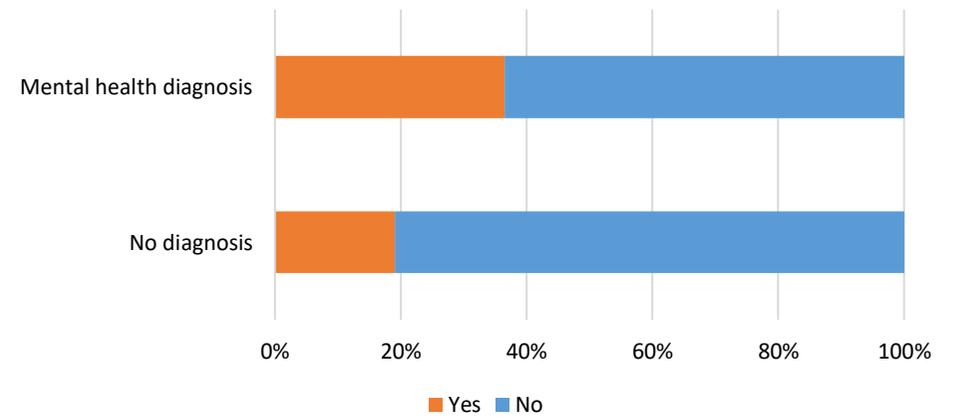
Figure 28e Relationship breakdown by nation
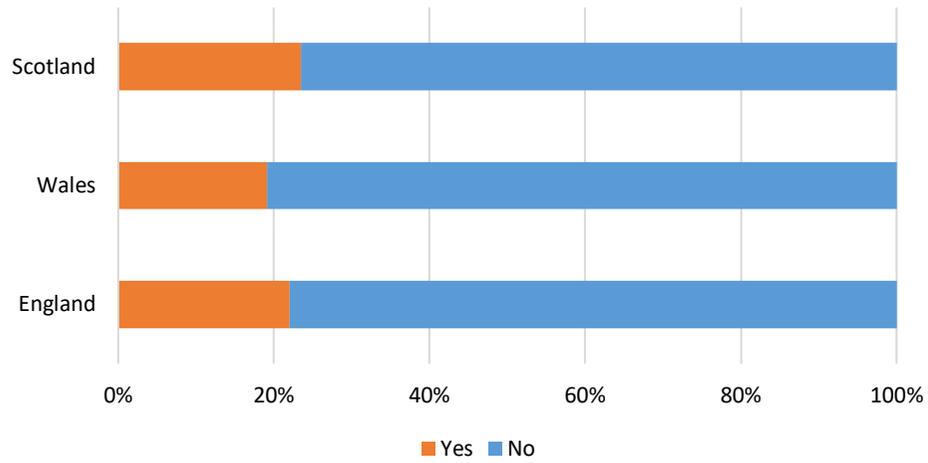
Figure 28f Relationship breakdown by keyworker status
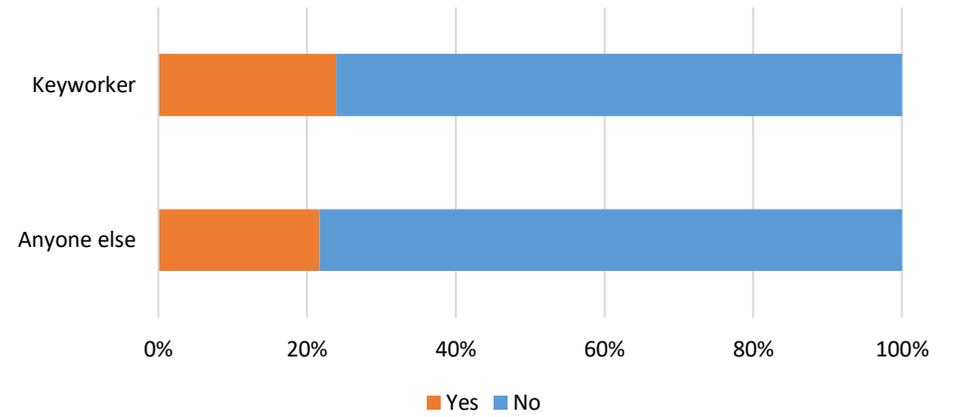
Figure 28g Relationship breakdown by living with children
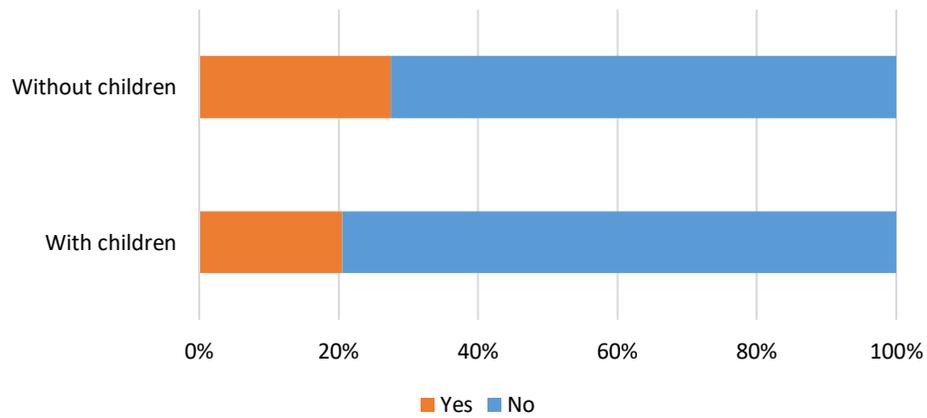
Figure 28h Relationship breakdown by living area
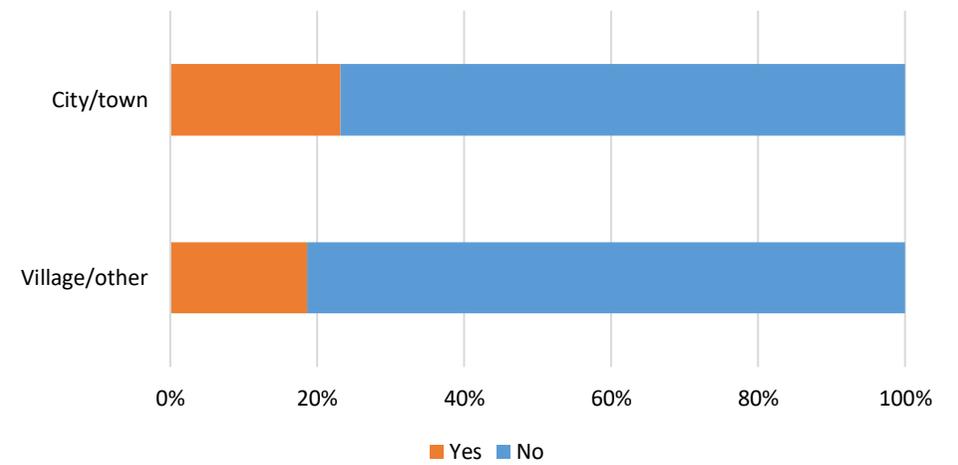
Figure 28i Relationship breakdown by gender
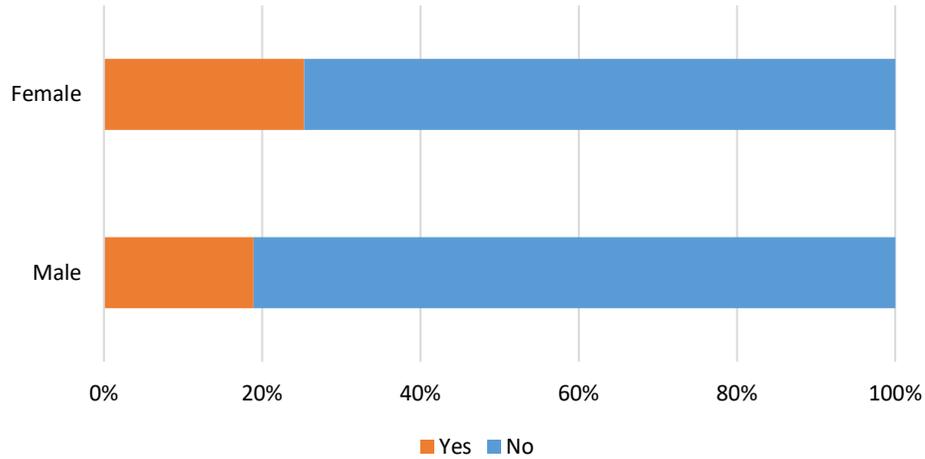
Figure 28j Relationship breakdown by ethnicity
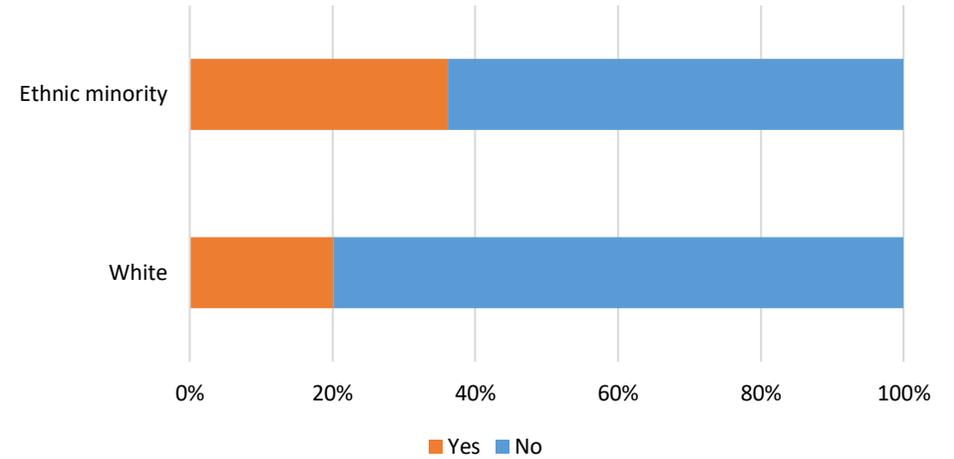
Figure 28k Relationship breakdown by educational levels
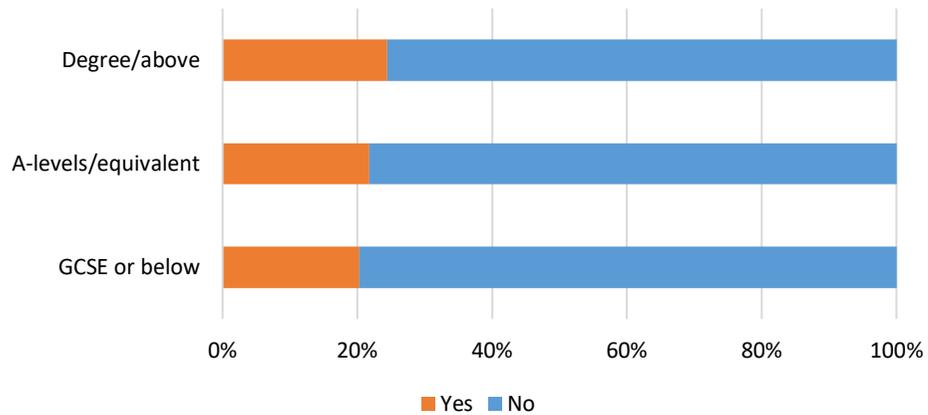
Figure 28l Relationship breakdown by physical health diagnosis
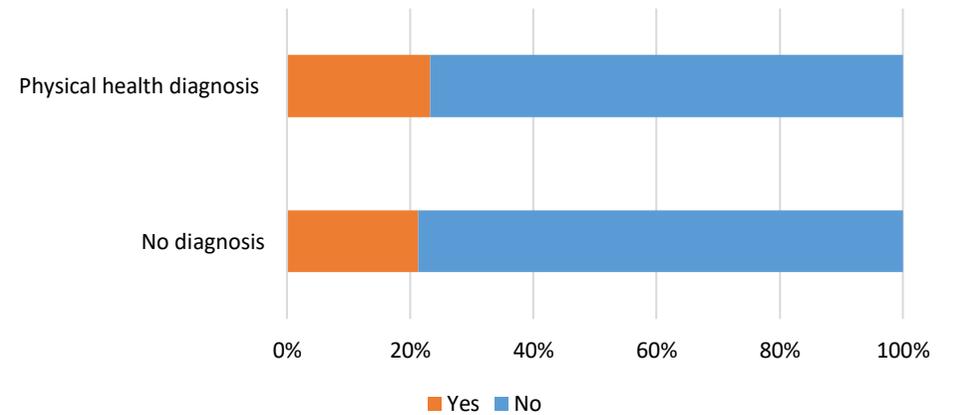
Appendix

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 of March 2020 to the 8th of August 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	57,237	5.55	**GCSE or below**	145,722	14.1
30-59	560,869	54.4	**A-levels of equivalent**	177,831	17.3
60+	412,843	40.0	**Degree or above**	707,396	68.6
Gender			**Any diagnosed mental health conditions**		
Male	259,403	25.3	**No**	860,287	83.5
Female	767,456	74.7	**Yes**	170,662	16.6
Ethnicity			**Any diagnosed physical health conditions**		
White	987,633	96.1	**No**	590,771	57.3
Ethnic minority	40,067	3.90	**Yes**	440,178	42.7
UK nations			**Keyworker**		
England	831,775	81.5	**No**	817,843	79.3
Wales	126,003	12.3	**Yes**	213,106	20.7
Scotland	63,222	6.19	**Living with children**		
Living arrangement			**No (excluding those who live alone)**	587,858	72.4
Not living alone	811,950	78.8	**Yes**	224,092	27.6
Living alone	218,999	21.2	**Living area**		
Annual household income			**Village/hamlet/isolated dwelling**	259,843	25.2
>30k	550,986	59.4	**City/large town/small town**	771,106	74.8
<30k	377,142	40.6			