



Covid-19 Social Study

Results Release 15

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

Department of Behavioural Science & Health

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Executive summary

Background

This report provides data from the last 14 weeks of the UK COVID-19 Social Study run by University College London: a panel study of over 90,000 respondents focusing on the psychological and social experiences of adults living in the UK during the Covid-19 pandemic.

In this FIFTEENTH report, we focus on psychological responses to the first fourteen weeks of government measures requiring people to stay at home (21/03-28/06). 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***** Confidence in the health service/access to essentials & changes in mental health
6. *****Special focus in this report***** Ethnicity

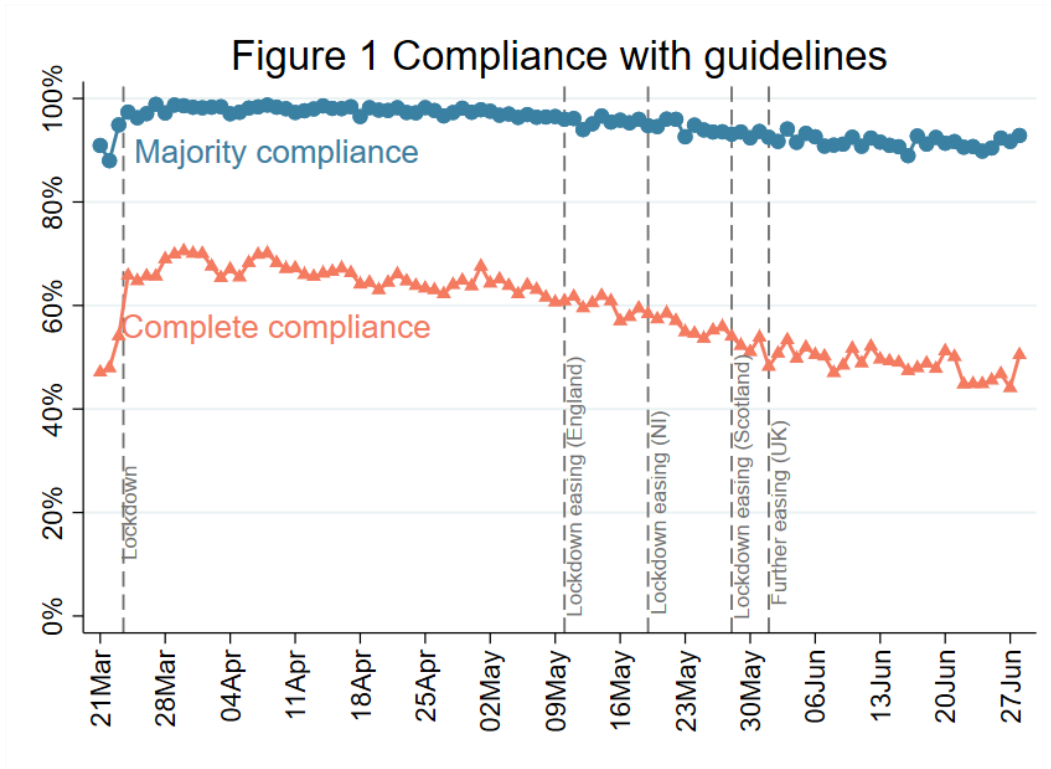
This study is not representative of the UK population but instead was designed to have good stratification across a wide range of socio-demographic factors enabling meaningful subgroup analyses to understand the experience of Covid-19 for different groups within society. Data are weighted using auxiliary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

Findings

- This week's report has a special focus on ethnic inequalities during the pandemic shown in Section 5. Over 4,500 individuals from Black, Asian and minority ethnic (BAME) backgrounds have taken part in the study to date, contributing over 20,000 surveys.
- People from BAME backgrounds have had higher levels of depression and anxiety across the pandemic, and lower levels of happiness and life satisfaction. Further, whilst 17% of people from white backgrounds have reported being often lonely during lockdown, this figure has been 23% amongst those from BAME backgrounds.
- Although thoughts of death have affected fewer than 15% of people, the number of people reporting having these thoughts have been a third higher in BAME groups compared to white ethnic groups. Similarly, although fewer than 5% of people have reported self-harming, these experiences have been around 70% higher amongst BAME groups. Although on average fewer than 1 in 10 people have experienced psychological or physical bullying or abuse during lockdown, reports have been around 80% higher amongst BAME groups.
- Individuals from BAME backgrounds have also been more worried about unemployment, financial stress, although worries about catching Covid-19 and access to food have been the same as people from white ethnic groups. Confidence in government has been around 14% lower across the lockdown period, confidence in the ability of the health service to cope has been 12% lower, and confidence that essentials will be accessible has been 5% lower.
- Majority compliance with government guidelines was similar across ethnic groups until late May. But compliance decreased amongst people from BAME backgrounds shortly after the death of George Floyd on 25th May and persisted across the duration of protests in the UK, although it has increased again in the past two weeks. Complete compliance has been consistently around 10% lower amongst BAME groups.
- Amongst all adults, "complete" compliance has dropped further over the last week, especially amongst younger adults, but "majority" compliance remains around 90% overall.
- Levels of confidence in the central government to handle the Covid-19 epidemic have risen in devolved nations over the past two weeks, but remain lower and broadly unchanged in England.
- In the past week, depression and anxiety levels have shown some further improvements, as have happiness and life satisfaction.
- When focusing on all participants, 57% of people report that their mental health has been about the same as before Covid-19, and 8% actually report it being better than usual. But 35% of adults report that it has been worse than usual, with this figure increasing to around half of young adults, people with a diagnosed mental illness, and people from BAME 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 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).

“Complete” compliance has dropped further over the last week, especially amongst younger adults (where it reached just 20% last week, although levels remain variable). It remains just under 50% in adults aged 30-50 and 60% in adults over the age of 60. “Complete” compliance is lower in higher income households, in England, and in urban areas. “Majority” compliance remains around 90% overall, but is lower (around 80%) in adults under 30. **There have also been some differences by ethnicity, which are shown in Section 5.**

Figures 2a-2h show “complete” compliance by demographic factors, while Figures 2i-2p show “majority” compliance by demographic factors.

Figure 2a Complete compliance by age groups

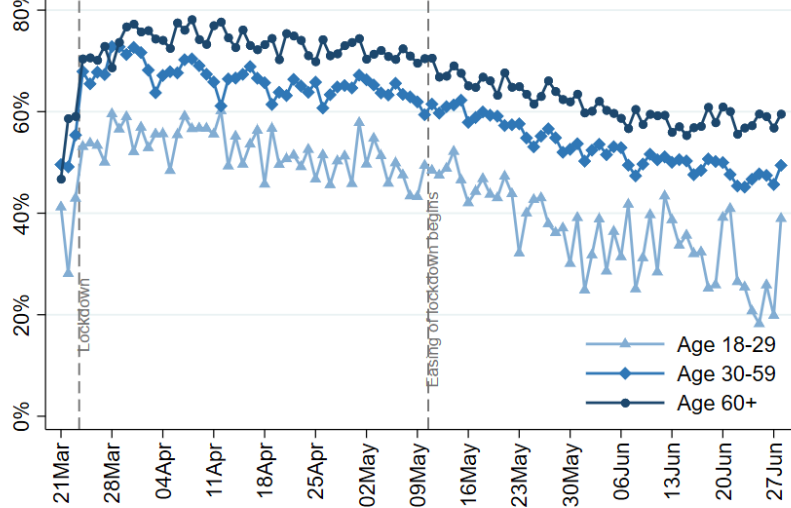


Figure 2b Complete compliance by living arrangement

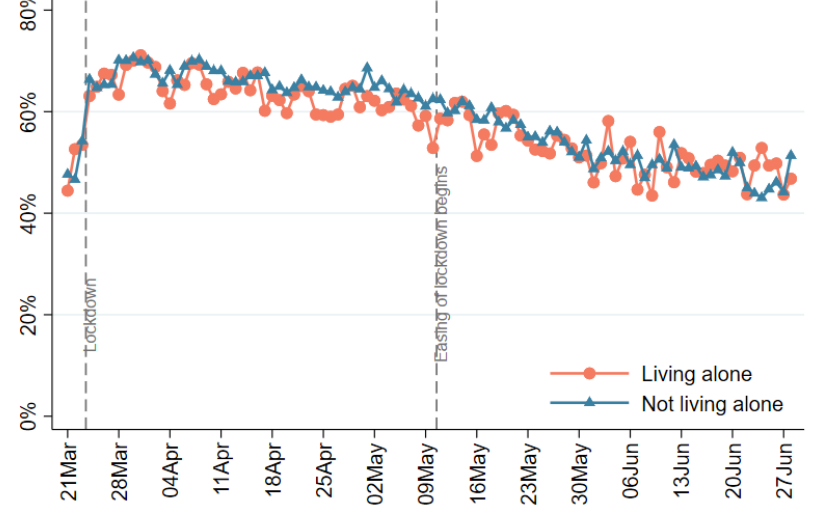


Figure 2c Complete compliance by household income

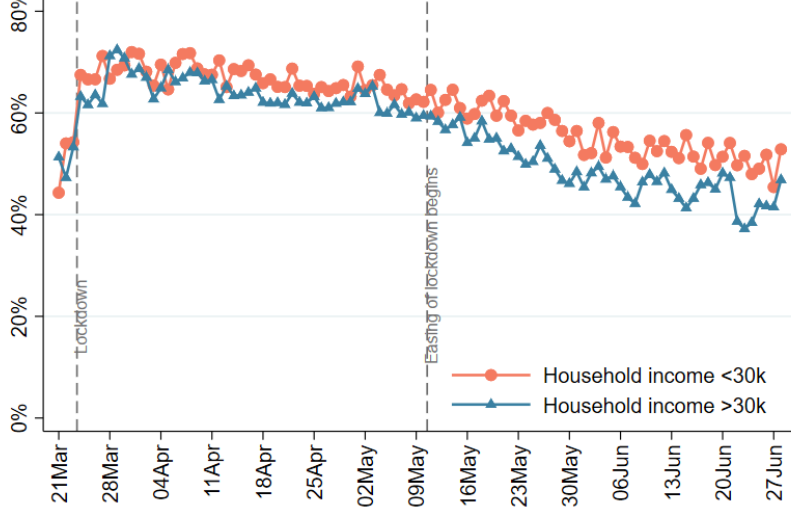


Figure 2d Complete compliance by mental health

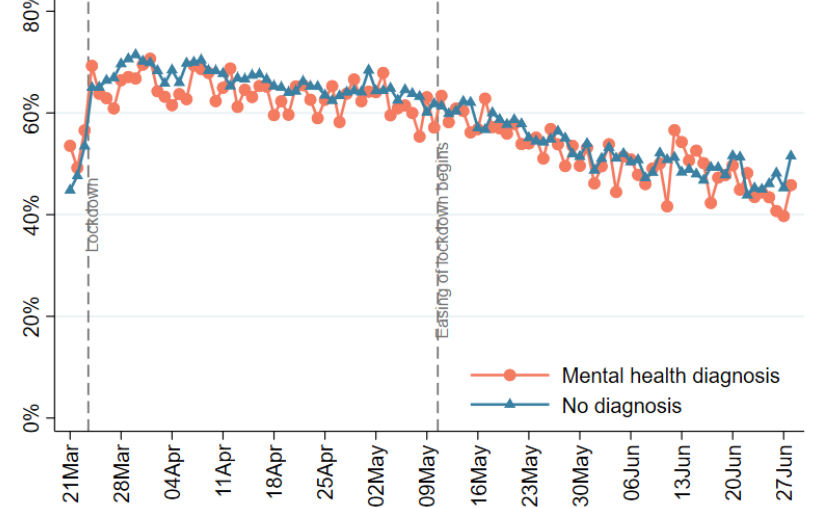


Figure 2e Complete compliance by nations

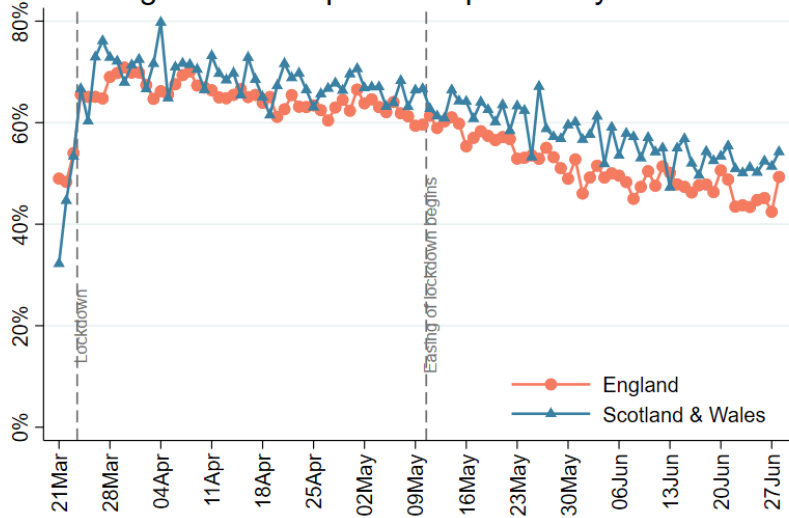


Figure 2f Complete compliance by keyworker status

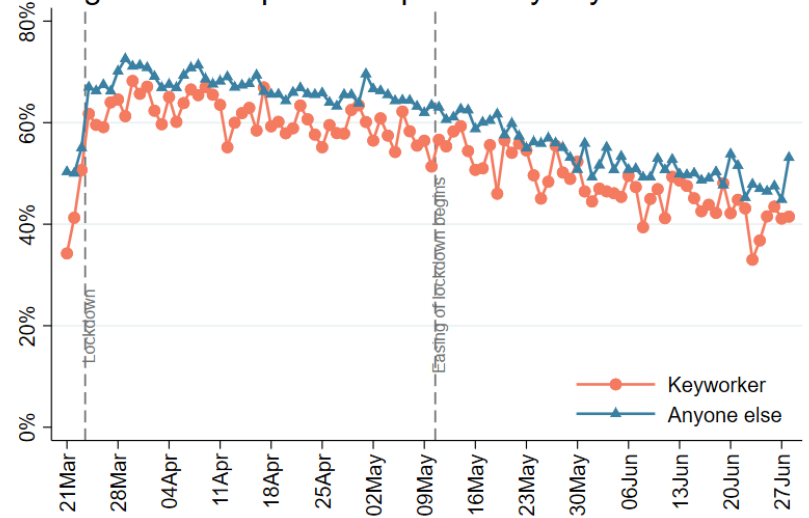


Figure 2g Complete compliance by living with children

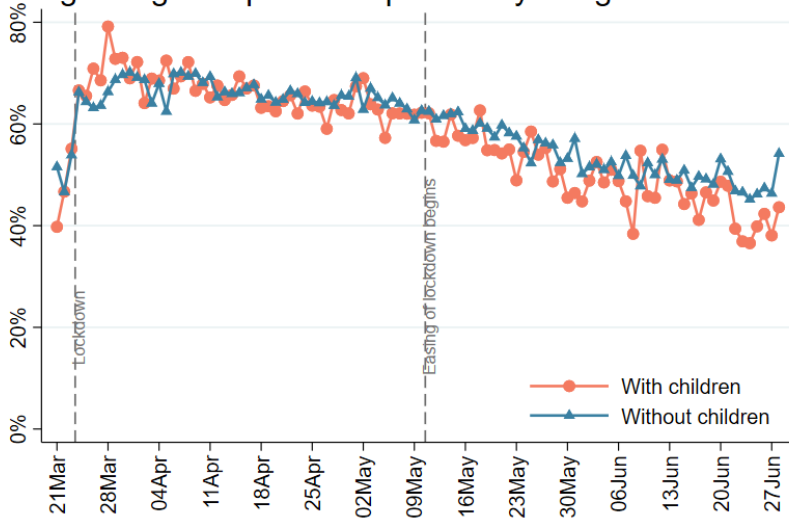
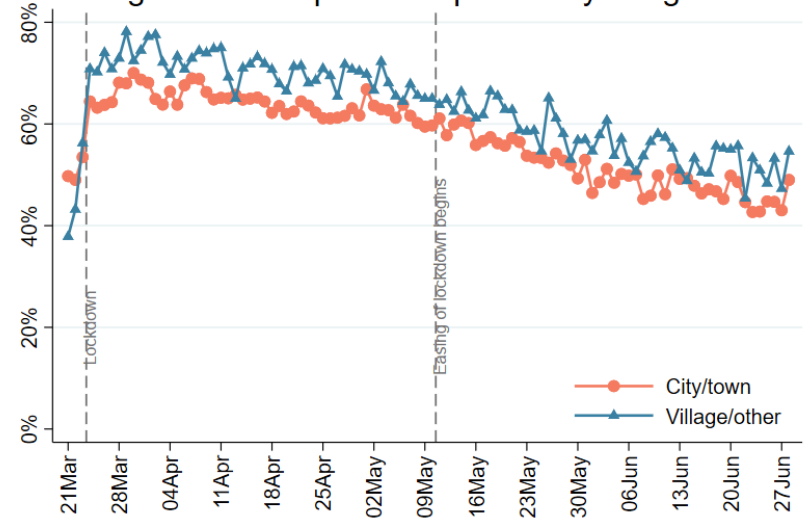


Figure 2h Complete compliance by living area



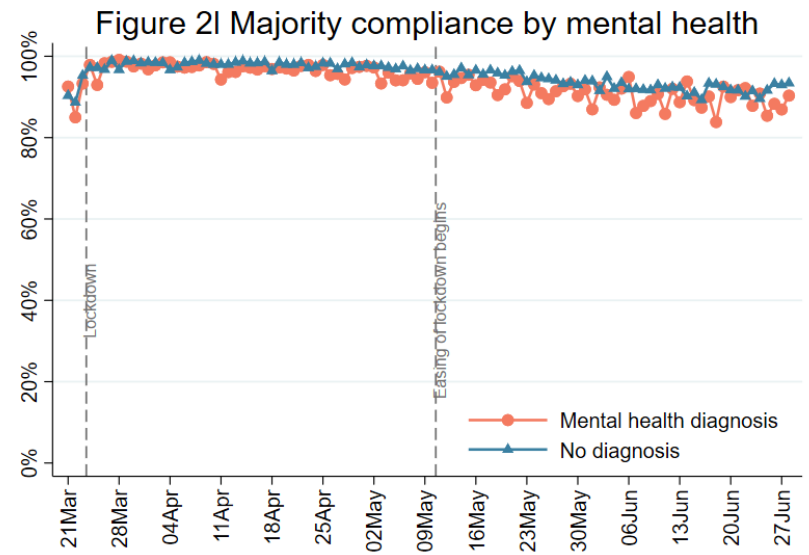
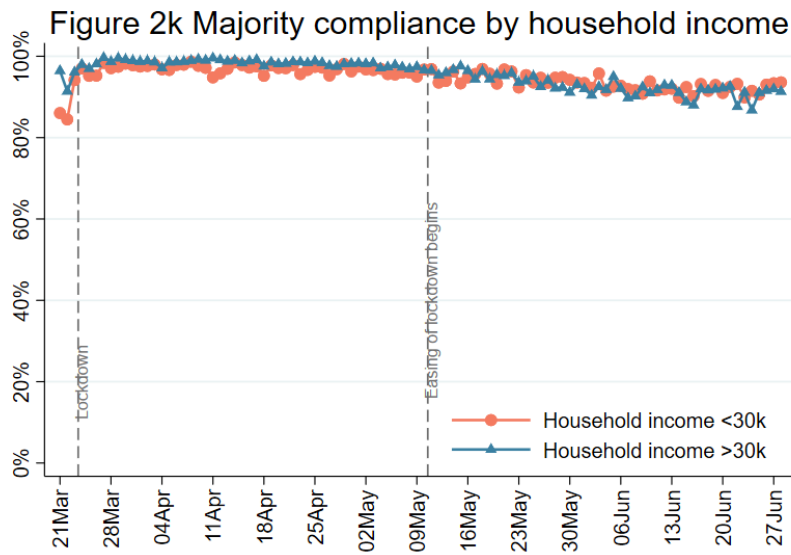
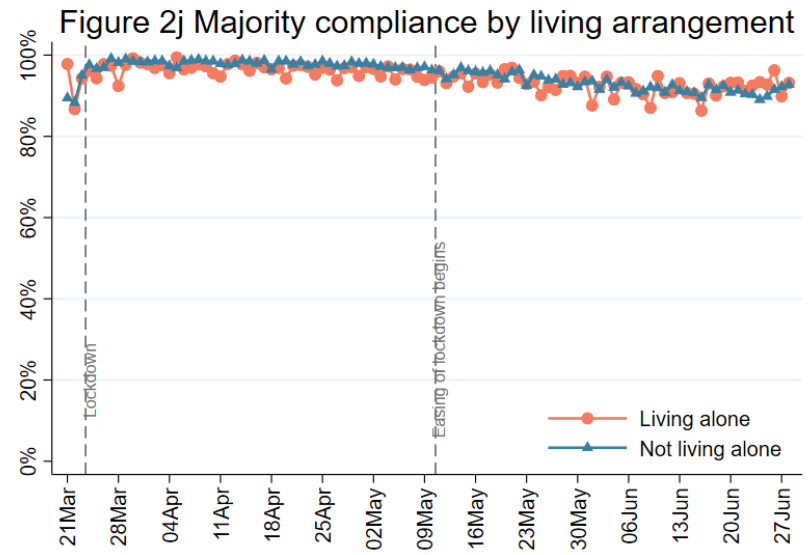
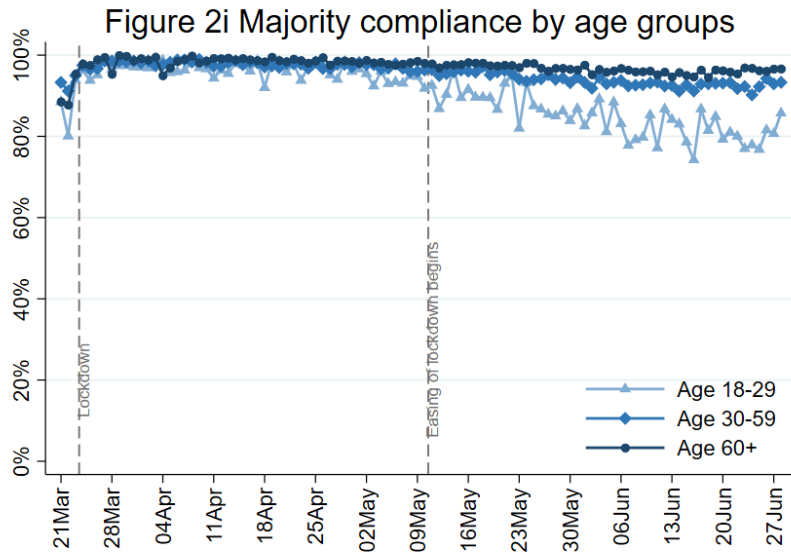


Figure 2m Majority compliance by nations

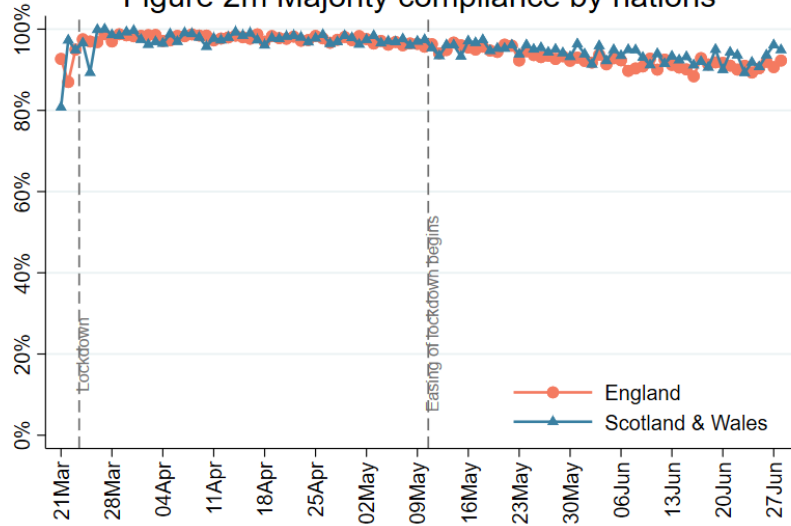


Figure 2n Majority compliance by keyworker status

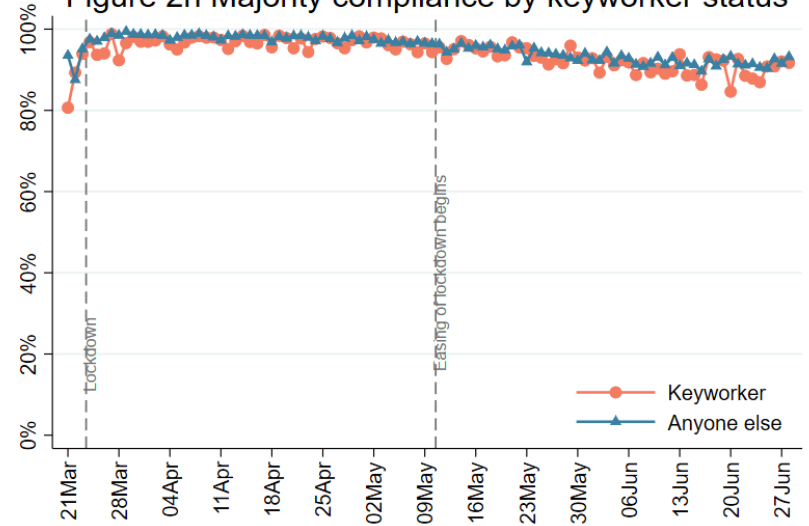


Figure 2o Majority compliance by living with children

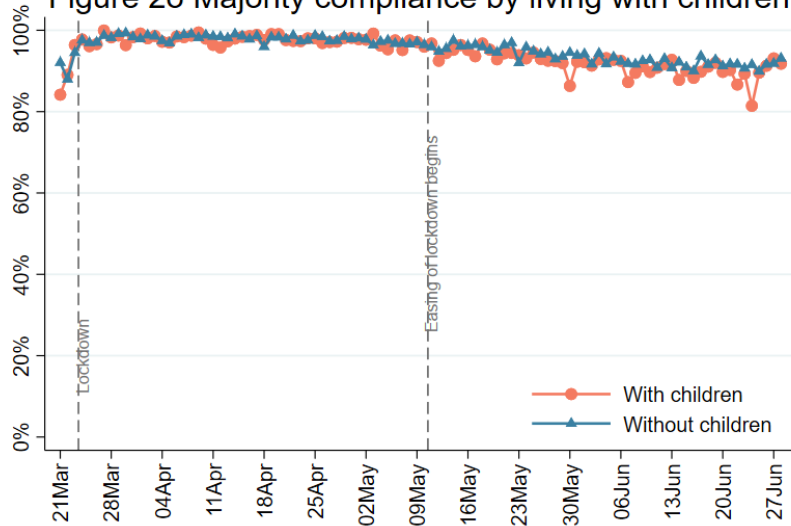
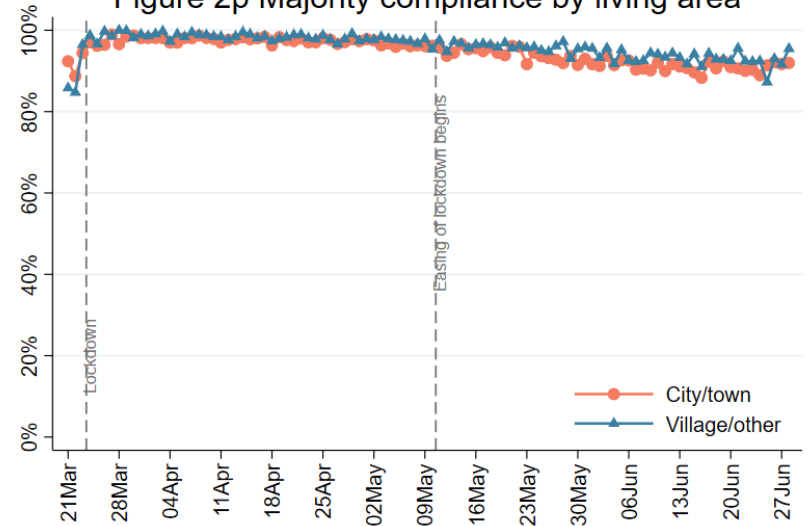
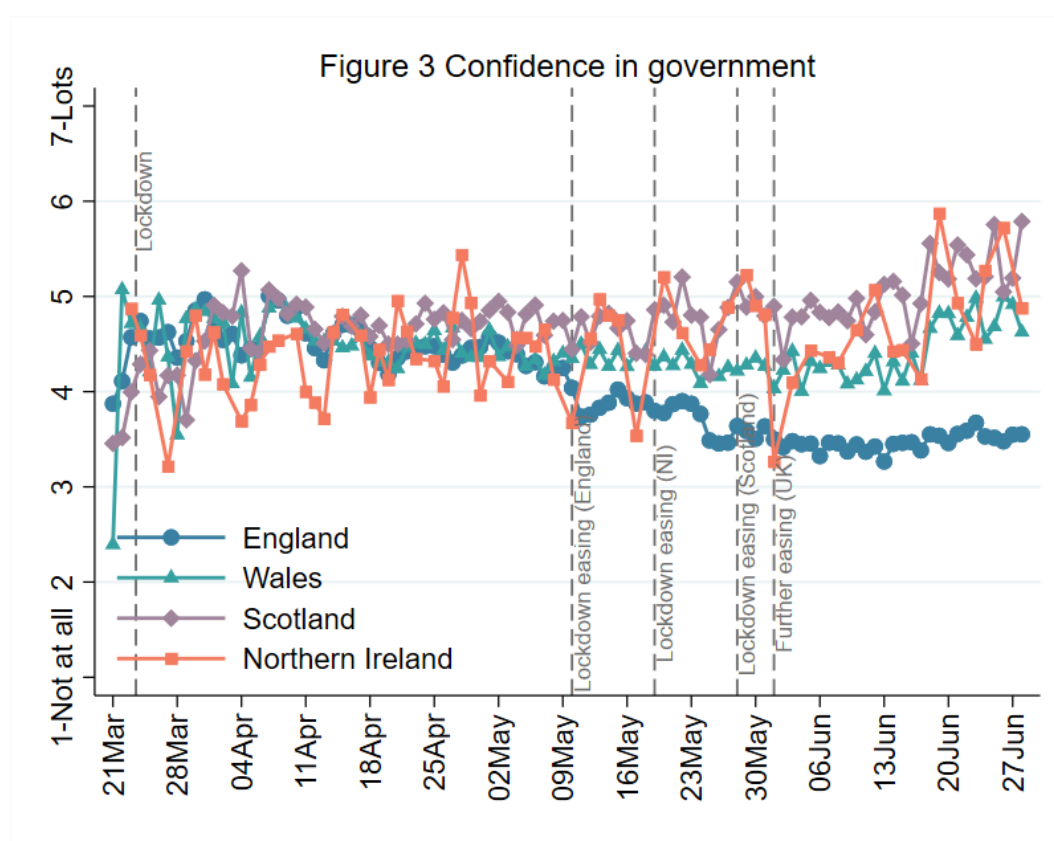


Figure 2p Majority compliance by living area



1.2 Confidence in Government



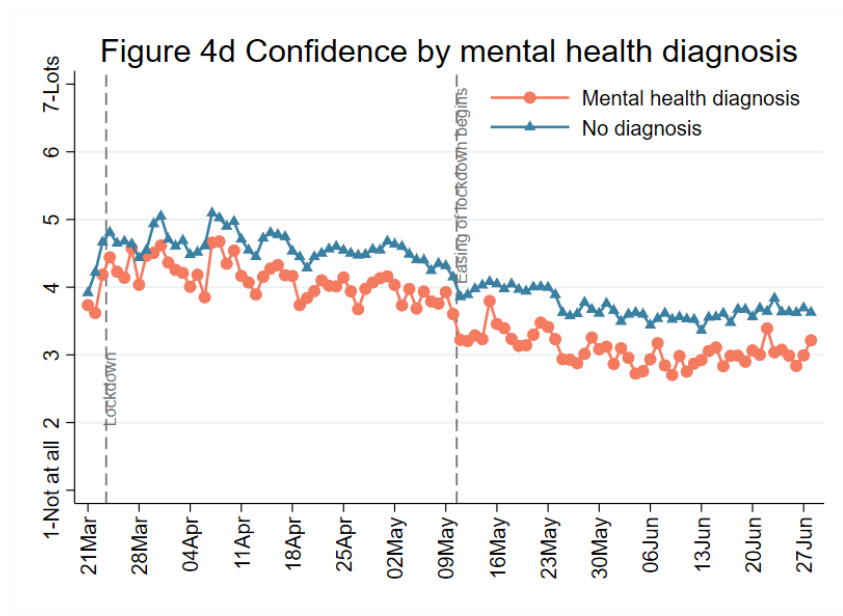
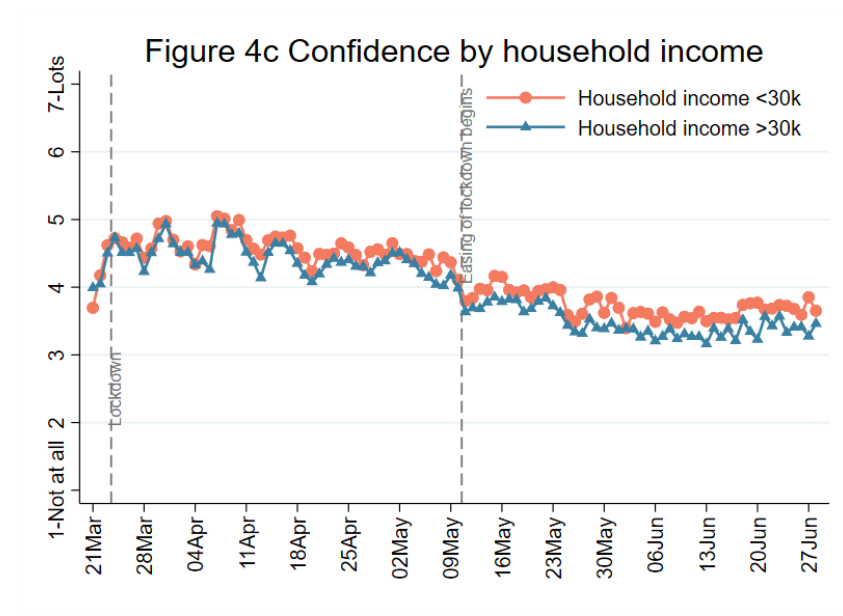
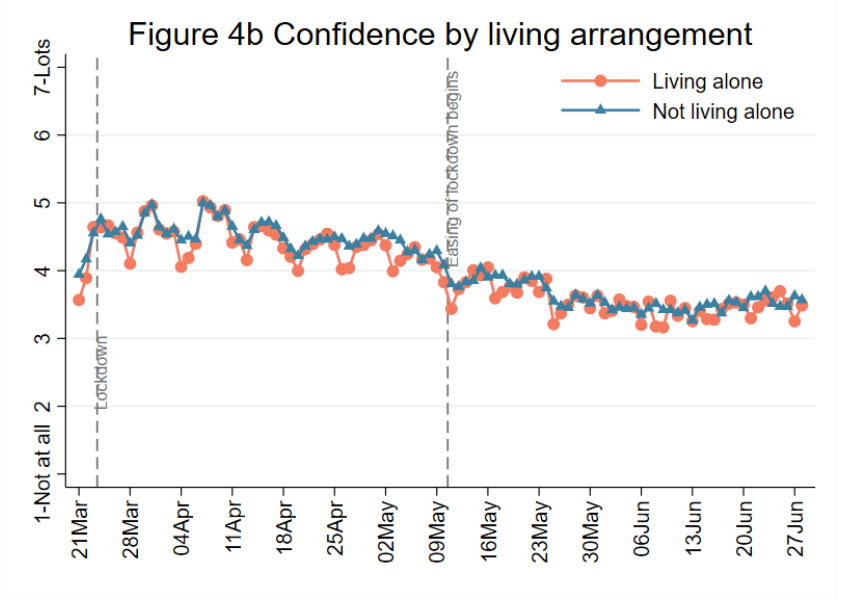
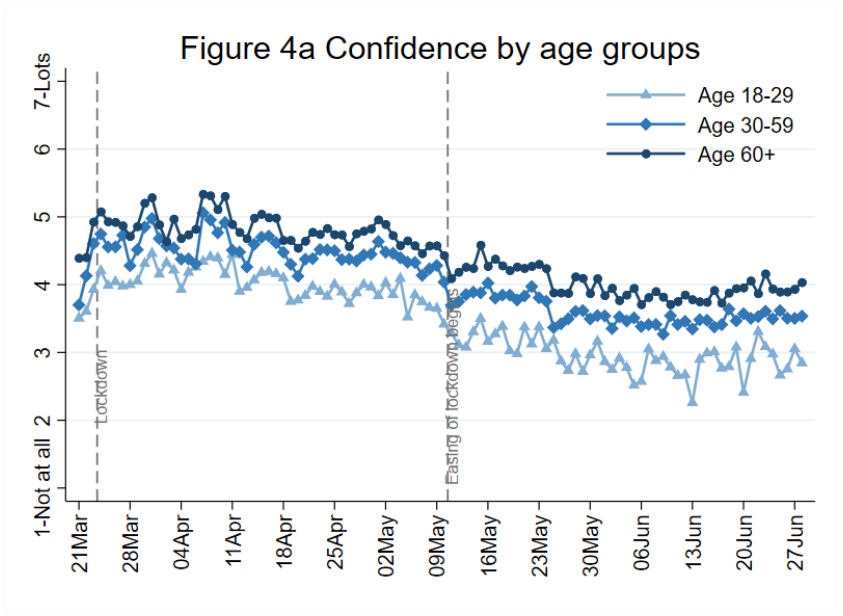
FINDINGS

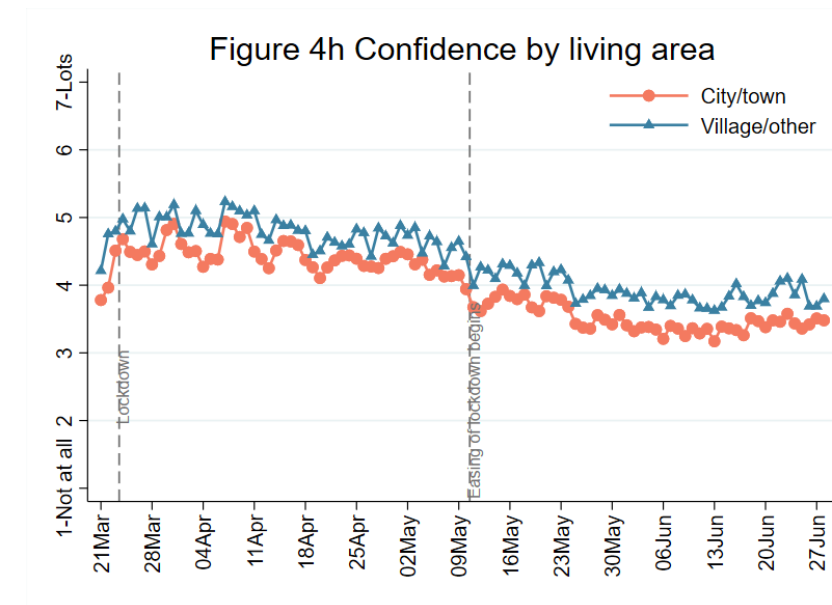
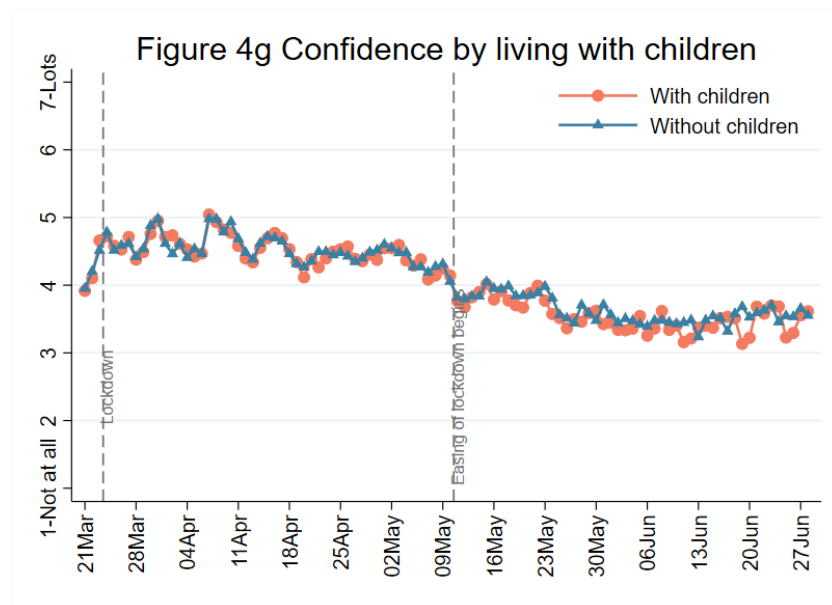
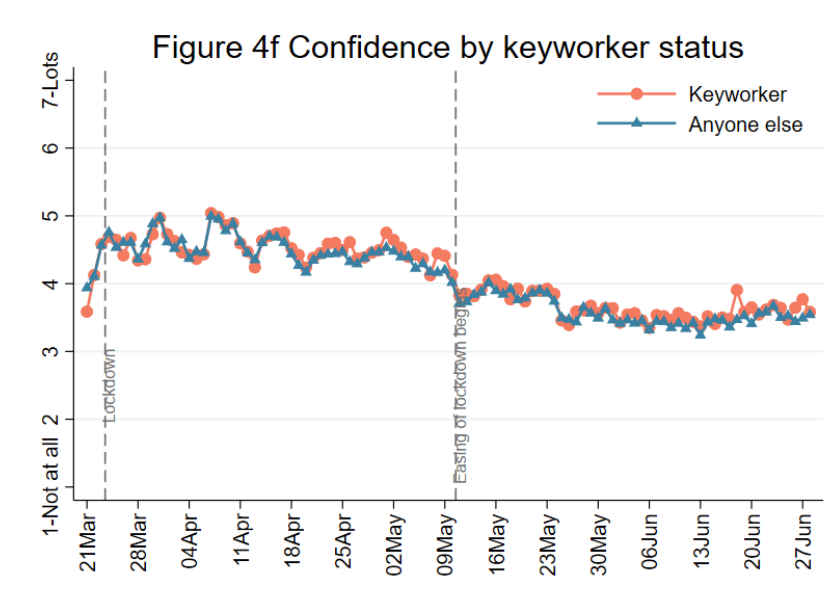
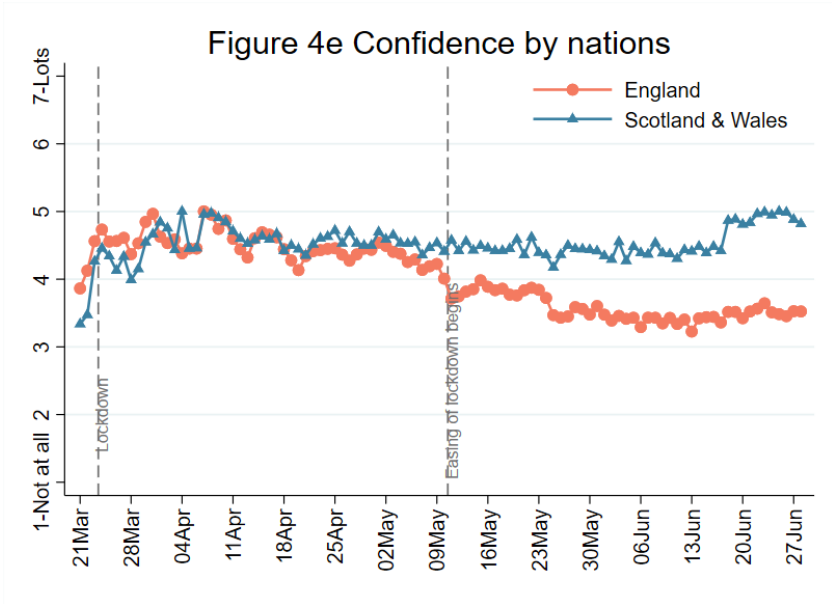
Respondents were asked how much confidence they had in the government to handle the Covid-19 epidemic from 1 (not at all) to 7 (lots). People living in devolved nations were asked to report their confidence in their own devolved governments.

Levels of confidence in the central government to handle the Covid-19 epidemic have risen in devolved nations over the past two weeks, but remain lower and broadly unchanged in England.¹

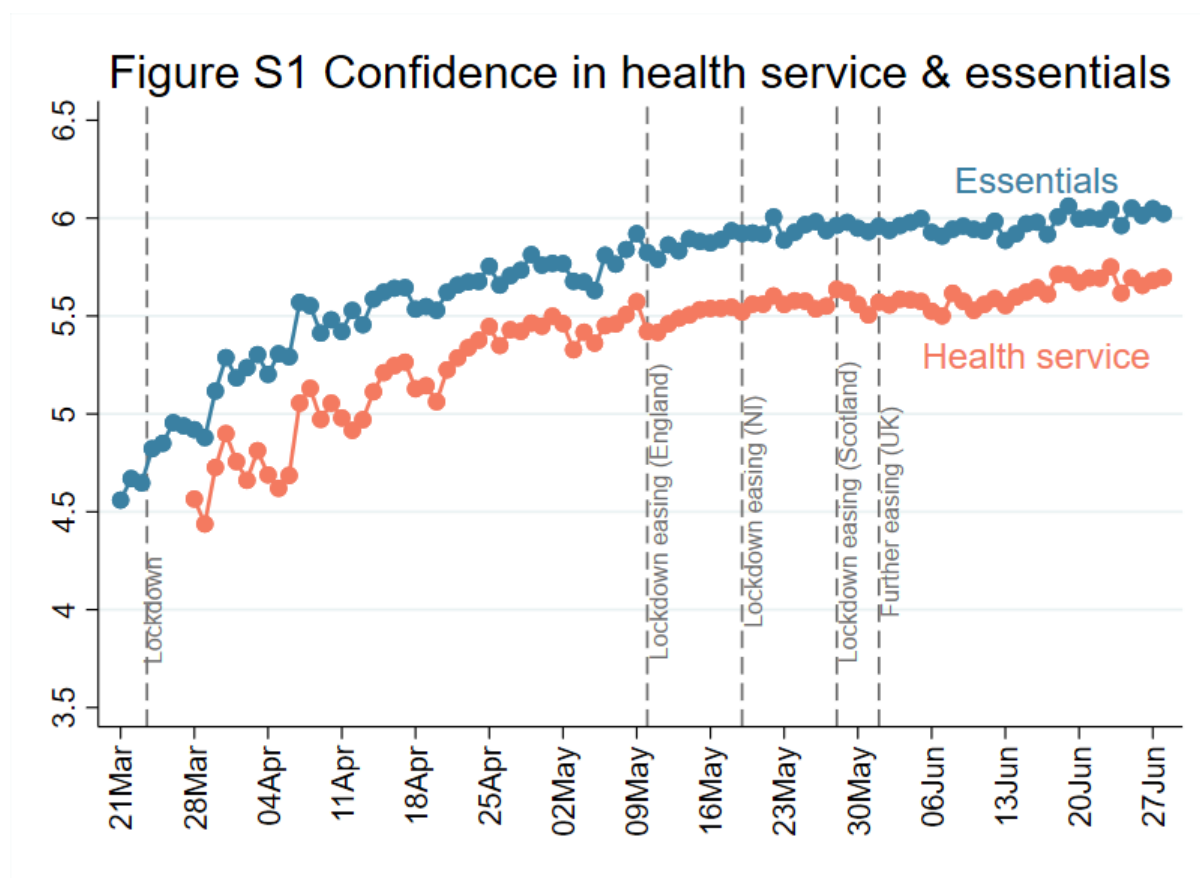
For subgroup analyses in Figures 4a-d and 4f-h, we restrict our results to respondents living in England in order to have sufficient sample sizes for meaningful subgroup analyses (future analyses will look at subgroups in devolved nations). In England, confidence in government is still lowest in those under the age of 30, with average scores of 2.7 out of 7. Scores amongst adults over the age of 30 remain around 3.5-4. Confidence is also lower in urban areas and in people with a mental health diagnosis. Confidence is also slightly lower in people of higher household income.

¹ Figures for Northern Ireland show greater volatility but this is likely a function of the sample size in Northern Ireland being smaller than for other countries.





1.3 Confidence in health service and essentials



FINDINGS

Respondents were asked how much confidence they had that the health service can cope during the pandemic and how much confidence they had that essentials (e.g. access to food, water, medicines and deliveries) would be maintained during the pandemic, with both questions scored from 1 (not at all) to 7 (lots)². These results are presented as Supplementary graphs in this report (Figure S1 above and figures S2 and S3 below).

Levels of confidence in access to essentials were already relatively low at the start of lockdown but have gradually increased since, levelling off in the past month. Similarly, levels of confidence in the health service were low in the first week of lockdown but have increased since.

Levels of confidence in the health service have been lower amongst younger adults, people with a diagnosed mental illness, and people in urban areas, but have notably been consistent across UK nations. Confidence in accessing essentials has been consistent across age groups, but slightly lower in people living alone, people with lower household income, and people with diagnosed mental illness. Again, there has been no difference depending on which UK nation people live in.

² Data for confidence in the health service are available from 28th March onwards.

Figure S2a Confidence in HS by age groups

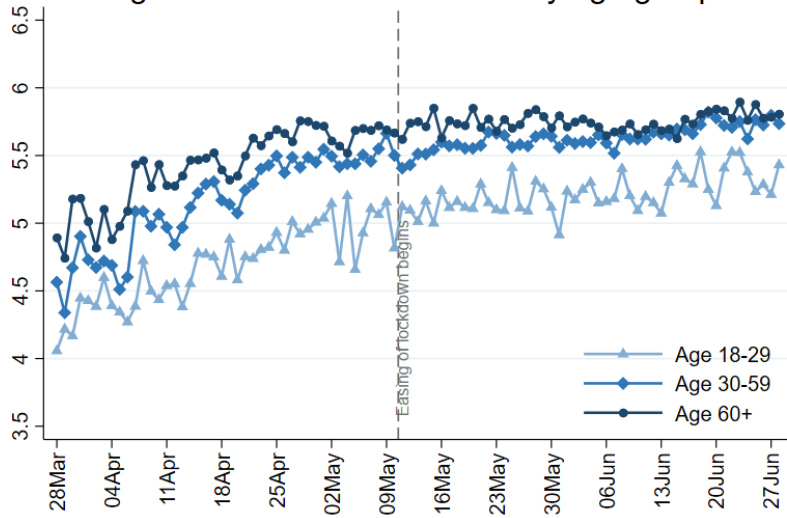


Figure S2b Confidence in HS by living arrangement

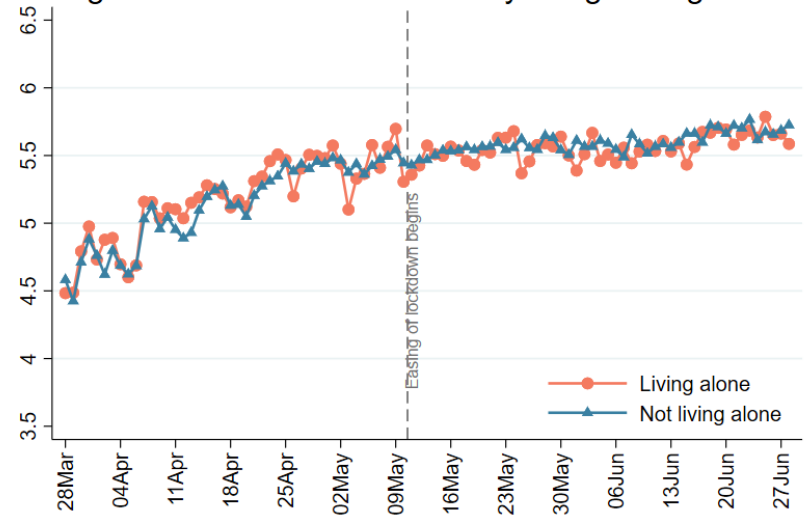


Figure S2c Confidence in HS by household income

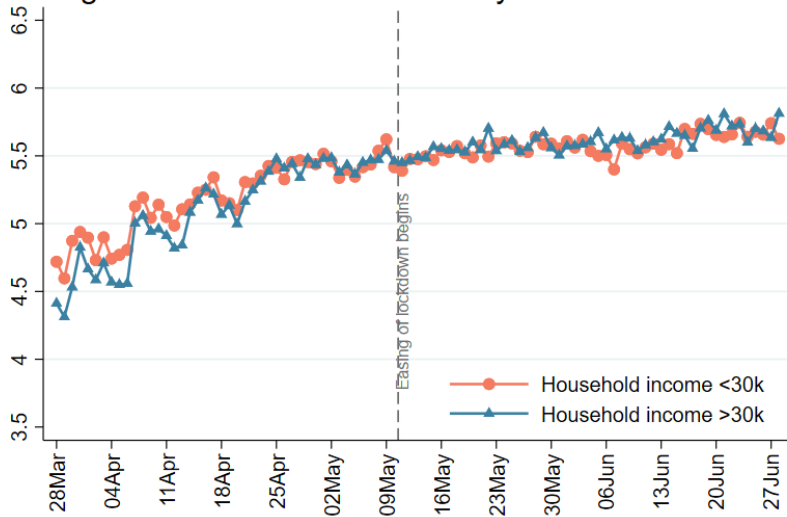


Figure S2d Confidence in HS by mental health

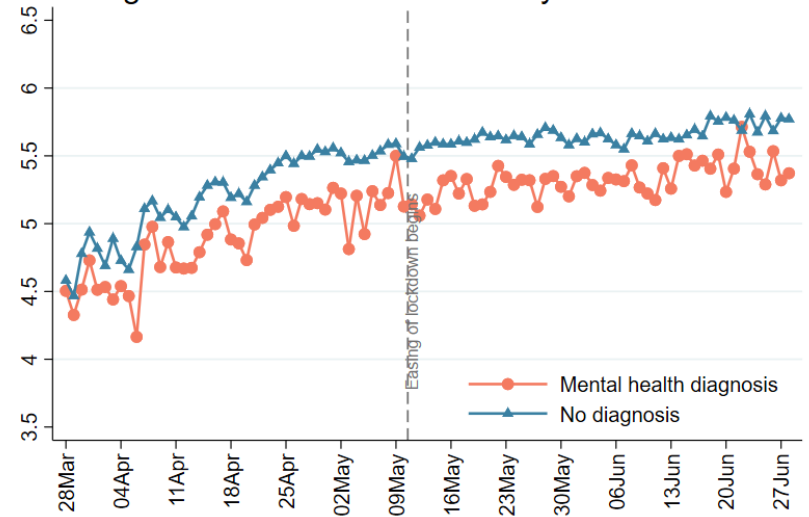


Figure S2e Confidence in HS by nations

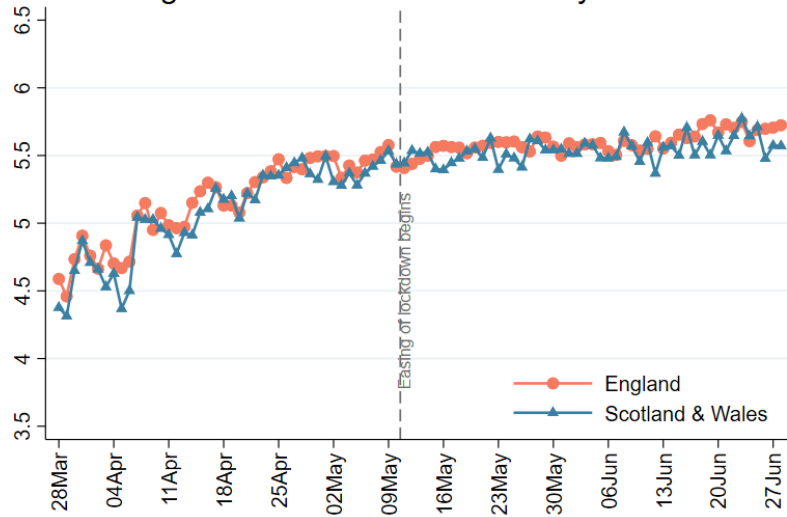


Figure S2f Confidence in HS by keyworker status

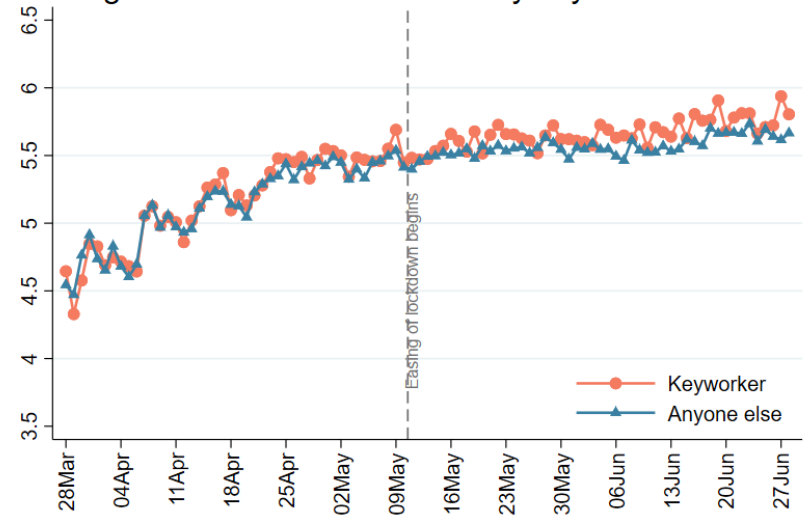


Figure S2g Confidence in HS by living with children

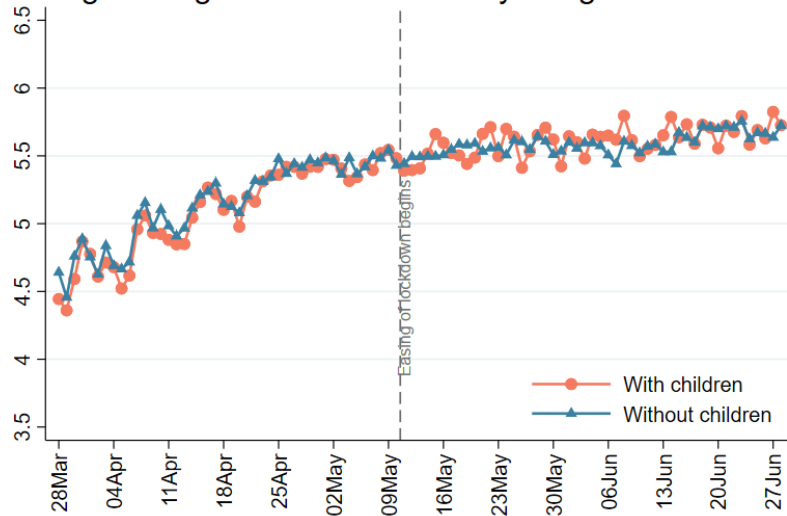


Figure S2h Confidence in HS by living area

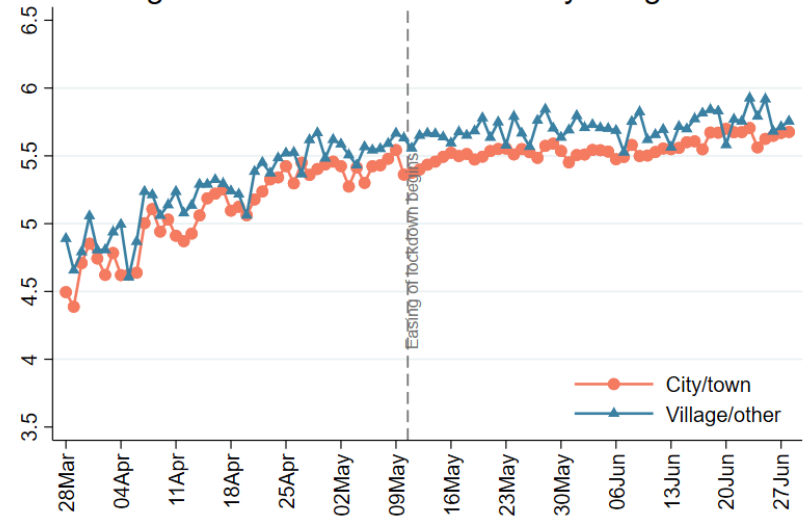


Figure S3a Confidence in essentials by age groups

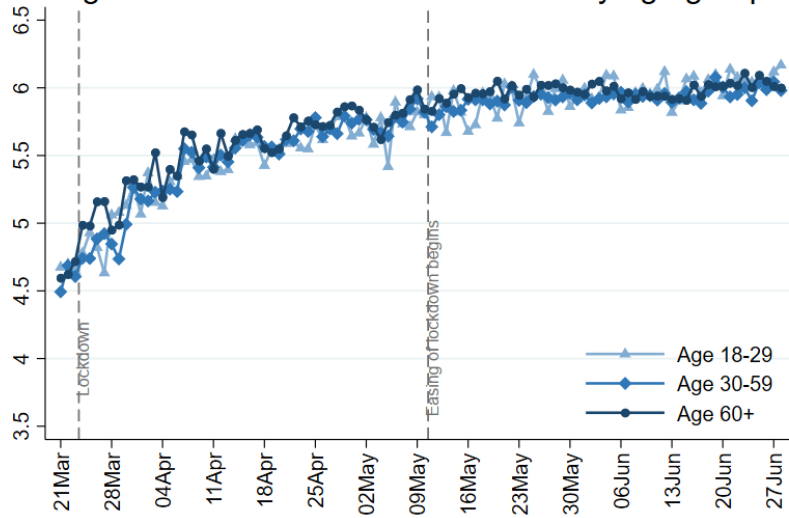


Figure S3b Confidence in essentials by living arrangement

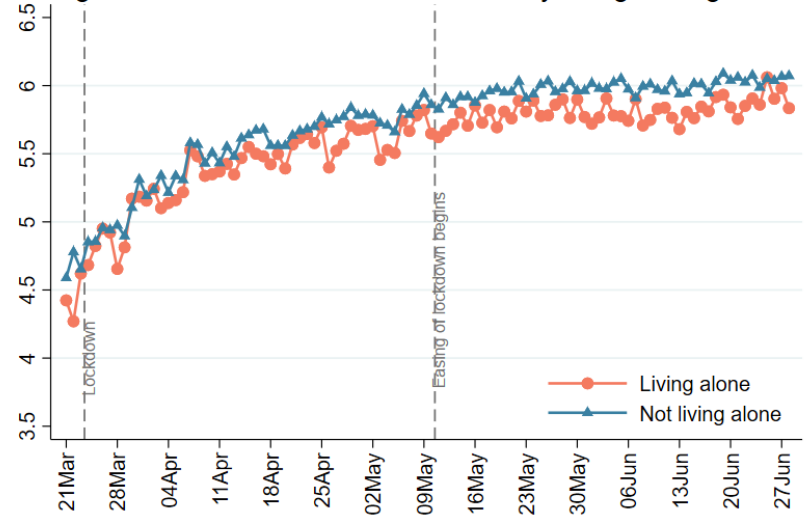


Figure S3c Confidence in essentials by income

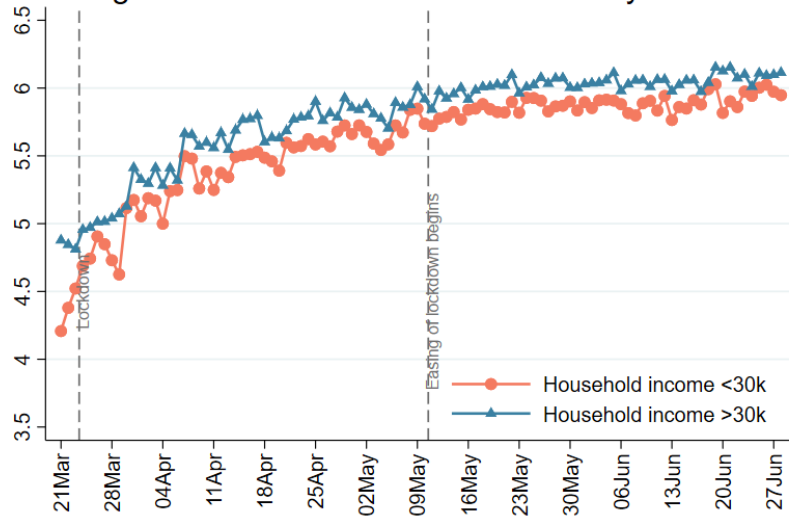


Figure S3d Confidence in essentials by mental health

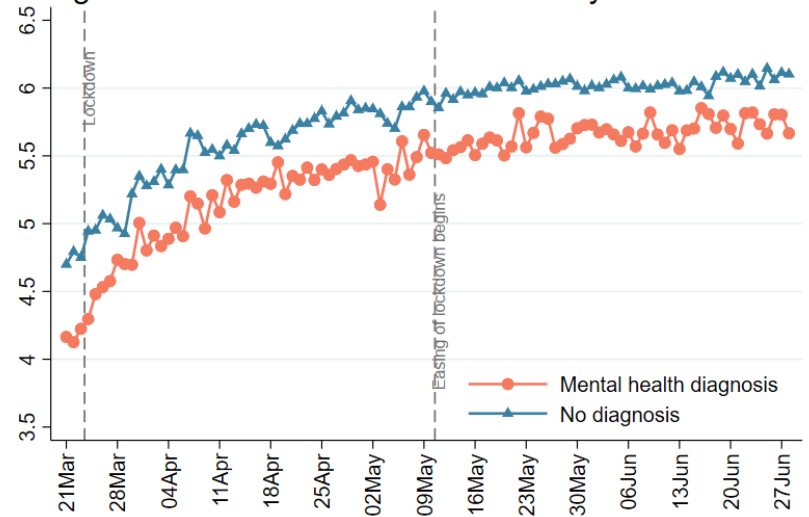


Figure S3e Confidence in essentials by nations

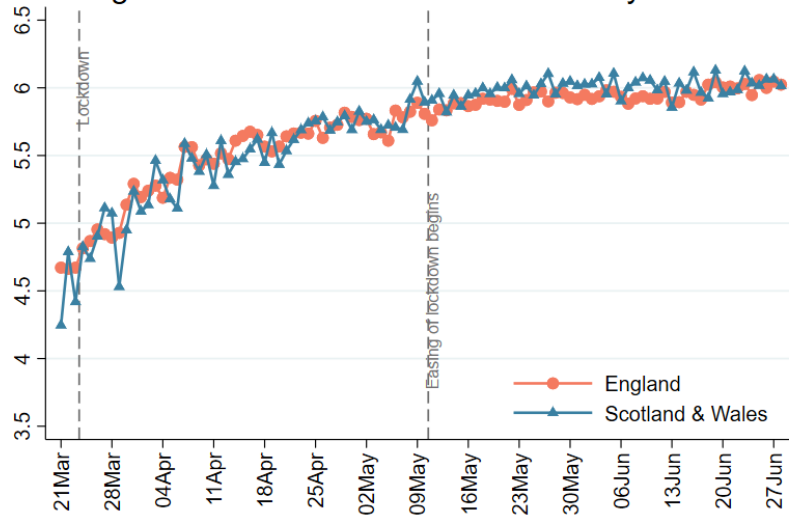


Figure S3f Confidence in essentials by keyworker status

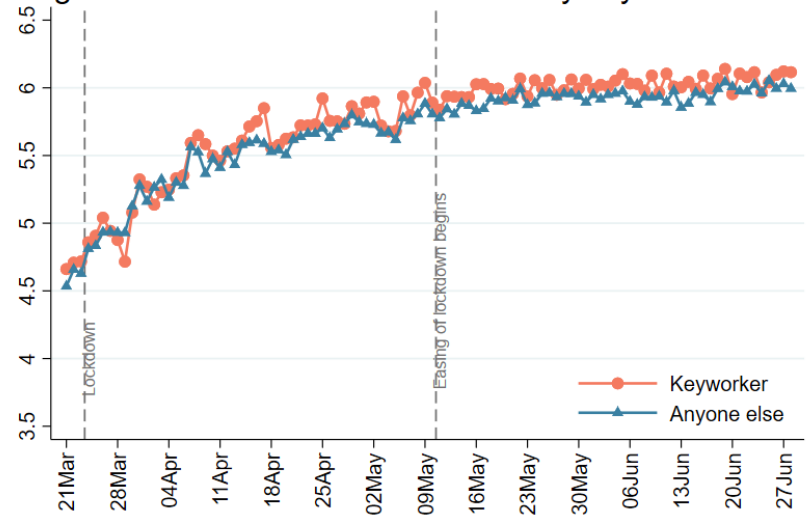


Figure S3g Confidence in essentials by living with children

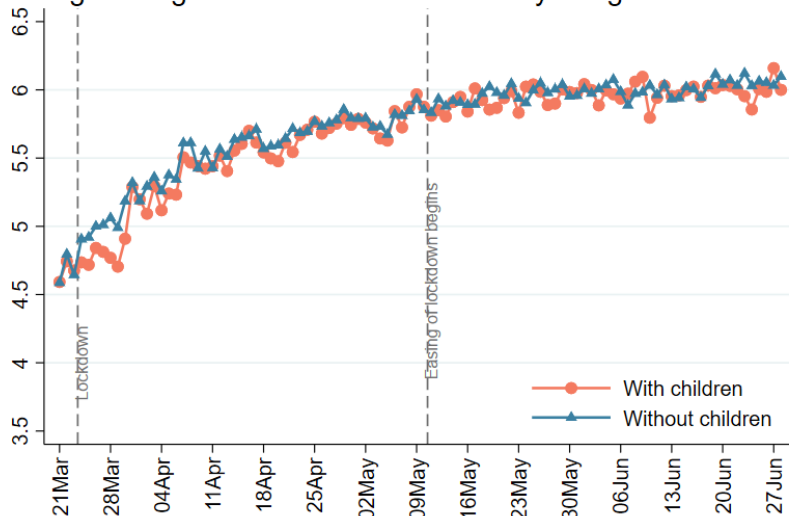
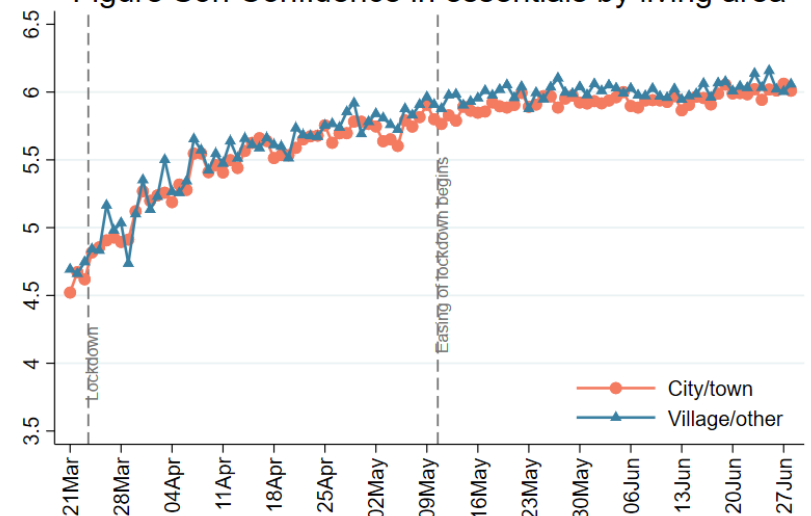
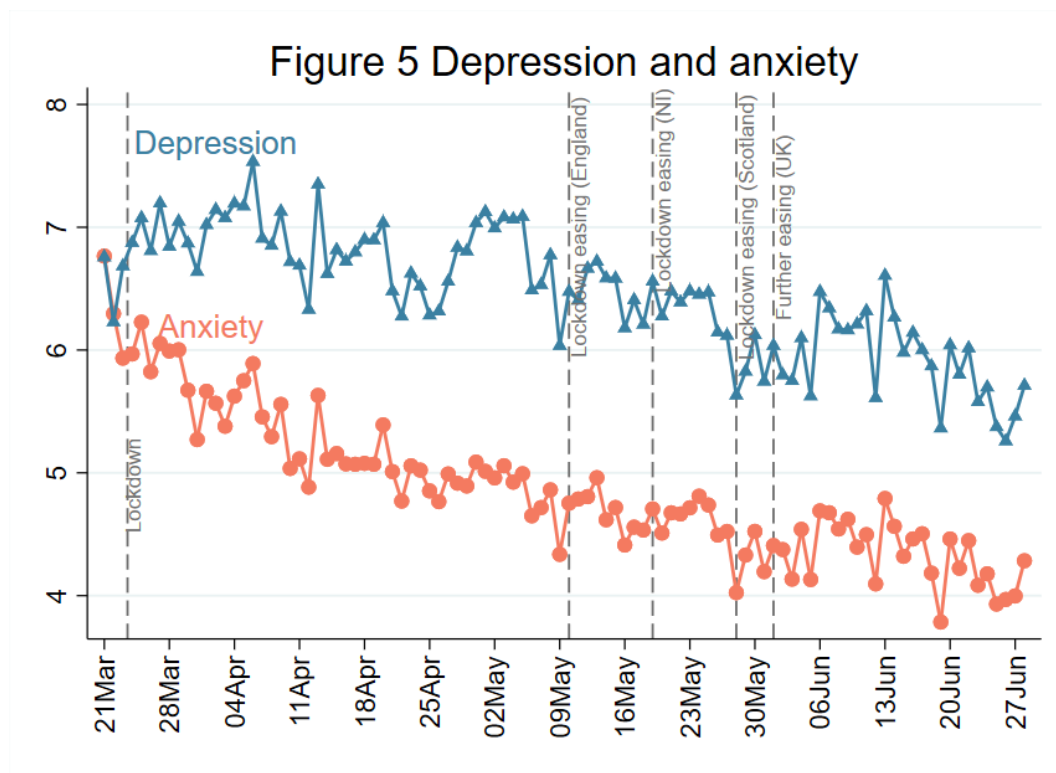


Figure S3h Confidence in essentials by living area



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.

In the past week, depression and anxiety levels have shown some further improvements. 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, people living alone, people with lower household income, people with a diagnosed mental illness, people living with children, and people living in urban areas. **There have also been some differences by ethnicity, which are shown in Section 5.**

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

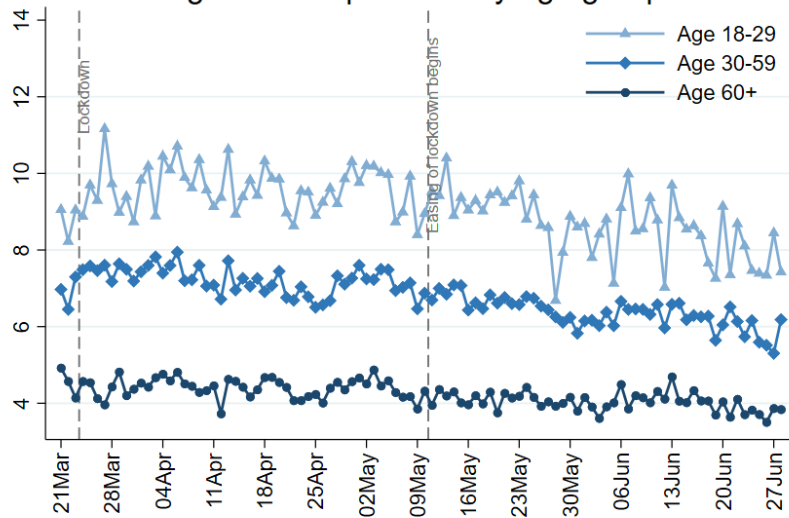


Figure 6b Depression by living arrangement

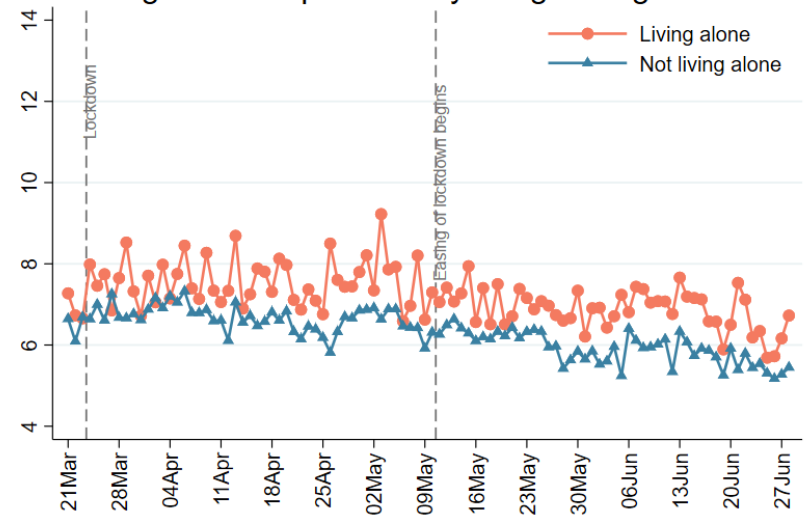


Figure 6c Depression by household income

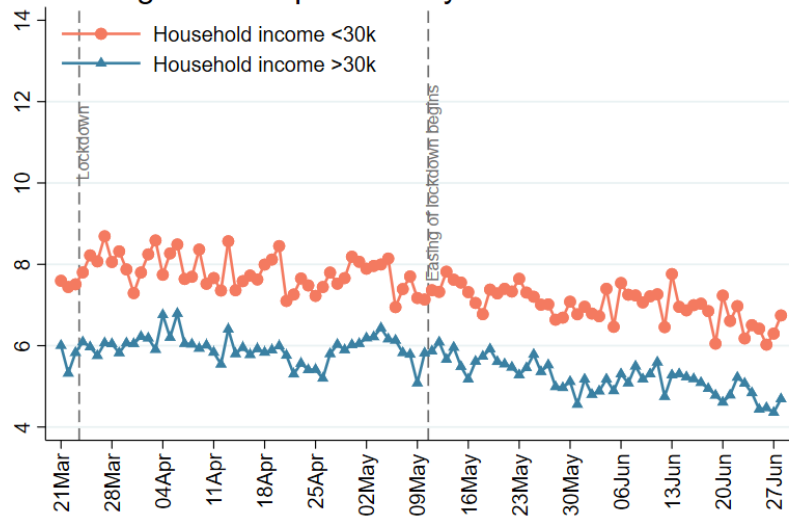


Figure 6d Depression by mental health diagnosis

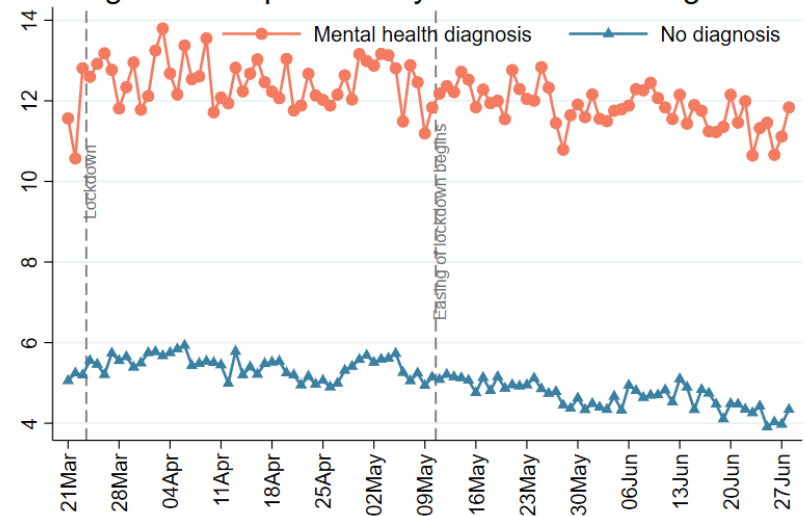


Figure 6e Depression by nations

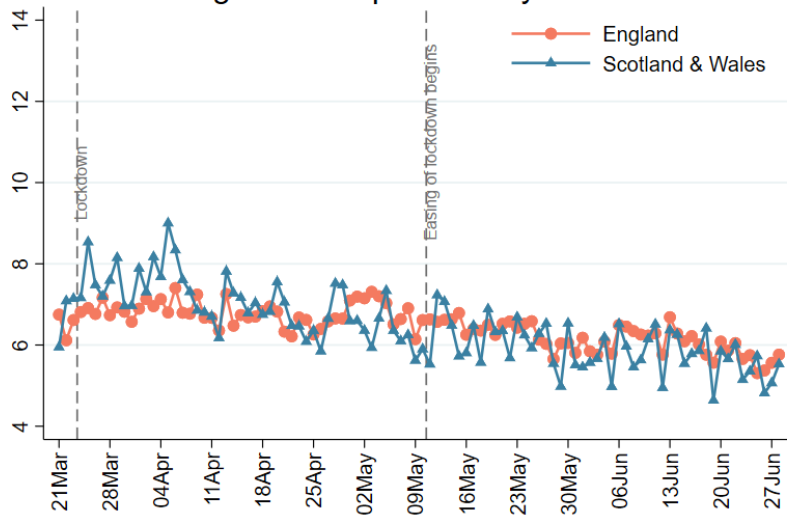


Figure 6f Depression by keyworker status

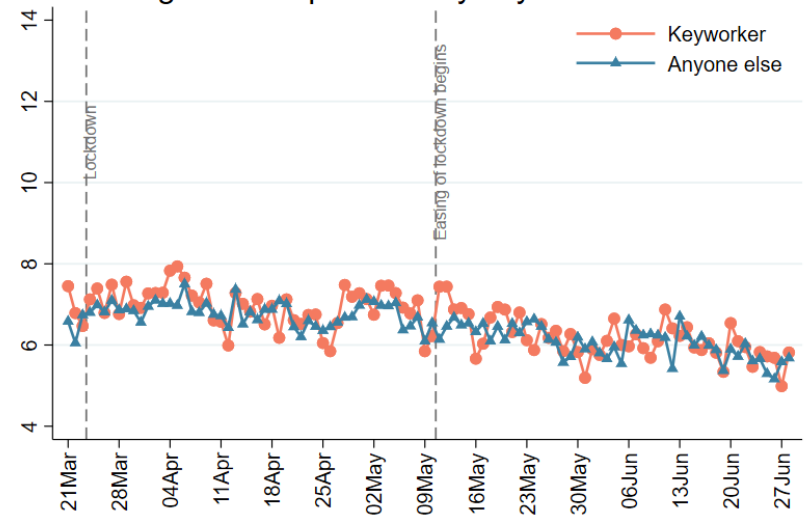


Figure 6g Depression by living with children

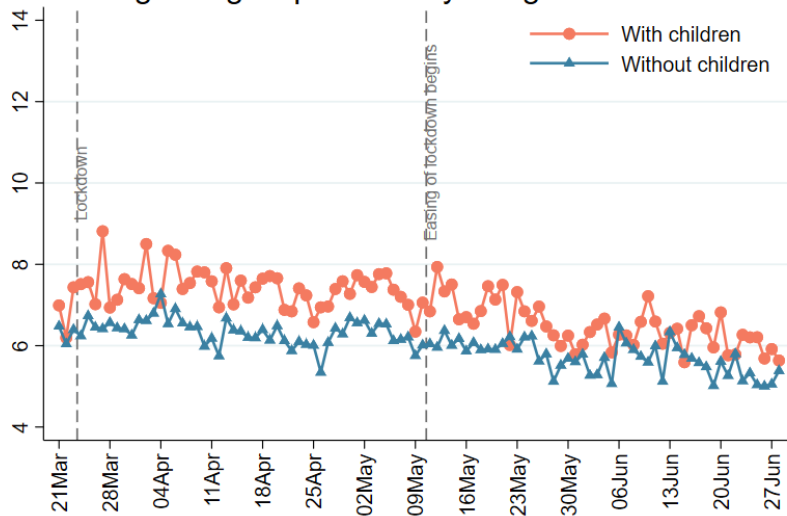


Figure 6h Depression by living area

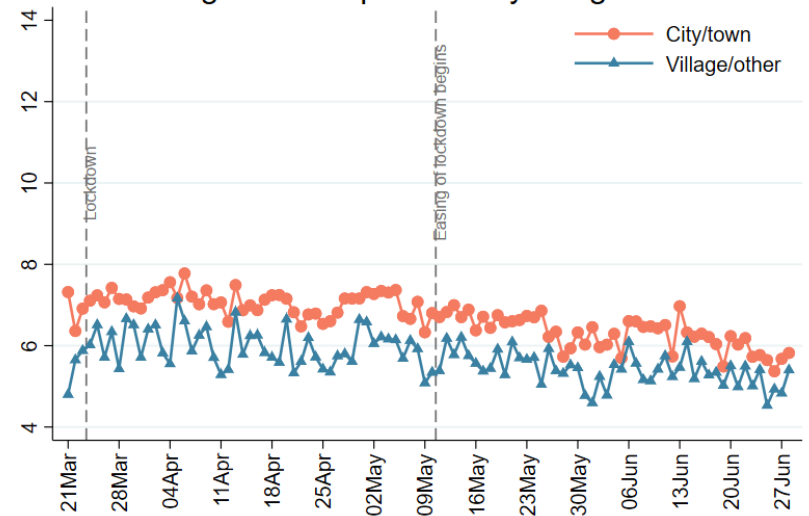


Figure 7a Anxiety by age groups

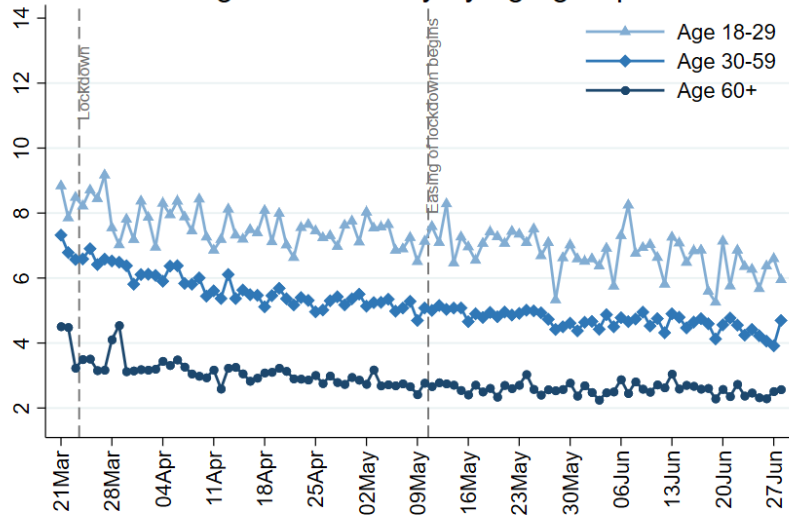


Figure 7b Anxiety by living arrangement

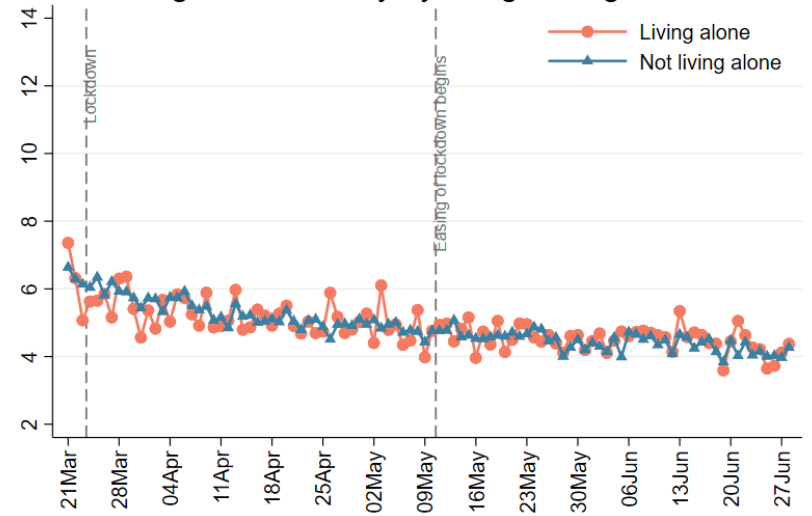


Figure 7c Anxiety by household income

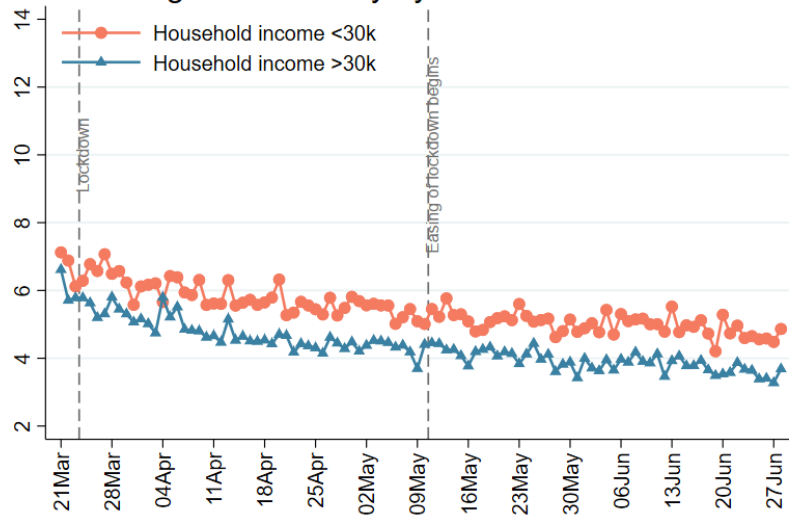


Figure 7d Anxiety by mental health diagnosis

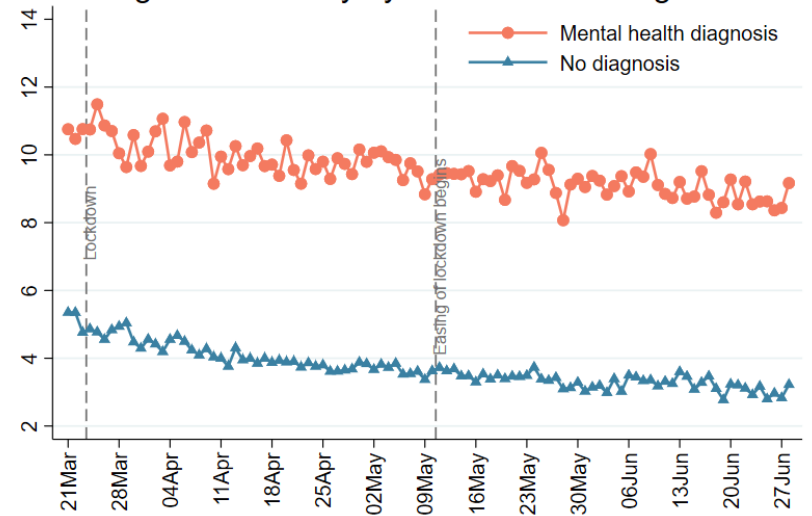


Figure 7e Anxiety by nations

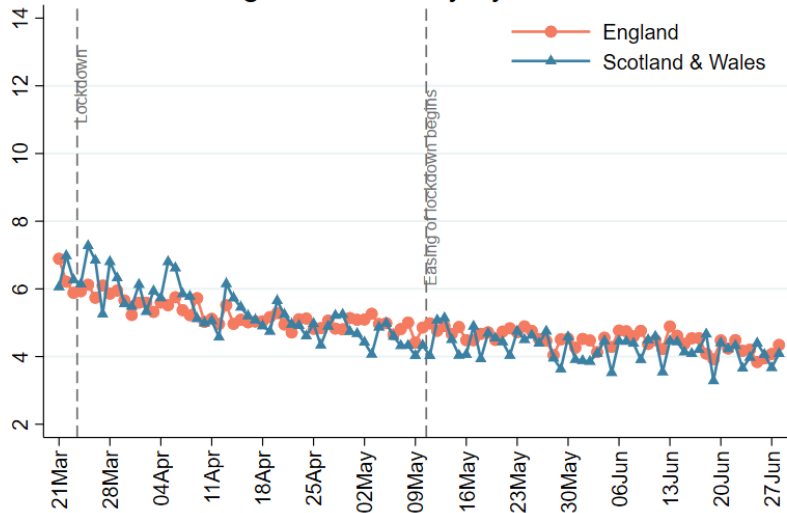


Figure 7f Anxiety by keyworker status

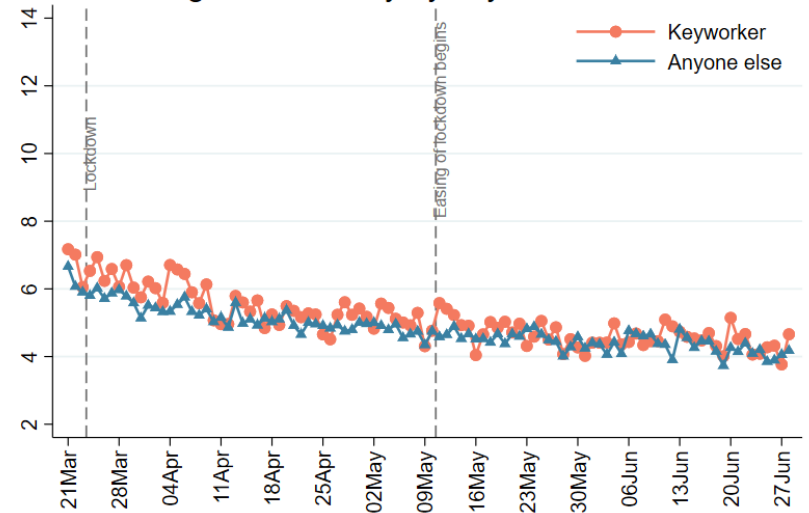


Figure 7g Anxiety by living with children

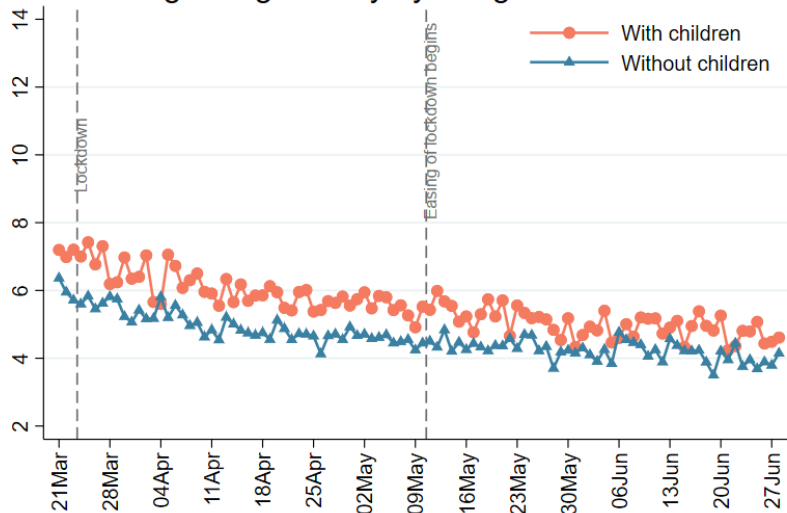
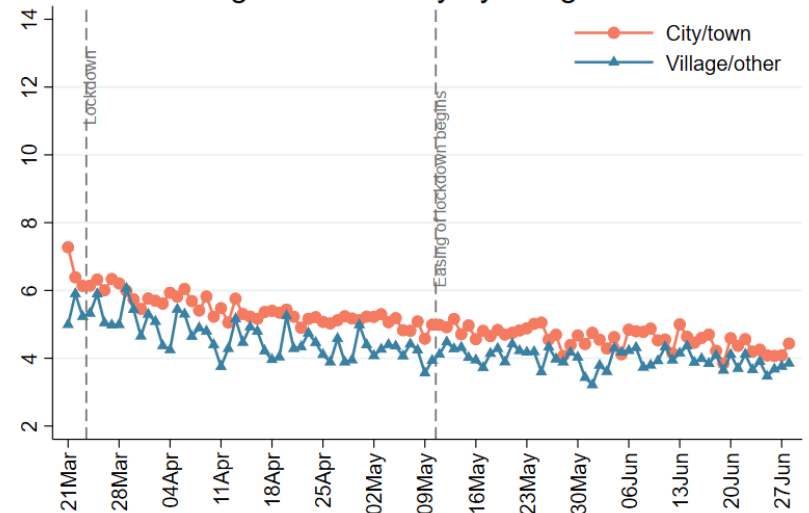
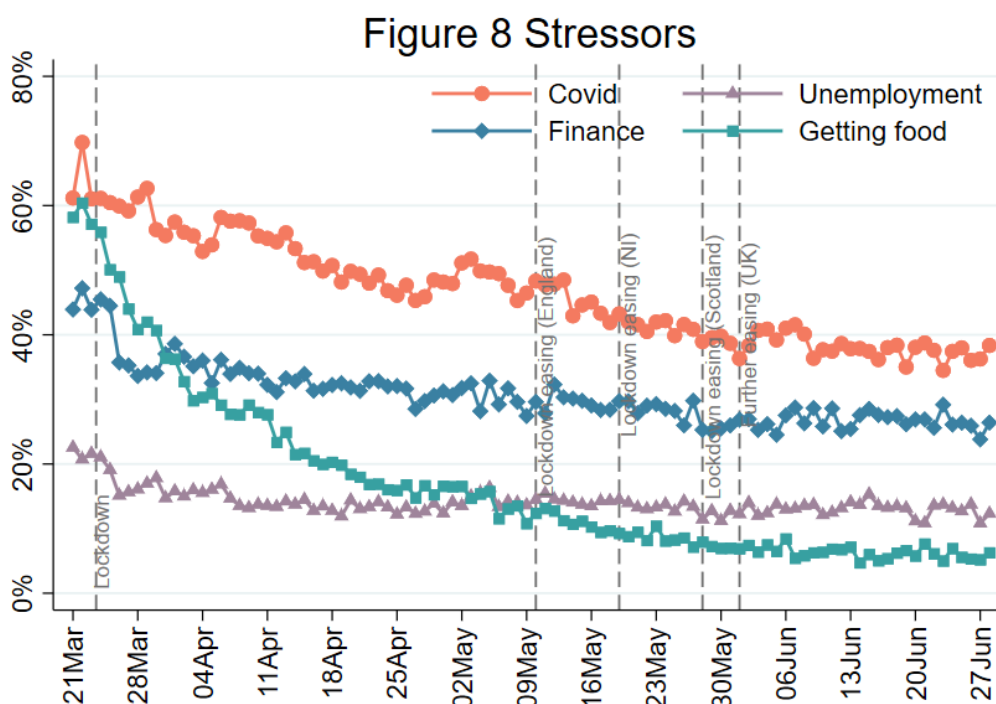


Figure 7h Anxiety by living area



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).

There has been little change in people reporting major or minor stress due to catching COVID-19, unemployment, finance, or getting food in the past week. Stress relating to Covid-19 (both catching Covid-19 and becoming seriously ill from Covid-19) remains the most prevalent stressor, but is still not affecting the majority of people, with fewer than 40% reporting it. Notably, worries about finance and unemployment have not risen for individuals, despite the end of furlough schemes nearing and more companies discussing redundancy measures. Just 1 in 4 people report being worried about finance and 1 in 6 worried about unemployment. Worries about access to food are still only affecting around 1 in 15 people, but this residual worry is remaining.

People with diagnosed mental illness have been more worried about all factors. But other predictors of stressors have varied. People with lower household income are becoming more worried more about Covid-19 than people with higher household income, and they are more worried about finances, but less worried about unemployment. People living with children have worried more about all factors, but the differences on worries relating to Covid-19 and food access have diminished as lockdown has eased. Older adults have worried less about unemployment and food. Unemployment has worried people in England and in urban areas more.

Figure 9a Covid-19 stress by age groups

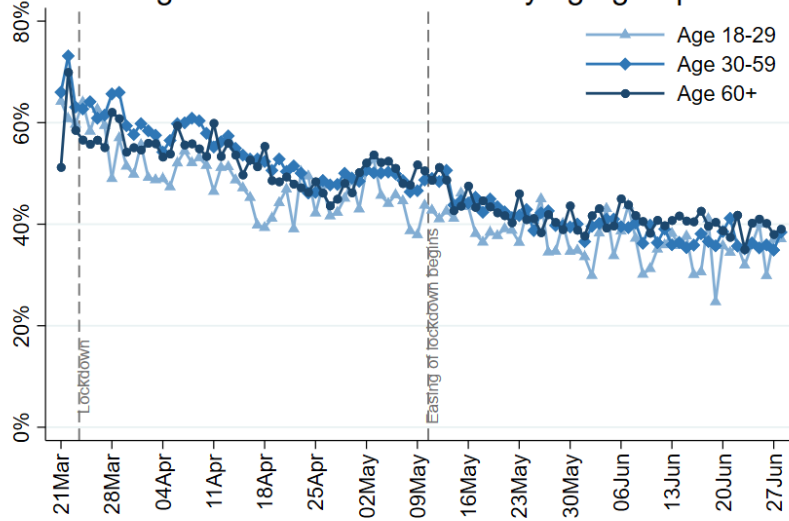


Figure 9b Covid-19 stress by living arrangement

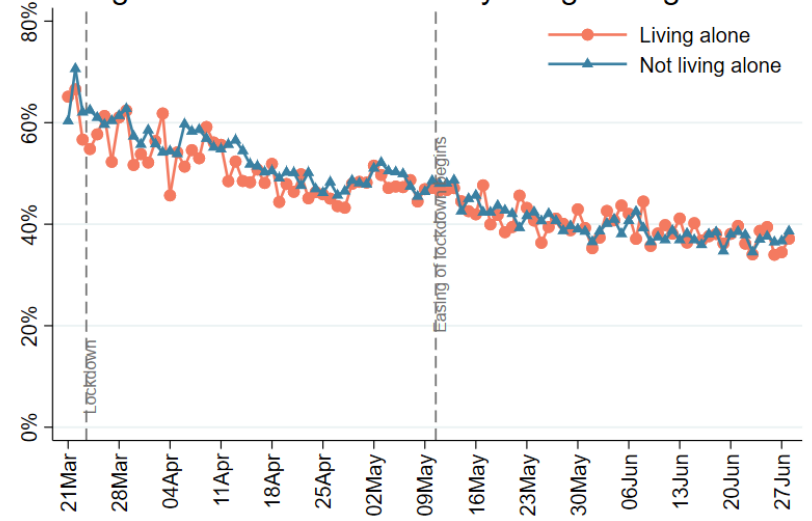


Figure 9c Covid-19 stress by household income

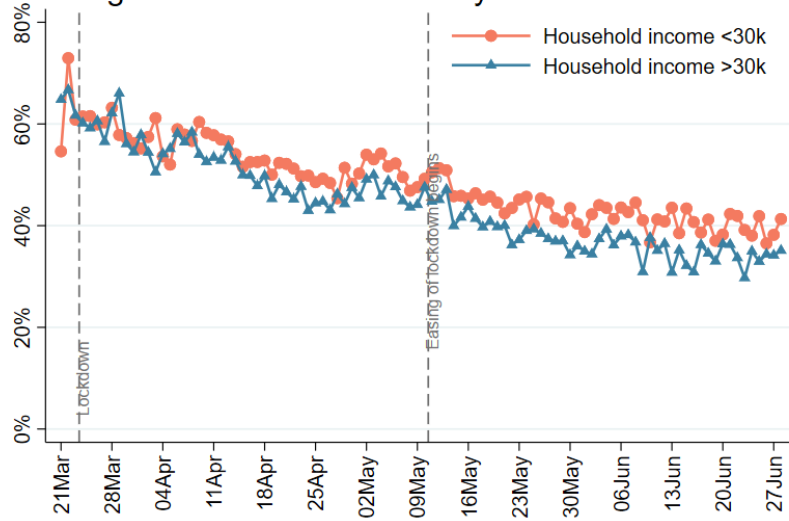
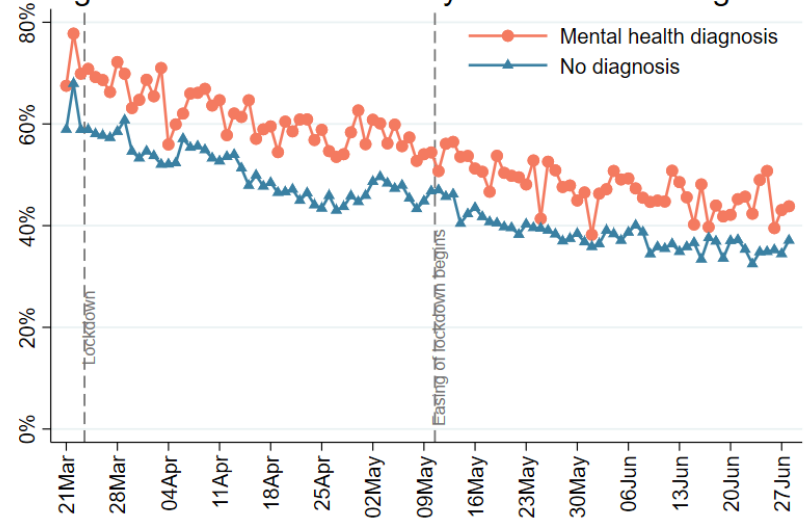


Figure 9d Covid-19 stress by mental health diagnosis



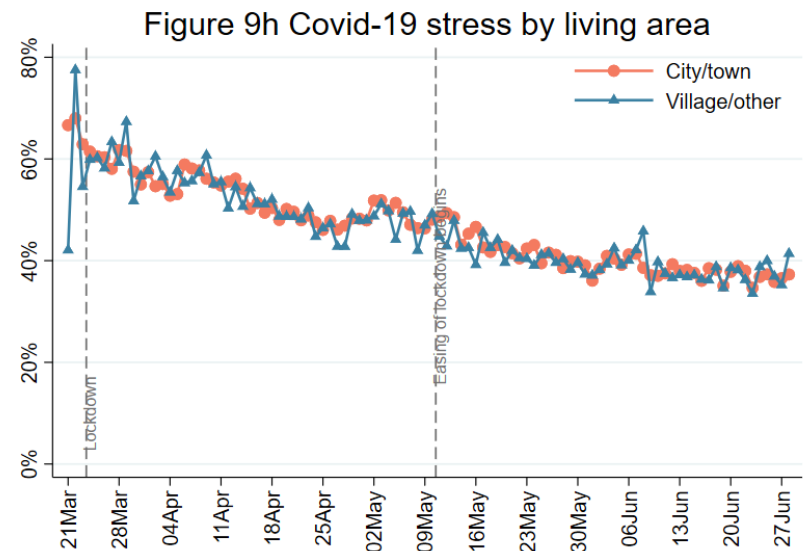
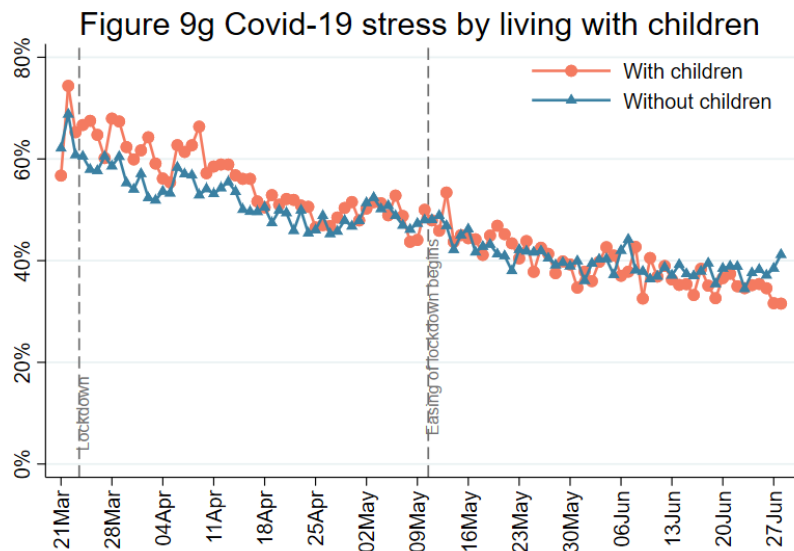
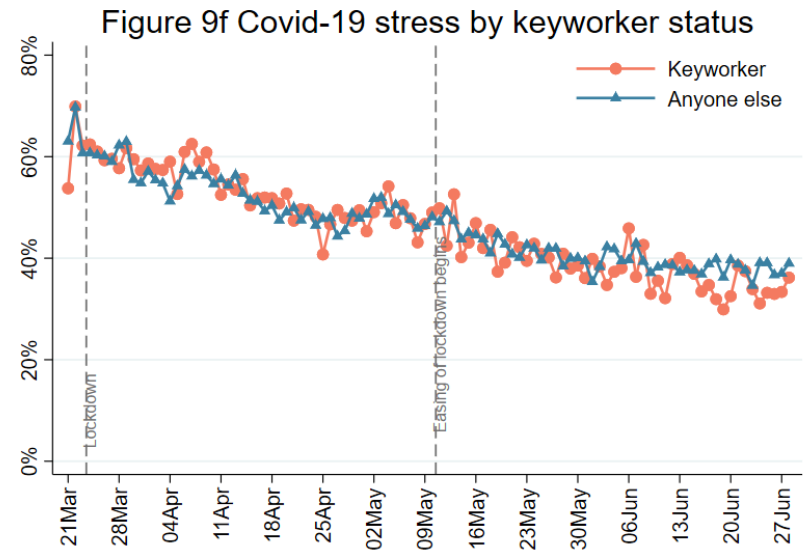
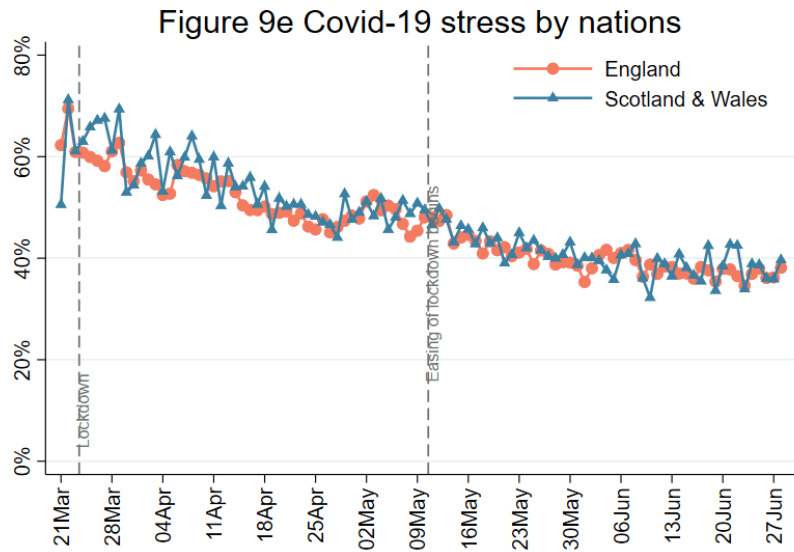


Figure 10a Unemployment stress by age groups

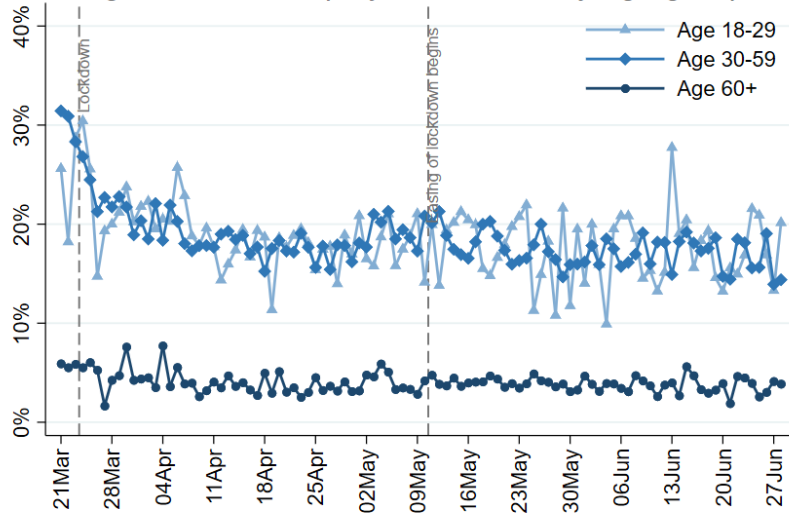


Figure 10b Unemployment stress by living arrangement

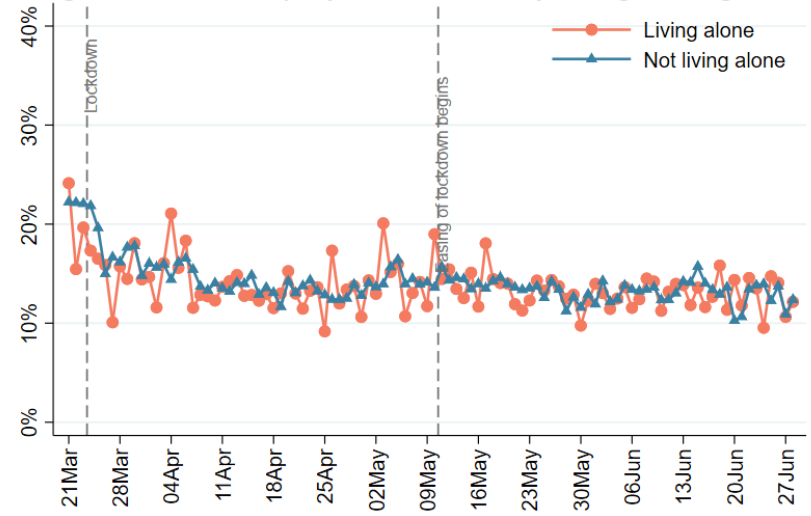


Figure 10c Unemployment stress by household income

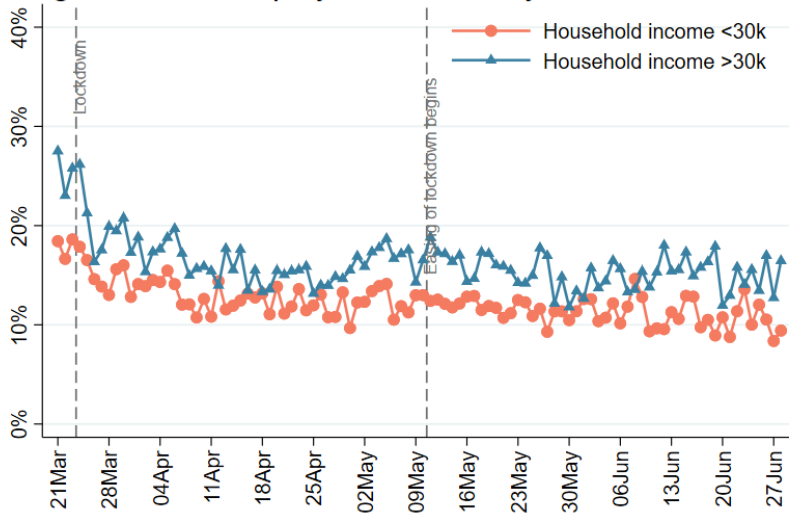


Figure 10d Unemployment stress by mental health

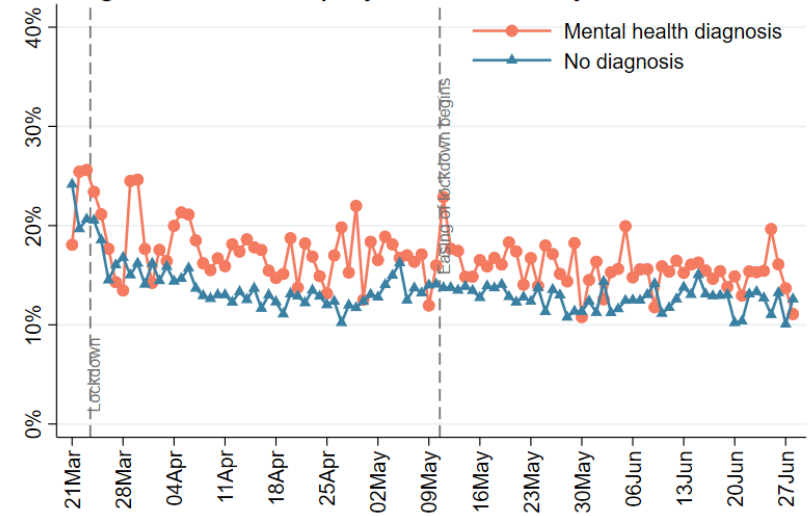


Figure 10e Unemployment stress by nations

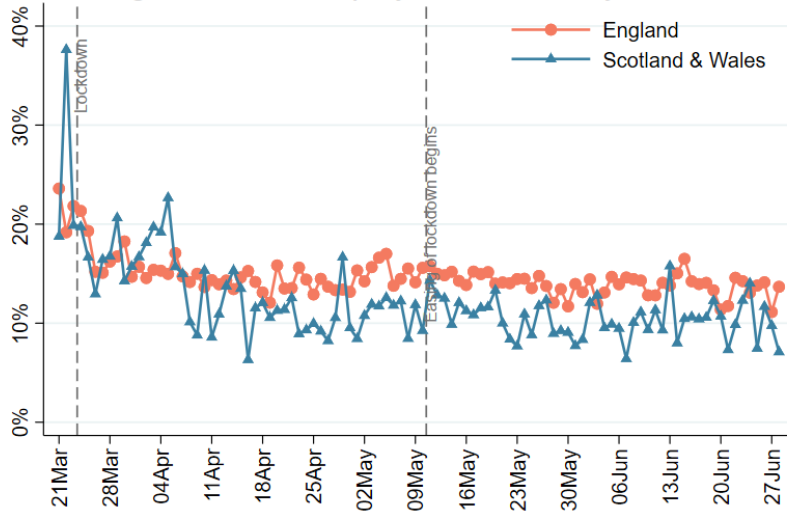


Figure 10f Unemployment stress by keyworker status

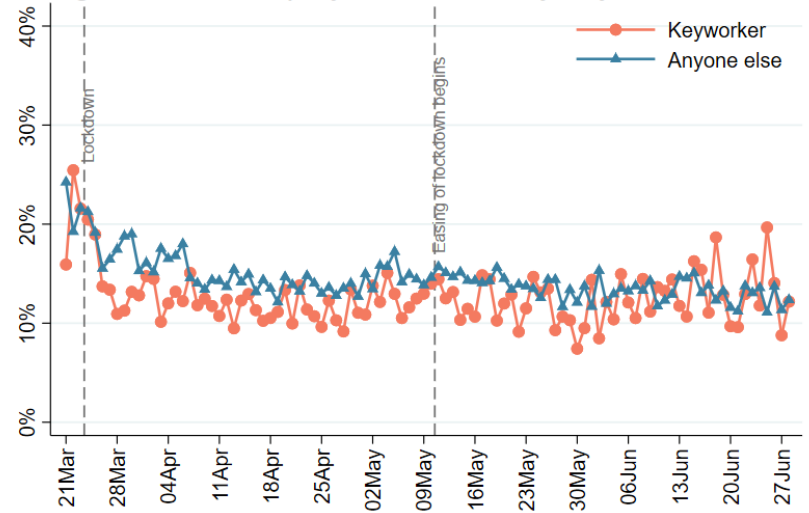


Figure 10g Unemployment stress by living with children

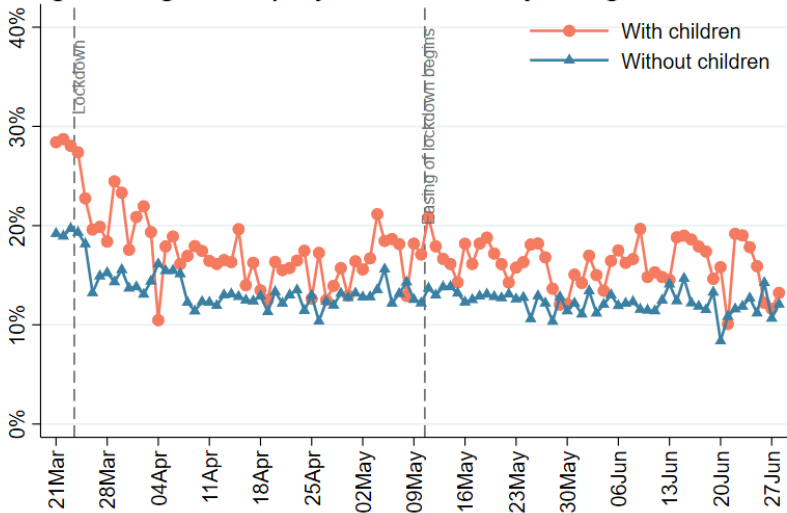


Figure 10h Unemployment stress by living area

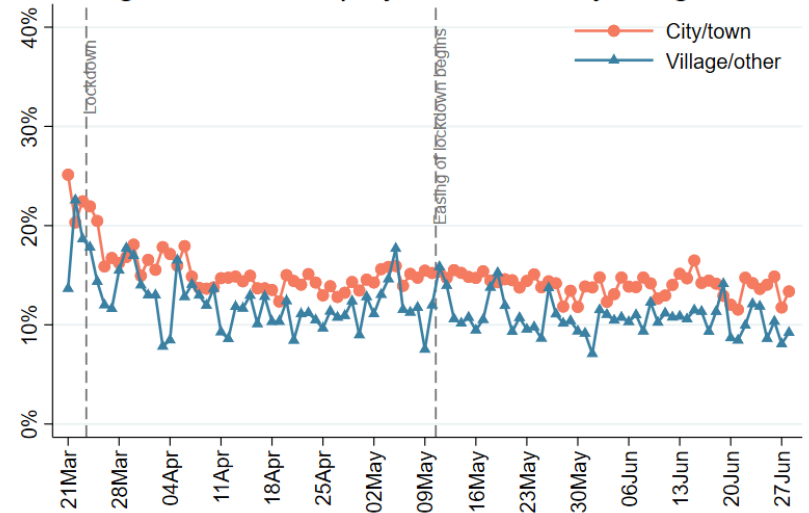


Figure 11a Financial stress by age groups

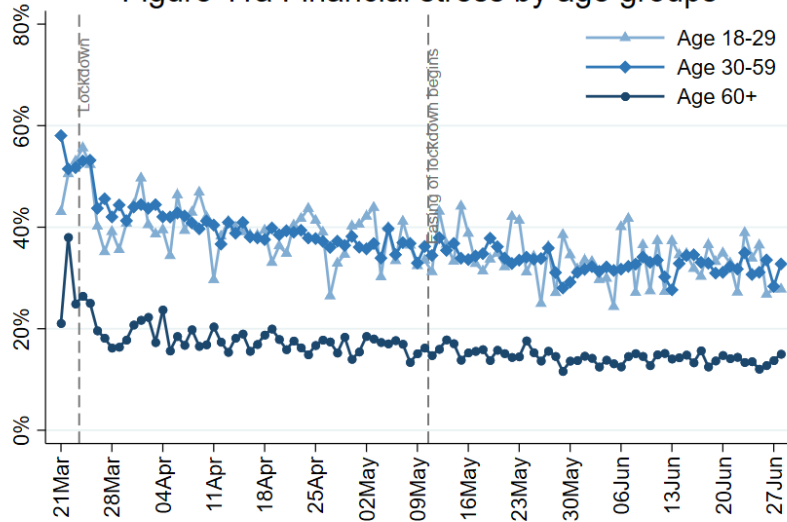


Figure 11b Financial stress by living arrangement

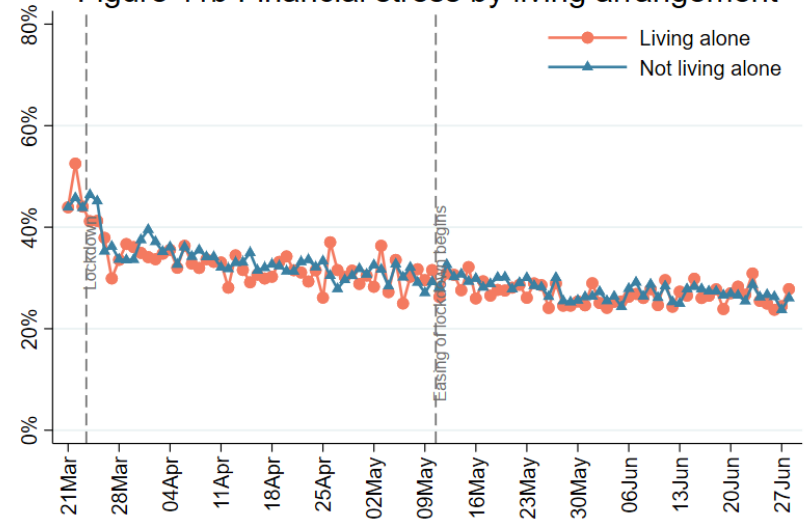


Figure 11c Financial stress by household income

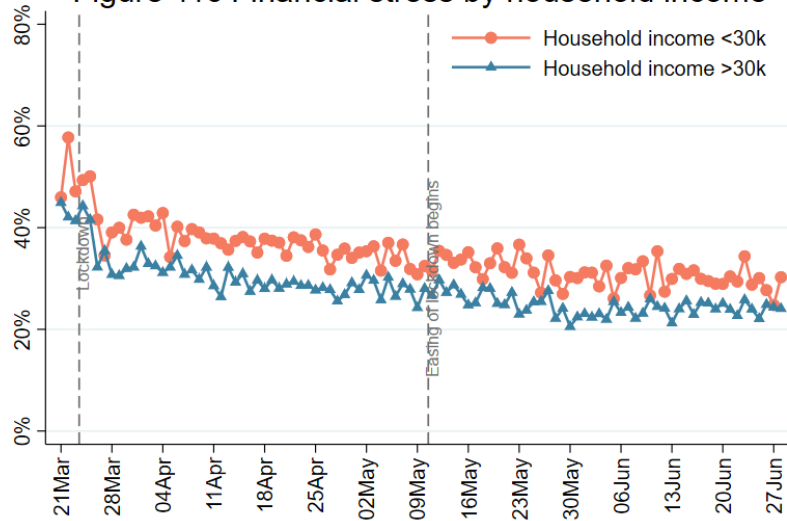


Figure 11d Financial stress by mental health diagnosis

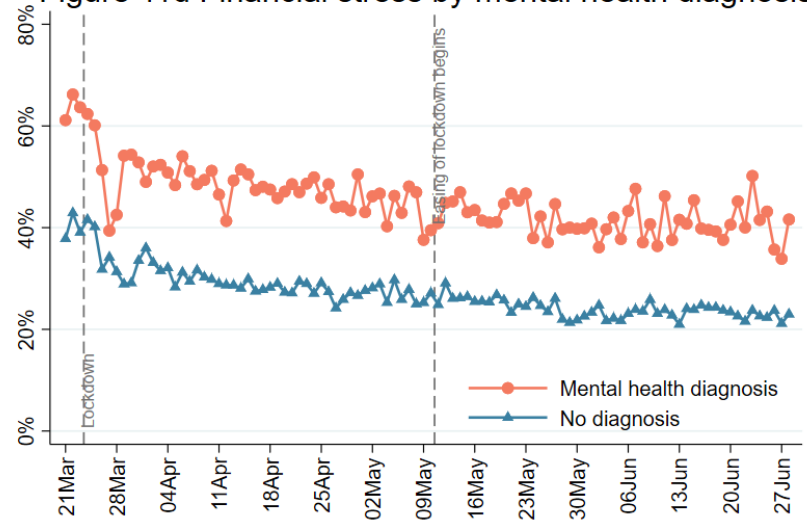


Figure 11e Financial stress by nations

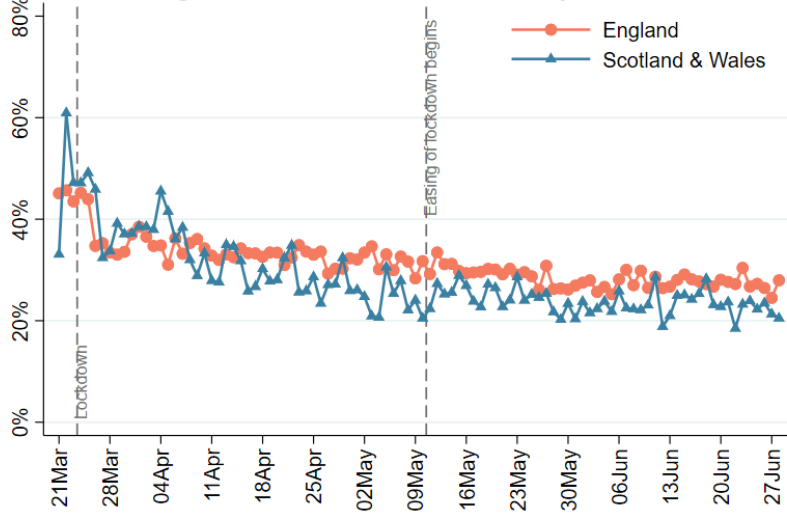


Figure 11f Financial stress by keyworker status

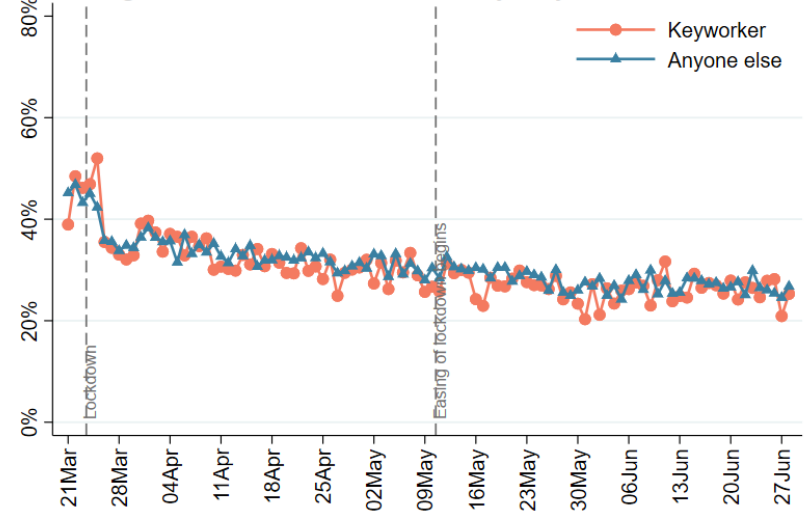


Figure 11g Financial stress by living with children

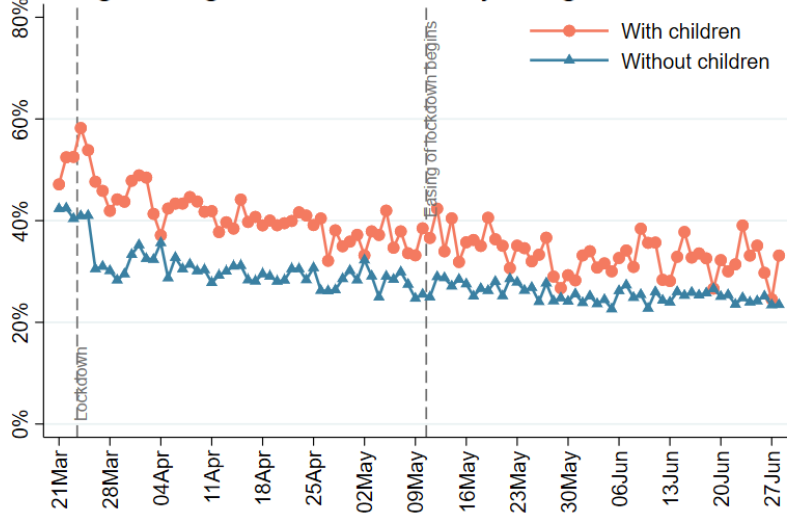
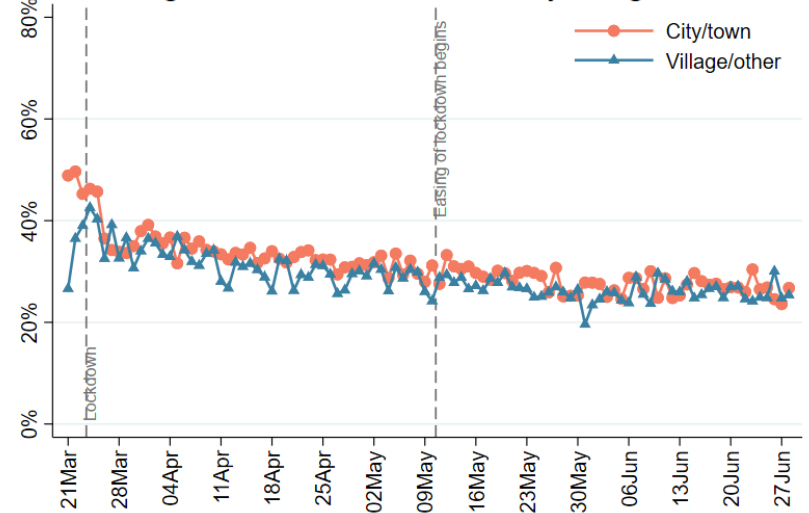


Figure 11h Financial stress by living area



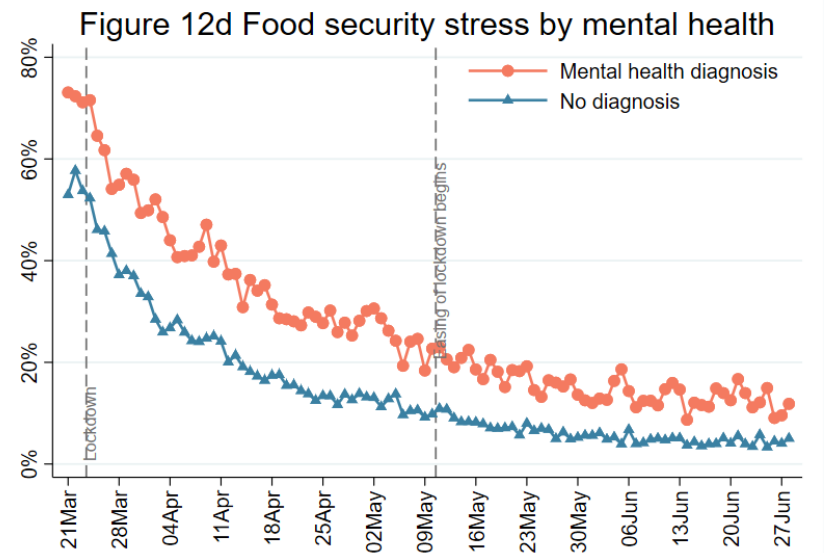
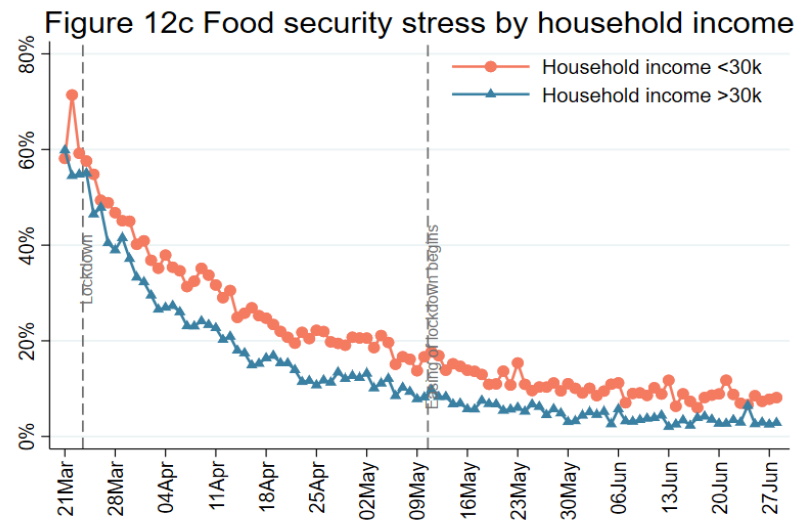
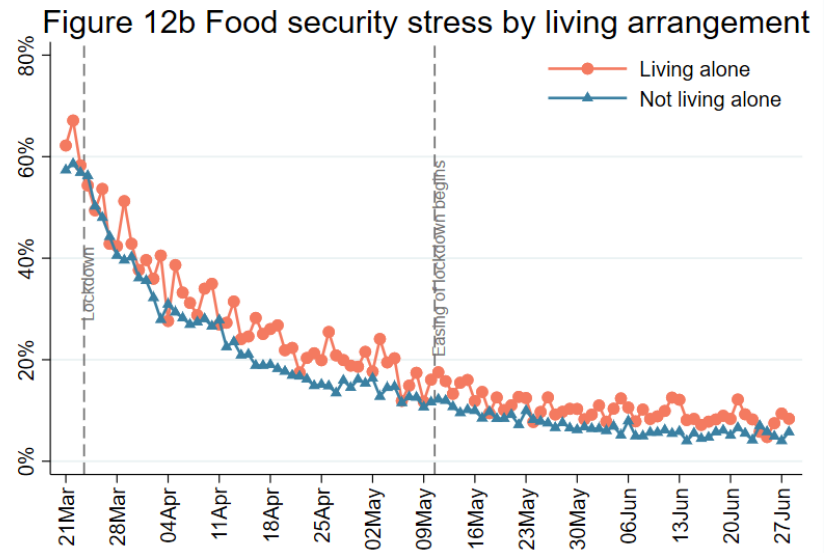
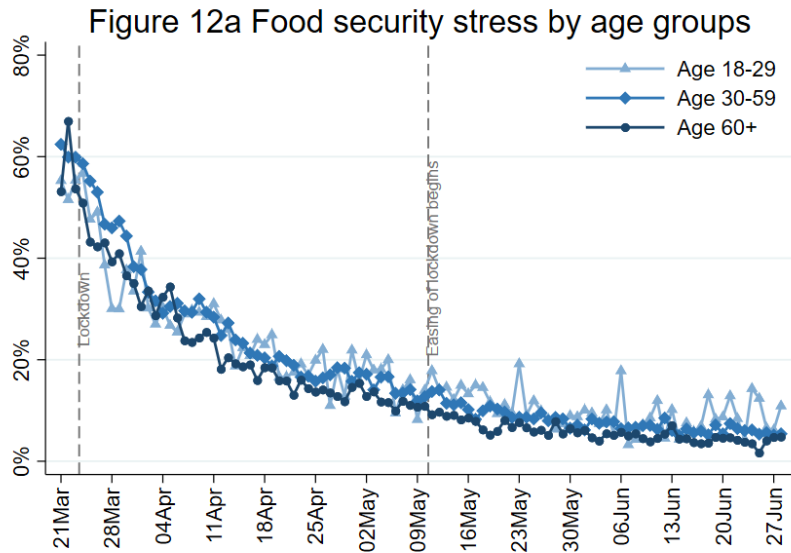


Figure 12e Food security stress by nations

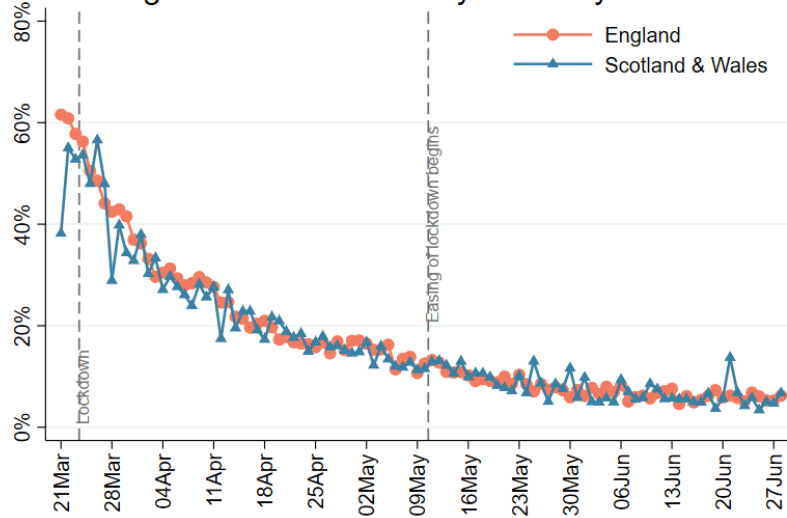


Figure 12f Food security stress by keyworker status

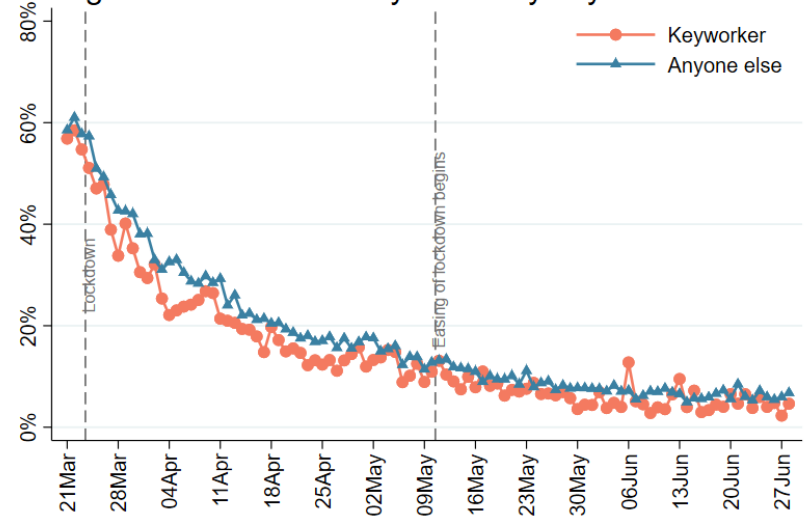


Figure 12g Food security stress by living with children

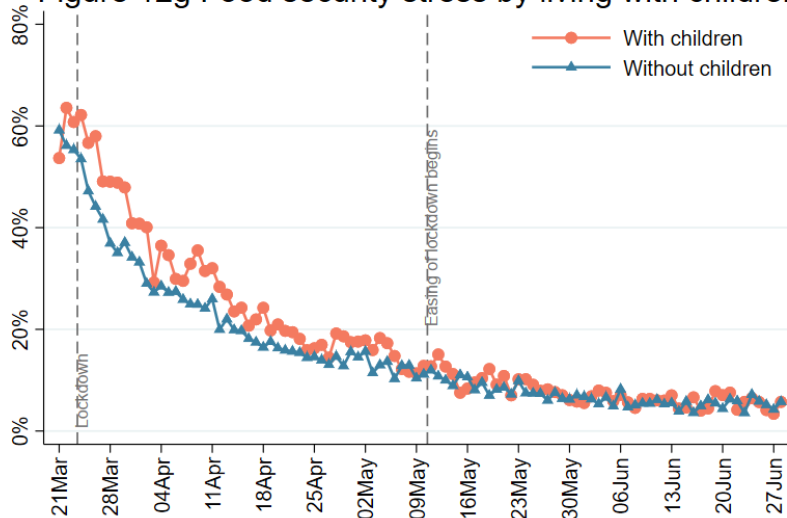
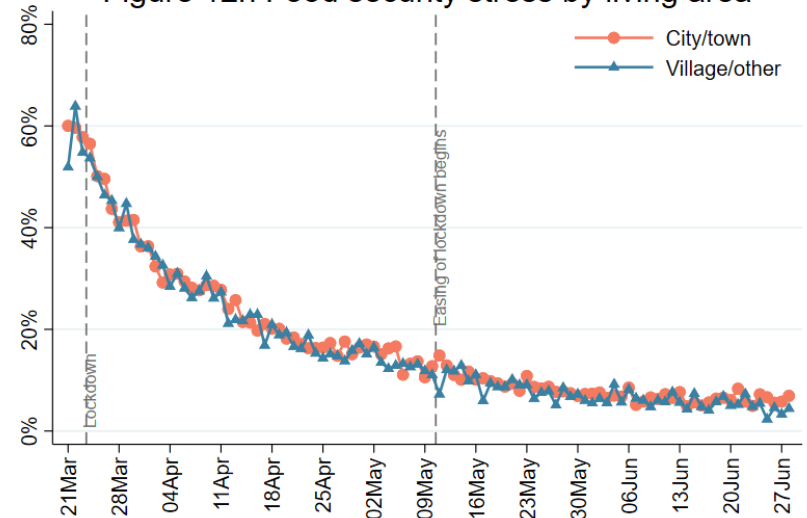
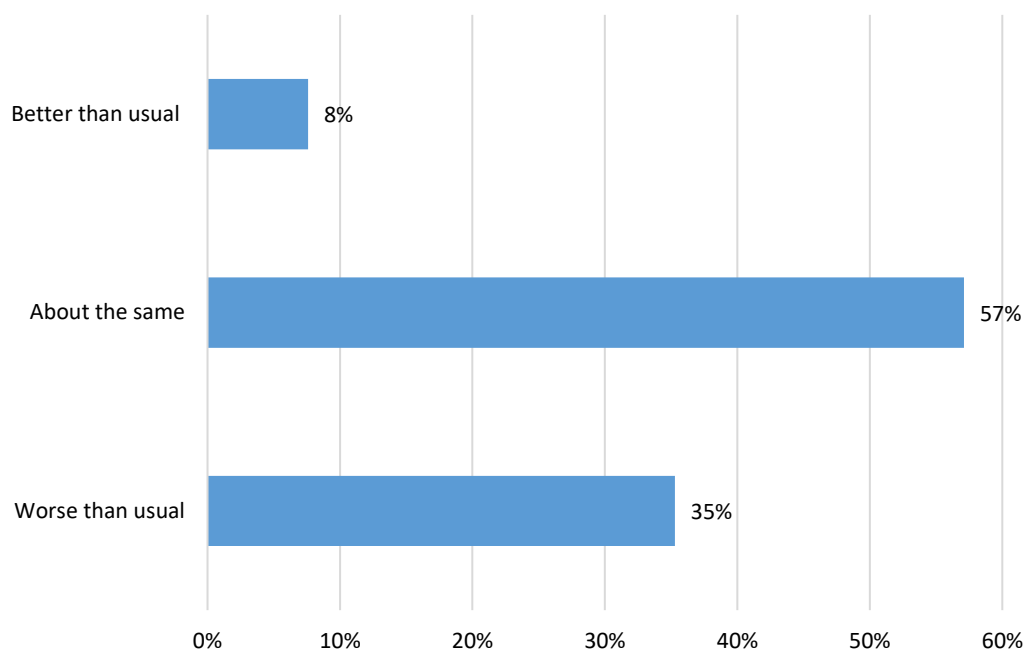


Figure 12h Food security stress by living area



2.3 Changes in mental health

Figure S4 Changes in mental health



FINDINGS

We asked participants how they felt their mental health across the last 3 months has compared to usual before Covid-19. These results are presented as Supplementary graphs in this report (Figure S4 above and figures S5 below).

57% of participants reported that they feel their mental health has been about the same, and 8% actually report it being better than usual. But 35% of adults report that it has been worse than usual.

Older adults have felt most consistent in their mental health, as have people without a mental health condition, and people living in rural locations. Younger adults and people with a diagnosed mental illness have been most likely to find their mental health better than usual and worse than usual, with more than half of both groups finding their mental health worse than usual but over 10% reporting improvements. Nearly 40% of keyworkers have reported that their mental health is worse than usual, and 42% of adults with children compared to 33% of adults without children have reported worsening of symptoms.

Figure S5a Changes in mental health by age groups

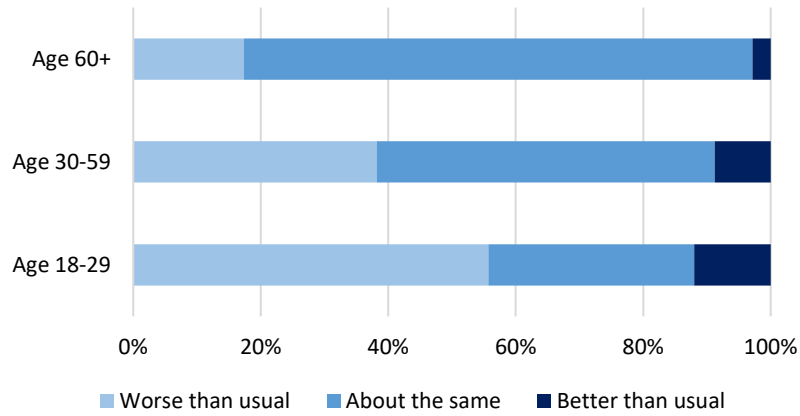


Figure S5b Changes in mental health by living arrangement

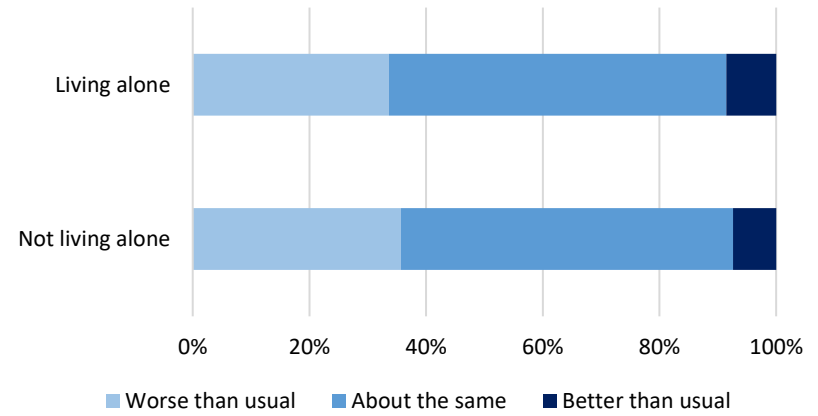


Figure S5c Changes in mental health by household income

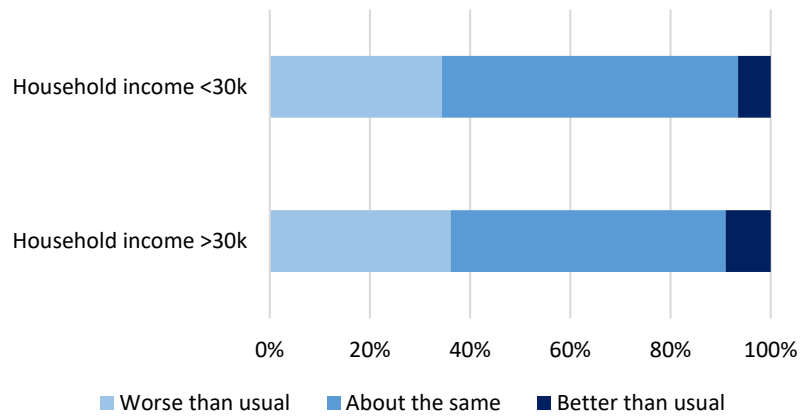


Figure S5d Changes in mental health by mental health diagnosis

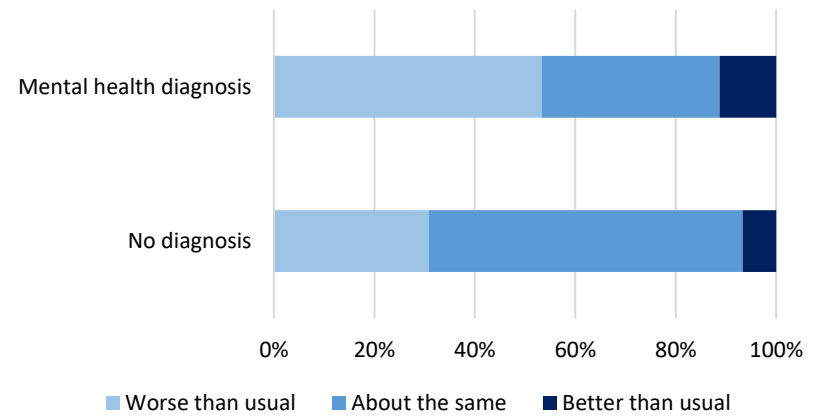


Figure S5e Changes in mental health by nations

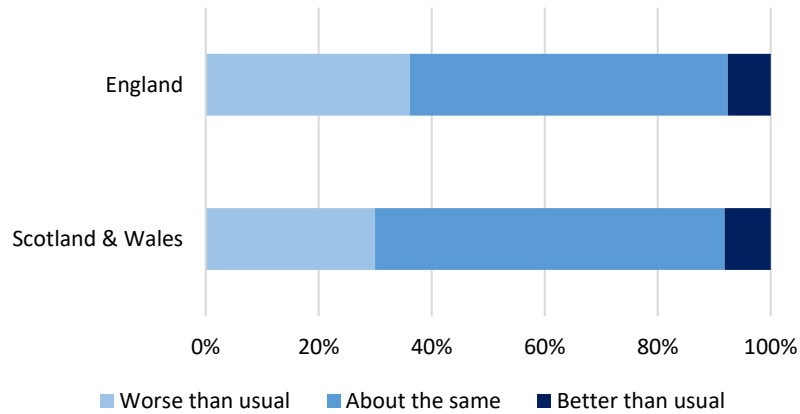


Figure S5f Changes in mental health by keyworker status

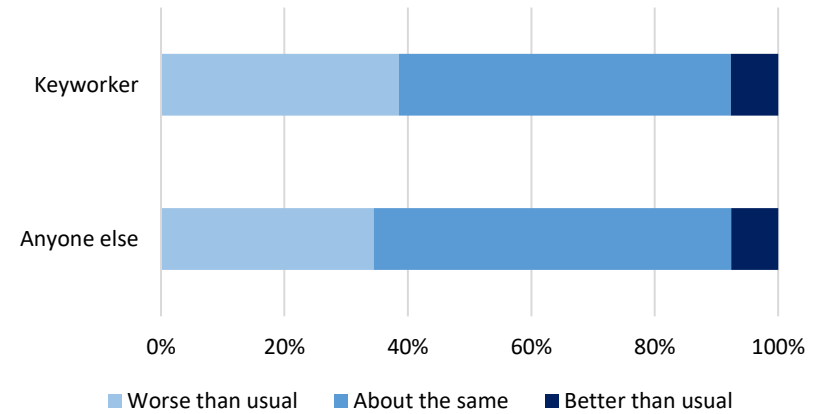


Figure S5g Changes in mental health by living with children

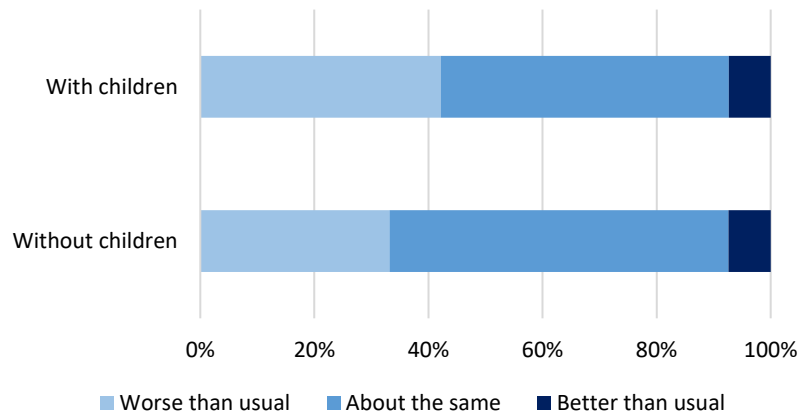
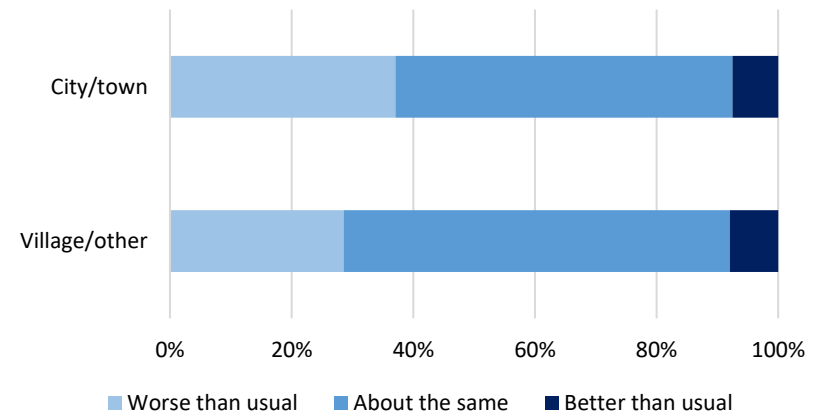
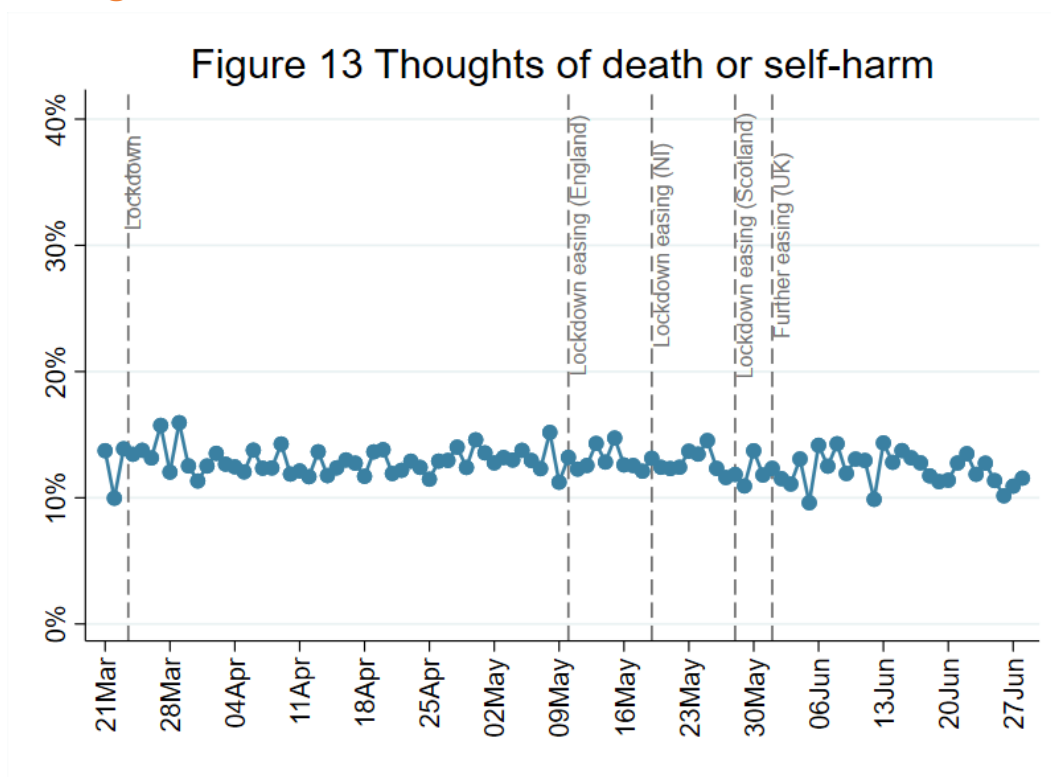


Figure S5h Changes in mental health by living area



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, someone has had “thoughts that you would be better off dead or of hurting yourself in some way”. Responses are on a 4-point scale ranging from “not at all” to “nearly every day”. We focused on any response that indicated having such thoughts.

There continues to be no clear change in thoughts of death since the easing of lockdown was announced. Percentages of people having thoughts of death or self-harm have been relatively stable throughout the past 14 weeks. They remain higher amongst younger people, those with a lower household income, and people with a diagnosed mental health condition. They are also higher in people living alone and those living in urban areas.

Figure 14a Thoughts of death by age groups

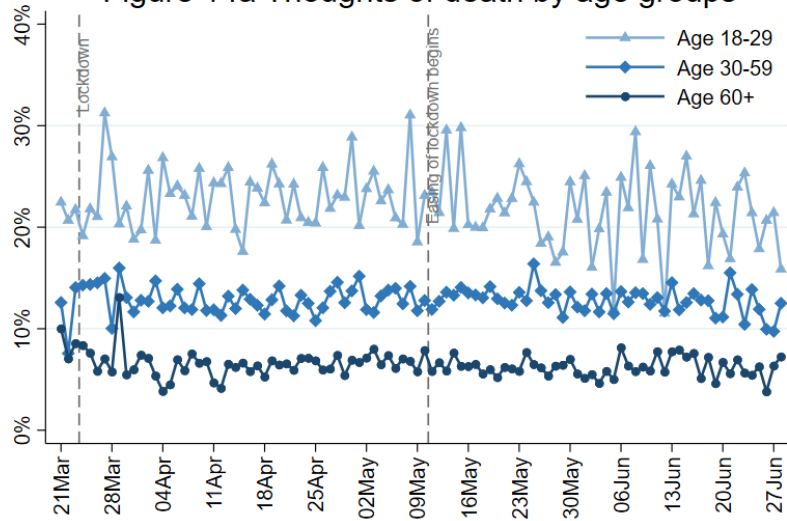


Figure 14b Thoughts of death by living arrangement

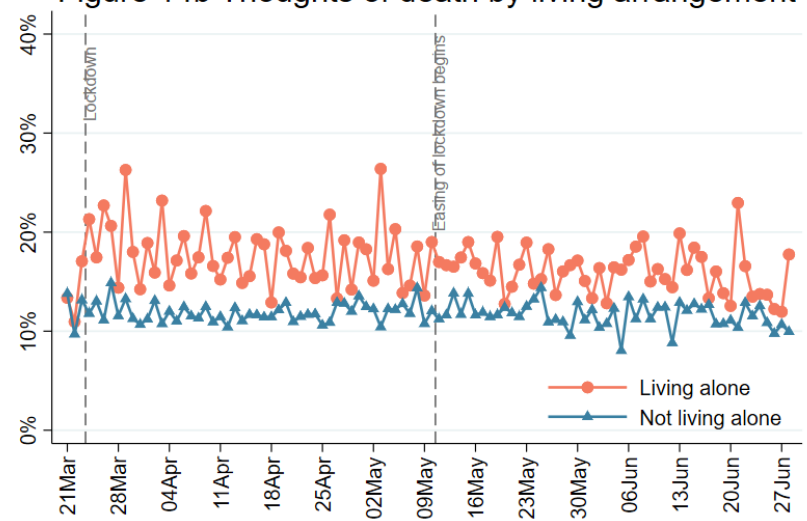


Figure 14c Thoughts of death by household income

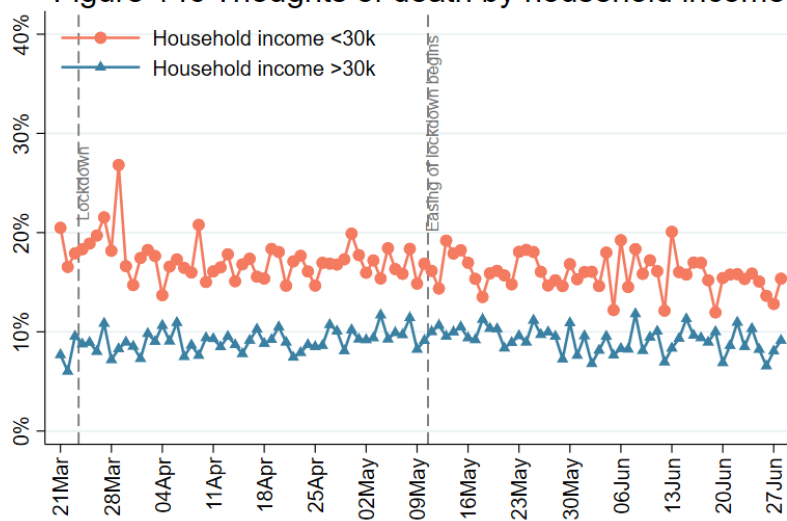


Figure 14d Thoughts of death by mental health diagnosis

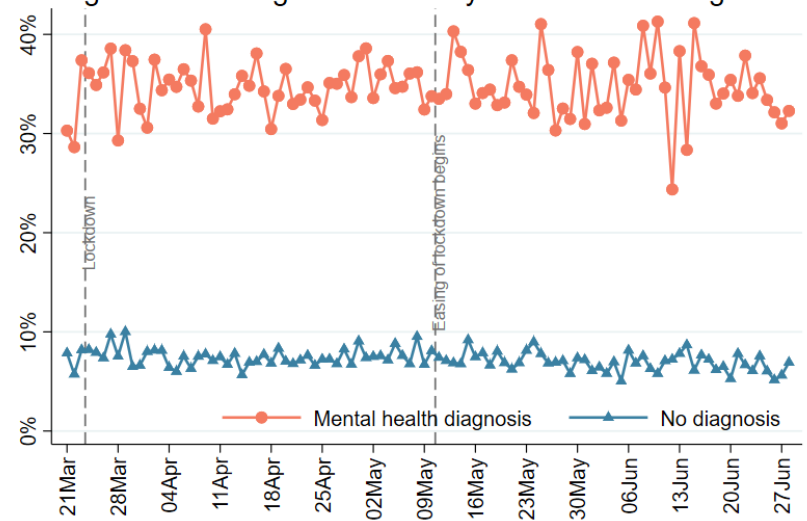


Figure 14e Thoughts of death by nations

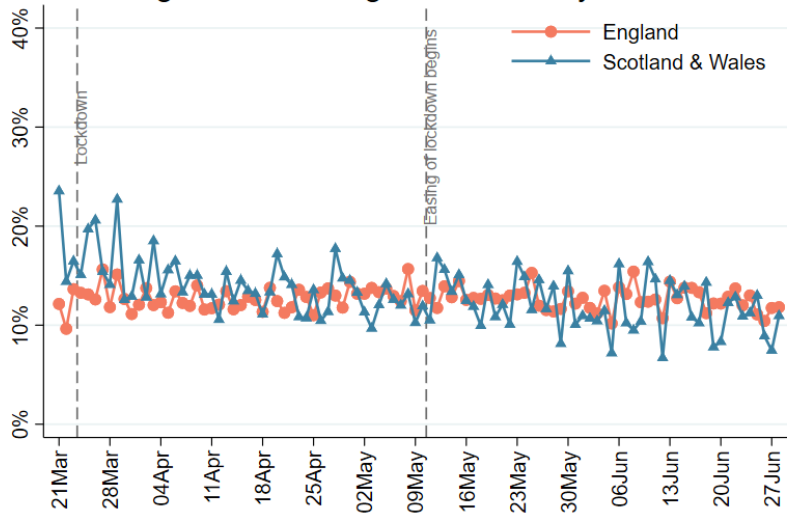


Figure 14f Thoughts of death by keyworker status

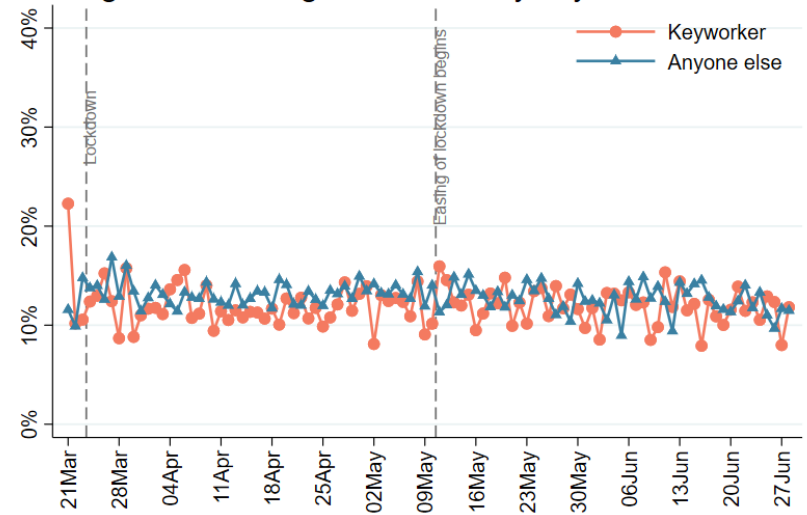


Figure 14g Thoughts of death by living with children

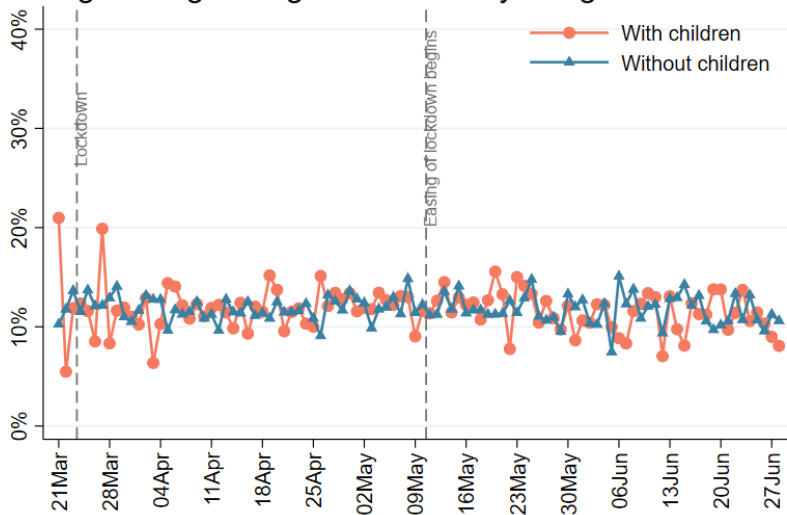
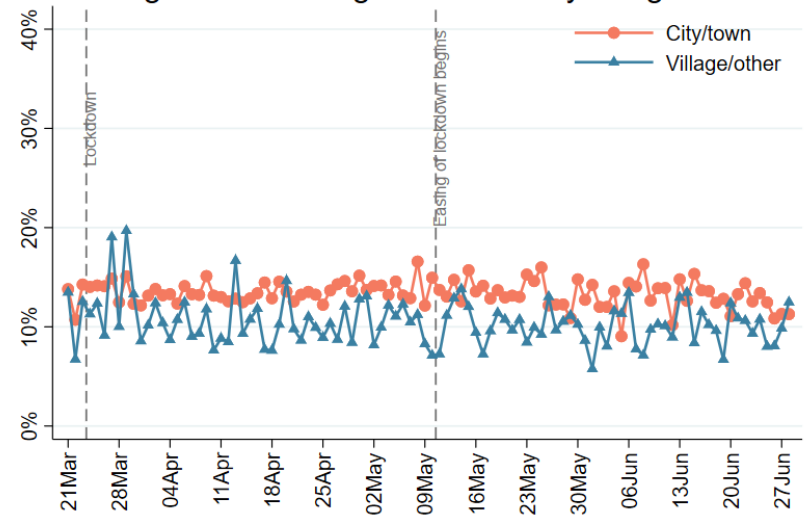
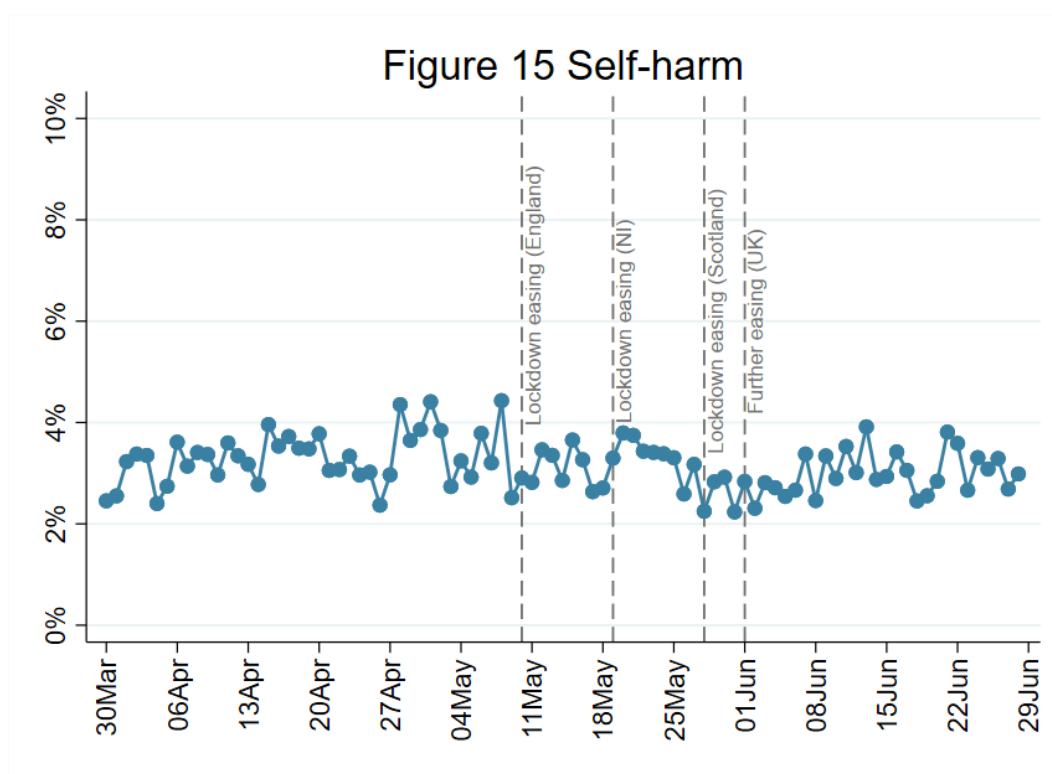


Figure 14h Thoughts of death by living area



3.2 Self-harm



FINDINGS

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

Self-harm has remained relatively stable since the easing of lockdown was announced. Consistently across lockdown, self-harm has been reported to be higher amongst younger adults, those with lower household income, and those with a diagnosed mental health condition. It is also slightly higher amongst people living in urban areas.

It should be noted that not all people who self-harm will necessarily report it, so these levels are anticipated to be an under-estimation of actual levels.

Figure 16a Self-harm by age groups

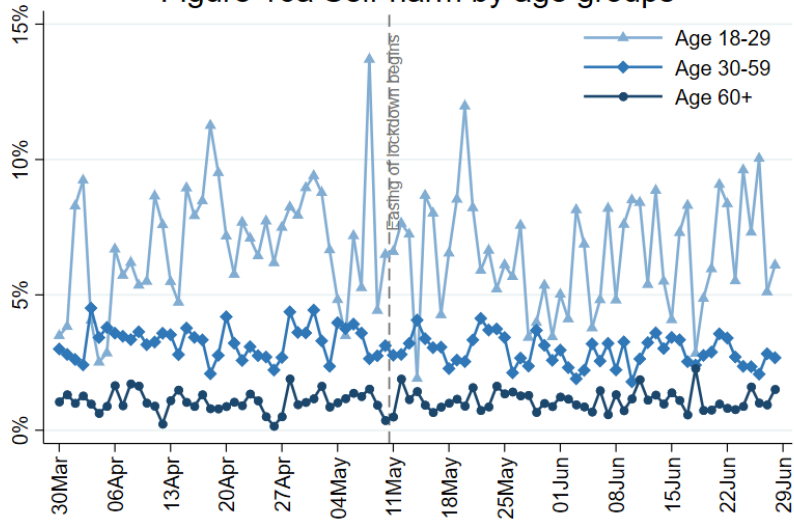


Figure 16b Self-harm by living arrangement

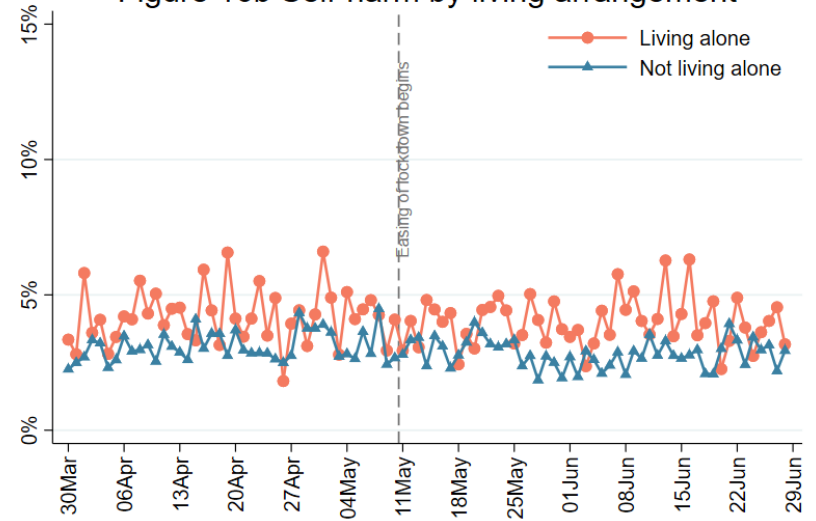


Figure 16c Self-harm by household income

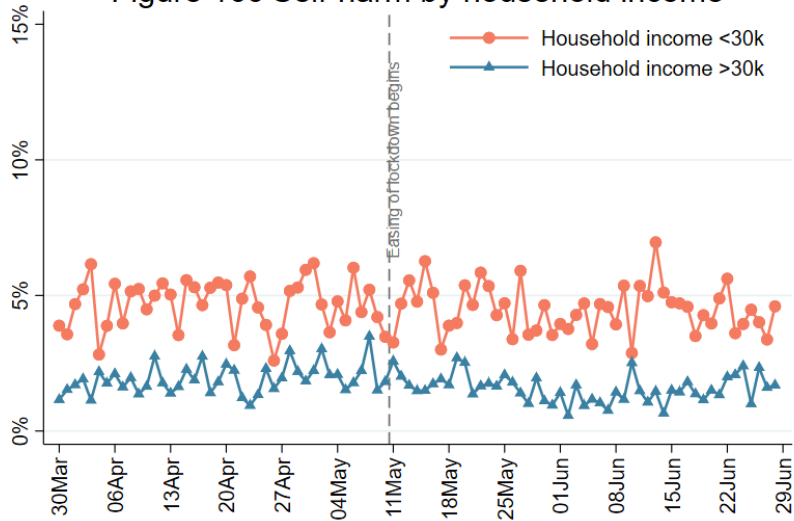


Figure 16d Self-harm by mental health diagnosis

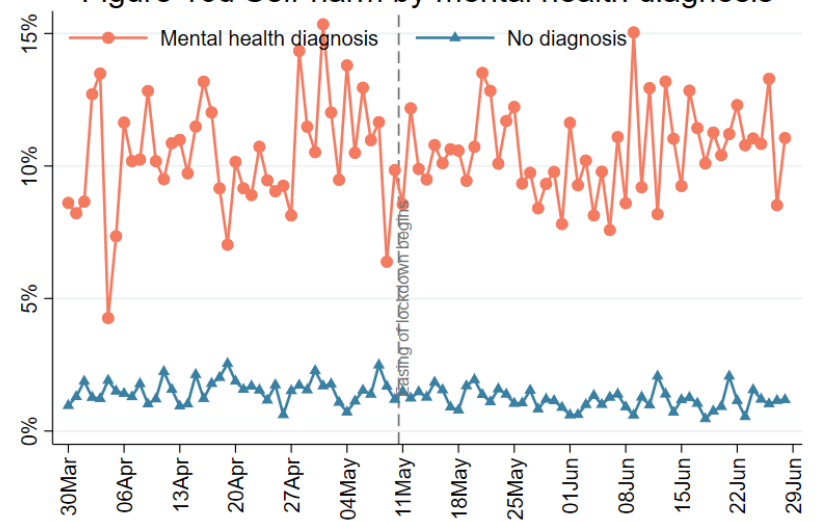


Figure 16e Self-harm by nations

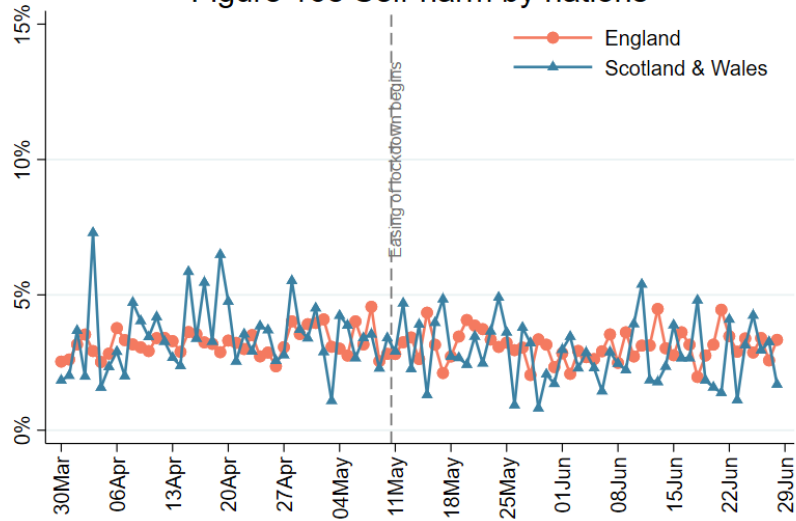


Figure 16f Self-harm by keyworker status

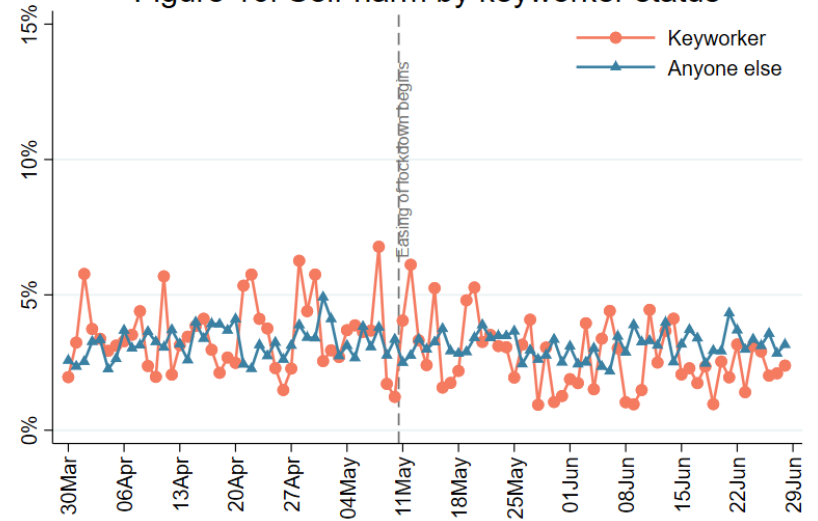


Figure 16g Self-harm by living with children

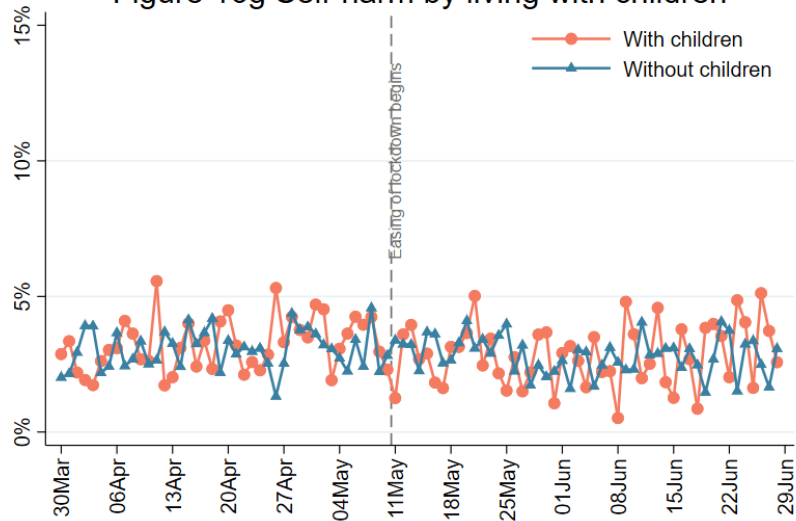
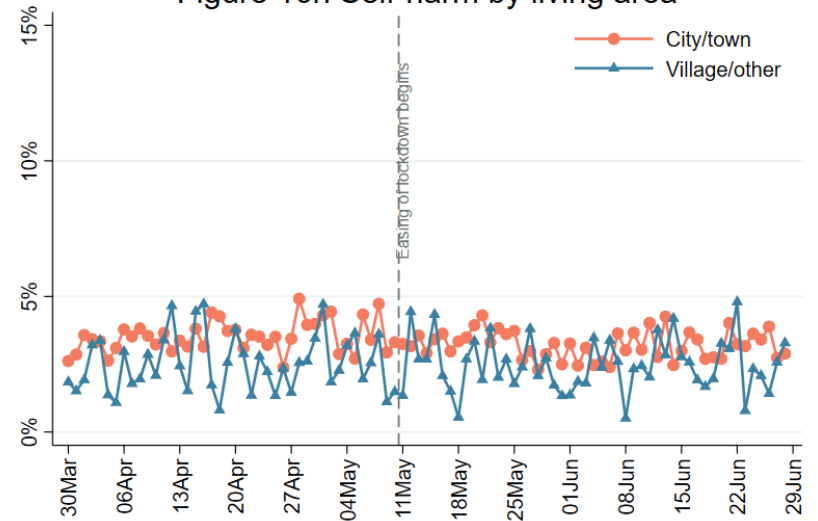
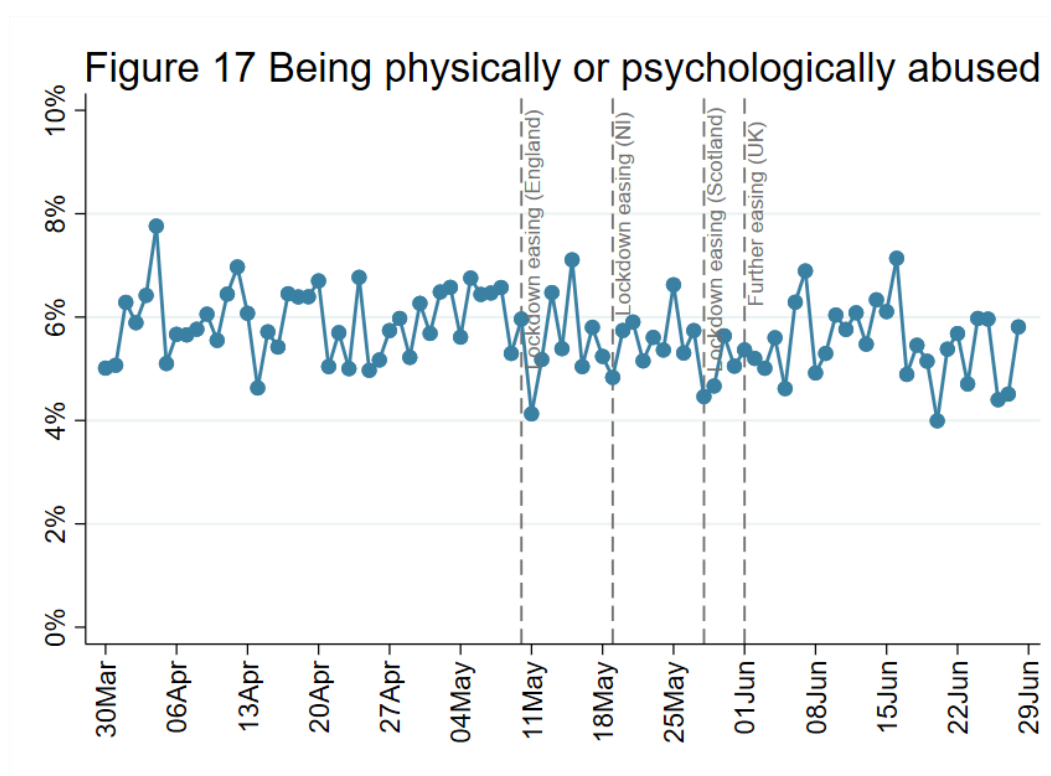


Figure 16h Self-harm by living area



3.3 Abuse



FINDINGS

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

Abuse has remained relatively stable since the easing of lockdown was announced. Abuse has been reported to be higher amongst adults under the age of 60, those with lower household income and those with existing mental health conditions. It is also slightly higher in people living with children compared to those living with just other adults.

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

Figure 18a Abuse by age groups

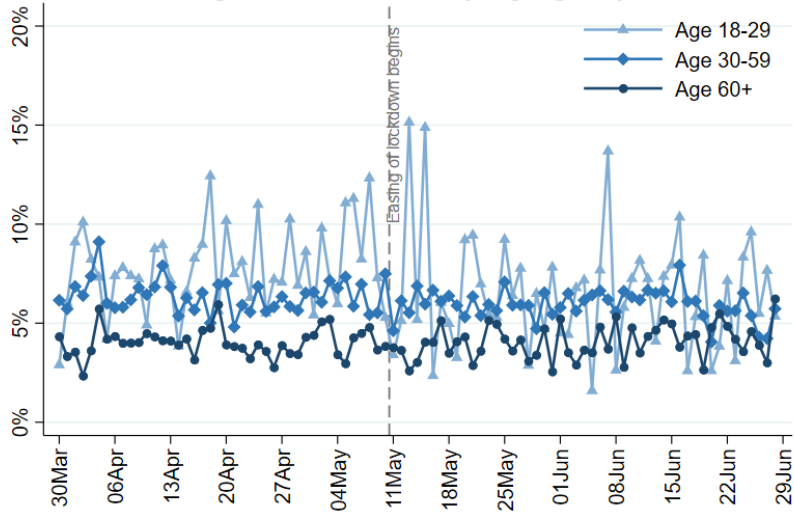


Figure 18b Abuse by living arrangement

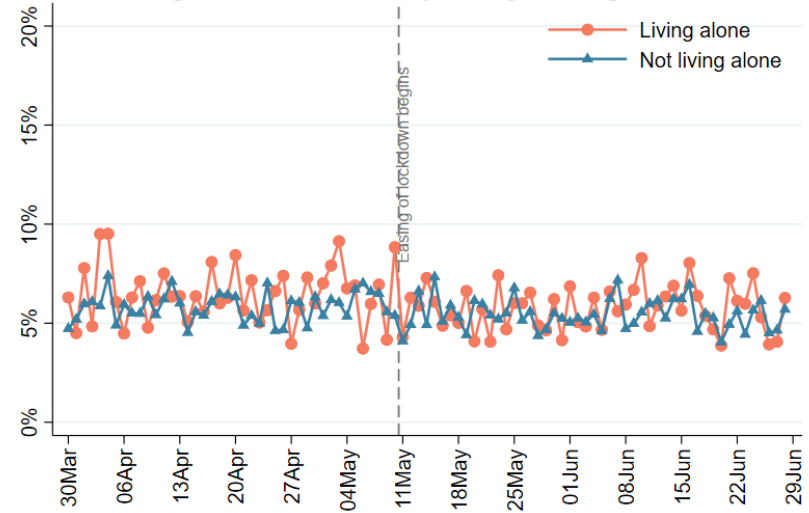


Figure 18c Abuse by household income

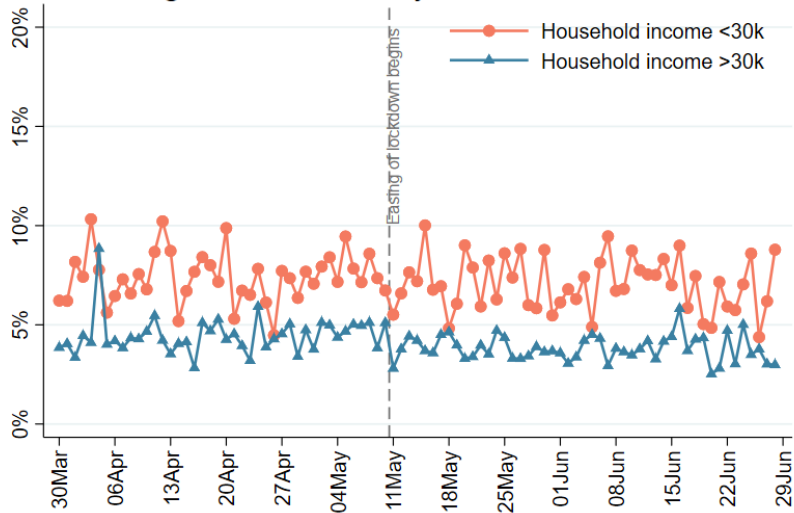


Figure 18d Abuse by mental health diagnosis

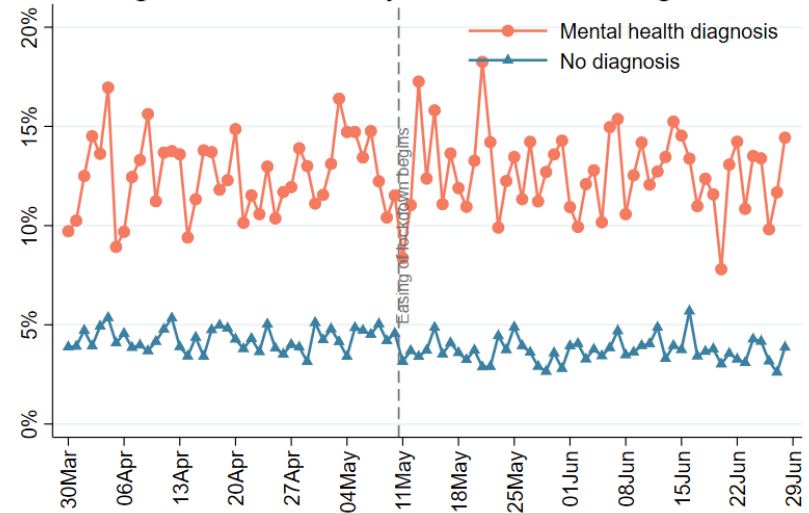


Figure 18e Abuse by nations

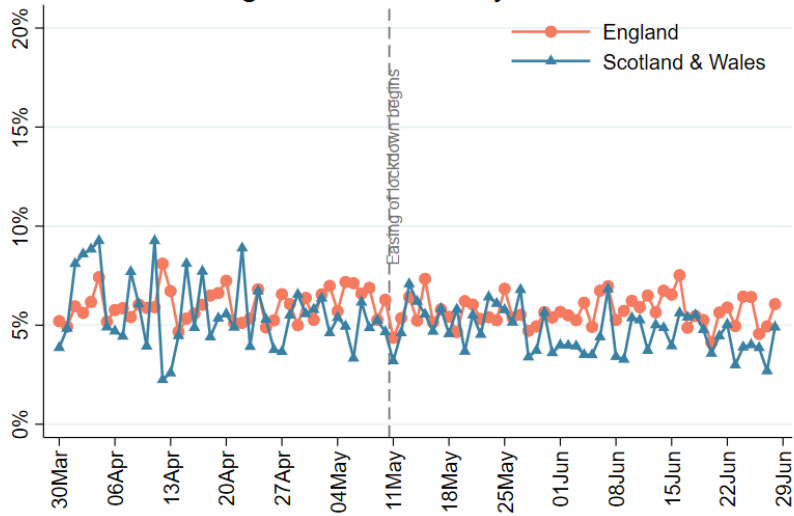


Figure 18f Abuse by keyworker status

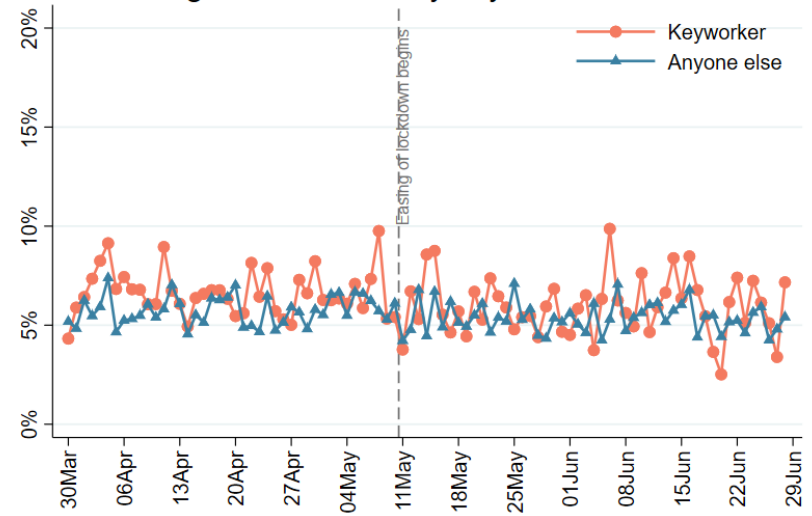


Figure 18g Abuse by living with children

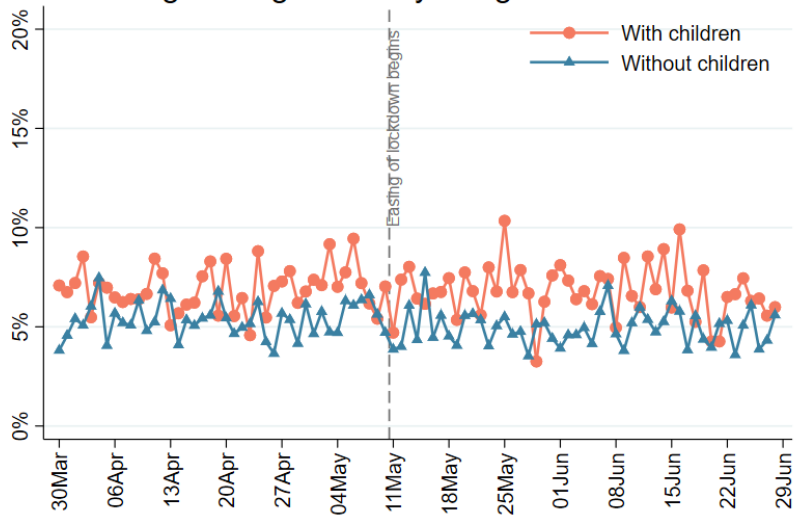
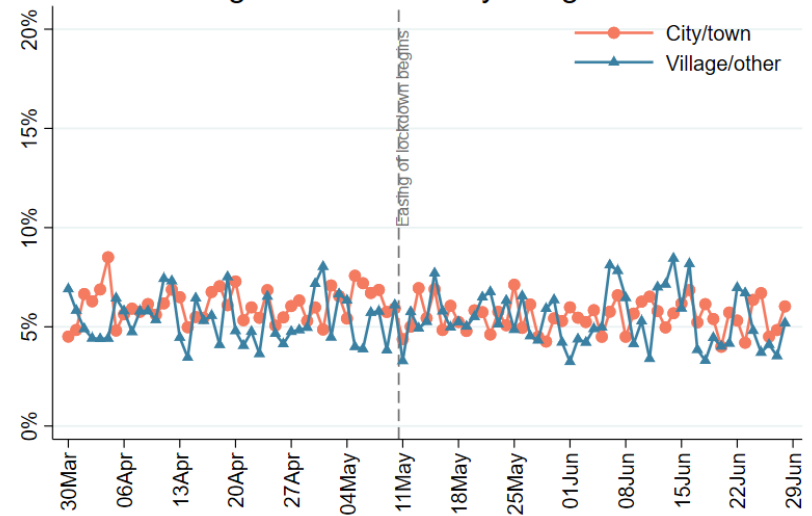
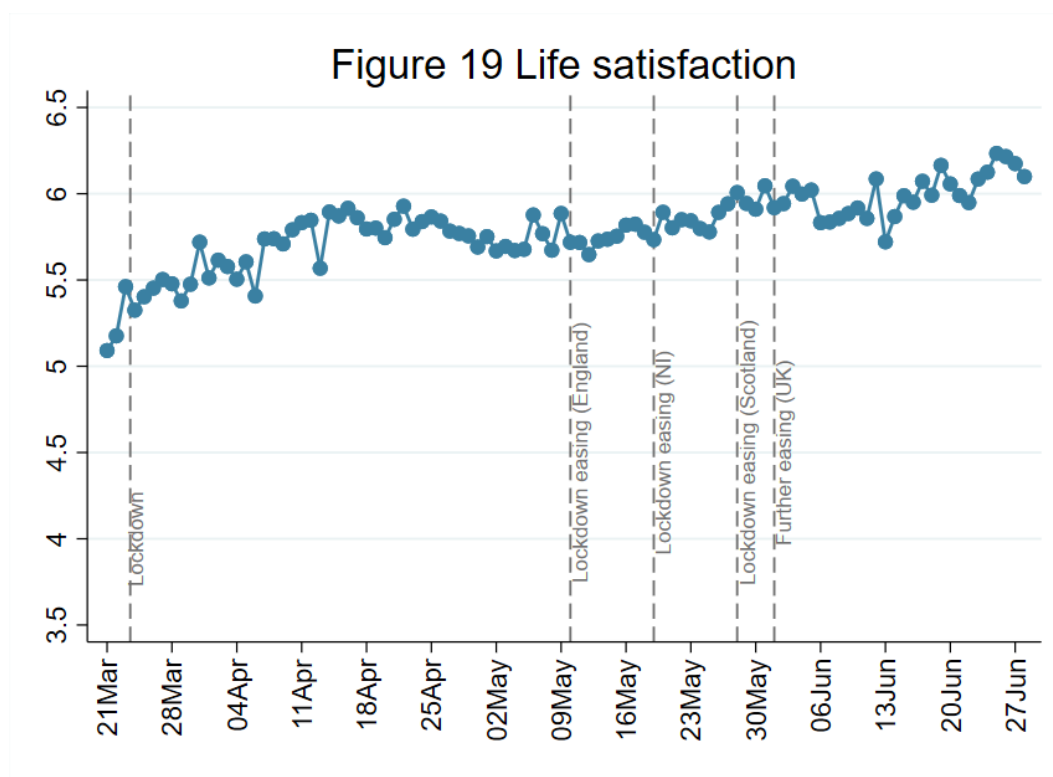


Figure 18h Abuse by living area



4. General well-being

4.1 Life satisfaction



FINDINGS

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

Life satisfaction has improved further in the past two weeks. These rises are apparent amongst adults with and without a diagnosed mental illness and most notably in younger adults. Whilst it was lower amongst people with children during lockdown, this difference has disappeared as lockdown has eased. It remains lowest in younger adults, people living alone, people with lower household income, people with diagnosed mental health conditions, and people living in urban areas. But it is similar across UK nations and amongst key workers.

Life satisfaction is still noticeably lower than for the past 12 months (where usual averages are around 7.7), and wellbeing more generally appears to have decreased substantially in the weeks preceding lockdown⁴.

⁴ 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

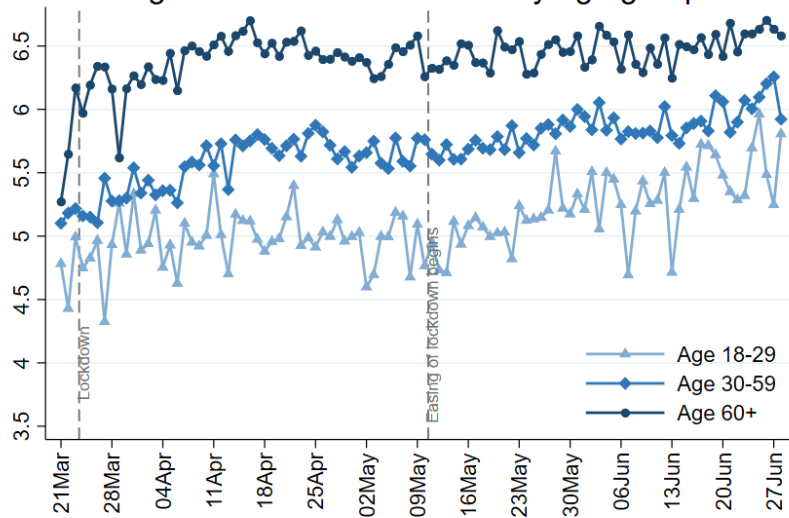


Figure 20b Life satisfaction by living arrangement

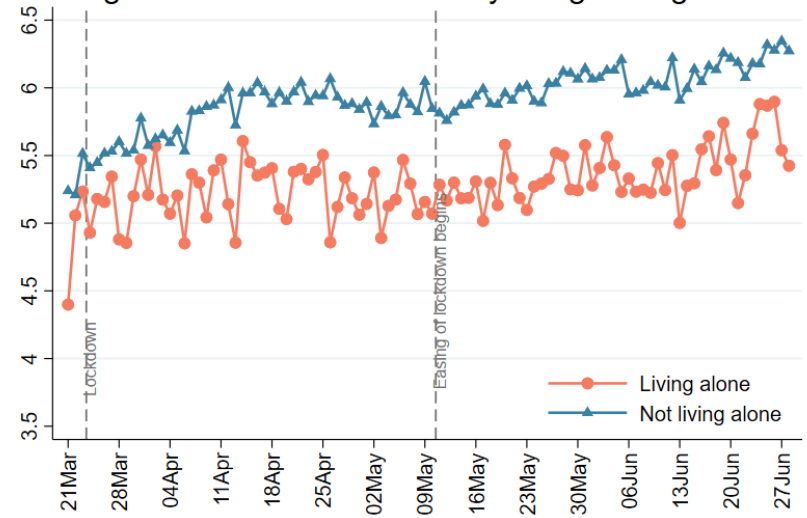


Figure 20c Life satisfaction by household income

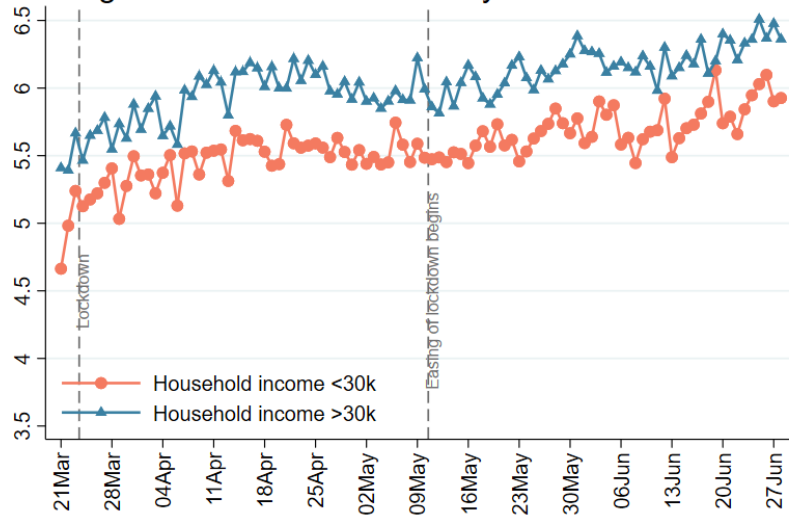


Figure 20d Life satisfaction by mental health diagnosis

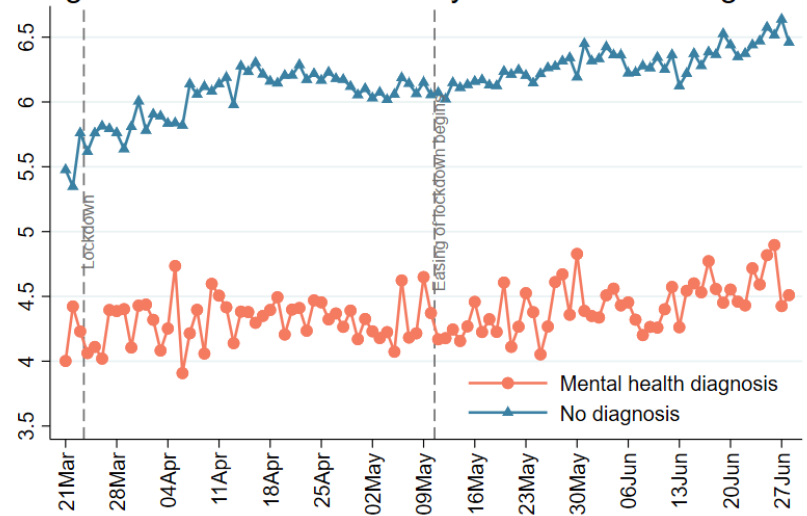


Figure 20e Life satisfaction by nations

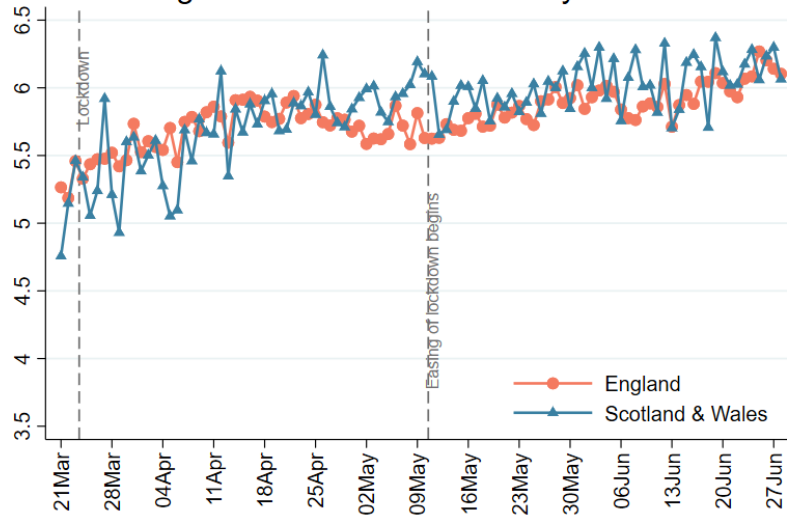


Figure 20f Life satisfaction by keyworker status

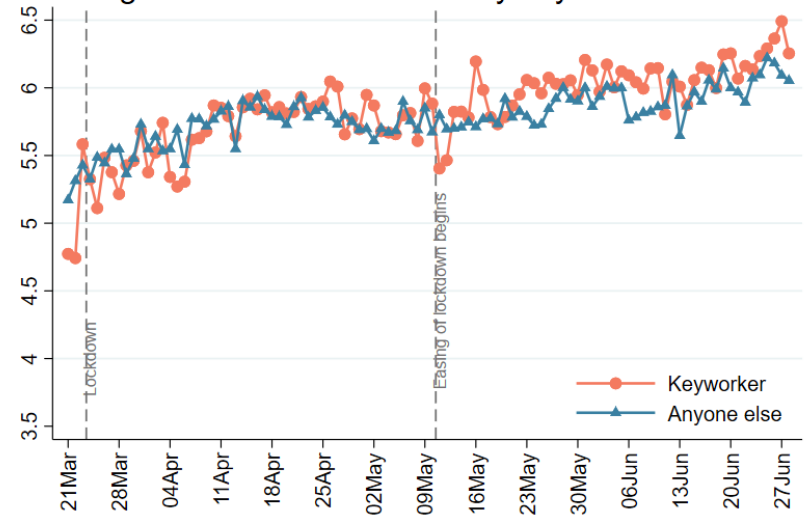


Figure 20g Life satisfaction by living with children

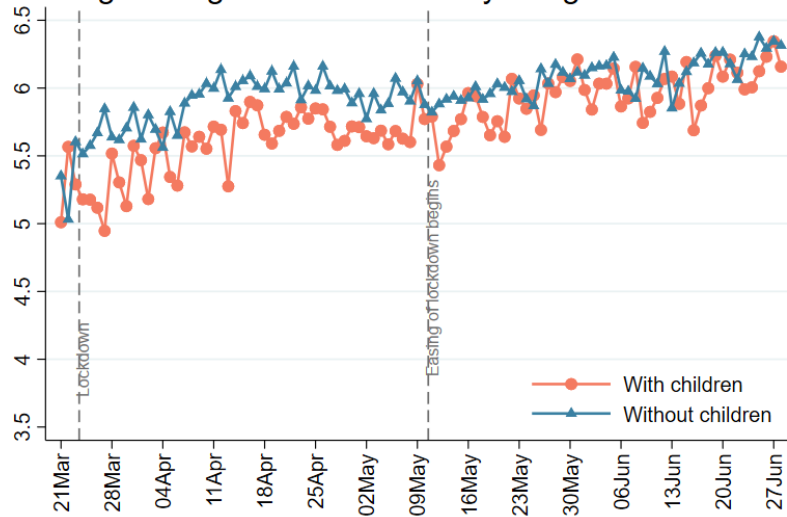
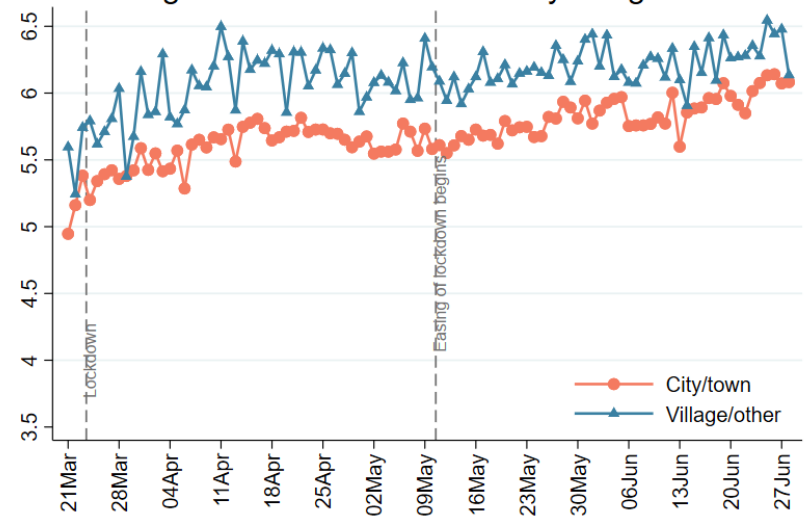
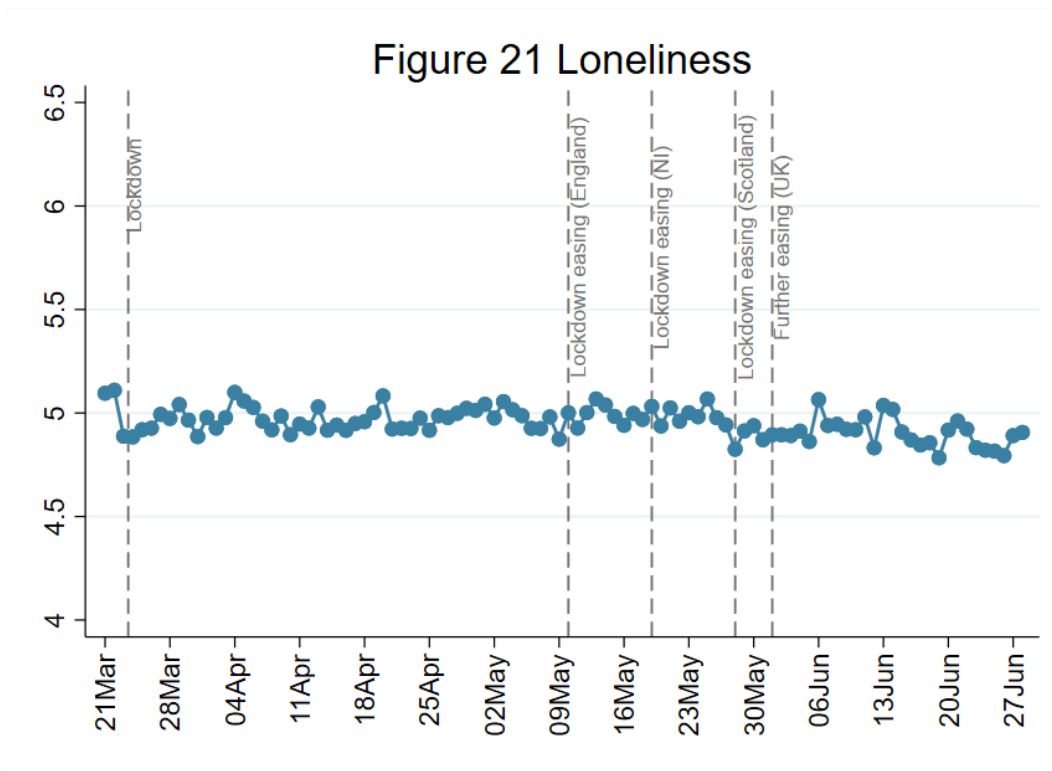


Figure 20h Life satisfaction by living area



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 are slightly lower than they were 6 weeks ago but there have not been any meaningful changes compared to the start of lockdown, with average levels of 4.8 compared with 5 on a scale from 3-9. This is notable given that opportunities for socialising in person are now greater than over the past 14 weeks.

Levels of loneliness are still higher amongst younger adults, those with lower household income levels, and those with an existing diagnosed mental health condition. They are higher amongst people with children, and people living in urban areas.

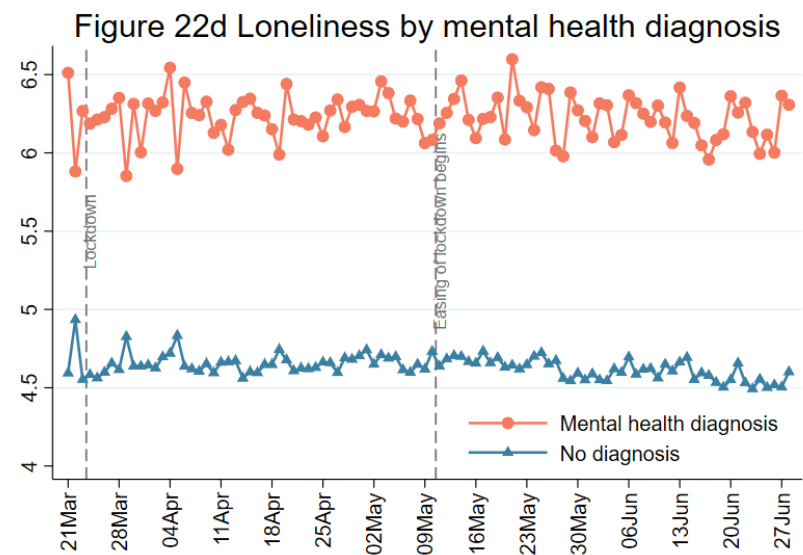
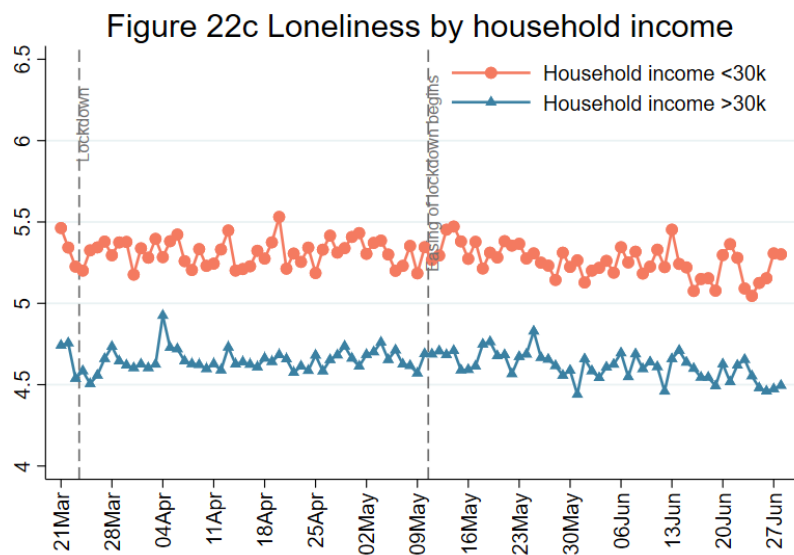
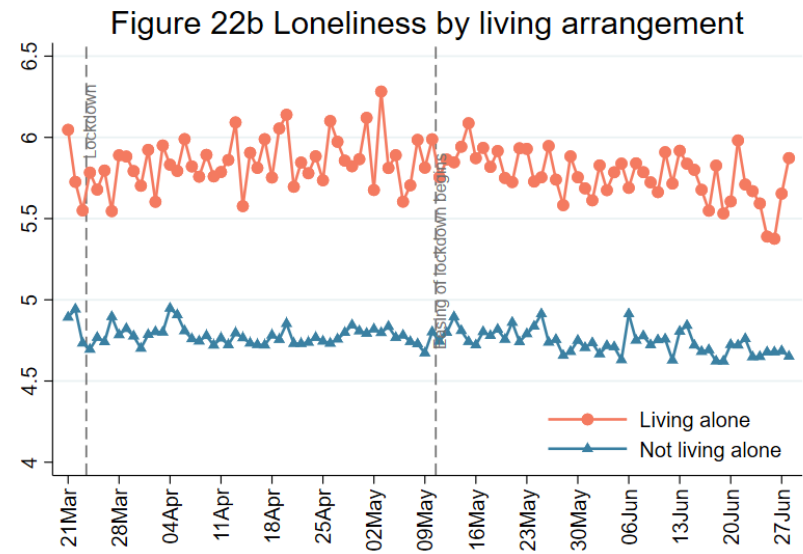
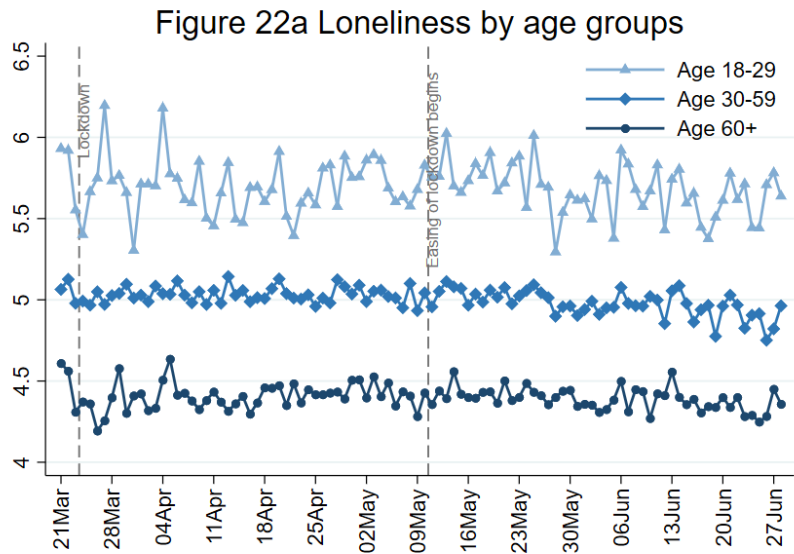


Figure 22e Loneliness by nations

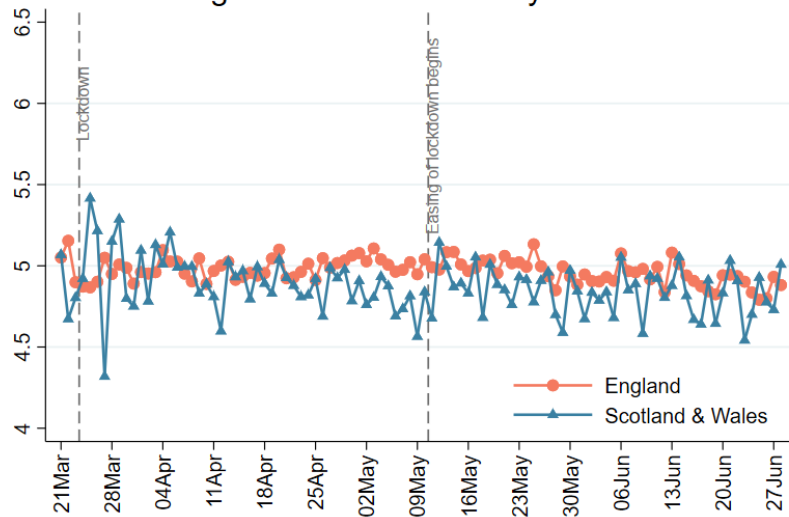


Figure 22f Loneliness by keyworker status

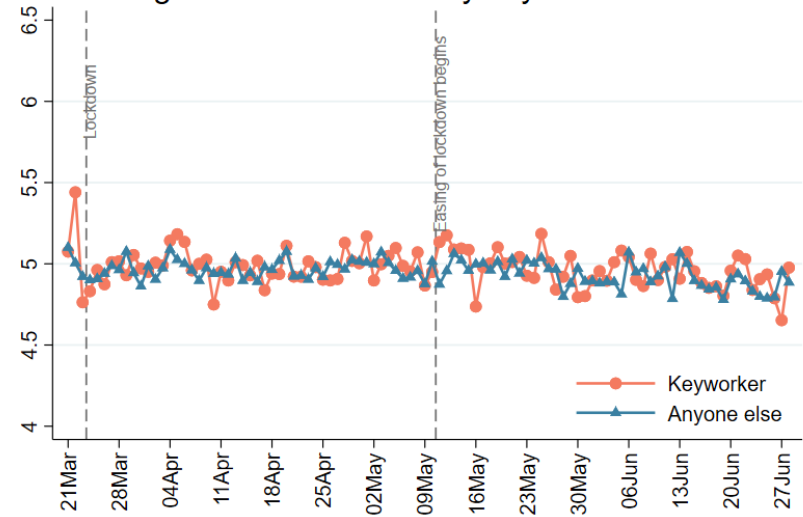


Figure 22g Loneliness by living with children

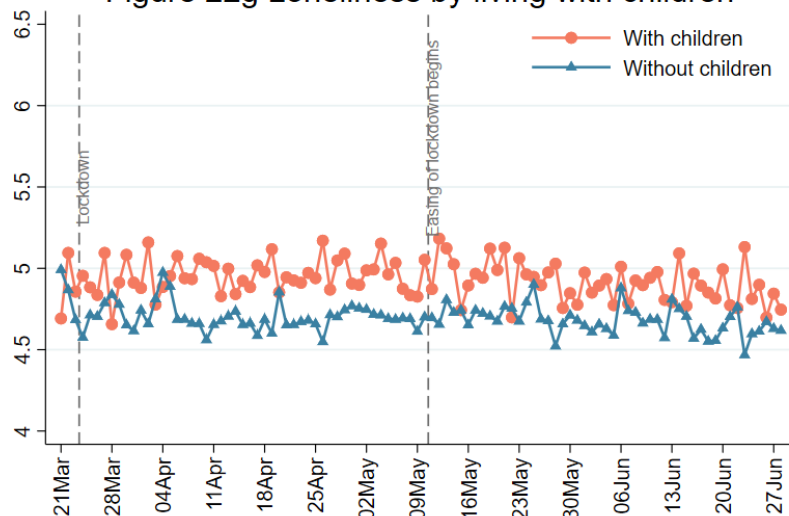
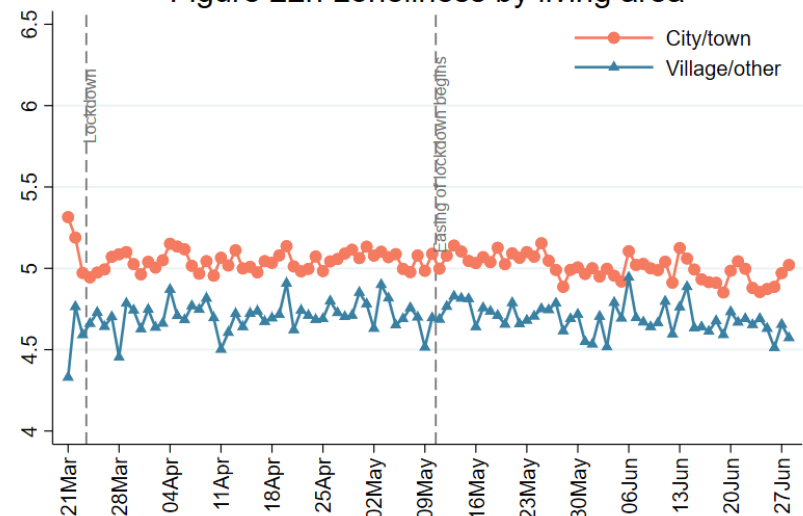
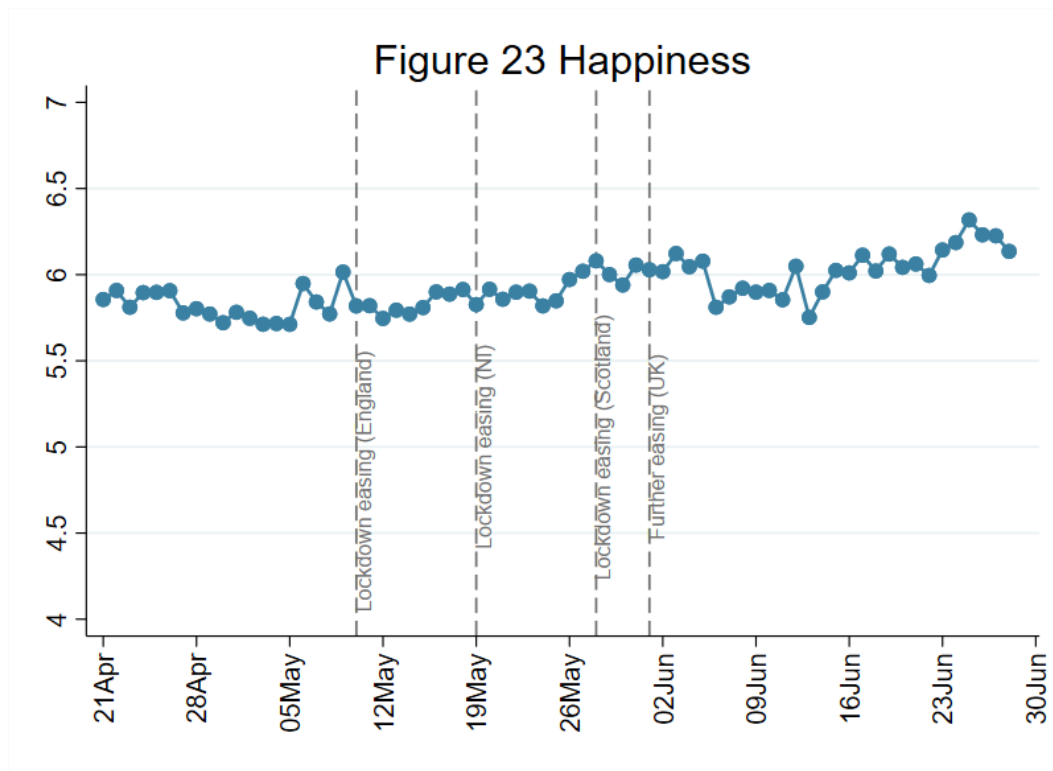


Figure 22h Loneliness by living area



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 further in the past week, most obviously in adults aged 18-29. Nevertheless, happiness levels have been lowest across lockdown amongst younger adults, those living alone, those with lower household income, people with diagnosed mental health conditions, and people living in urban areas.

Figure 24a Happiness by age groups

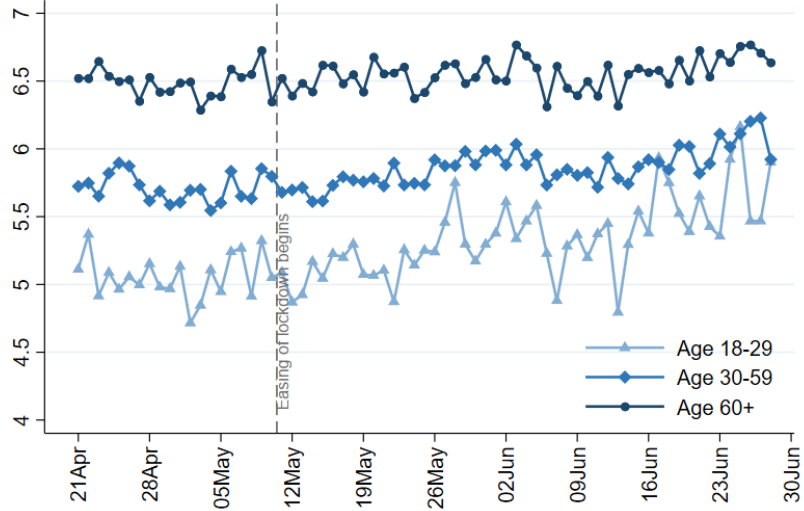


Figure 24b Happiness by living arrangement

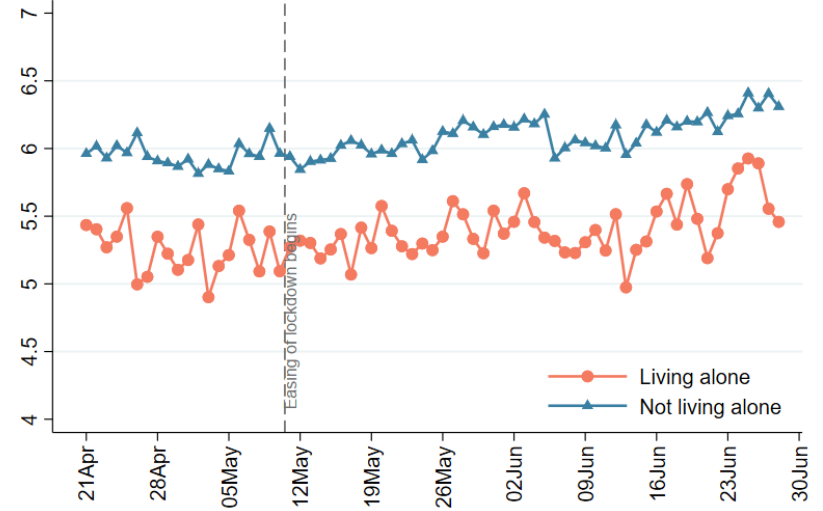


Figure 24c Happiness by household income

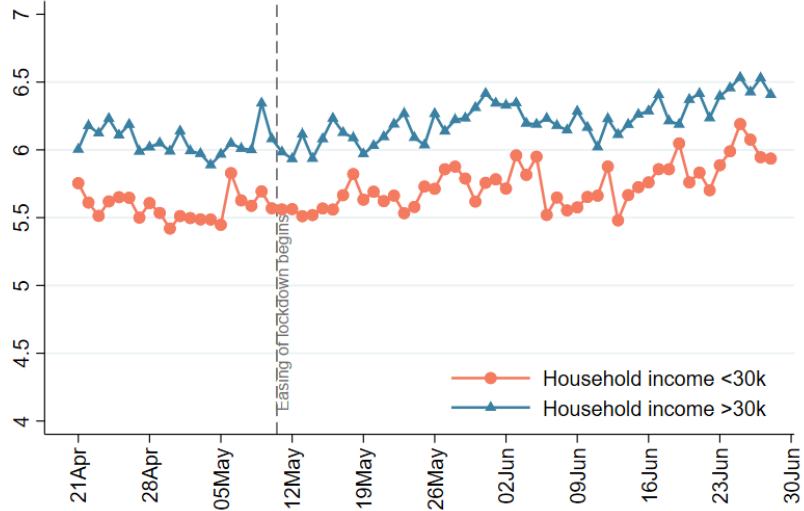


Figure 24d Happiness by mental health

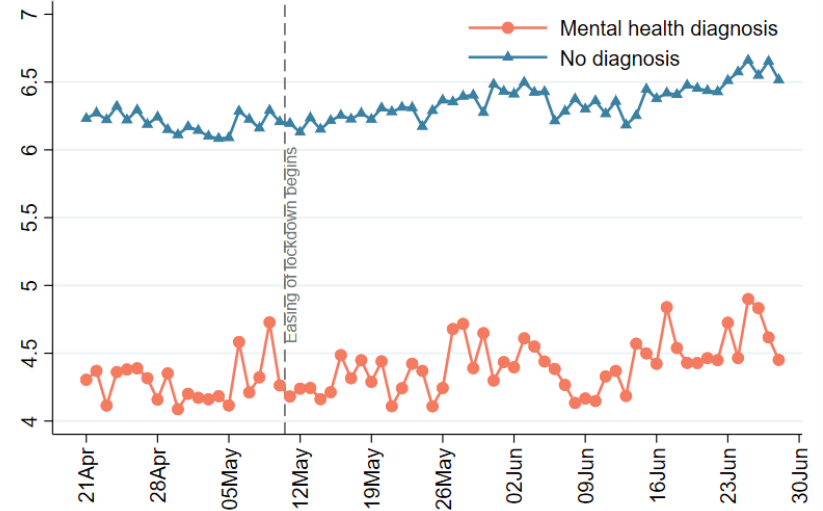


Figure 24e Happiness by nations

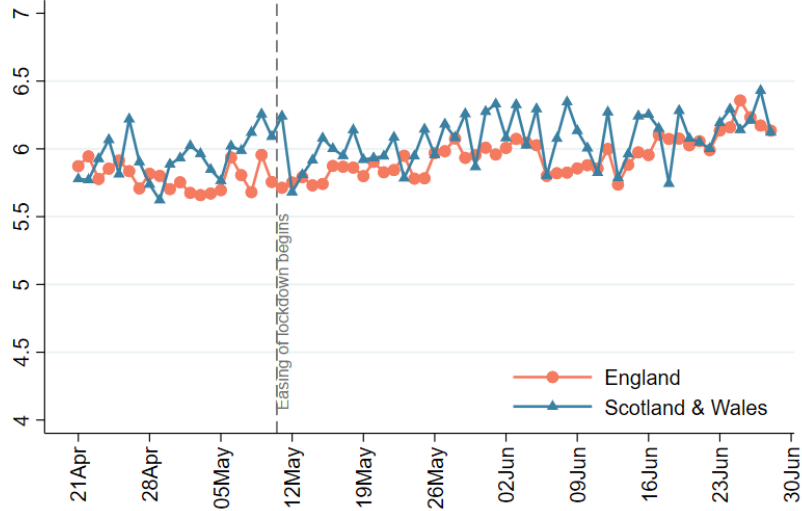


Figure 24f Happiness by keyworker status

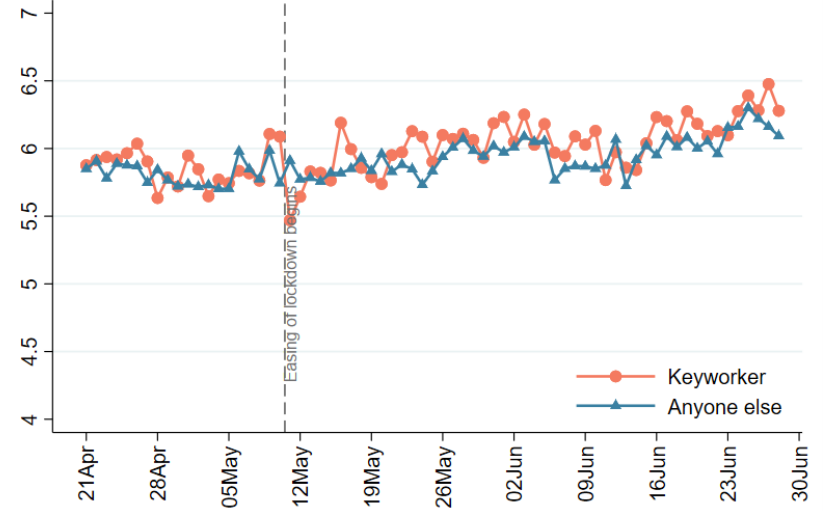


Figure 24g Happiness by living with children

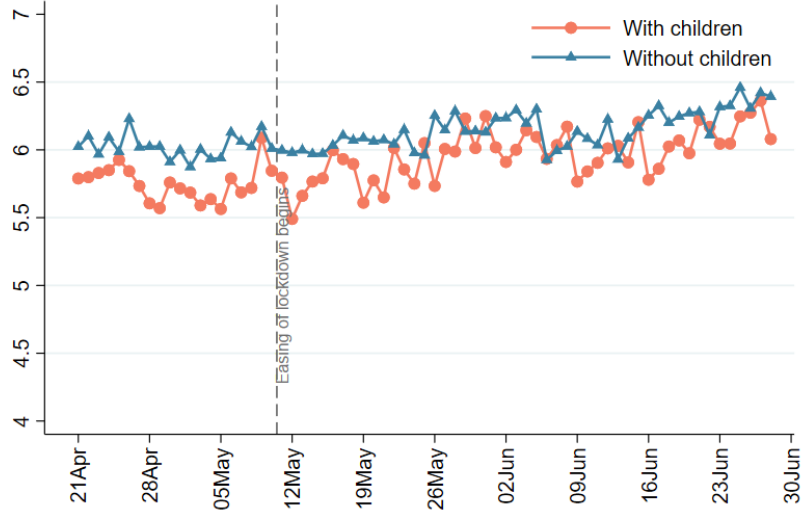
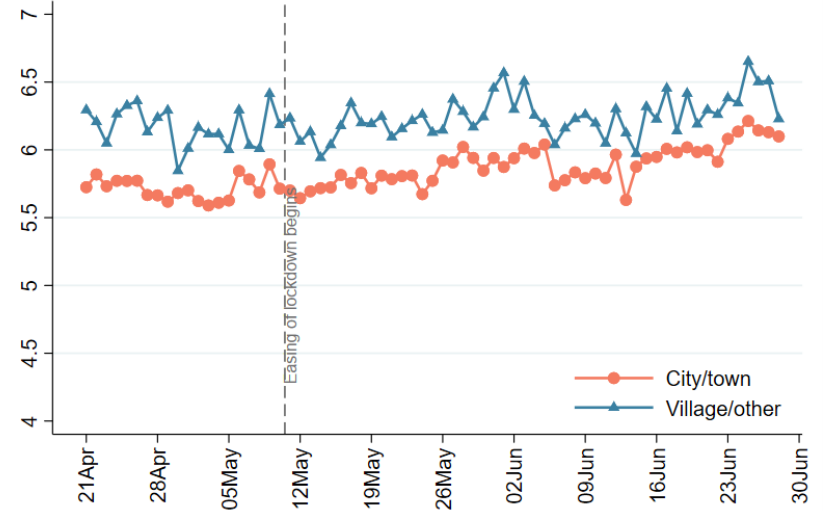


Figure 24h Happiness by living area



5. Ethnicity

This week we focus in detail on differences in psychological and social experiences across the Covid-19 pandemic by ethnicity. Over 4,500 individuals from Black, Asian and minority ethnic (BAME) backgrounds have taken part in the study to date, contributing over 20,000 surveys. Whilst we lack the statistical power to look day-to-day at experiences as we do for other demographic groups, we have undertaken analyses of every major outcome from this report showing patterns by week (Figures 25a-r). In these analyses, we compare the experiences for adults from white ethnic groups with those from BAME groups. Future analyses in scientific papers will seek to disaggregate further and explore the experiences of more specific ethnic groups.

People from BAME backgrounds have had poorer experiences across nearly every measure in our study. In relation to mental health, people from BAME backgrounds have had higher levels of depression and anxiety across the pandemic, and lower levels of happiness and life satisfaction. For nearly half of people from BAME backgrounds, this experience of mental health has been worse than prior to Covid-19, compared to just over a third of people from white ethnic backgrounds. Further, whilst 17% of people from white backgrounds have reported being often lonely during lockdown, this figure has been 23% amongst those from BAME backgrounds (35% higher).

Although thoughts of death have affected fewer than 15% of people, the number of reports of these thoughts have been a third higher in BAME groups (average of 15-18%) compared to white ethnic groups (average 12-13%). Similarly, although fewer than 5% of people have reported self-harming, these reports have been around 70% higher amongst BAME groups (4-7% reporting self-harming compared to 3-4%). Although fewer than 1 in 10 people have experienced psychological or physical bullying or abuse during lockdown, reports have been around 80% higher amongst BAME groups (average 8-12% reporting each week compared to 5-6% in white ethnic groups).

Individuals from BAME backgrounds have also been more worried about unemployment and financial stress, although worries about catching Covid-19 and access to food have been the same as people from white ethnic groups. When the easing of lockdown in England was announced, 1 in 4 people from BAME groups was concerned about unemployment compared to just 1 in 8 people from white ethnic groups. Confidence in government has been around 14% lower across the lockdown period, confidence in the ability of the health service to cope has been 12% lower, and confidence that essentials will be accessible has been 5% lower.

Finally, majority compliance with government was very similar across early weeks of lockdown, but decreased amongst people from BAME backgrounds shortly after the death of George Floyd when protests took place across the UK, although it has increased since. Complete compliance has been slightly lower (around 10%) amongst BAME groups.

A key question is why we see these inequalities in psychological and social experiences. Differences could be due to ethnic inequalities in the UK, with people from BAME backgrounds being statistically more likely to be in risk categories for adverse experiences during the pandemic, such as having lower levels of household income and poorer baseline mental health. Differences in experiences and inequalities themselves may also be products of individual and systemic racism, an issue highlighted by the Black Lives Matter protests in recent weeks.

Figure 25a Complete compliance by ethnicity

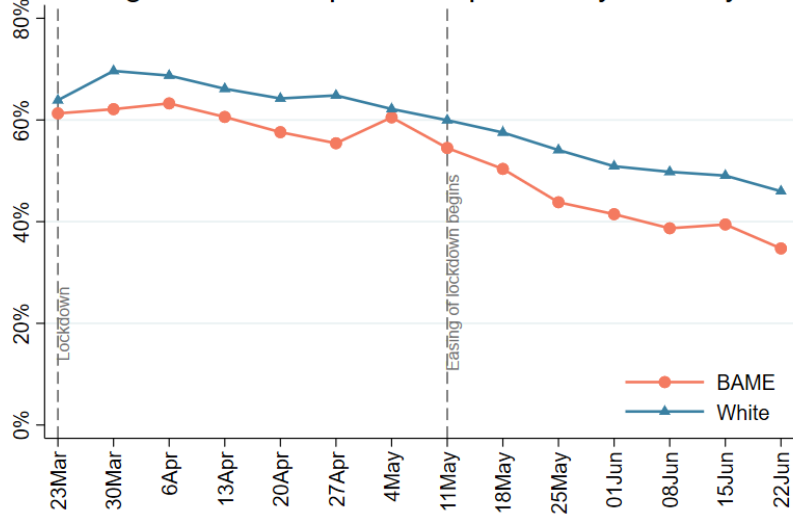


Figure 25b Majority compliance by ethnicity

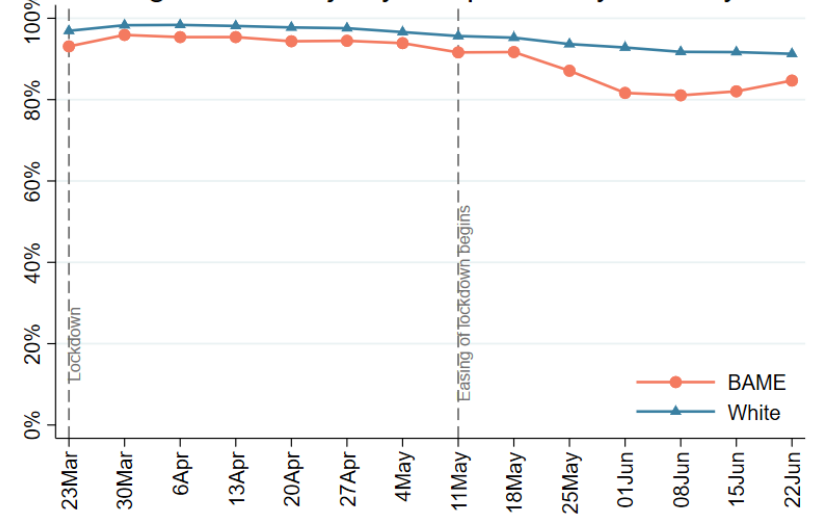


Figure 25c Confidence in government by ethnicity

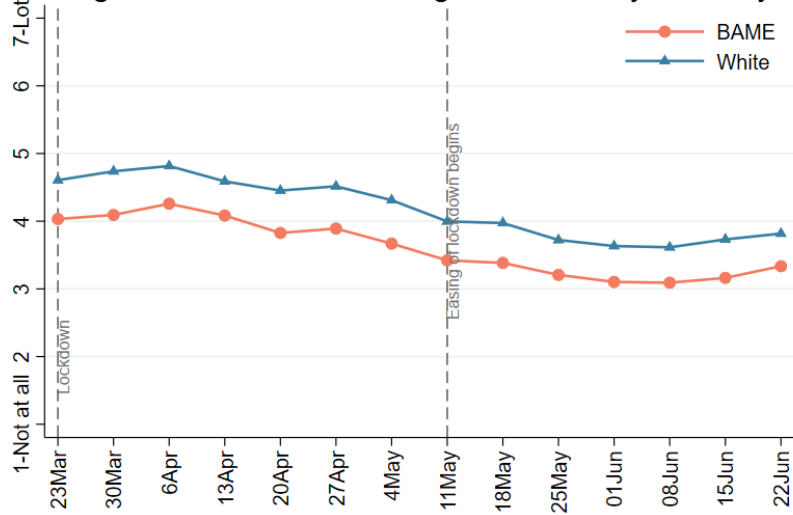


Figure 25d Confidence in health service by ethnicity

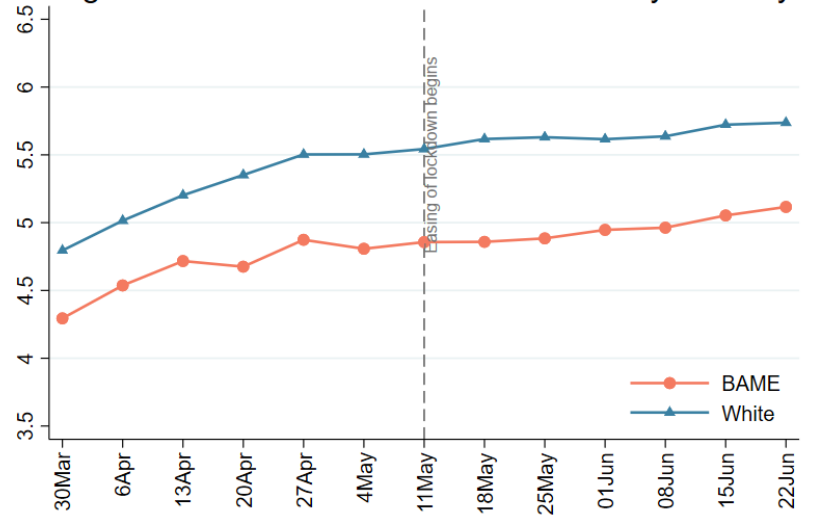


Figure 25e Confidence in essentials by ethnicity

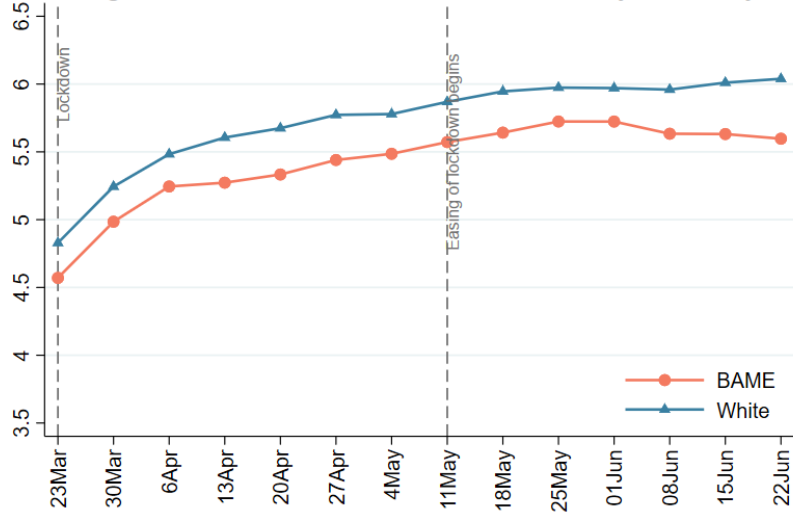


Figure 25f Depression by ethnicity

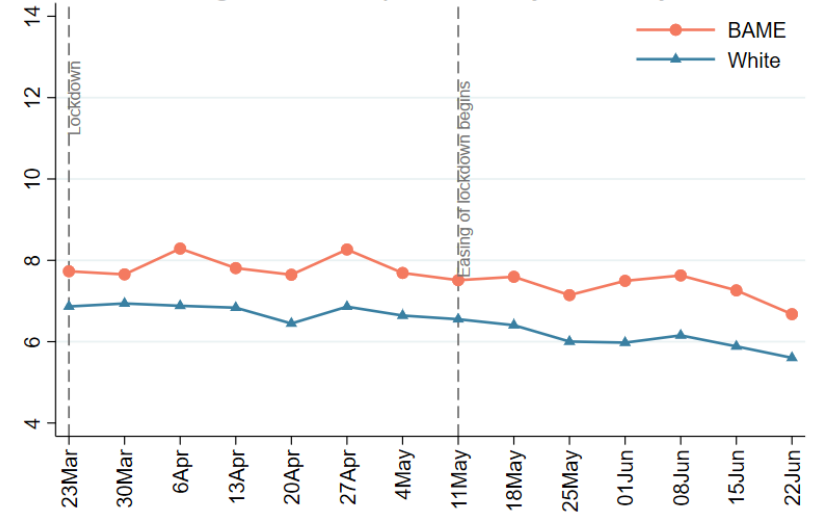


Figure 25g Anxiety by ethnicity

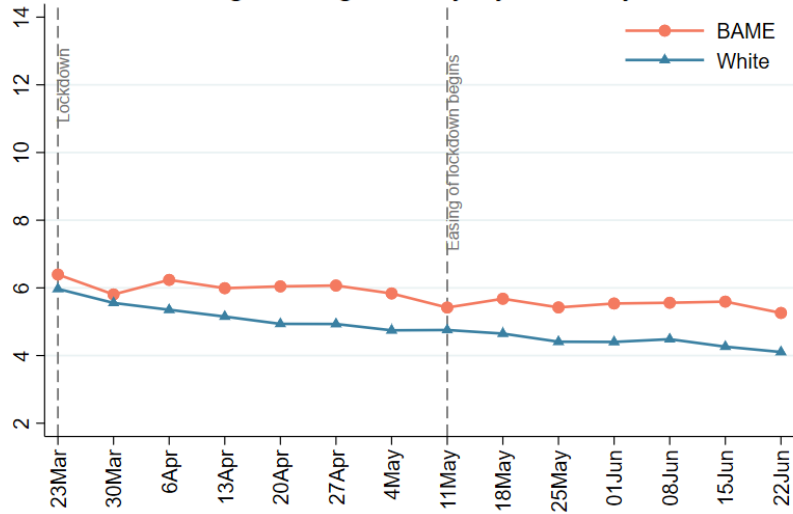


Figure 25h Covid-19 stress by ethnicity

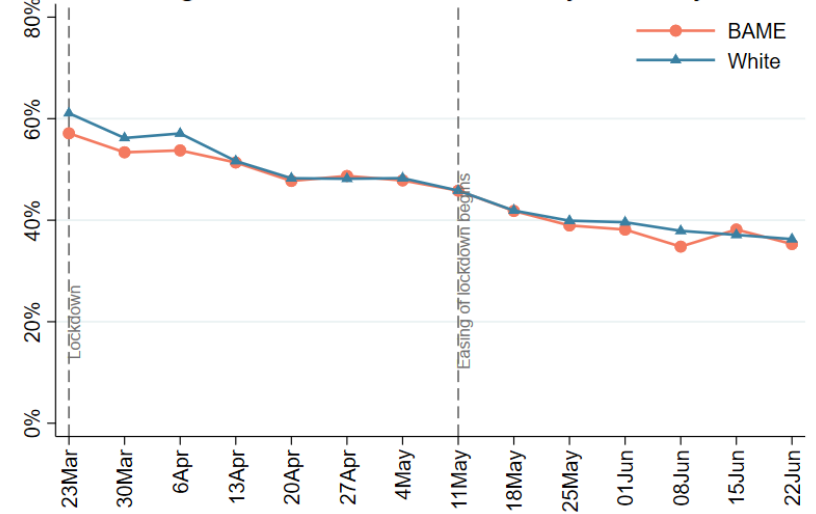


Figure 25i Unemployment stress by ethnicity

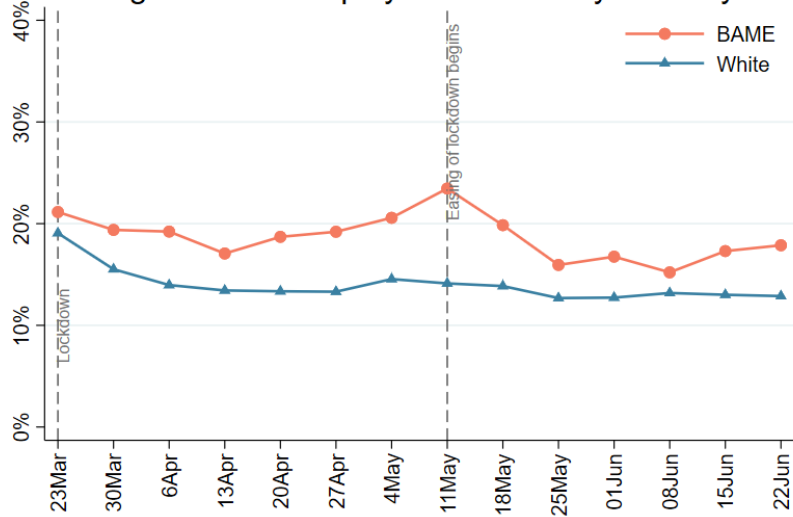


Figure 25j Financial stress by ethnicity

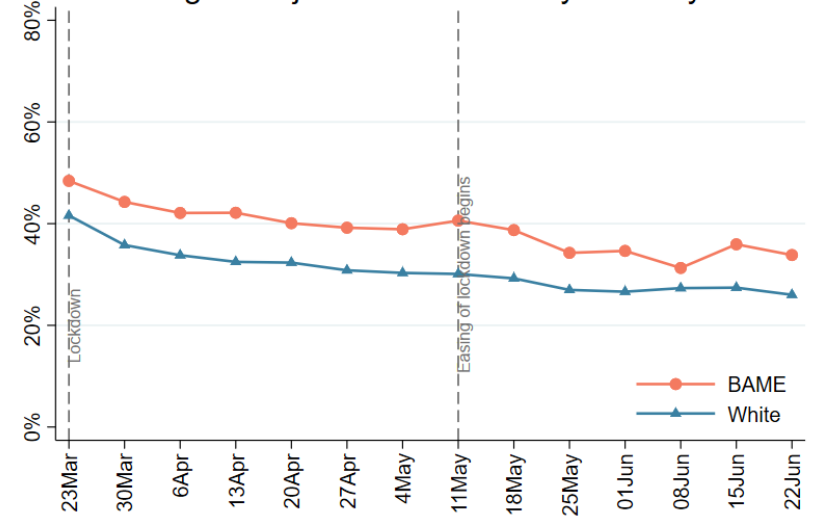


Figure 25k Food security stress by ethnicity

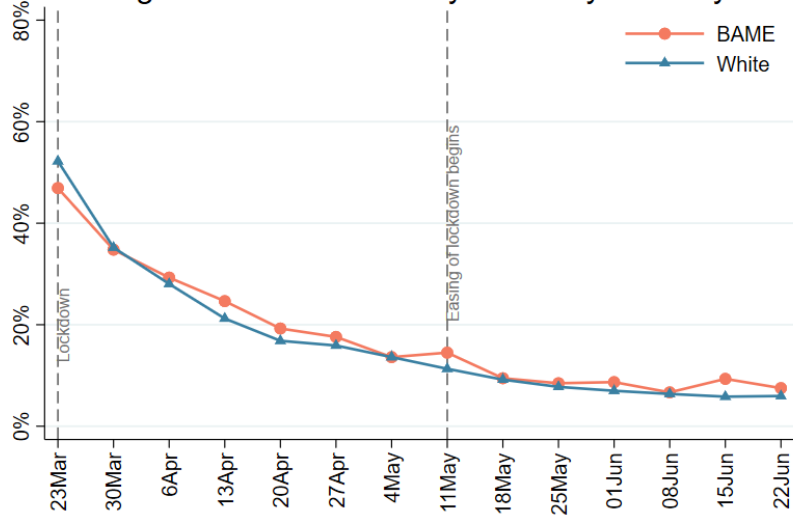


Figure 25l Thoughts of death by ethnicity

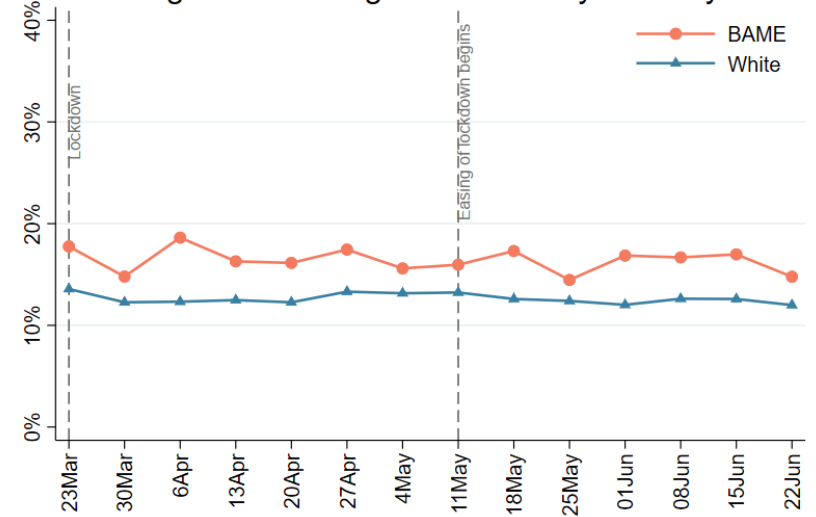


Figure 25m Self-harm by ethnicity

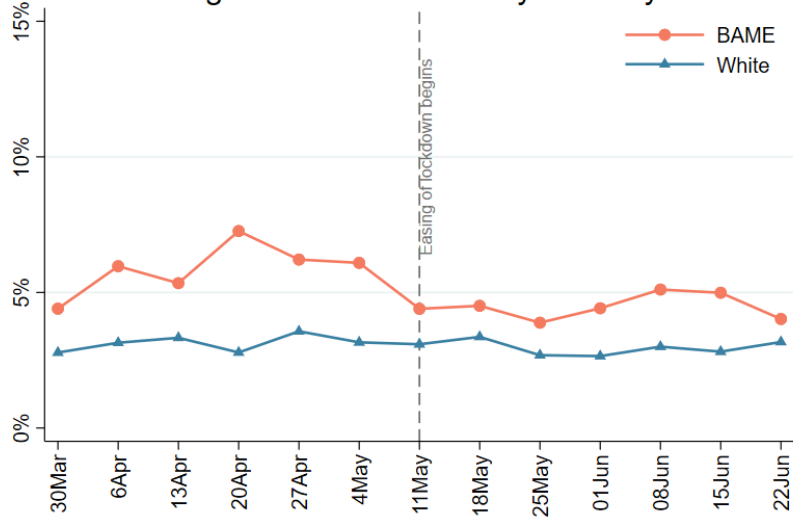


Figure 25n Abuse by ethnicity

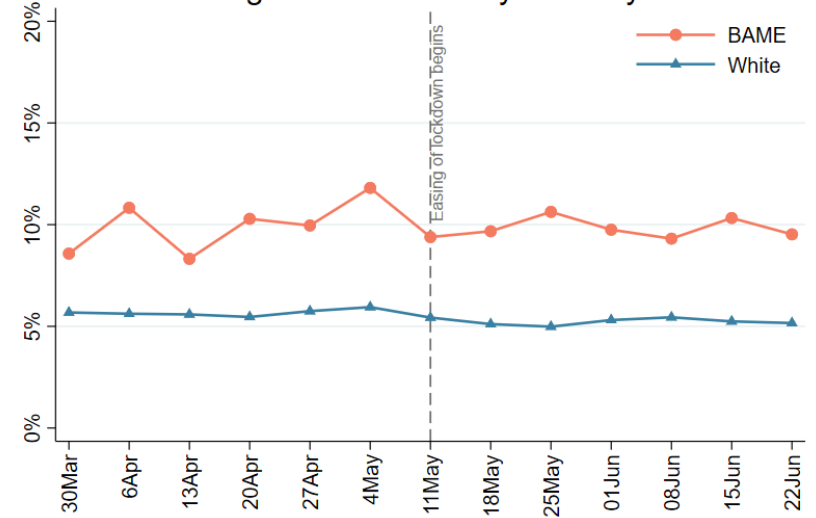


Figure 25o Life satisfaction by ethnicity

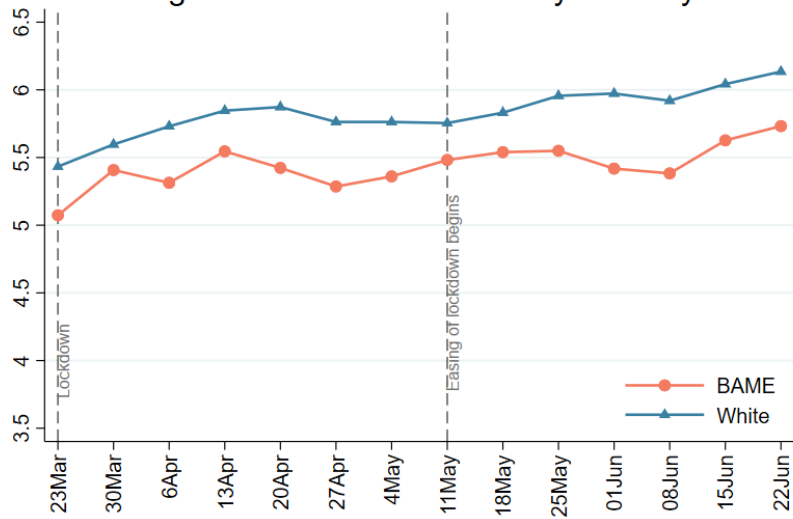
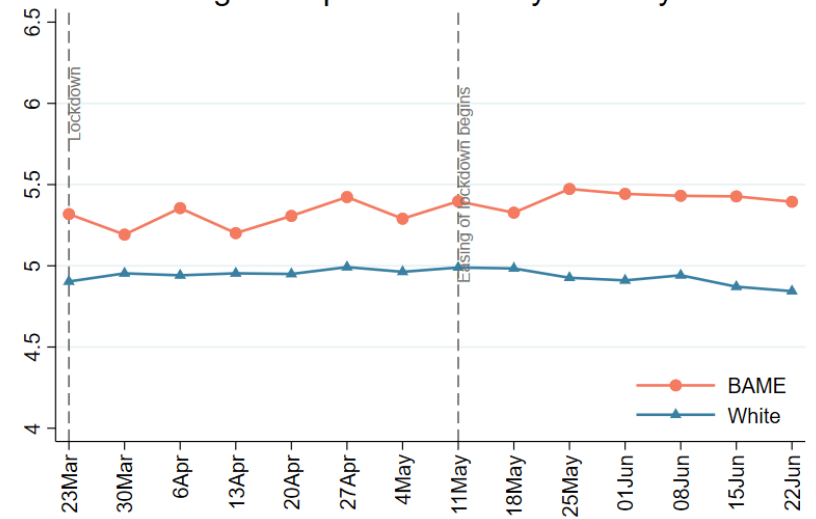
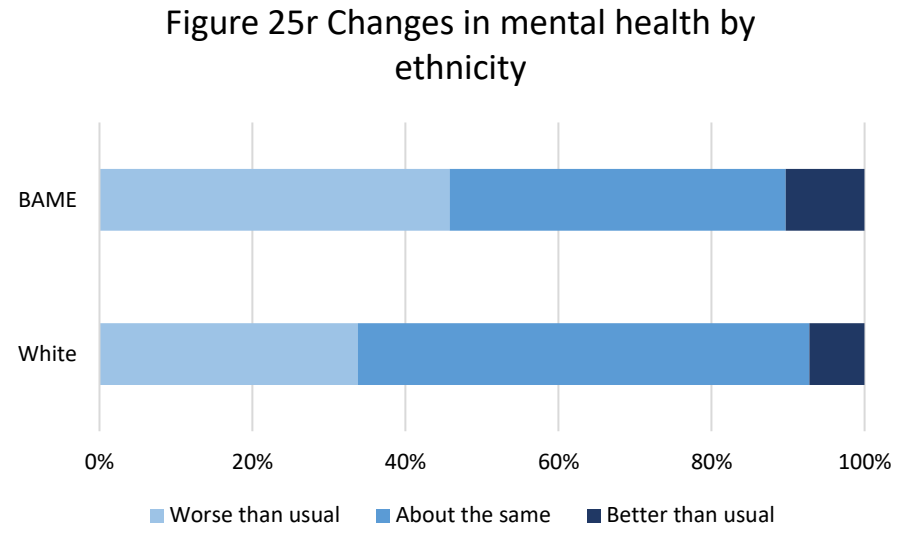
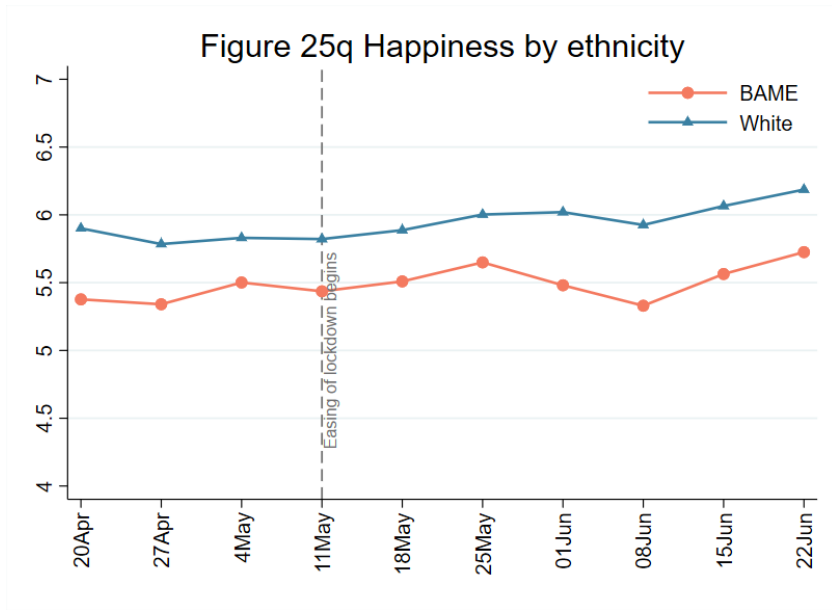


Figure 25p Loneliness by ethnicity





Appendix

Methods

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

Specifically, in the analyses presented here we included adults in the UK. We used new cross-sectional data from individuals as they entered the study and also included weekly longitudinal data as participants received their routine follow-up. In this report, we treated the data as repeated cross-sectional data collected daily from the 21st March to the 28th June (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. **For our analyses on ethnicity this week, we looked at responses per week rather than per day, using the same weighting approach but on a weekly basis.**

The study is focusing specifically on the following questions:

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

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

Demographics of respondents included in this report

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

	Number of observations	%		Number of observations	%
Age			Annual household income		
18-29	33,443	6.97	>30k	263,081	60.7
30-59	275,939	57.5	<30k	170,218	39.3
60+	170,206	35.5	Any diagnosed mental health conditions		
Gender			No	395,551	82.5
Male	120,181	25.2	Yes	84,037	17.5
Female	357,380	74.8	Keyworker		
Ethnicity			No	374,835	78.2
White	457,476	95.7	Yes	104,753	21.8
BAME	20,599	4.31	Living with children		
UK nations			No (excluding those who live alone)	266,541	69.7
England	389,360	81.3	Yes	116,073	30.3
Wales	53,887	11.3	Living area		
Scotland	31,011	6.47	Village/hamlet/isolated dwelling	116,148	24.2
Northern Ireland	4,849	1.01	City/large town/small town	362,959	75.8
Living arrangement					
Not living alone	382,614	79.9			
Living alone	96,473	20.1			