Covid-19 Social Study

Results Release 20

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

Department of Behavioural Science & Health

10th September 2020

Table of Contents

Executive summary

Background

This report provides data from the last 24 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 TWENTIETH report, we focus on psychological responses to the first twenty-four weeks since just before the UK lockdown was first announced (21/03 to 06/09). We present simple descriptive results on the experiences of adults in the UK. **From 24ᵗʰ August, we made a change to our study methodology, moving from weekly to staggered monthly follow-up for participants and re-contacting participants who had previously been "lost to follow-up" (i.e. they had been taking part but had stopped responding to surveys yet had not formally withdrawn from the study). Therefore, any slight changes in the fortnight since this date need to be explored further to understand if they are indicative of a change in the sample or an actual change. So for now small changes should be interpreted with caution. For this week onwards, we also look at data weekly rather than daily to allow long-term patterns to be seen more clearly.** 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***** Number of days leaving home and life differences after Covid-19

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

Findings

- 28% of adults have reported that their lives are currently completely different or have lots of differences compared to prior to COVID-19, despite lockdown measures having eased substantially. 33% have said there are quite a few differences, whilst 35% have said there are only a few differences, and just 4% say their lives are entirely the same as they were before the pandemic.

- These figures are an improvement to during strict lockdown, when 50% of people said their lives were completely different or had lots of differences, 28% said there were quite a few differences, 18% said life was only a little different, and 4% said their lives were entirely the same as before the pandemic.

- Differences during strict lockdown were most stark amongst 18-29 year olds, when 60% said their lives were been largely or completely difference compared to just 40% of adults over the age of 60. But the differences between age groups have now been removed.

- People on average are currently leaving their property 5 days a week, getting some further fresh air in gardens one further day a week, and not going outside at all for one day a week.

- Over lockdown, people have gradually been going out more days each week and spending less time just in their homes. However, this has plateaued since mid July, with people on average still spending two days a week not leaving their property. People with lower household income have spent the most time in their homes, as have people with a mental illness. Keyworkers have been out of their homes more, likely due to job demands.

- Compliance has continued to remain stable over the past six weeks, although "complete" compliance remains at just 20%-25% in adults under the age of 30, 40% in adults aged 30-50 and 50% in adults over the age of 60. "Majority" compliance remains around 90% overall, but is lowest (75%) amongst adults under 30.

- Levels of confidence in the central government to handle the Covid-19 epidemic remain constant, with no improvement for the government in England since drops in May, and some slight decreases in Scotland over the last 2 months, although levels remain highest there.

1. Compliance and confidence

1.1 Compliance with guidelines

Figure 1 Compliance with guidelines
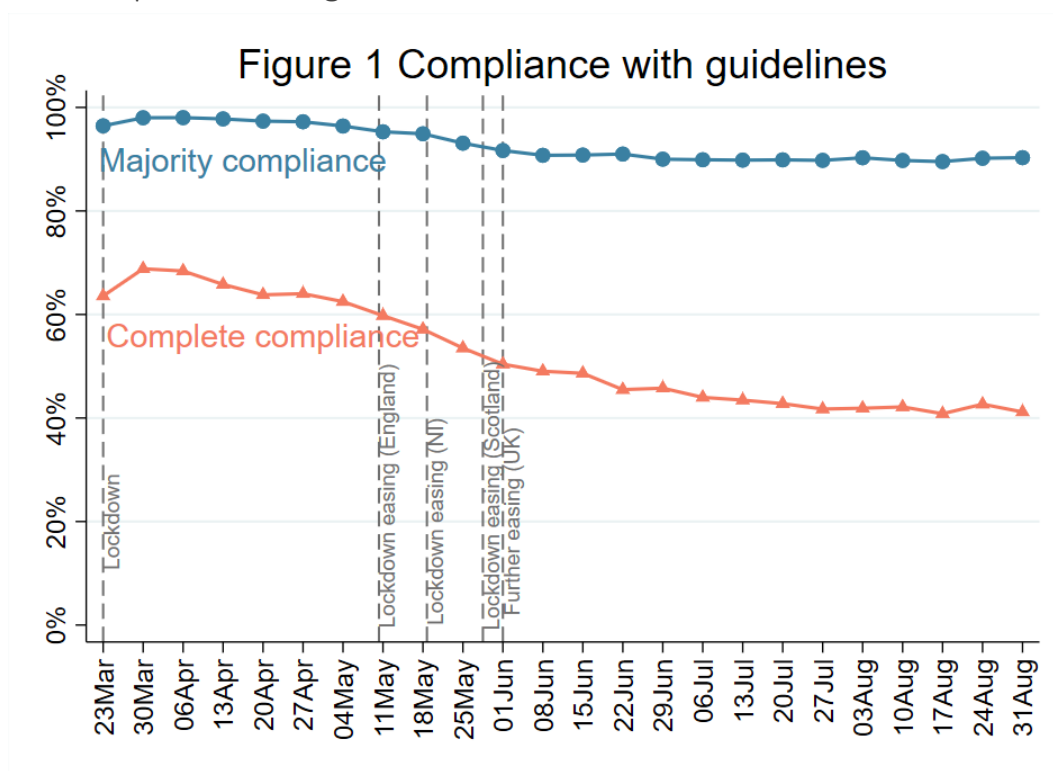
FINDINGS

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 asked 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).

Compliance has continued to remain stable over the last six weeks, with no further signs of decreases for now. "Majority" compliance remains around 90% overall, but is lowest (70-80%) amongst adults under 30. "Complete" compliance remains around 40%, but is just 20%-25% in adults under the age of 30, 40-45% in adults aged 30-50 and 50-55% in adults over the age of 60.[1] "Complete" compliance is lower in higher income households, in England, in urban areas, and amongst adults living with children compared to adults not living with children.

These findings should be interpreted in light of the results in Report 17 showing that understanding of the current guidelines, though, is low. As such, these figures reflect people's belief that they are complying rather than necessarily actual compliance levels.

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

---

[1] Volatility in responses amongst younger adults could be due to smaller sample size and therefore higher variation in responses.
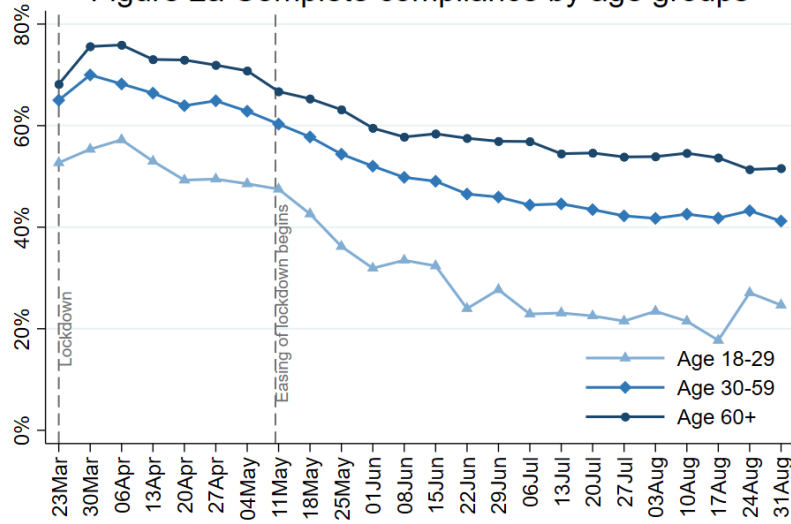
Figure 2a Complete compliance by age groups

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

Figure 2b Complete compliance by living arrangement

Legend: Living alone, Not living alone
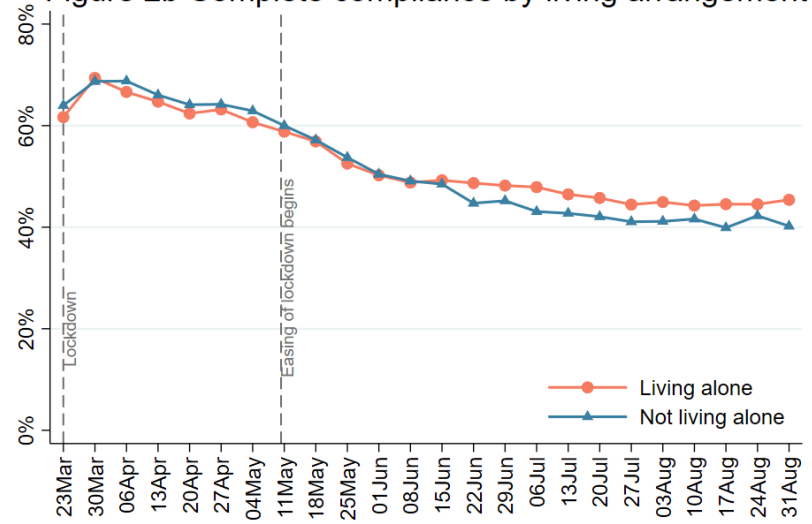
Figure 2c Complete compliance by household income

Legend: Household income <30k, Household income >30k
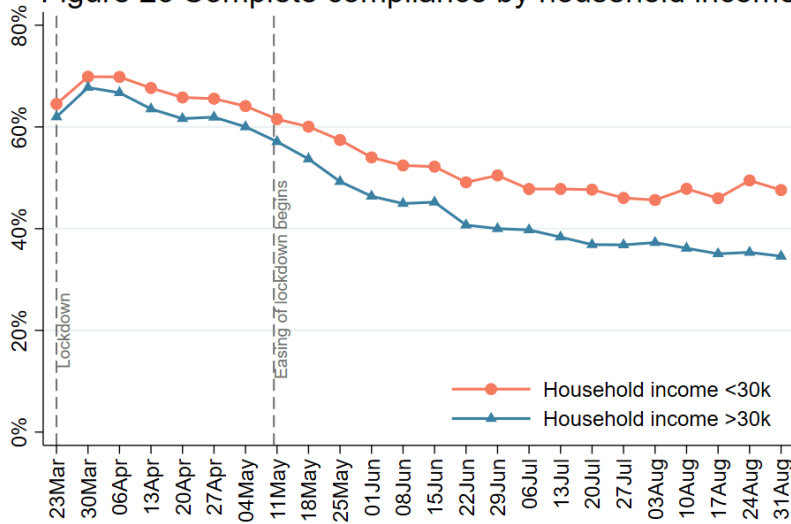
Figure 2d Complete compliance by mental health

Legend: Mental health diagnosis, No diagnosis
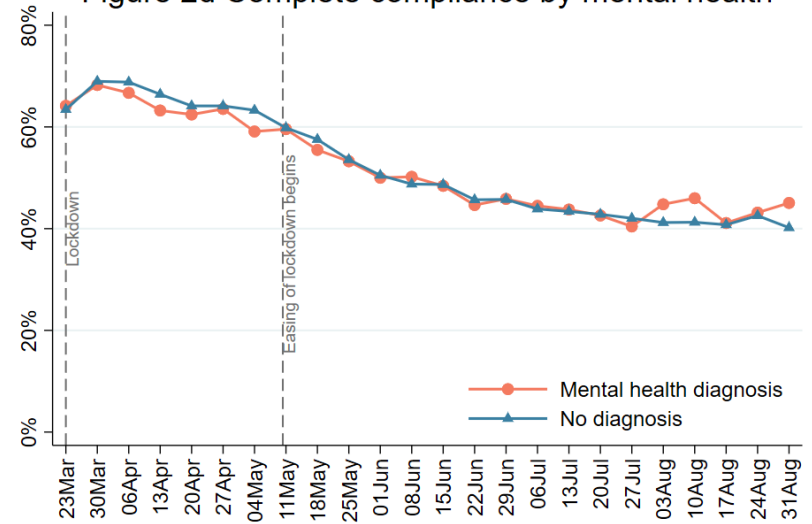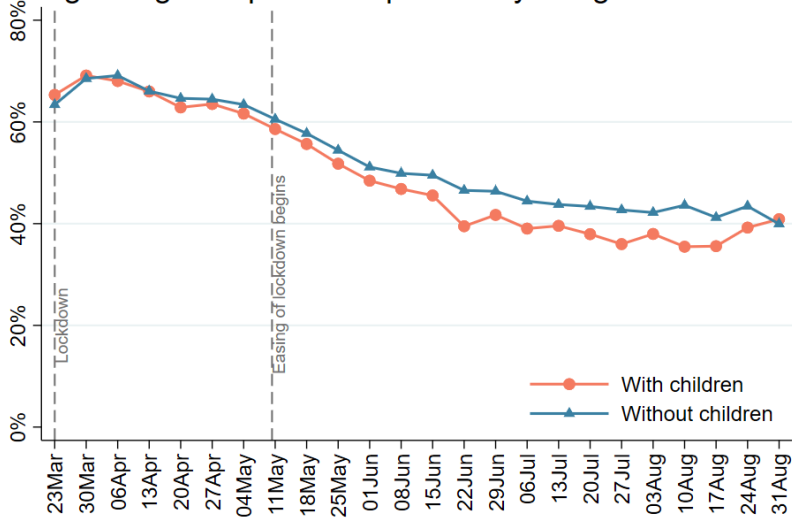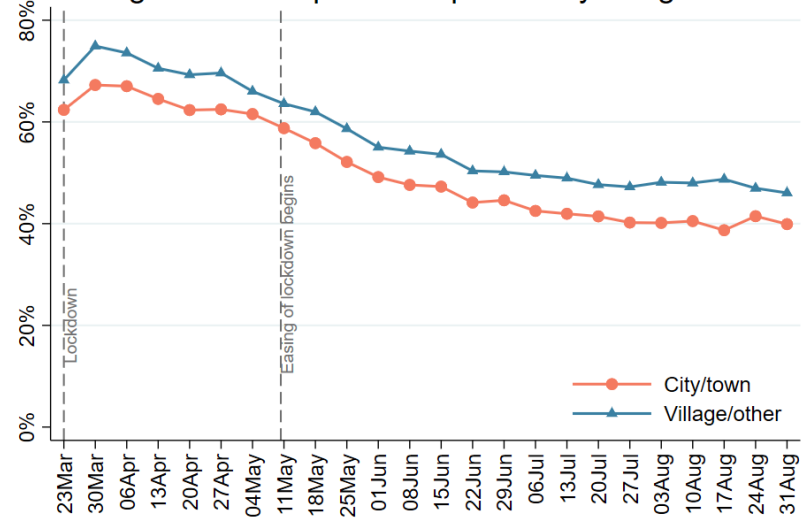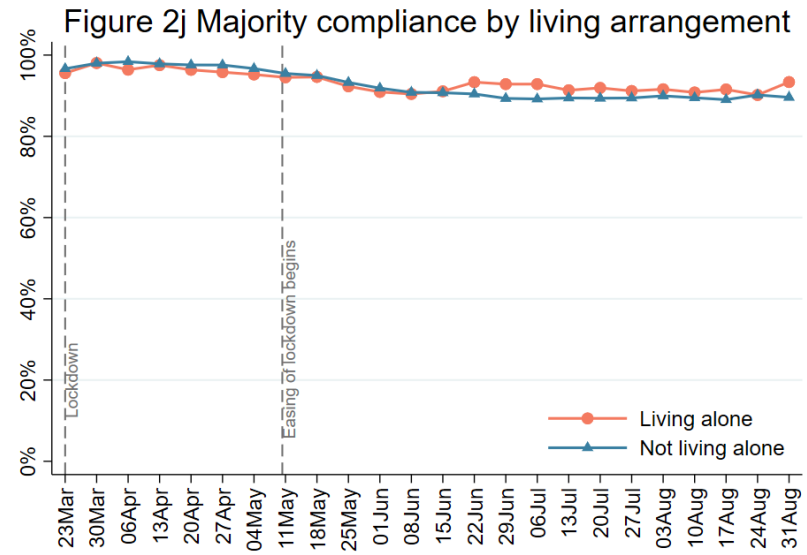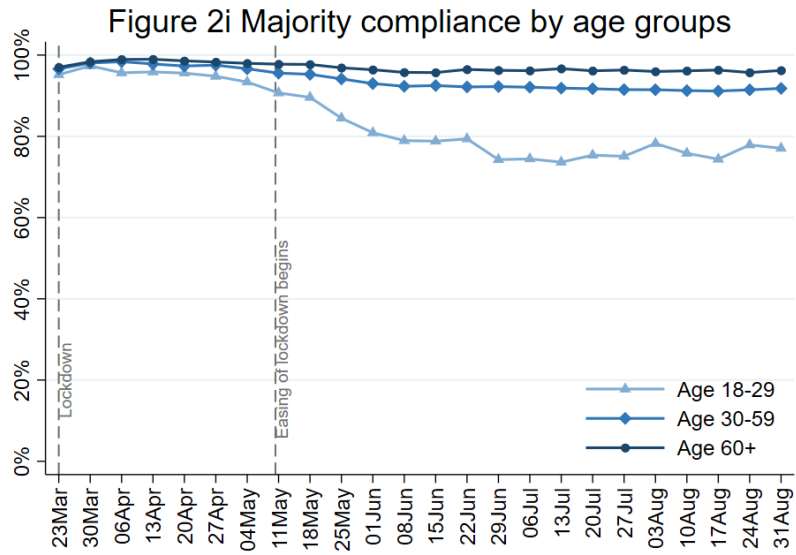
Figure 2e Complete compliance by nations
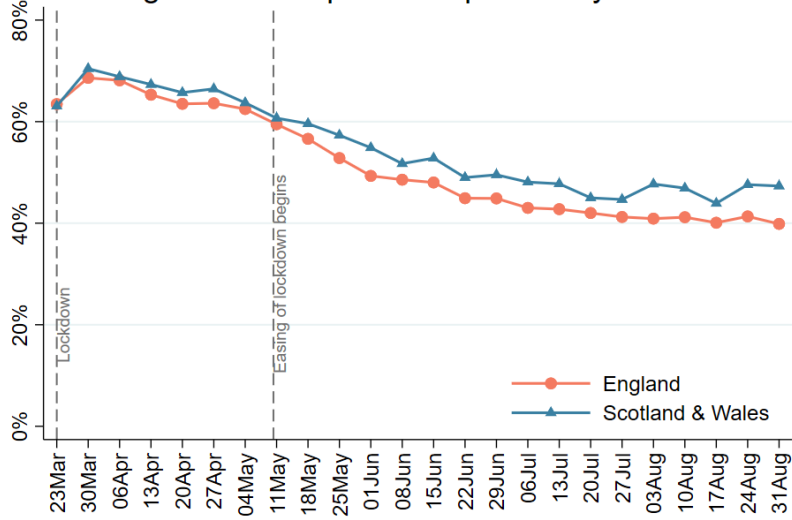
Figure 2f Complete compliance by keyworker status
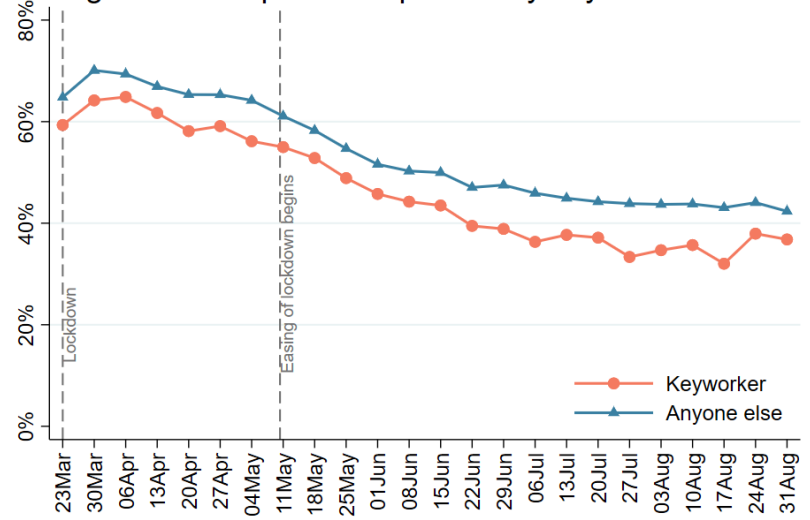
Figure 2g Complete compliance by living with children

Figure 2h Complete compliance by living area

Figure 2i Majority compliance by age groups

Figure 2j Majority compliance by living arrangement

Figure 2k Majority compliance by household income

Figure 2l Majority compliance by mental health
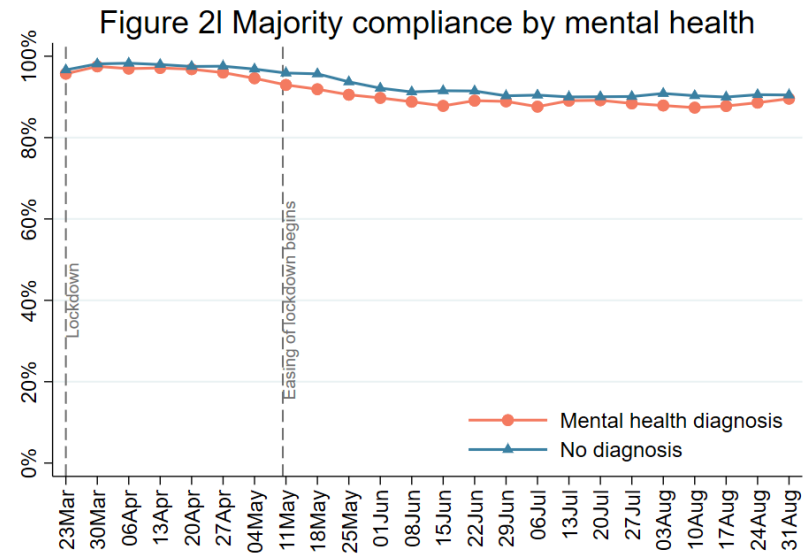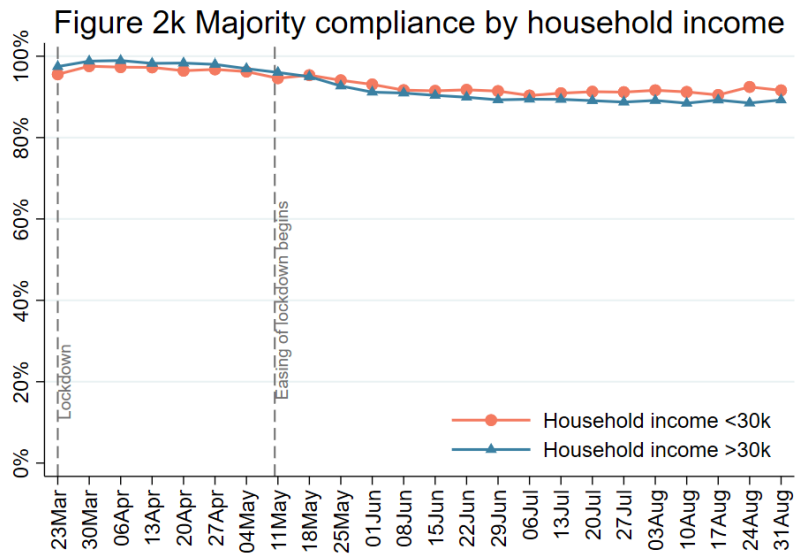
Figure 2m Majority compliance by nations
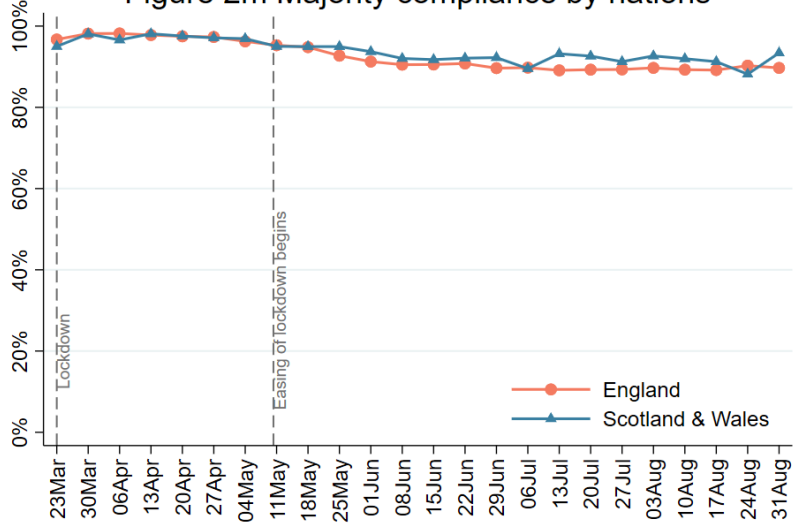
Figure 2n Majority compliance by keyworker status
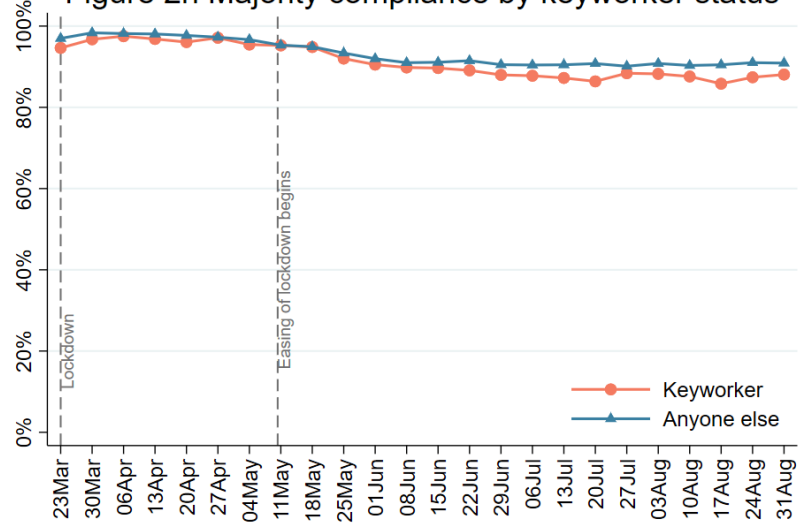
Figure 2o Majority compliance by living with children
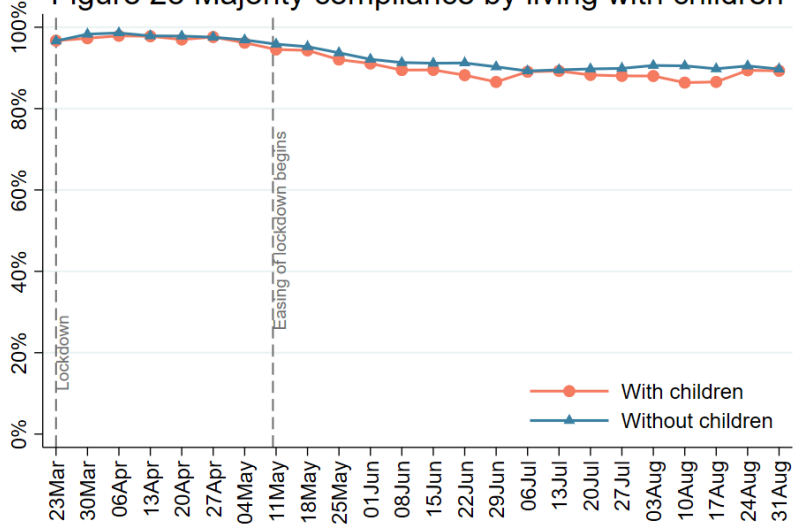
Figure 2p Majority compliance by living area

1.2   Confidence in Government
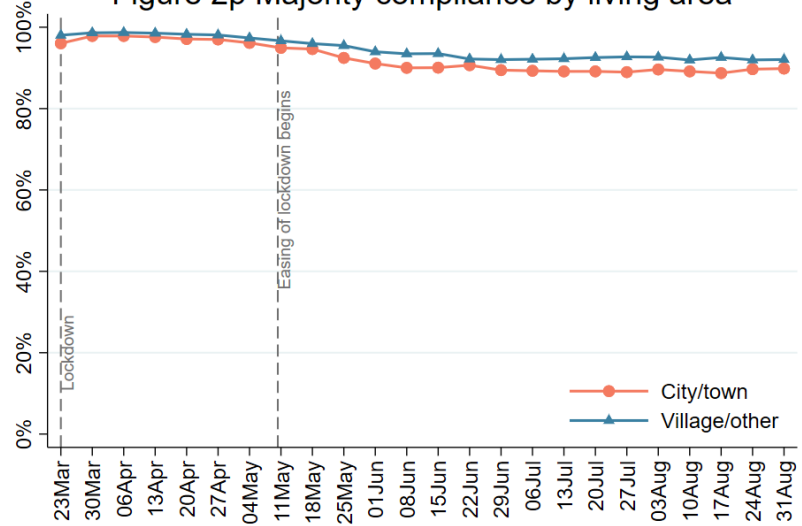
Figure 3 Confidence in government
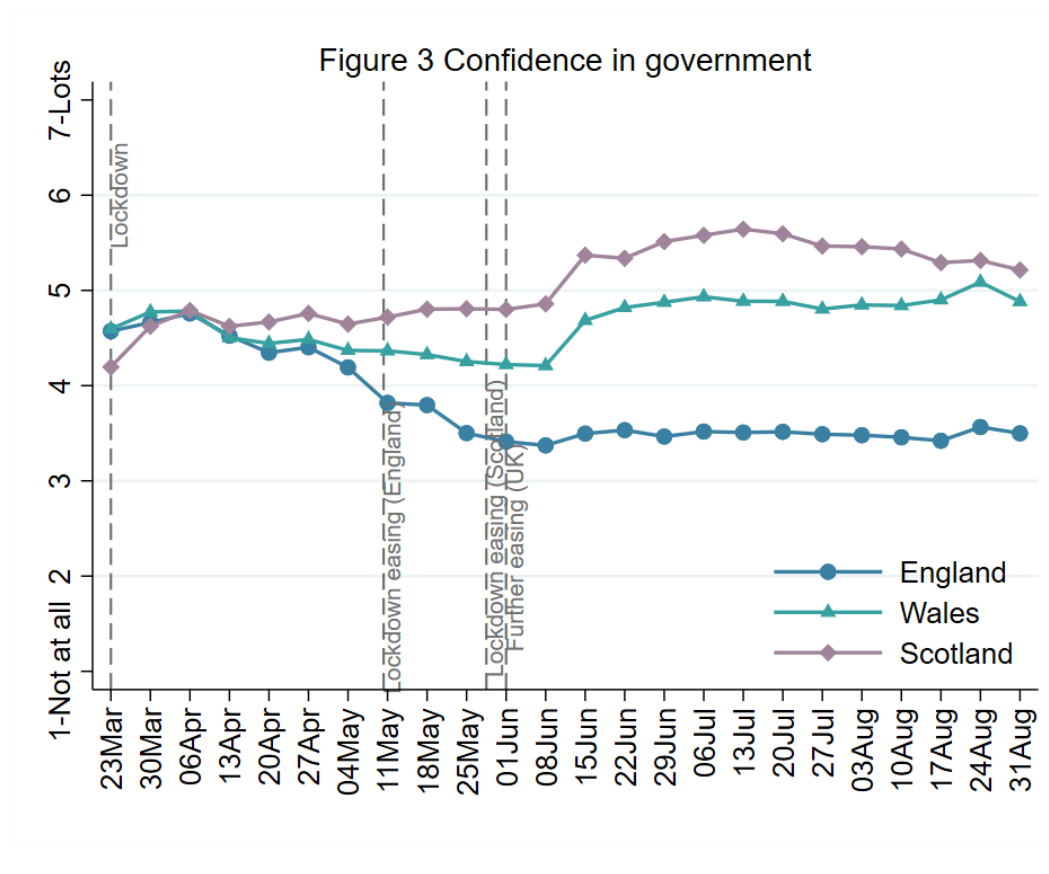
FINDINGS

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 remained constant since early June, with highest levels in Scotland and Wales and lowest levels in England.[2]

For subgroup analyses in Figures 4a-d and 4f-h, we restrict our results to respondents living in England in order to have sufficient sample sizes for meaningful subgroup analyses (future analyses focusing on weekly rather than daily tracking will look at subgroups in devolved nations). In England, confidence in government is still lowest in those under the age of 30. 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.

---

[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
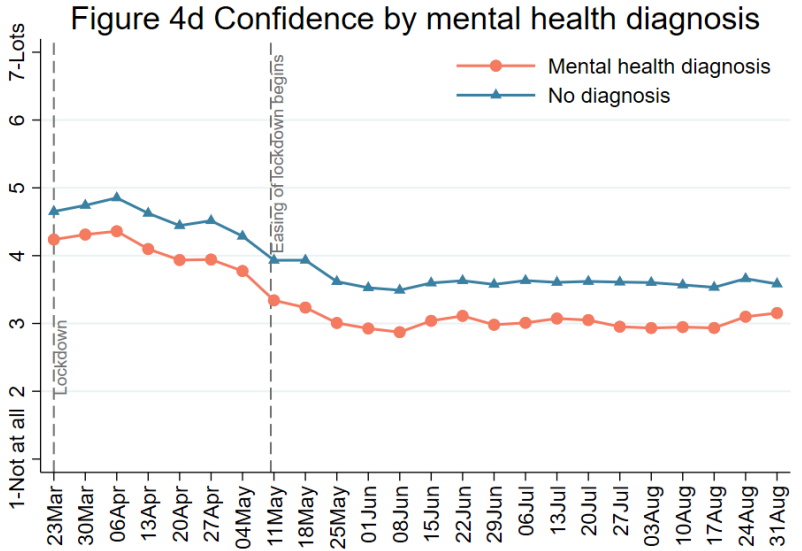

Figure 4c Confidence by household income

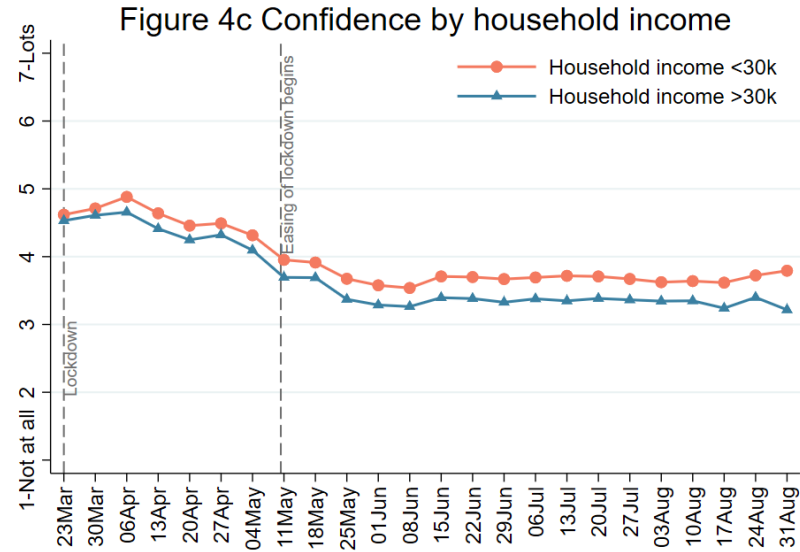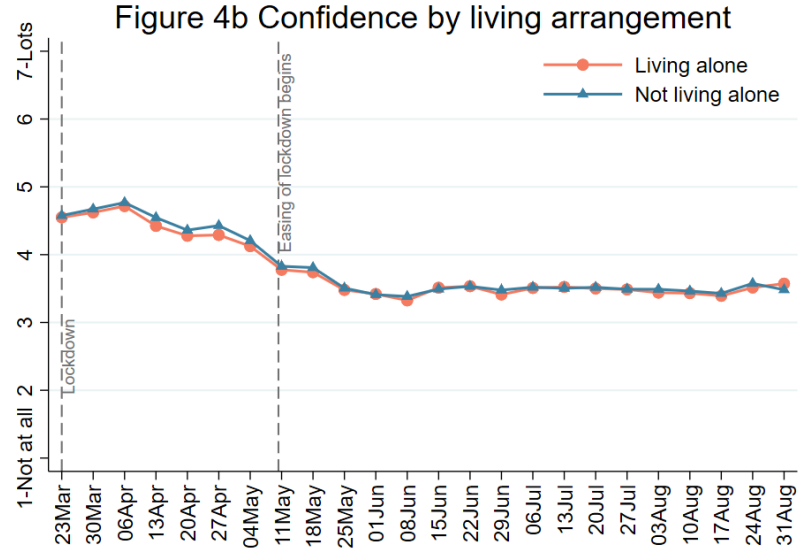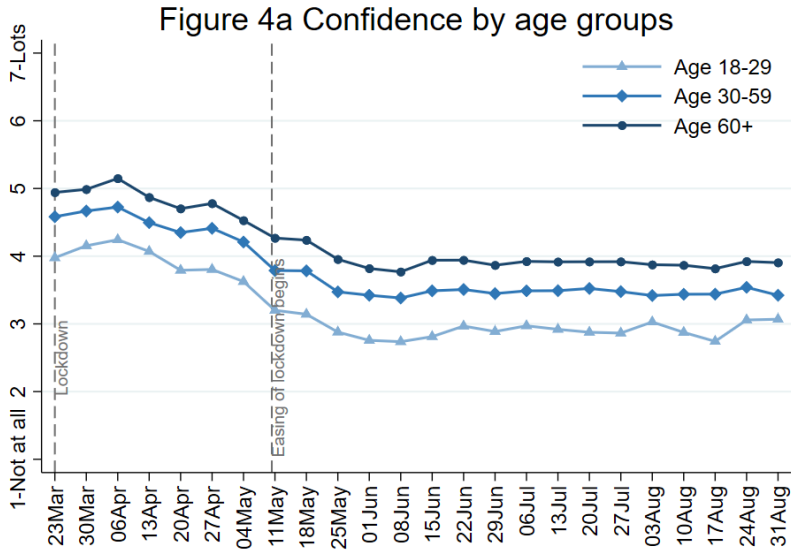Figure 4d Confidence by mental health diagnosis
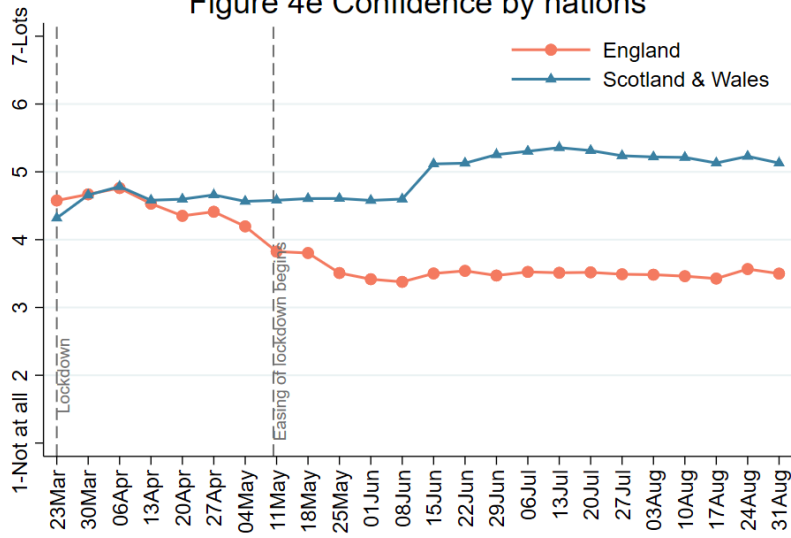
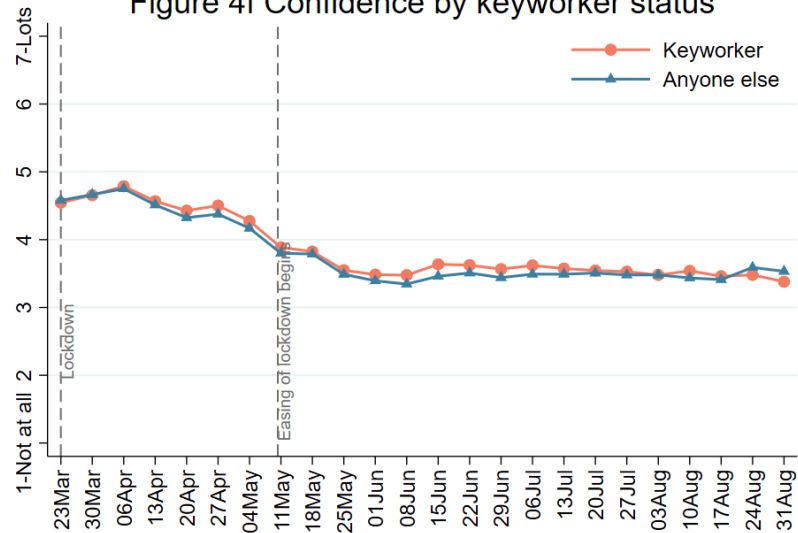Figure 4e Confidence by nations

Figure 4f Confidence by keyworker status

Figure 4g Confidence by living with children

Figure 4h Confidence by living area
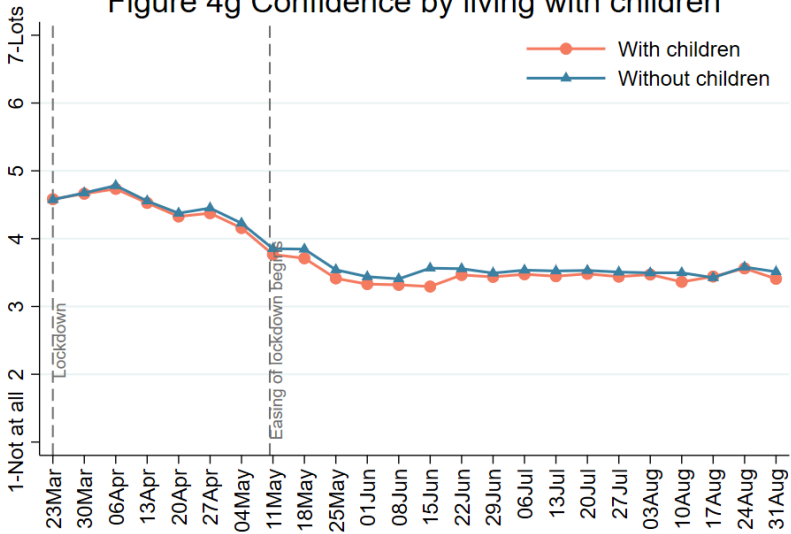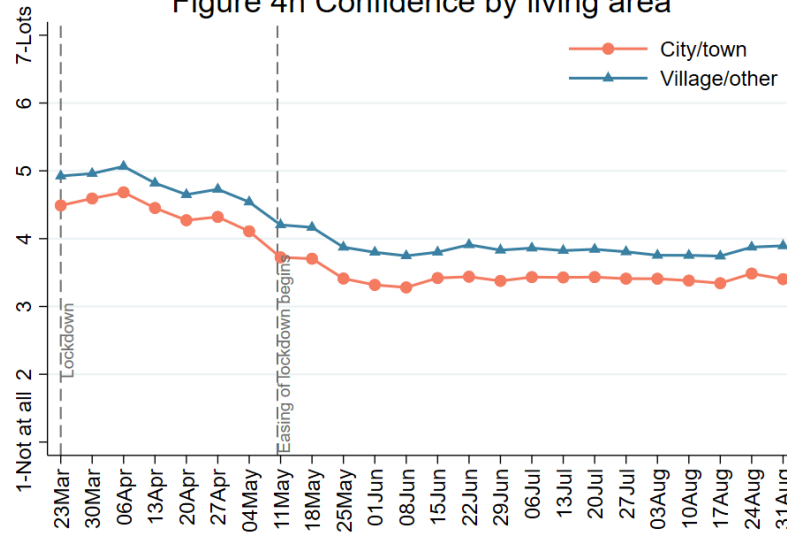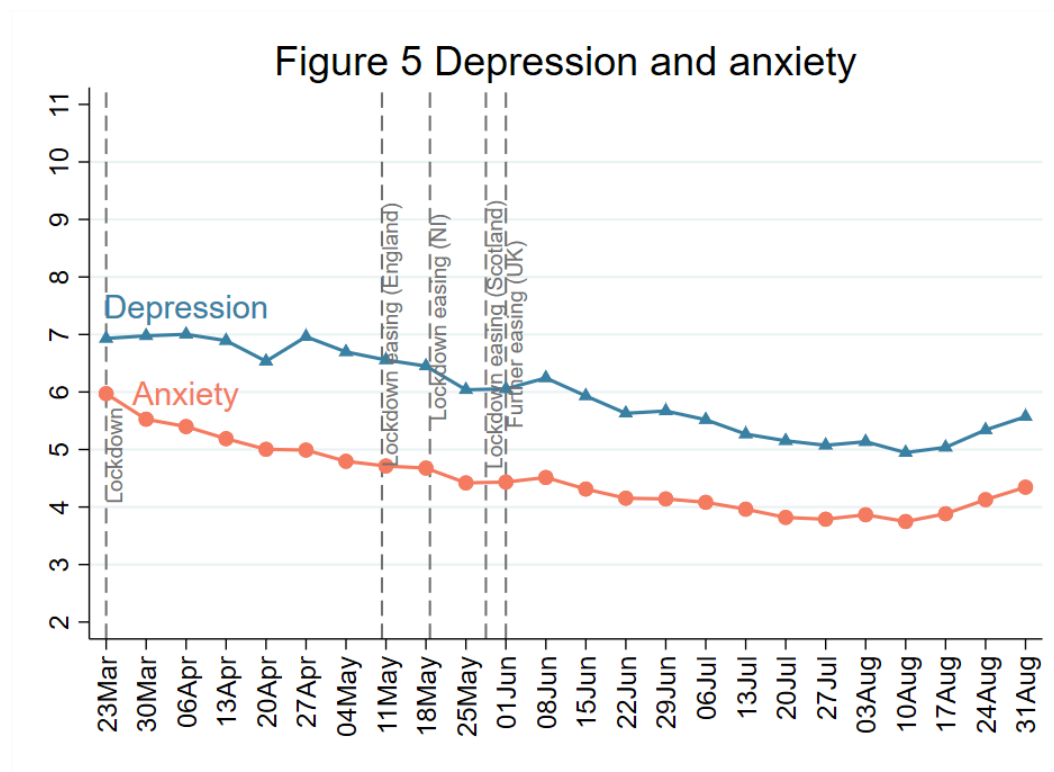
2. Mental Health

2.1 Depression and anxiety

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

Depression and anxiety levels remain similar to over the past two months. **NB our study methodology involved allowing participants who had previously been "lost to follow-up" (i.e. they had been taking part but had stopped responding to surveys yet had not formally withdrawn from the study) to return to the study from 24 August. So any slight changes in the fortnight since this date need to be explored further to understand if they are indicative of a change in the sample or an actual change mental health.** 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]), but appear to be returning towards these usual averages.

Depression and anxiety are still highest in young adults, people living alone, people with lower household income, people living with children, and people living in urban areas. People with a diagnosed mental illness have still been reporting higher levels of symptoms (as might be expected), but they have on average experienced greater improvements in the past fortnight in depressive symptoms, starting to narrow the gap in experiences compared to individuals without a diagnosed mental illness.

---

[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.
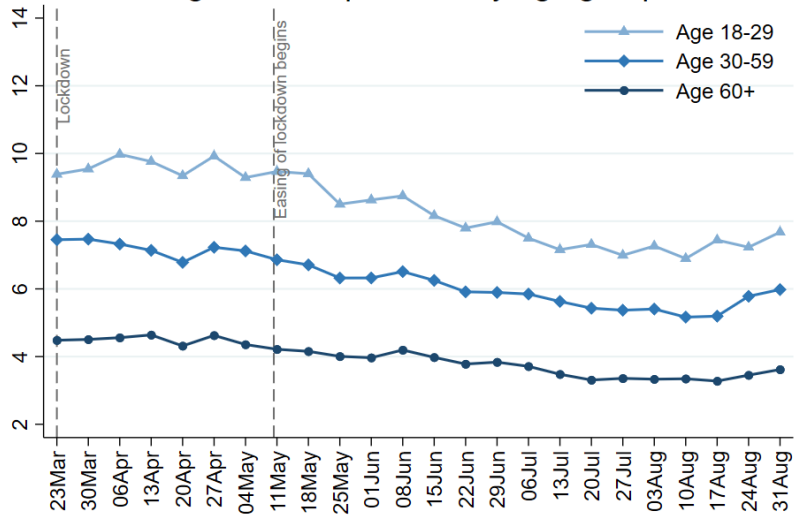
Figure 6a Depression by age groups
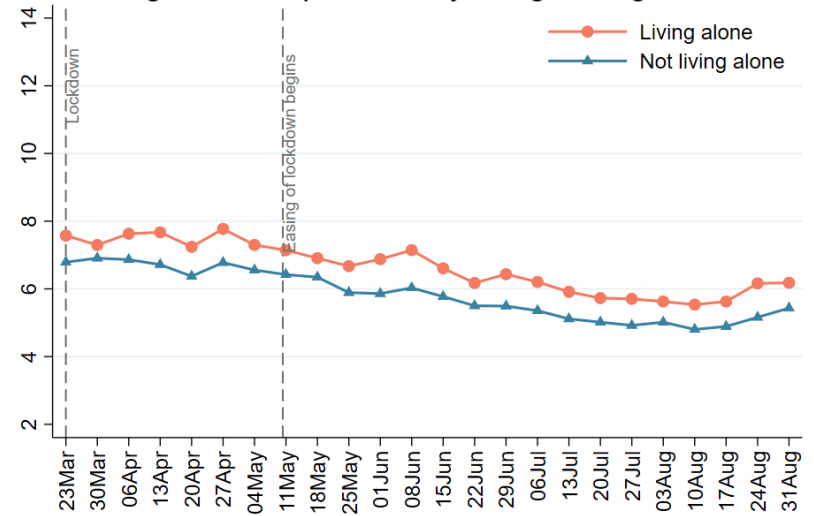
Figure 6b Depression by living arrangement

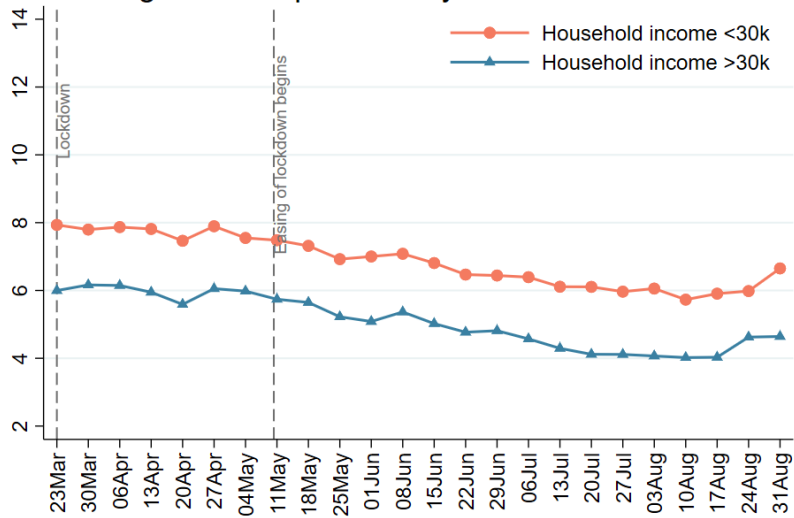Figure 6c Depression by household income
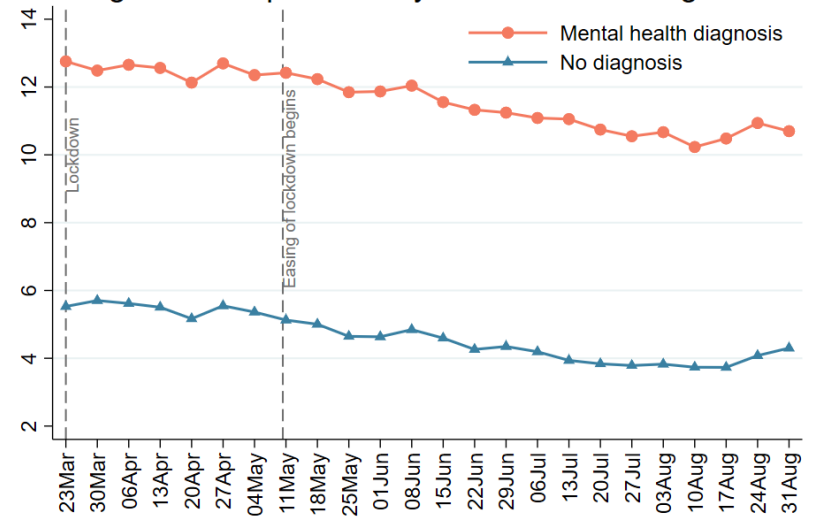
Figure 6d Depression by mental health diagnosis
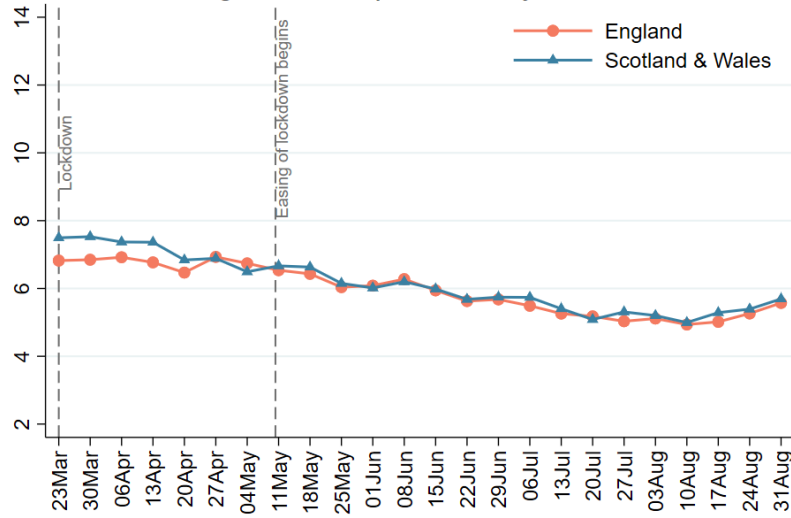
Figure 6e Depression by nations

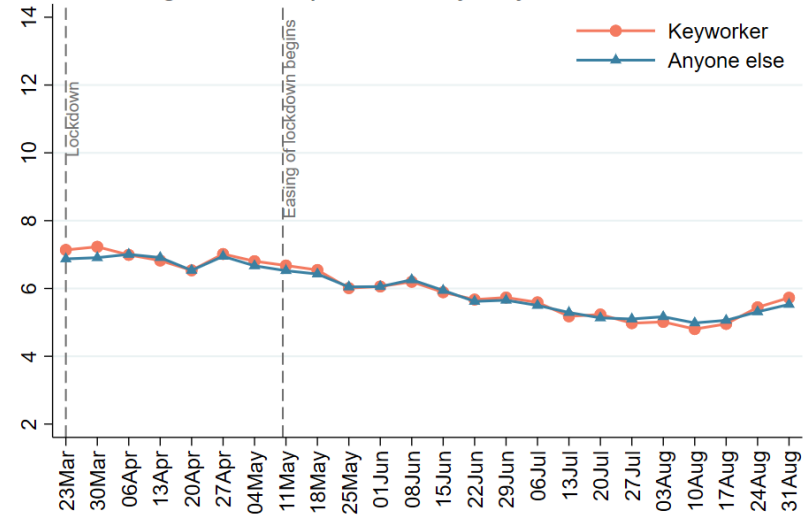Figure 6f Depression by keyworker status
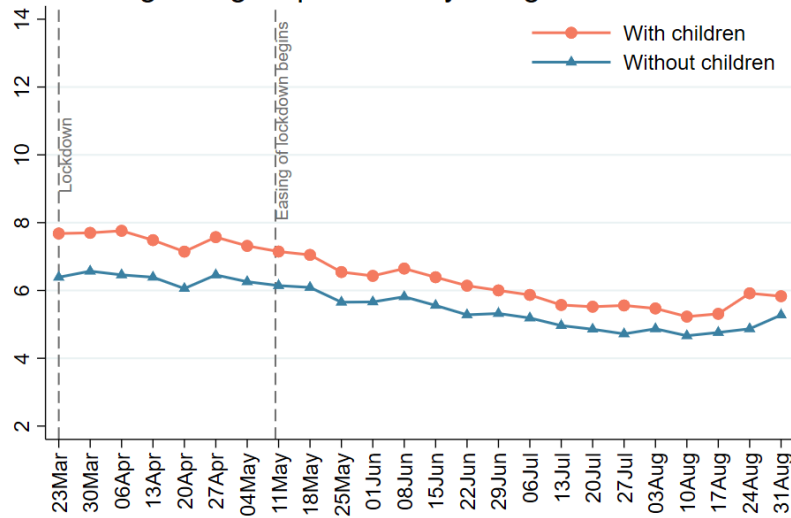
Figure 6g Depression by living with children
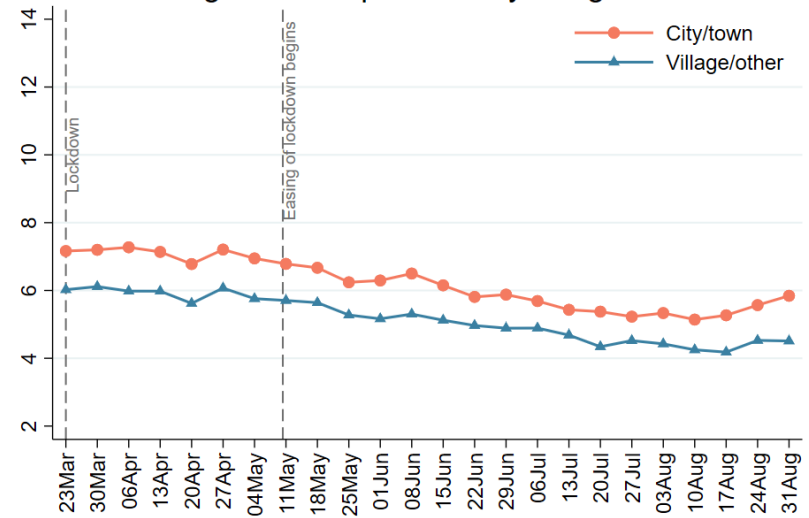
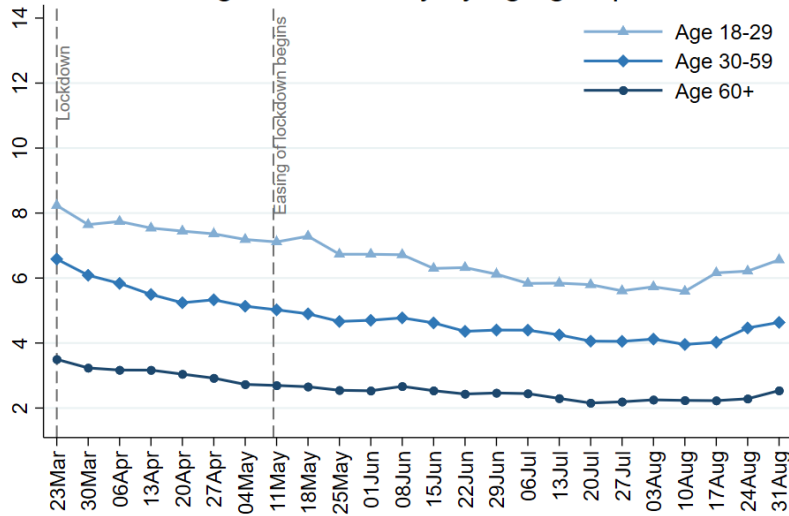Figure 6h Depression by living area

Figure 7a Anxiety by age groups

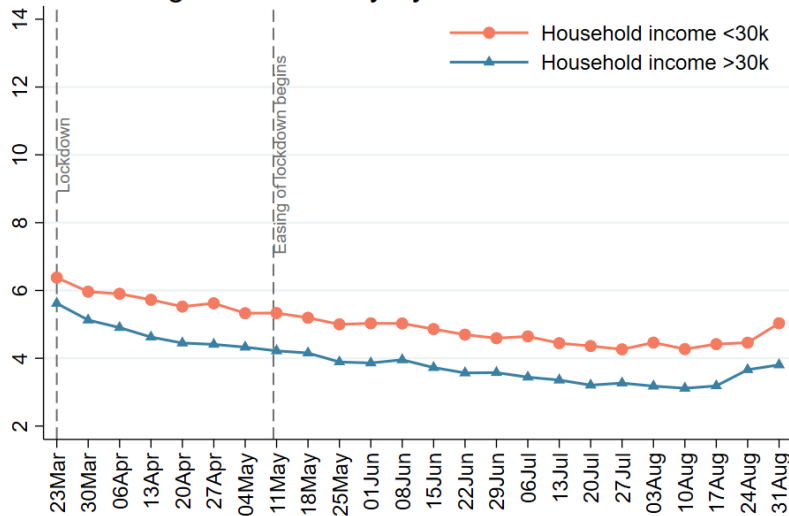Figure 7b Anxiety by living arrangement
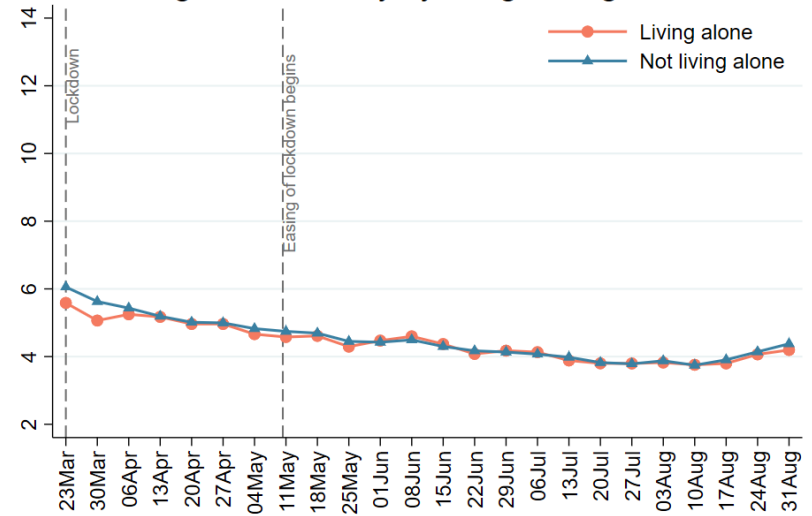
Figure 7c Anxiety by household income

Figure 7d Anxiety by mental health diagnosis

15
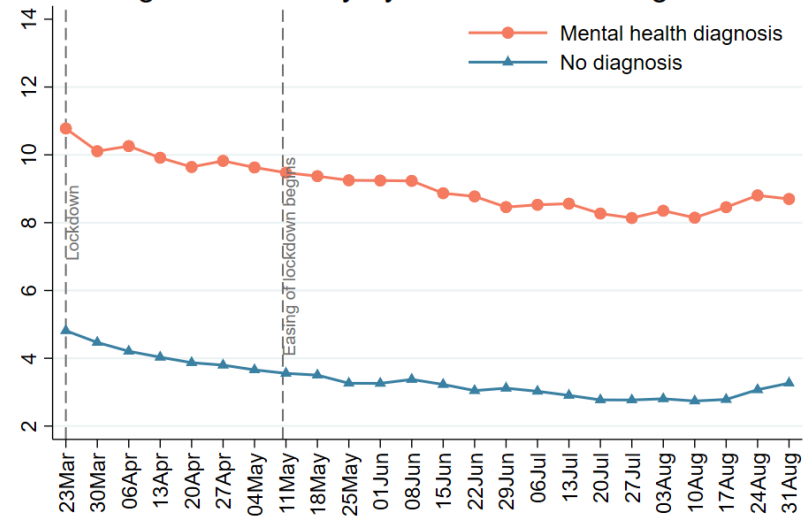
Figure 7e Anxiety by nations
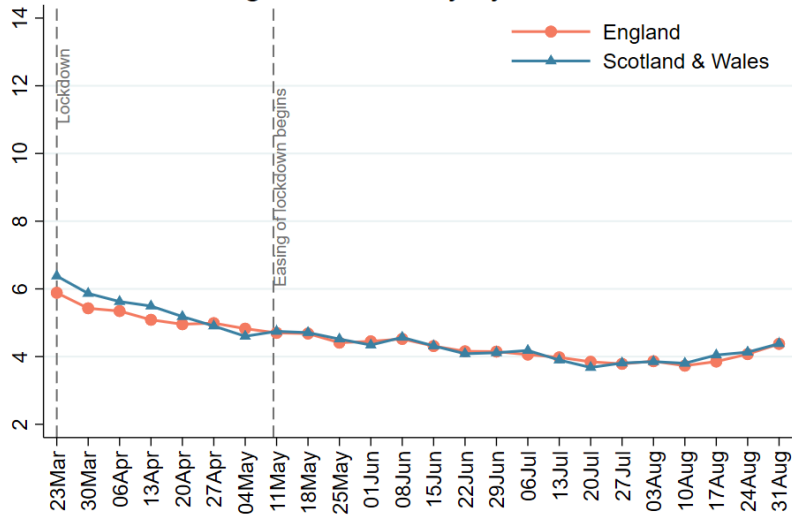
Figure 7f Anxiety by keyworker status
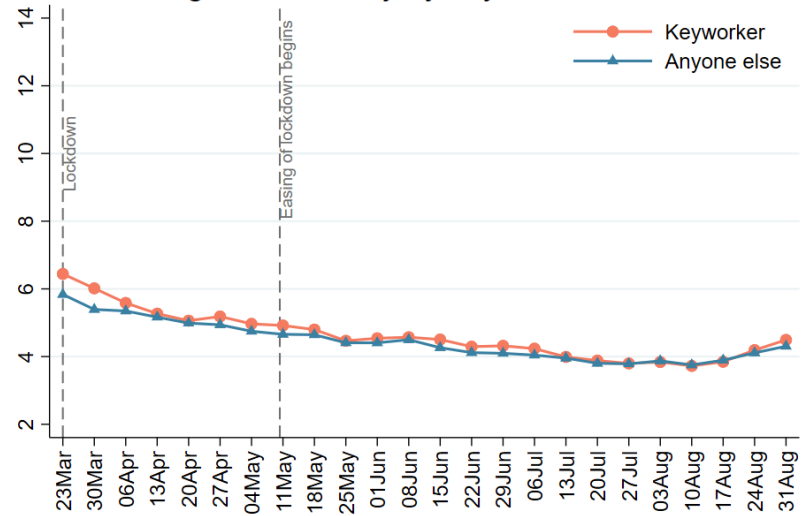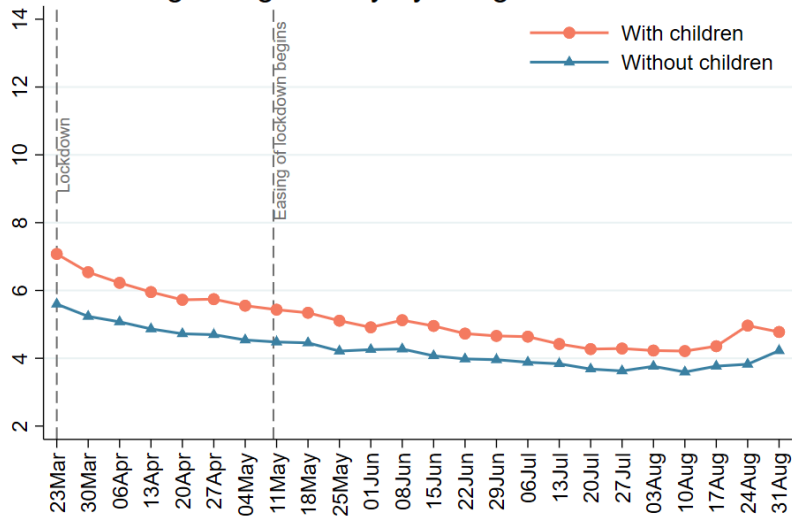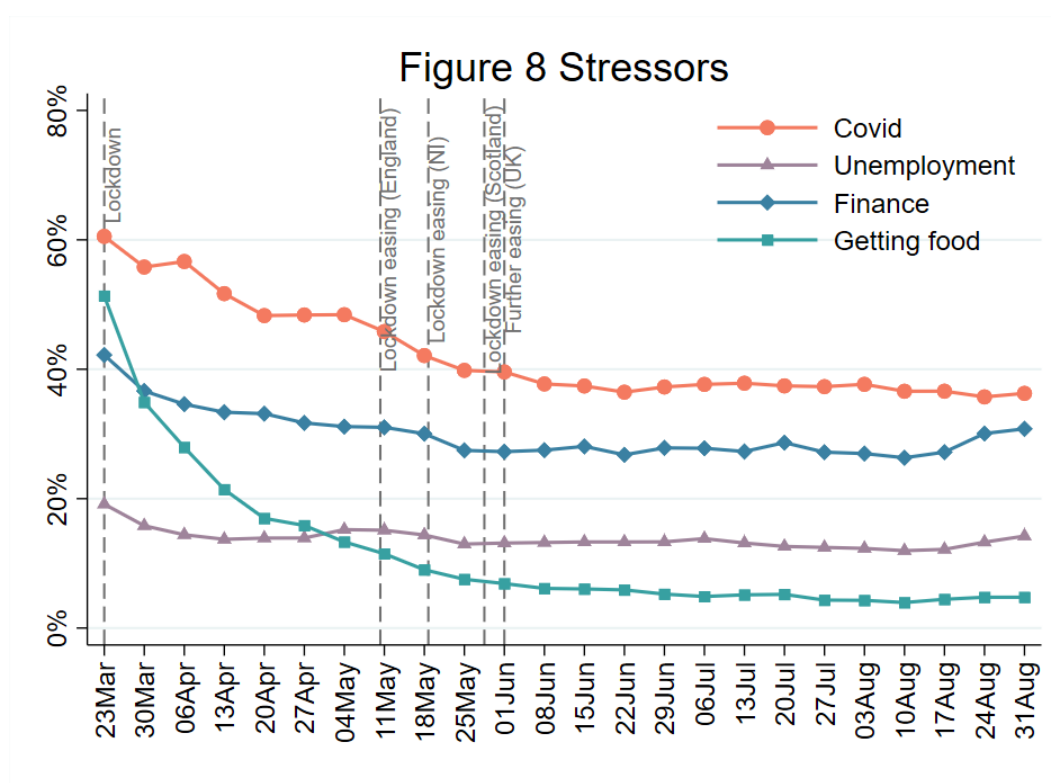
Figure 7g Anxiety by living with children

Figure 7h Anxiety by living area
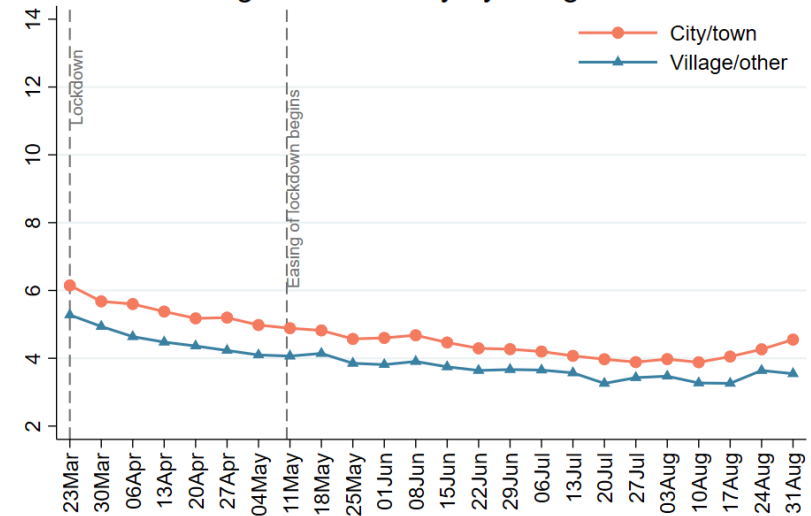
2.2 Stress

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).

There has still been little change in people reporting major or minor stress due to catching Covid-19, unemployment, finance, or getting food since early June. 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 substantially 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. However, there have been slight increases in the past fortnight. It remains to be seen if this indicates the start of an upwards trend. Worries about access to food are still only affecting around 1 in 20 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 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.
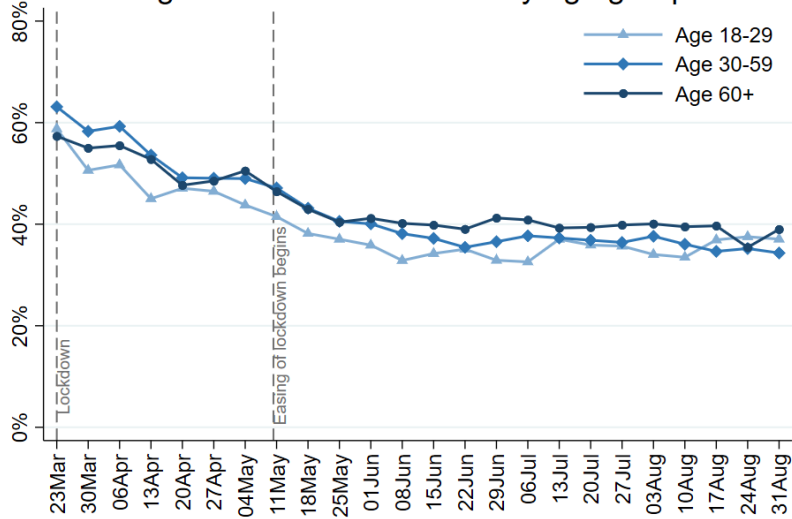
Figure 9a Covid-19 stress by age groups

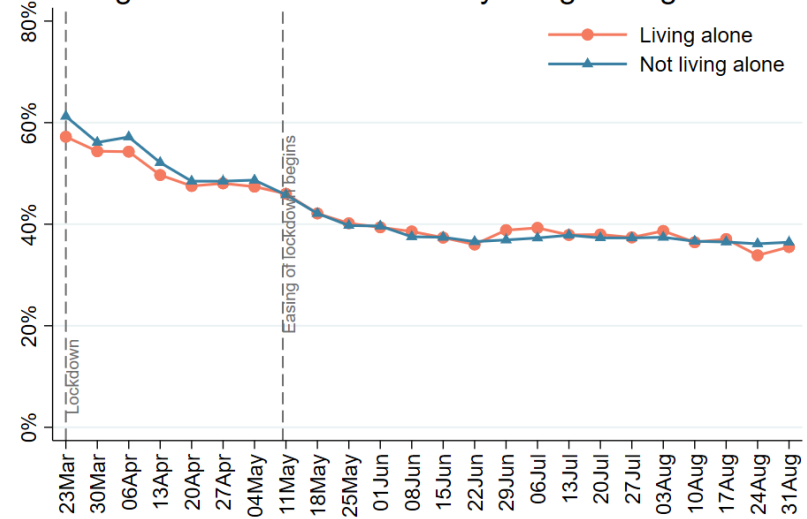Figure 9b Covid-19 stress by living arrangement

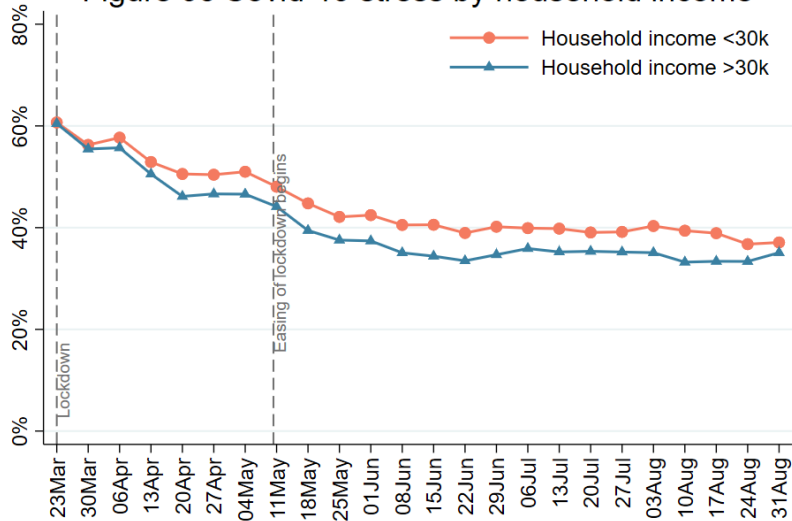Figure 9c Covid-19 stress by household income

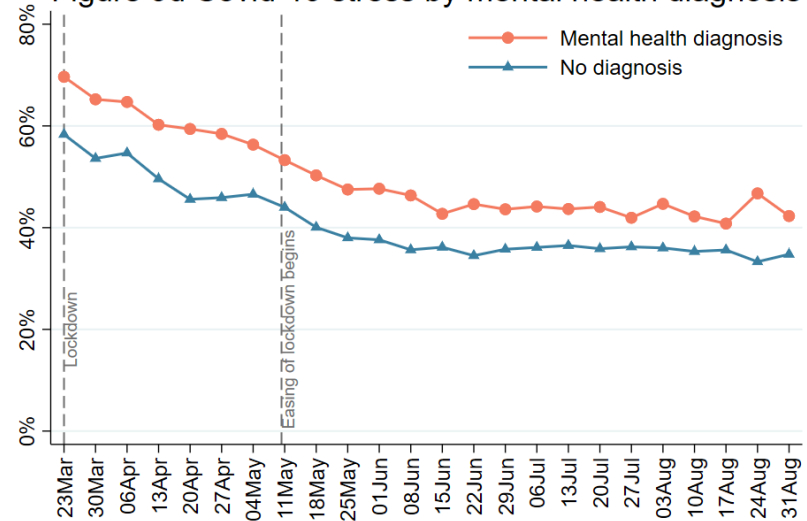Figure 9d Covid-19 stress by mental health diagnosis

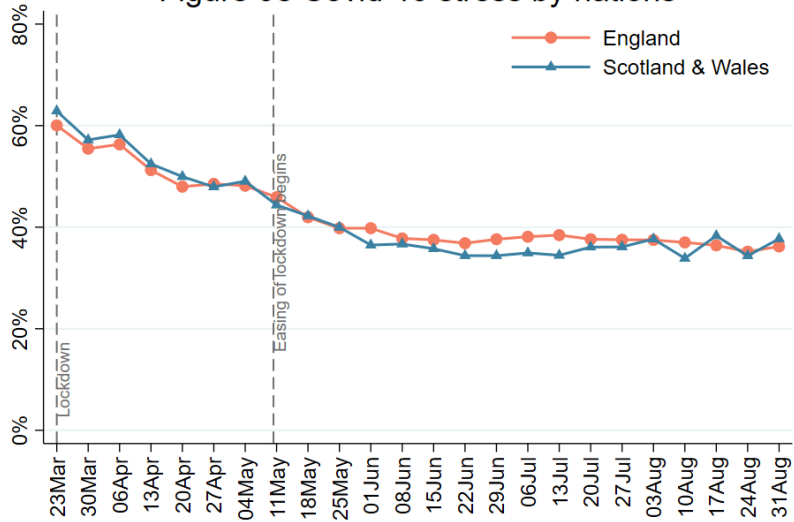Figure 9e Covid-19 stress by nations

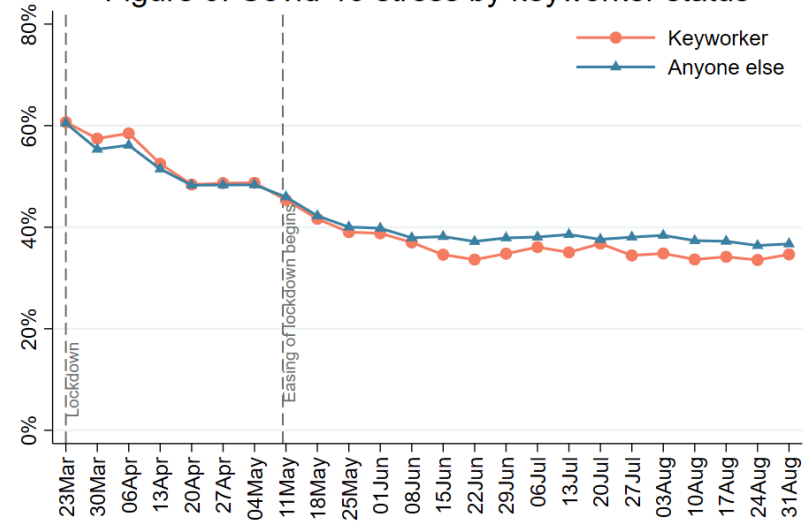Figure 9f Covid-19 stress by keyworker status
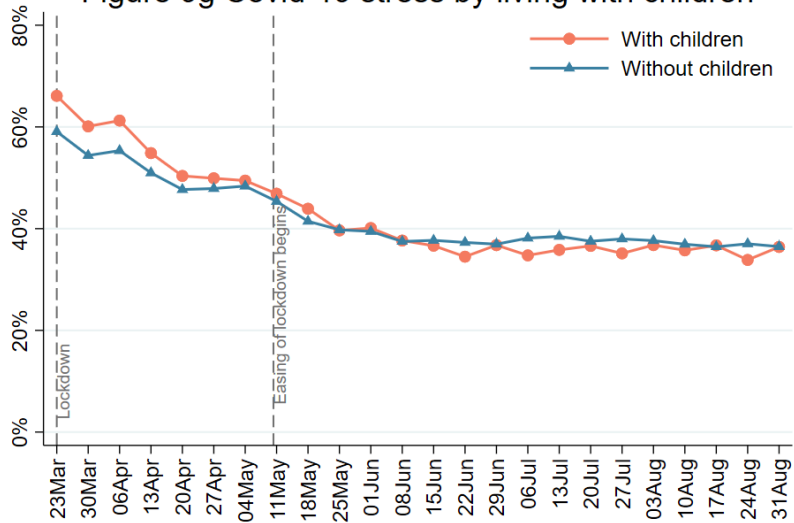

Figure 9g Covid-19 stress by living with children

Figure 9h Covid-19 stress by living area

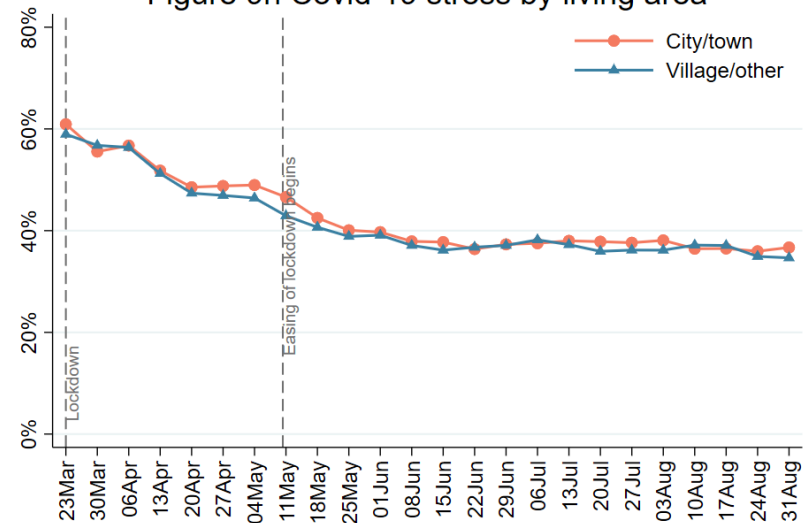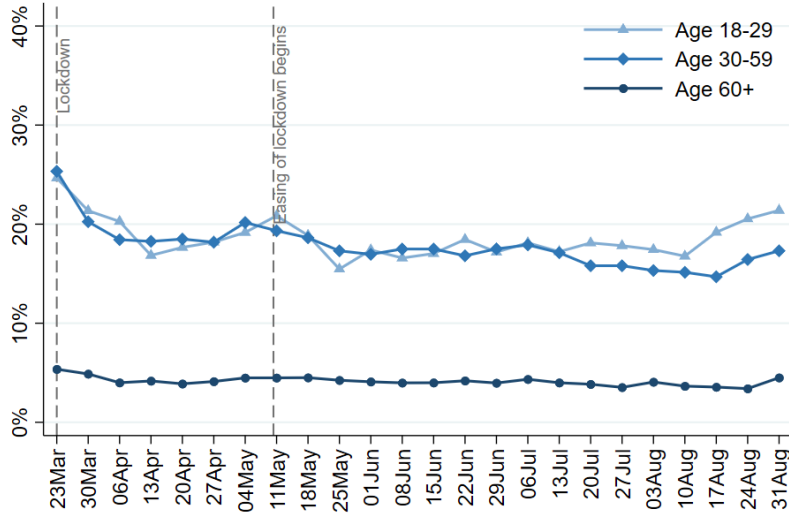Figure 10a Unemployment stress by age groups

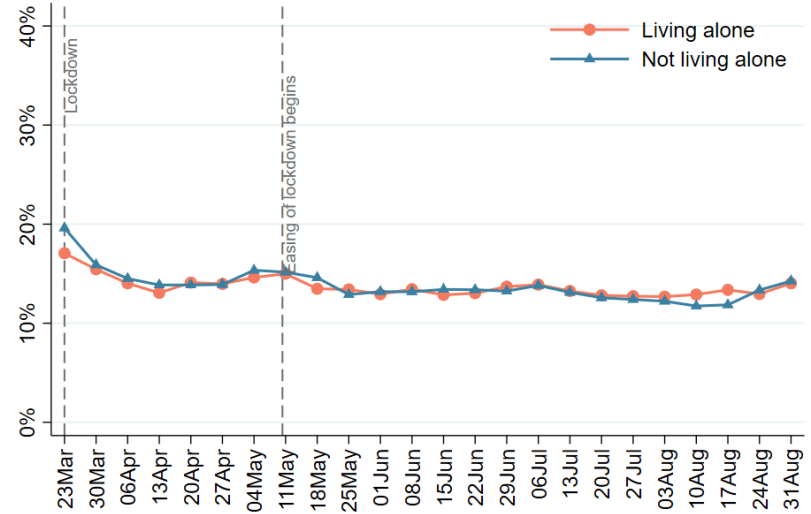Figure 10b Unemployment stress by living arrangement
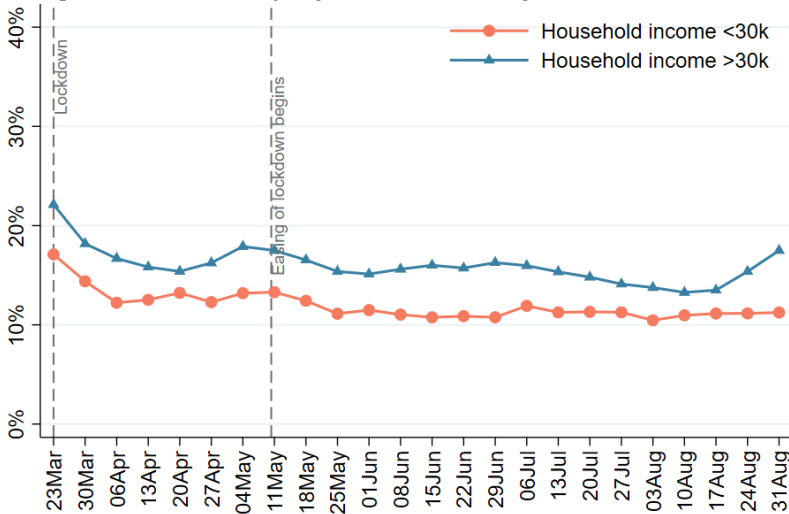
Figure 10c Unemployment stress by household income

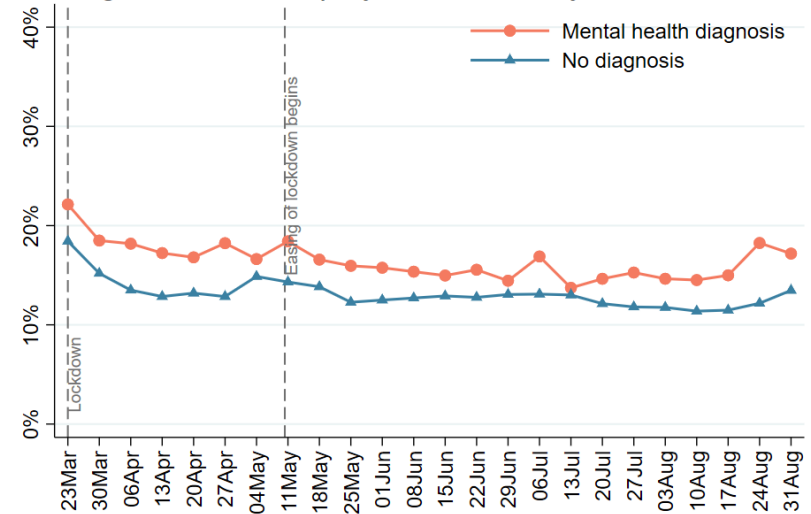Figure 10d Unemployment stress by mental health
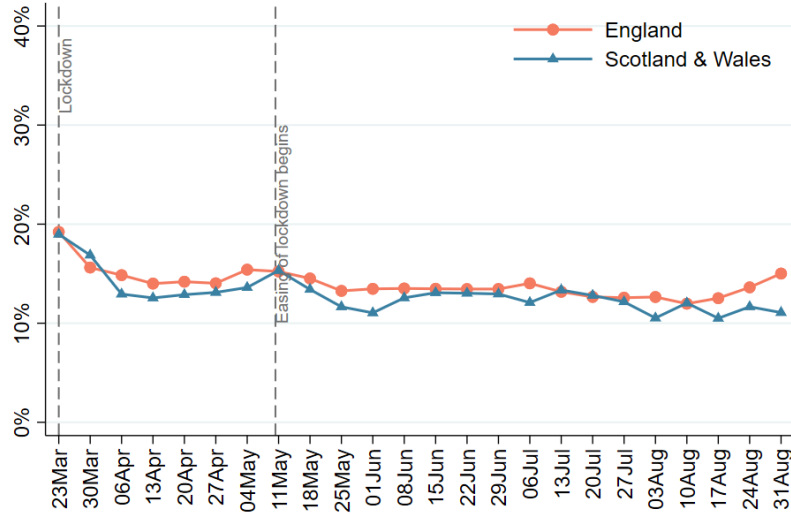
Figure 10e Unemployment stress by nations

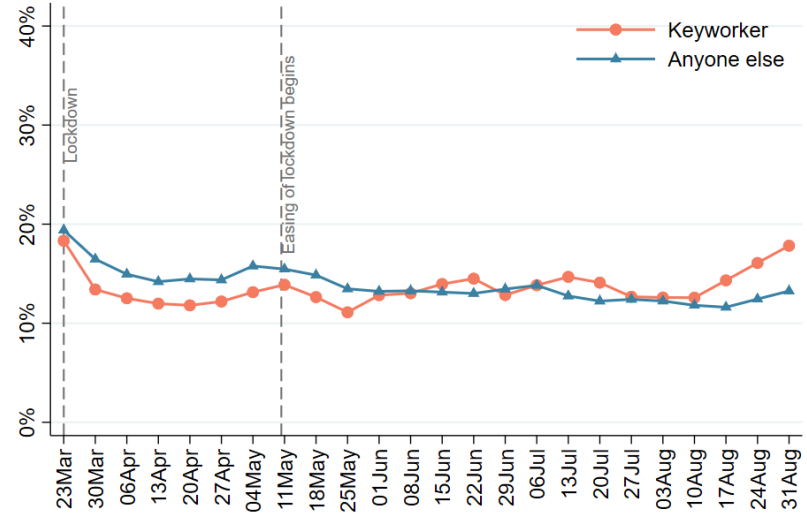## Figure 10f Unemployment stress by keyworker status

Figure 10g Unemployment stress by living with children
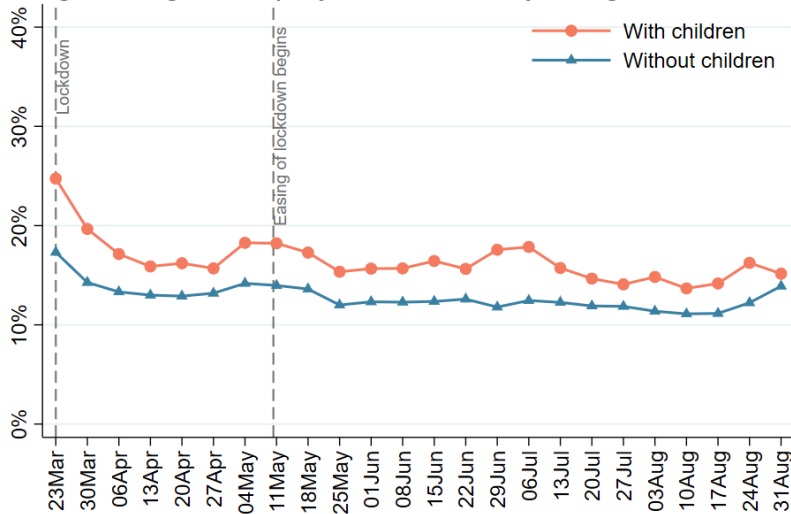

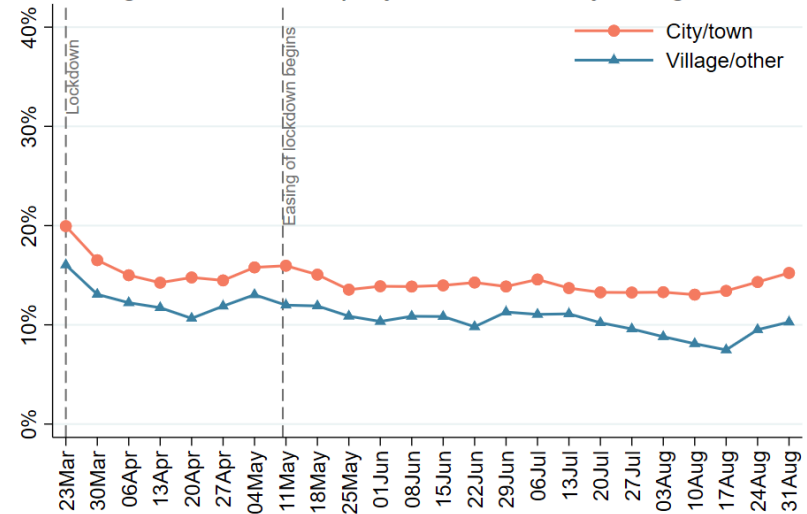## Figure 10h Unemployment stress by living area

Figure 11a Financial stress by age groups
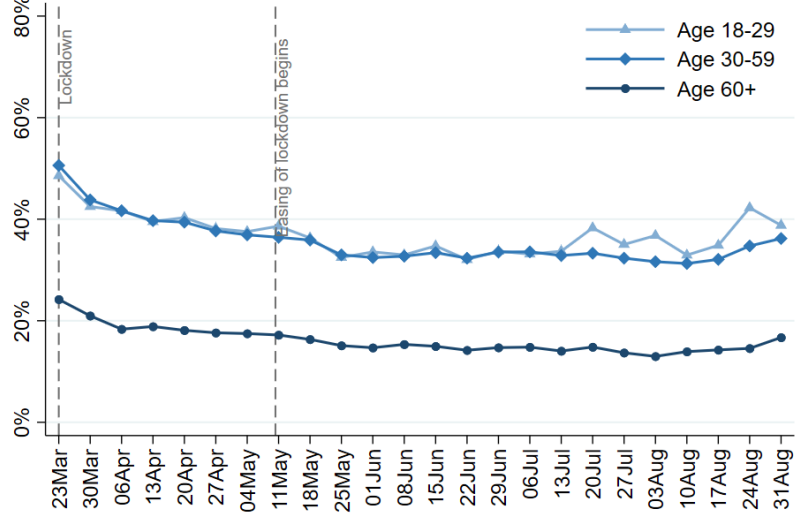

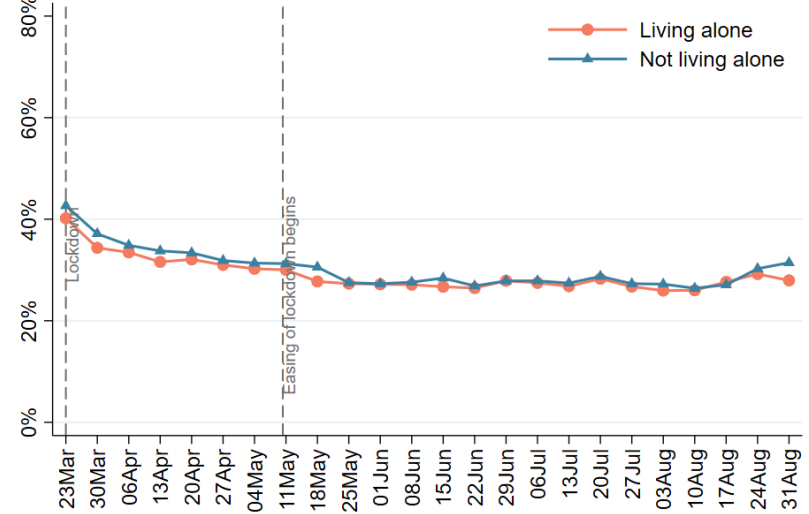Figure 11b Financial stress by living arrangement

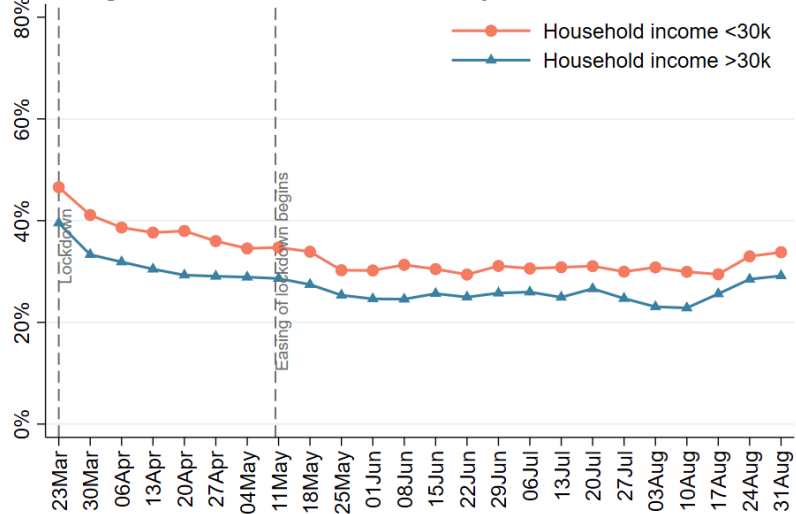Figure 11c Financial stress by household income

Figure 11d Financial stress by mental health diagnosis
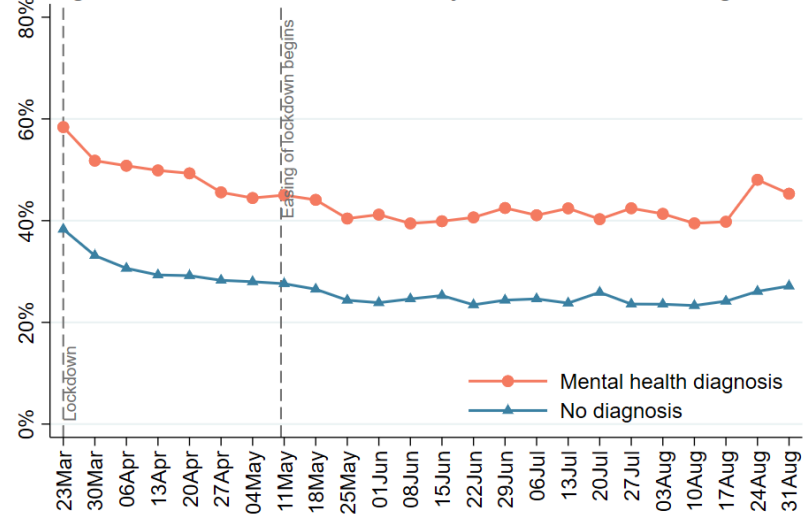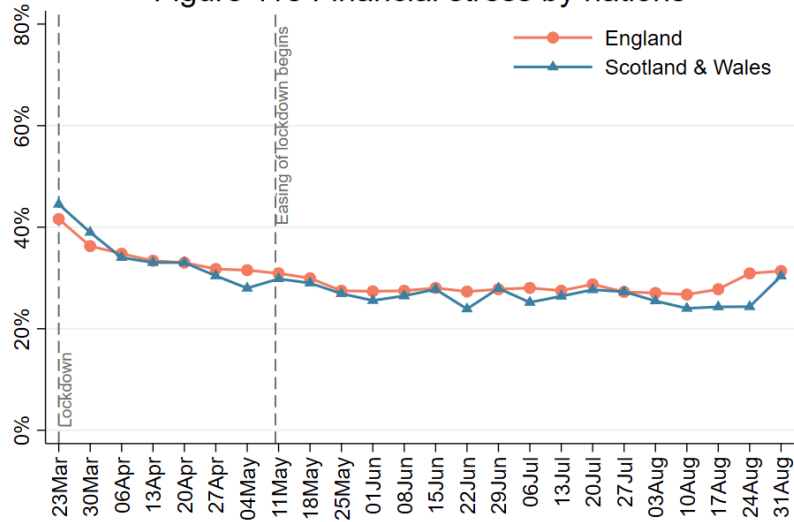
Figure 11e Financial stress by nations

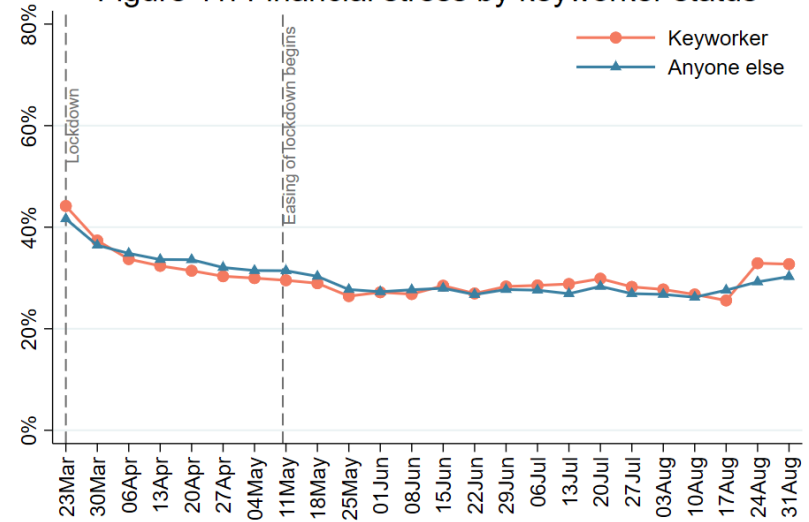Figure 11f Financial stress by keyworker status

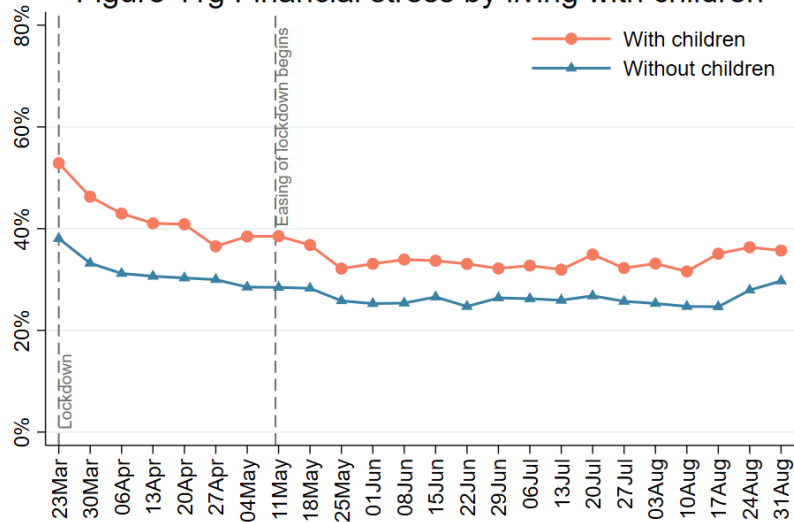Figure 11g Financial stress by living with children

Figure 11h Financial stress by living area
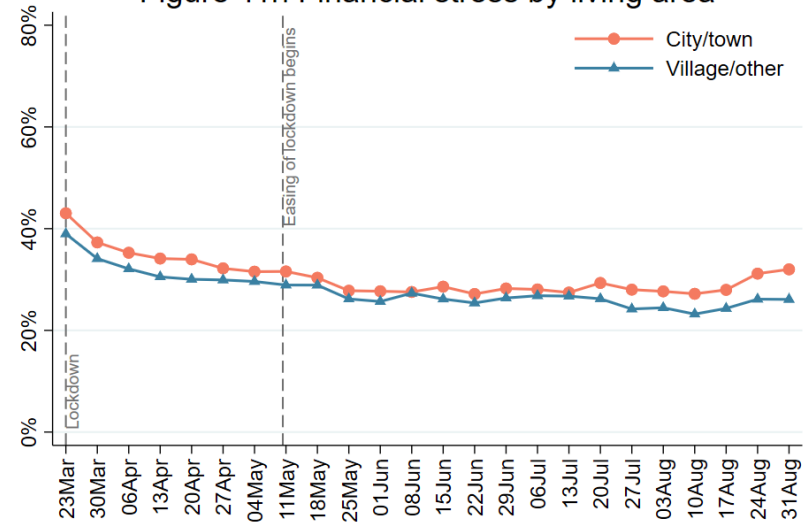
Figure 12a Food security stress by age groups
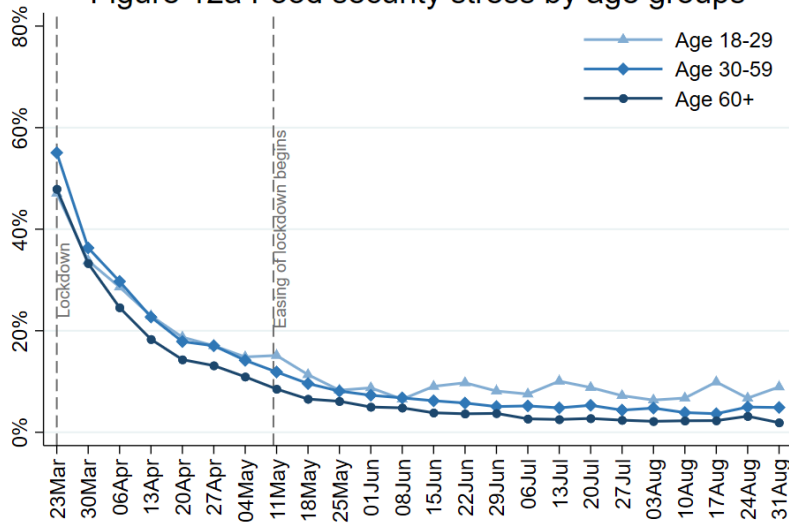
Figure 12b Food security stress by living arrangement
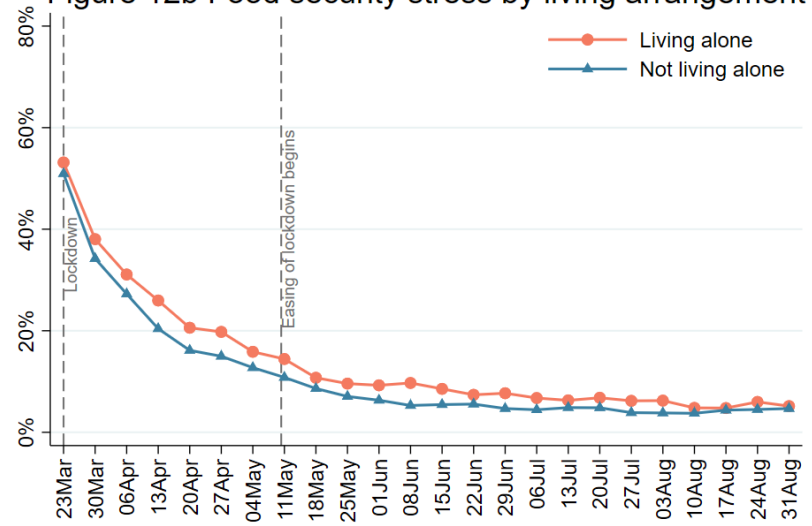
Figure 12c Food security stress by household income
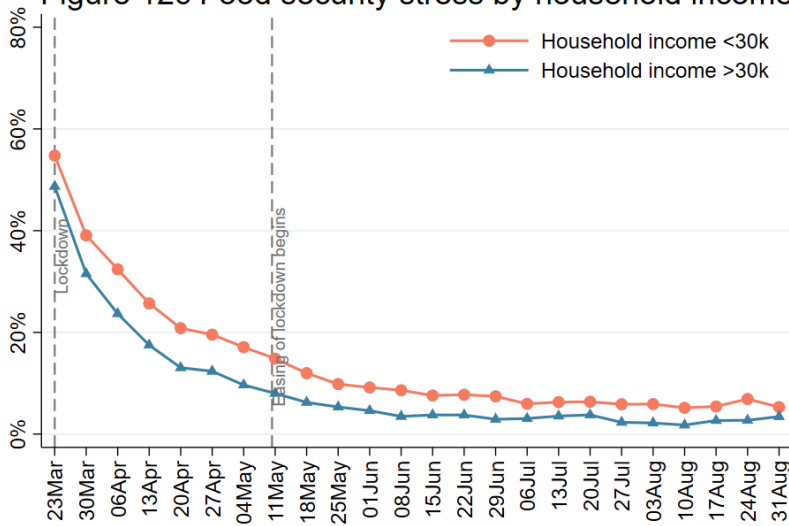
Figure 12d Food security stress by mental health
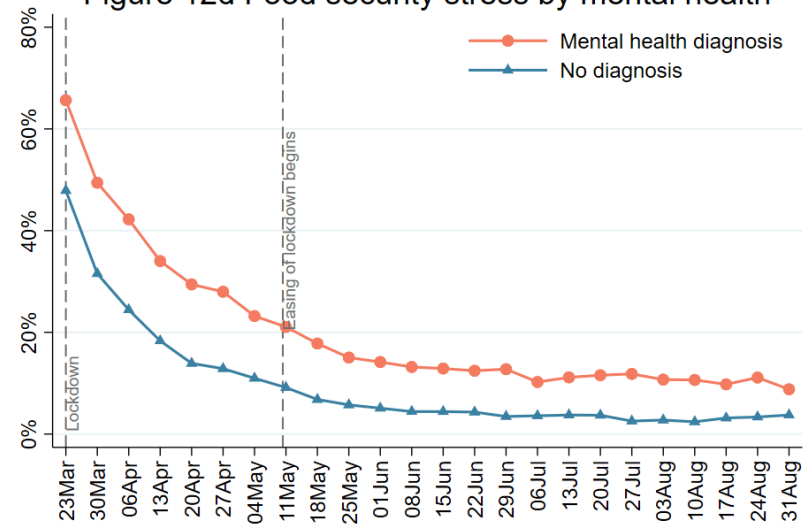
Figure 12e Food security stress by nations

Legend:
- England
- Scotland & Wales
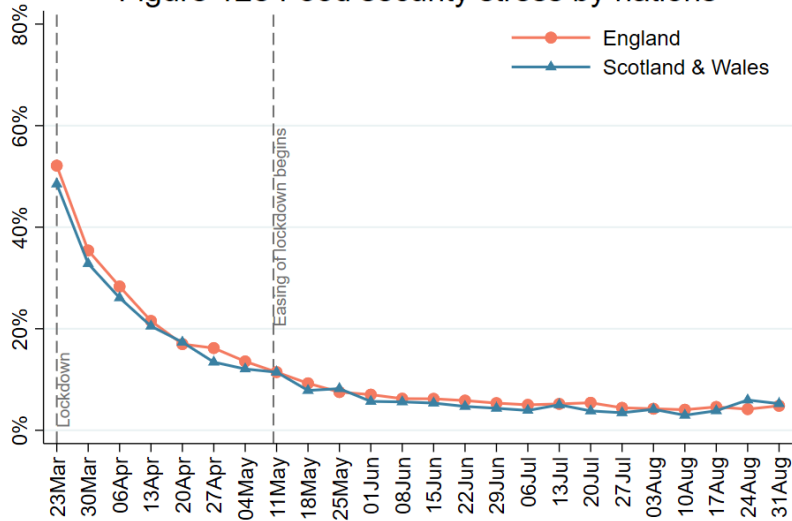
Figure 12f Food security stress by keyworker status

Legend:
- Keyworker
- Anyone else
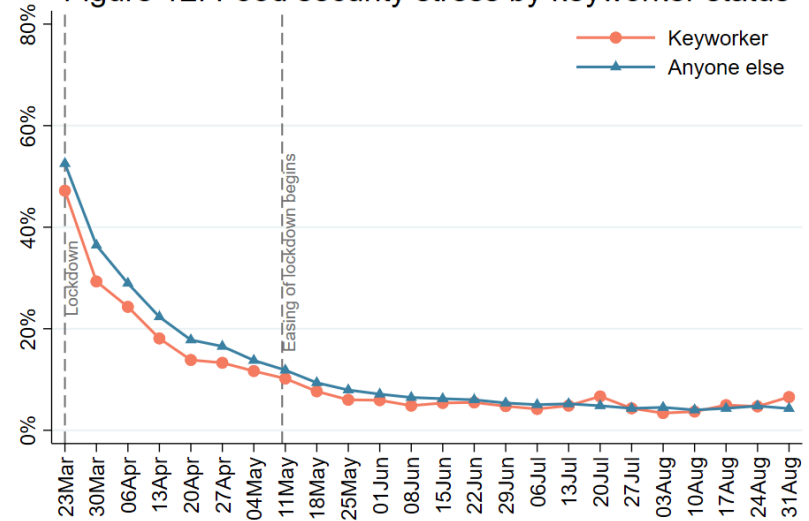
Figure 12g Food security stress by living with children

Legend:
- With children
- Without children
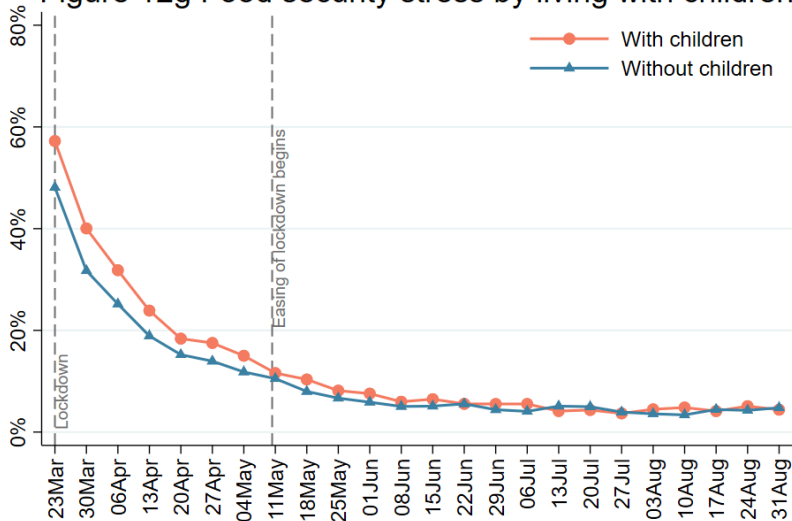
Figure 12h Food security stress by living area

Legend:
- City/town
- Village/other
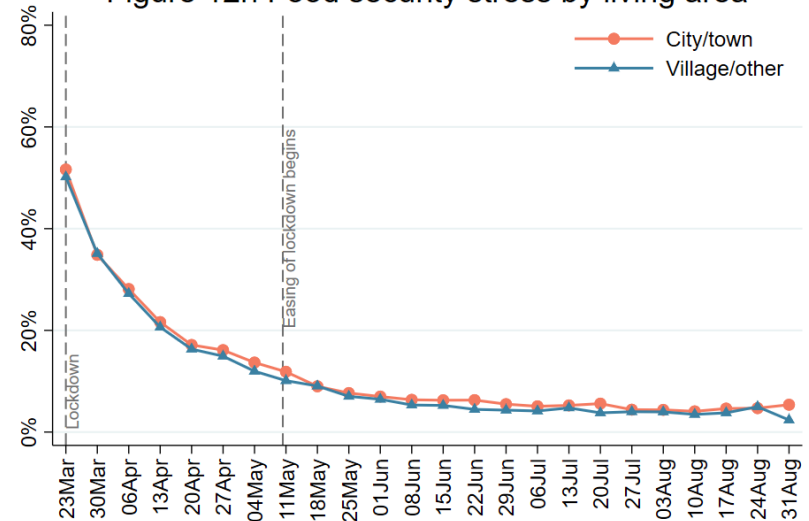
3. Self-harm and abuse

3.1 Thoughts of death or self-harm

Figure 13 Thoughts of death or self-harm
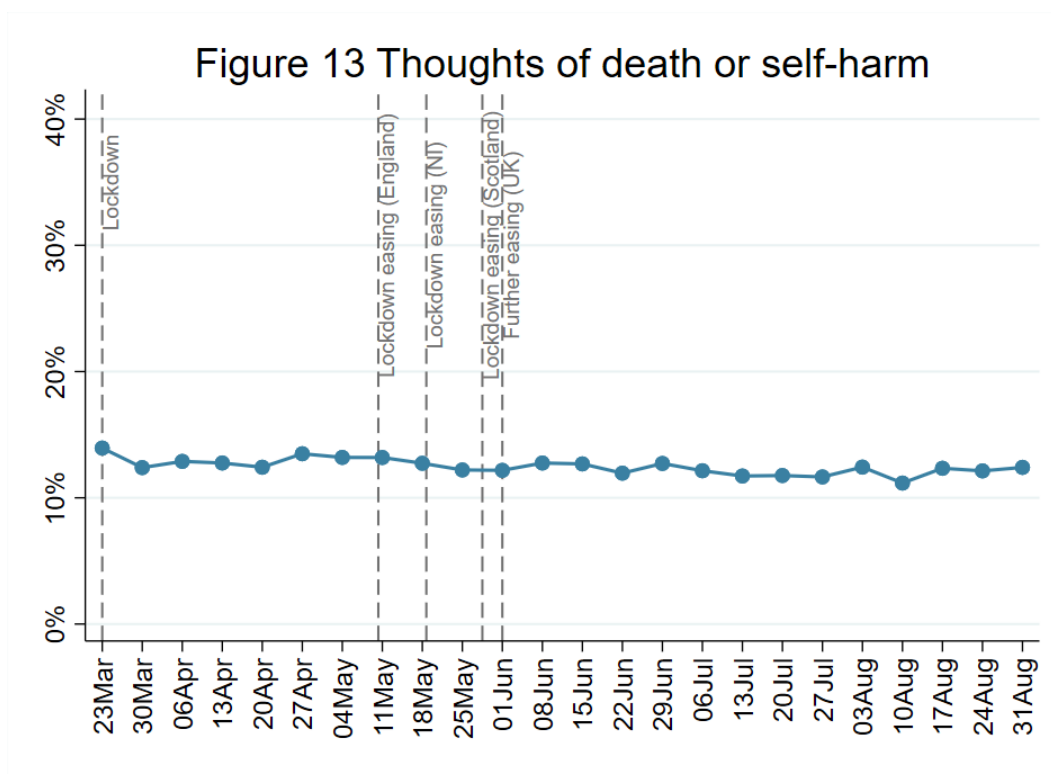
FINDINGS

Thoughts of death or self-harm are measured using a specific item within the PHQ-9 that asks whether, in the last week, 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 21 weeks. They remain higher amongst younger adults, those with 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
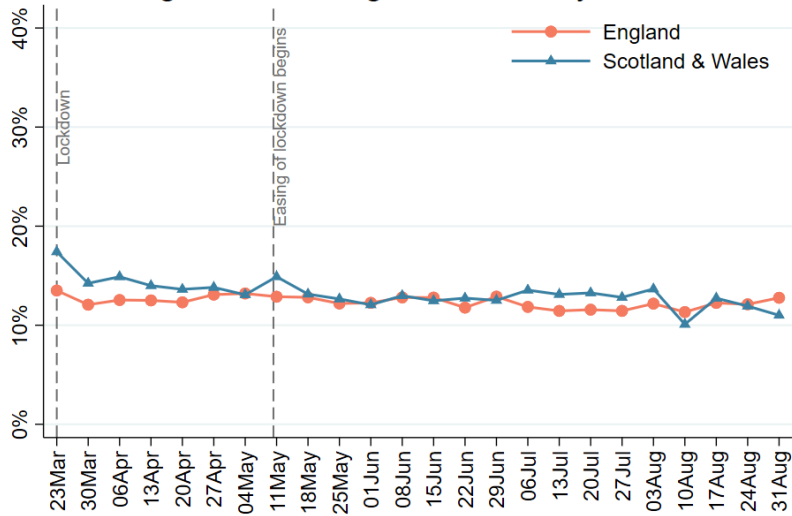
Figure 14f Thoughts of death by keyworker status
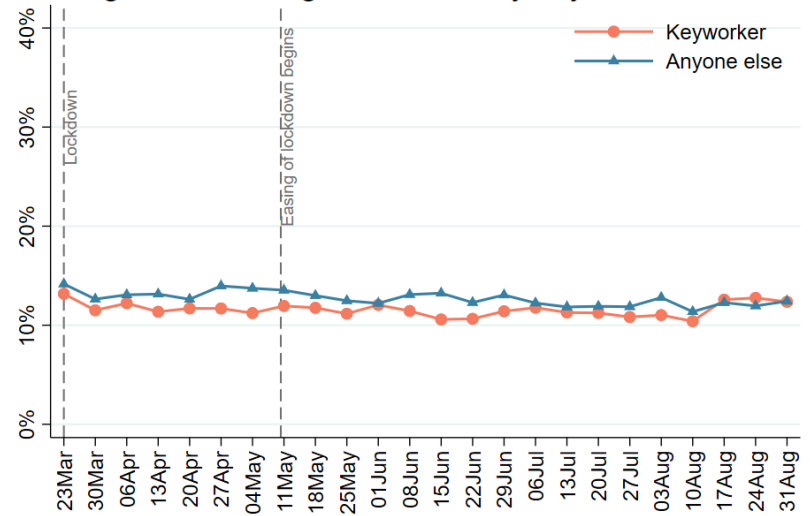
Figure 14g Thoughts of death by living with children

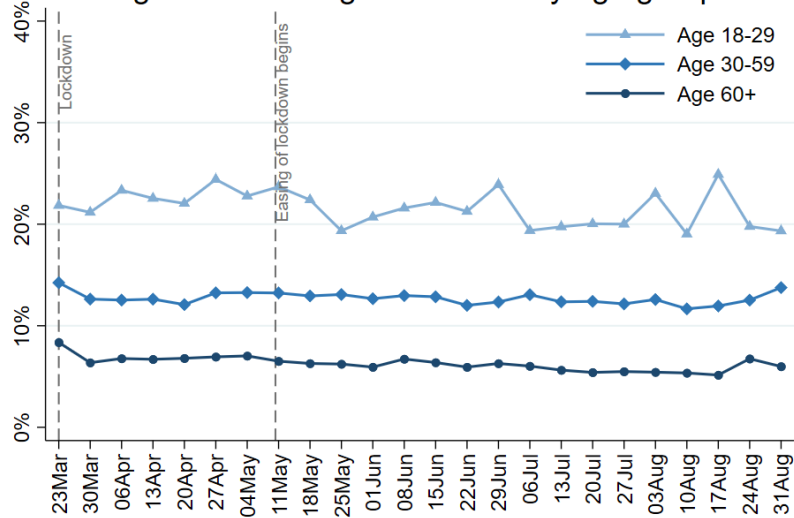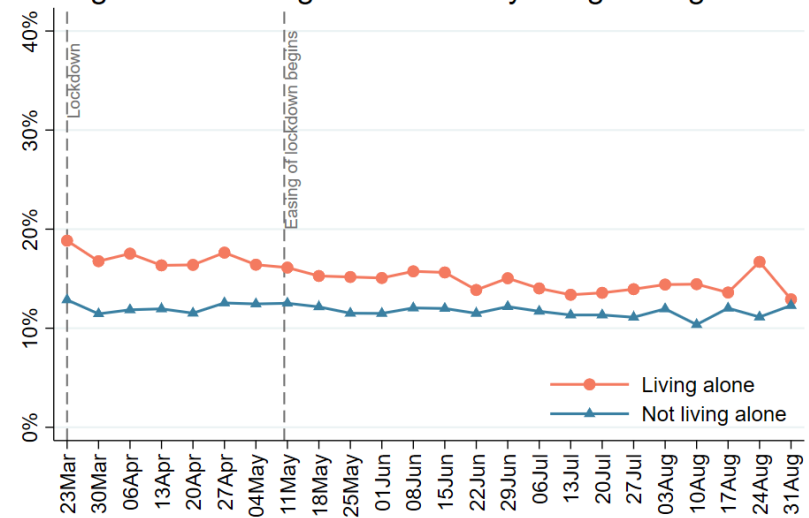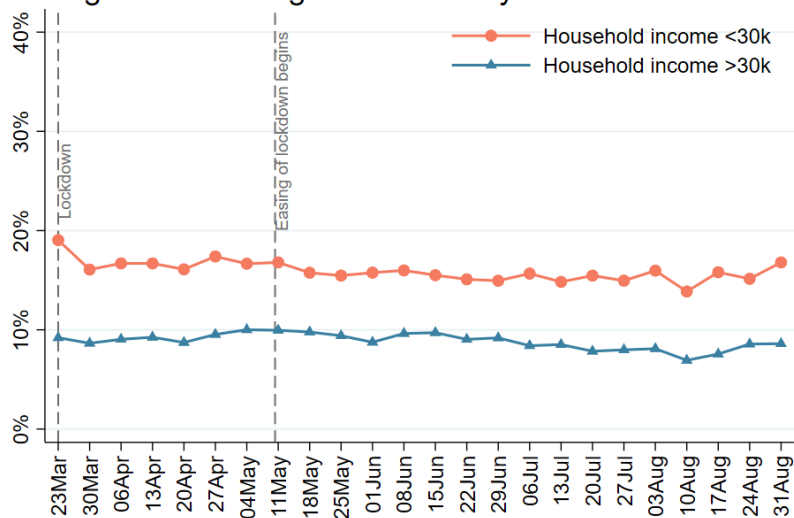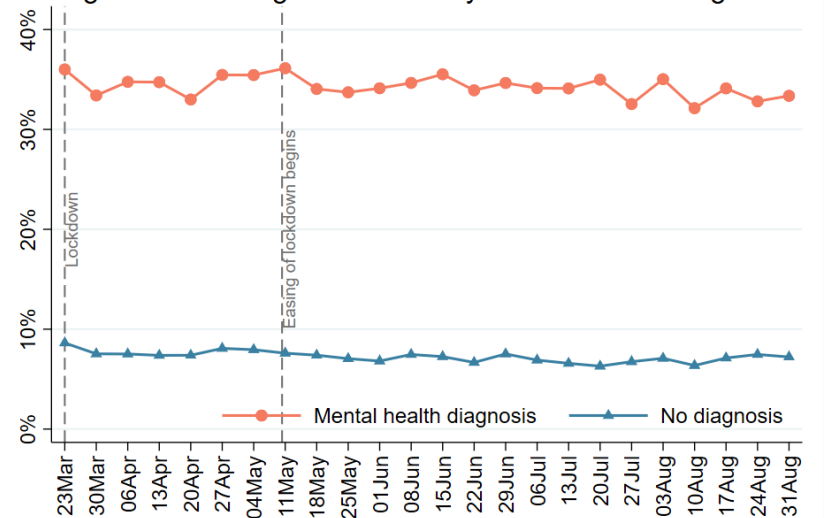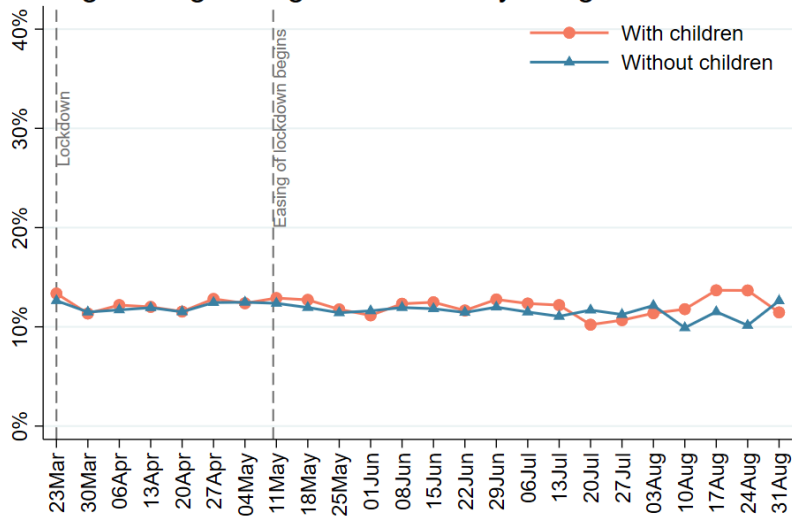Figure 14h Thoughts of death by living area

3.2 Self-harm

Figure 15 Self-harm
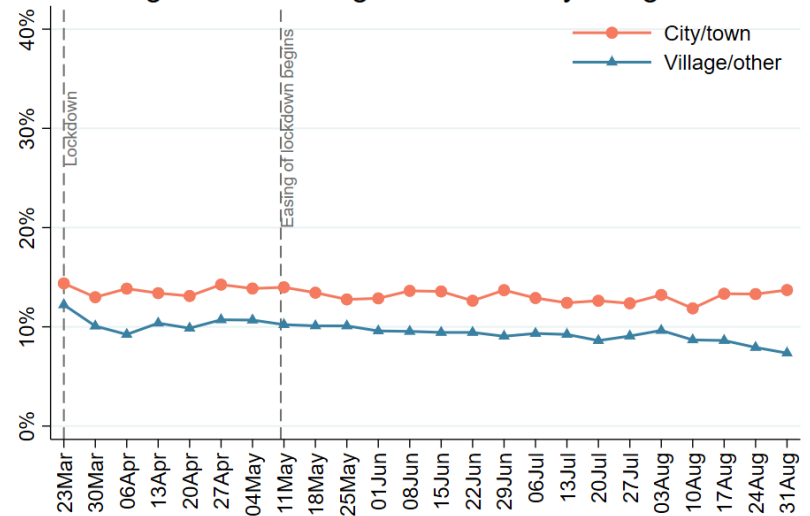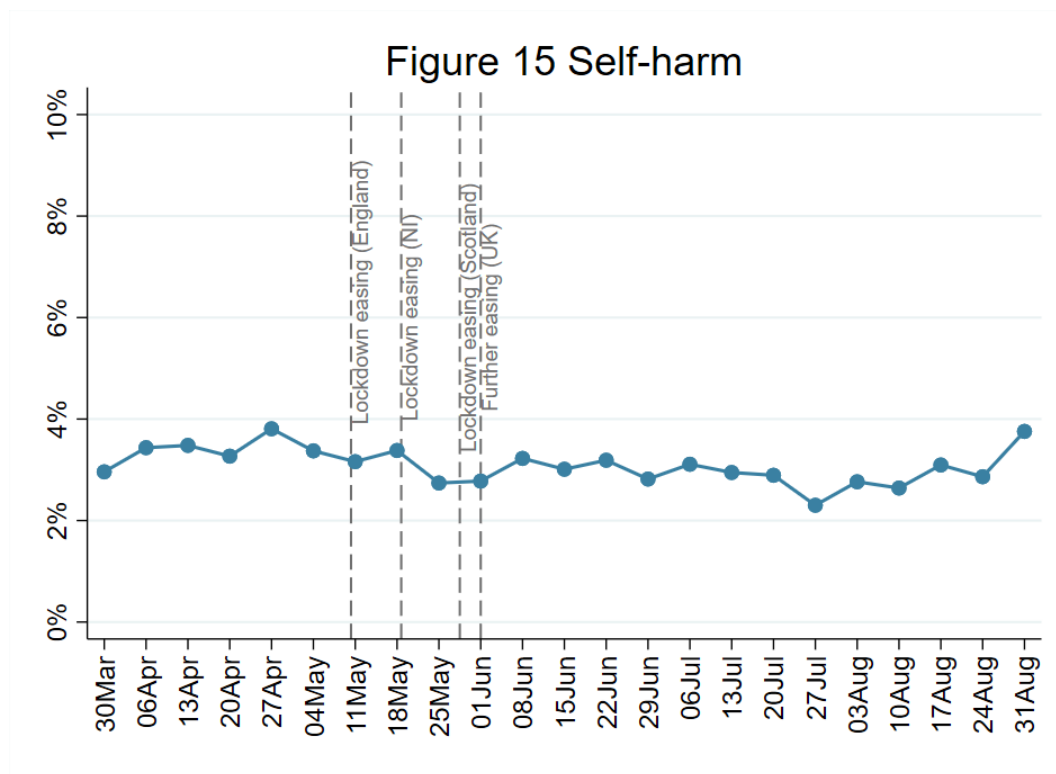
Self-harm was assessed using a question that asks whether someone in the last week has been "self-harming or deliberately hurting yourself". Responses are on a 4-point scale ranging from "not at all" to "nearly every day". We focused on any response that indicated any self-harming.

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.[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
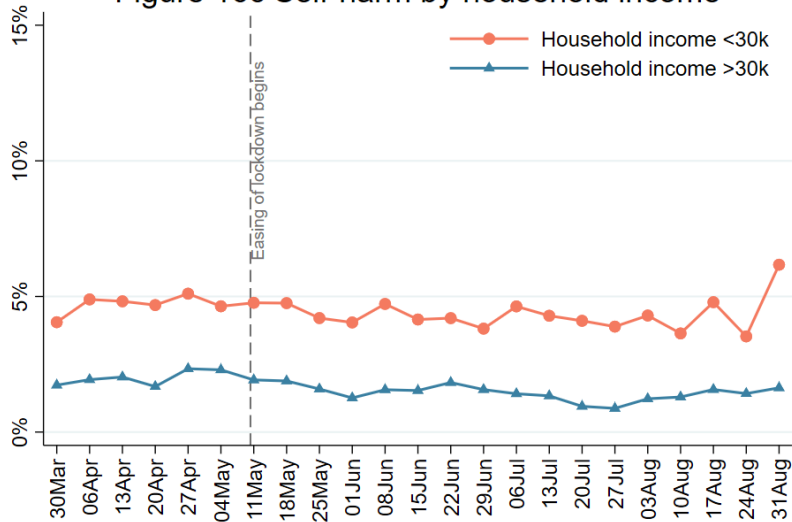
Figure 16d Self-harm by mental health diagnosis
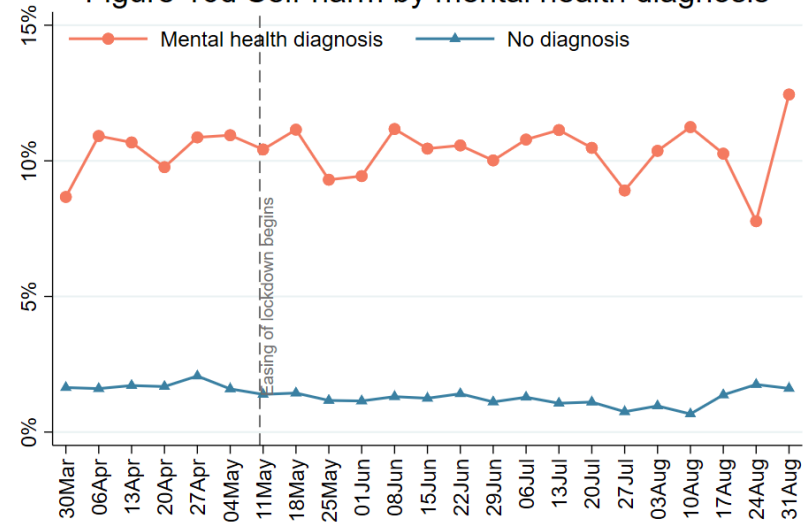
Figure 16e Self-harm by nations
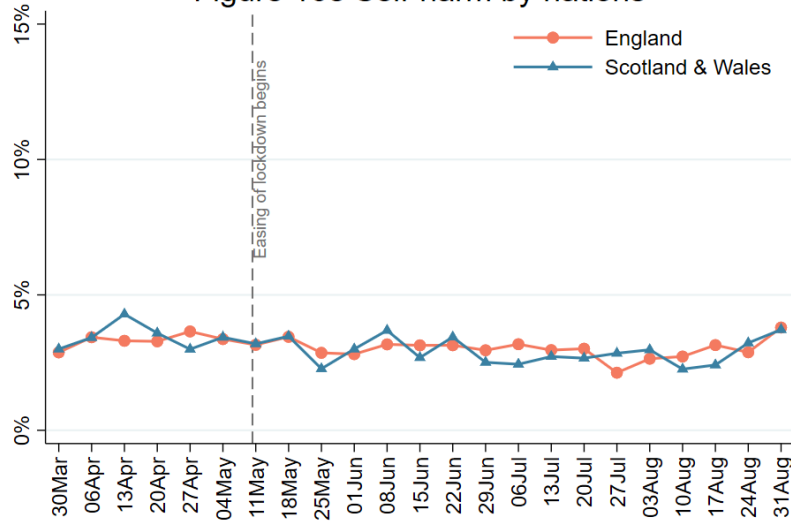
Figure 16f Self-harm by keyworker status
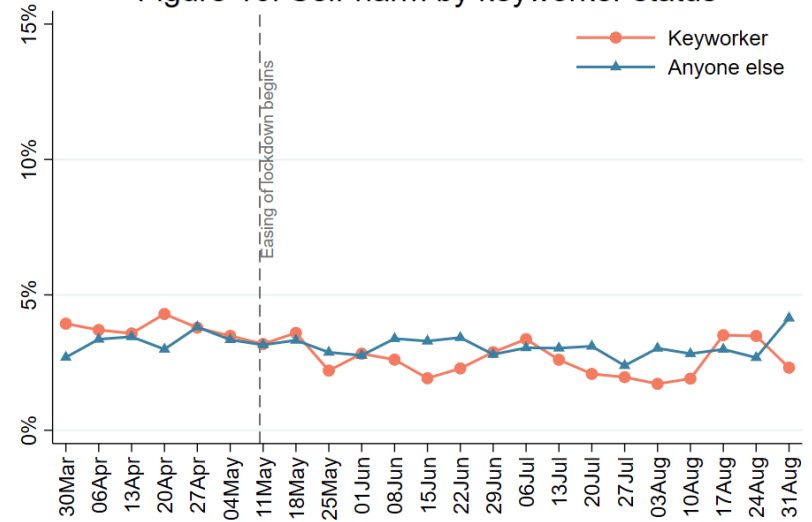
Figure 16g Self-harm by living with children
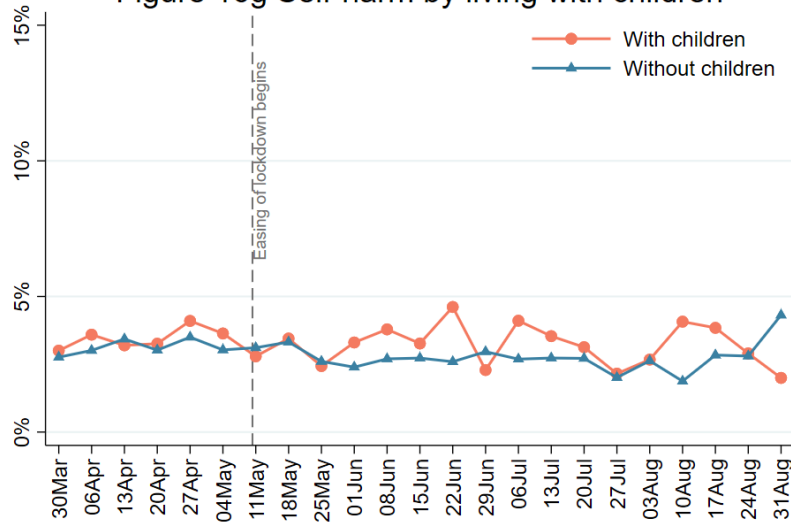
Figure 16h Self-harm by living area

3.3 Abuse

Figure 17 Being physically or psychologically abused
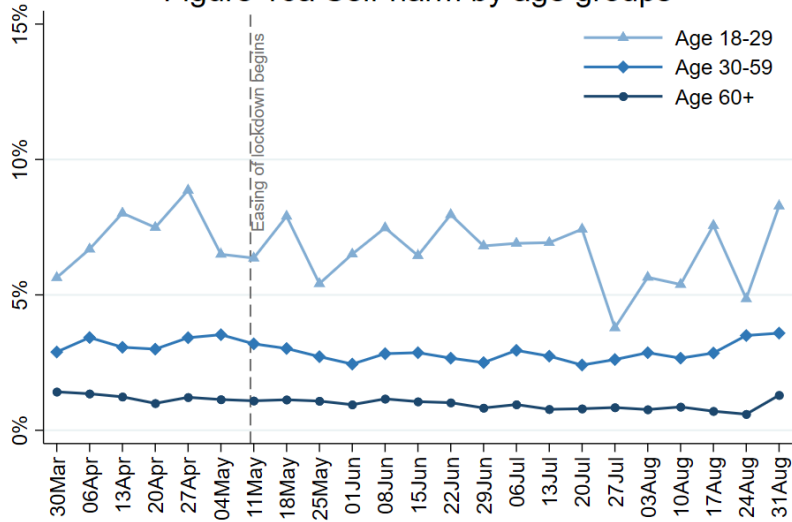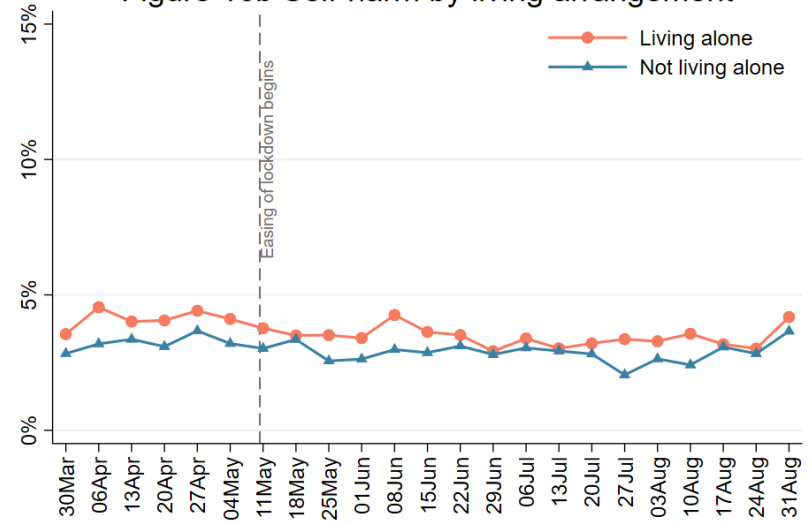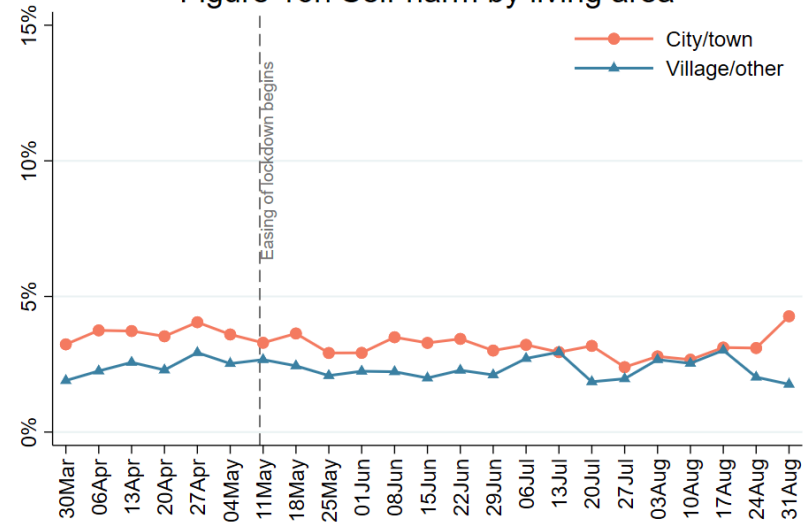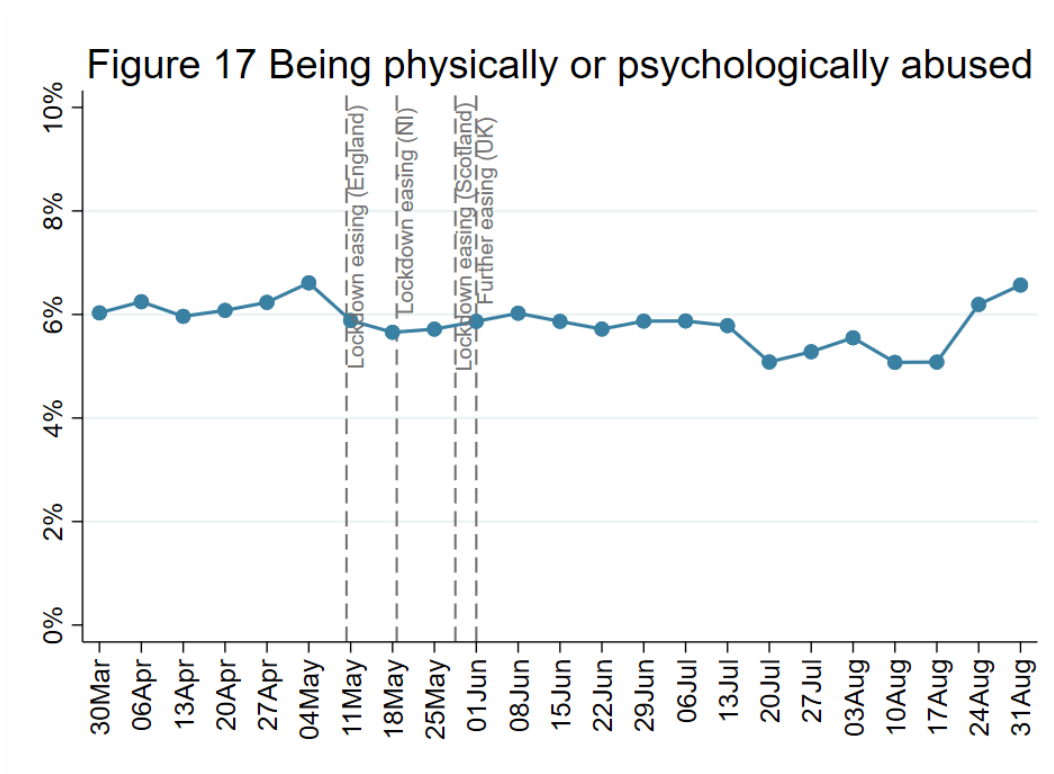
FINDINGS

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

33
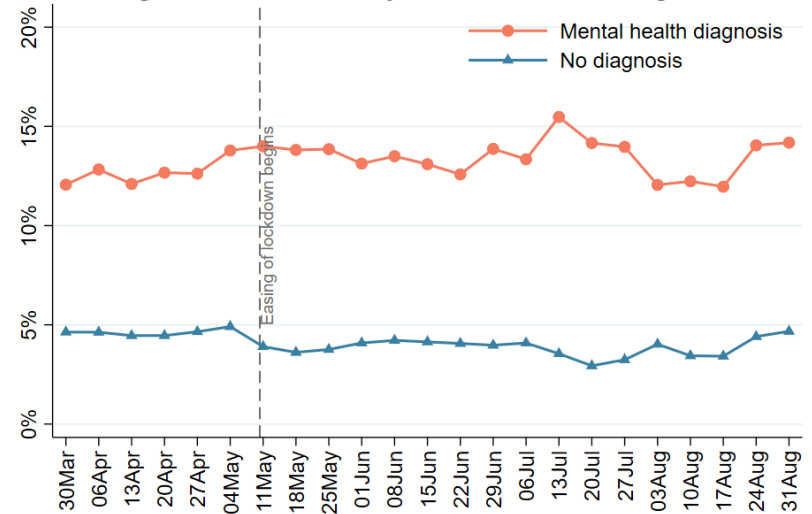
Figure 18e Abuse by nations
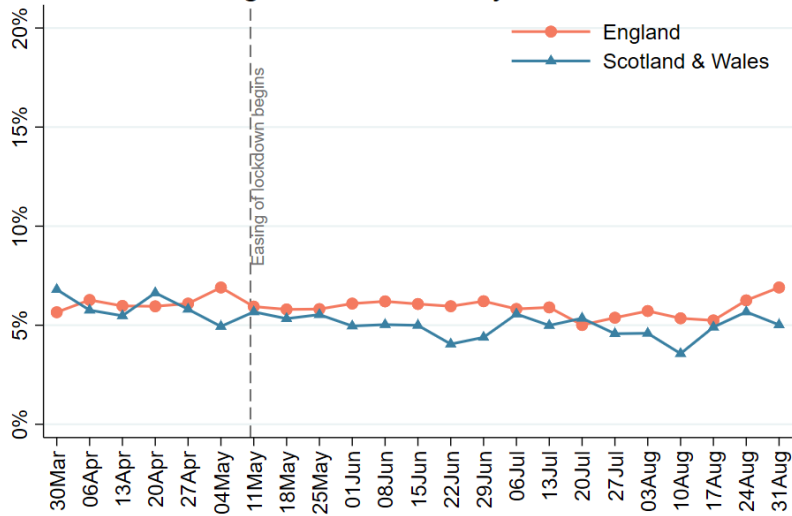
Figure 18f Abuse by keyworker status
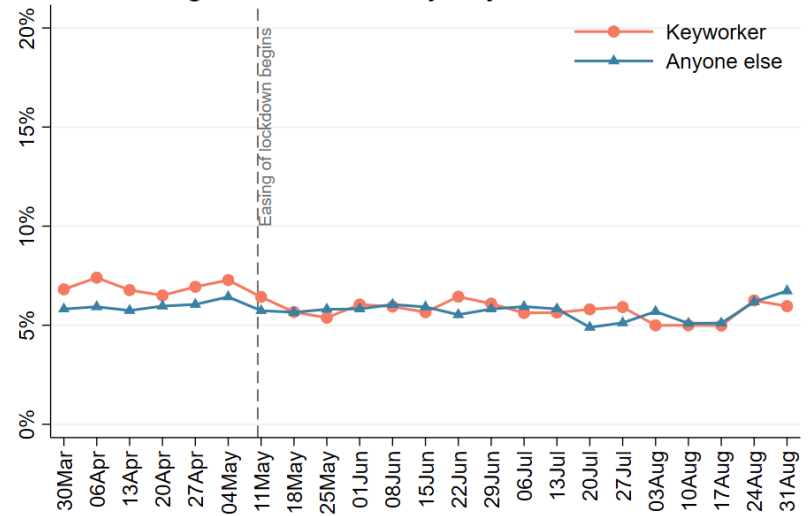
Figure 18g Abuse by living with children
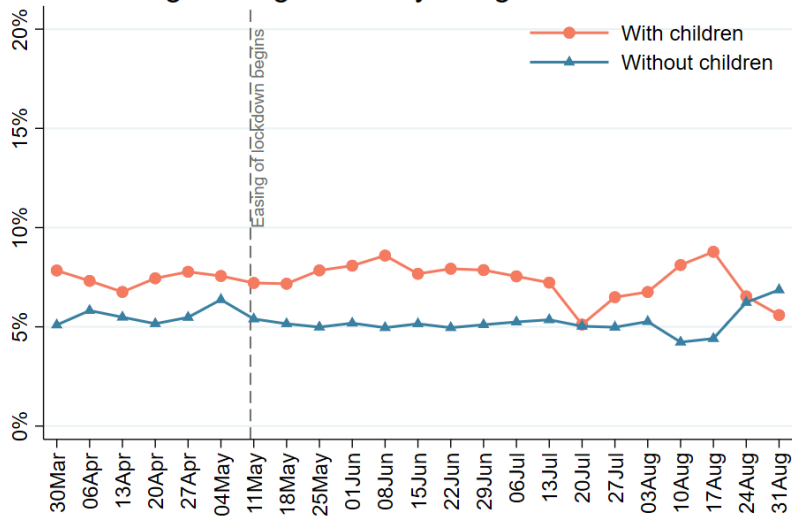
Figure 18h Abuse by living area
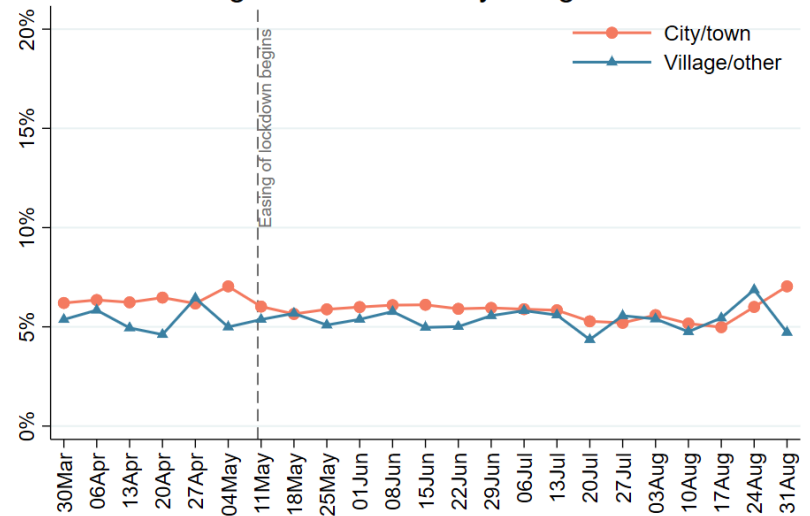
4. General well-being

4.1 Life satisfaction

Figure 19 Life satisfaction
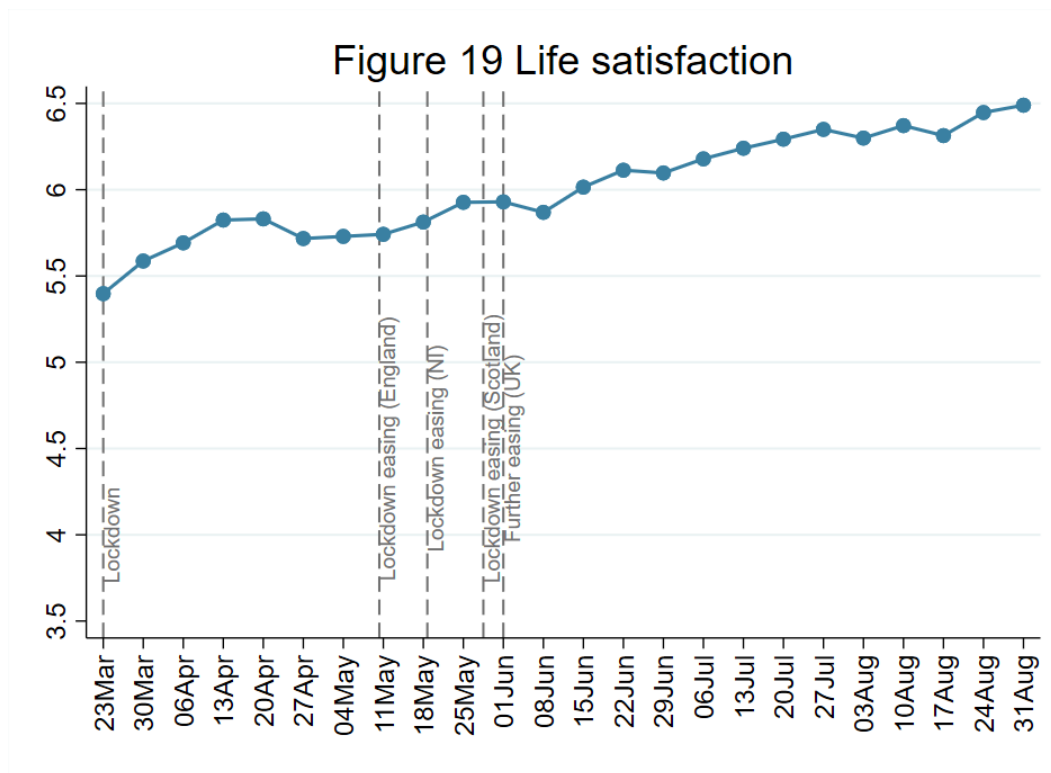
FINDINGS

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).

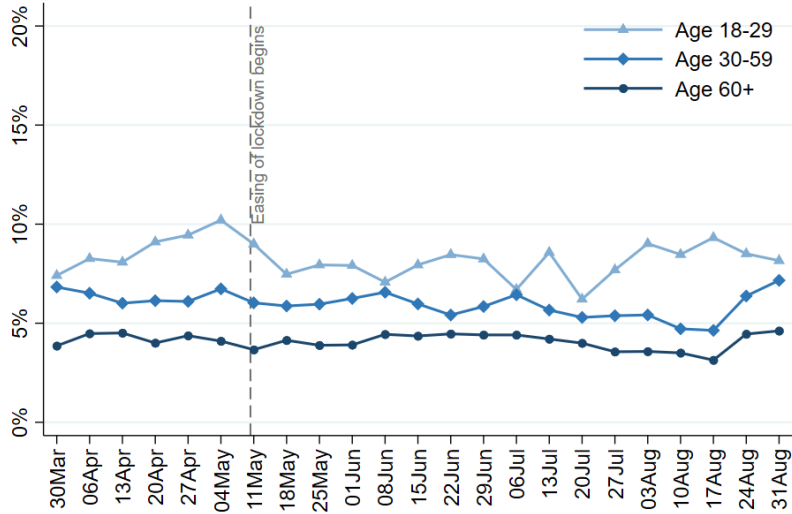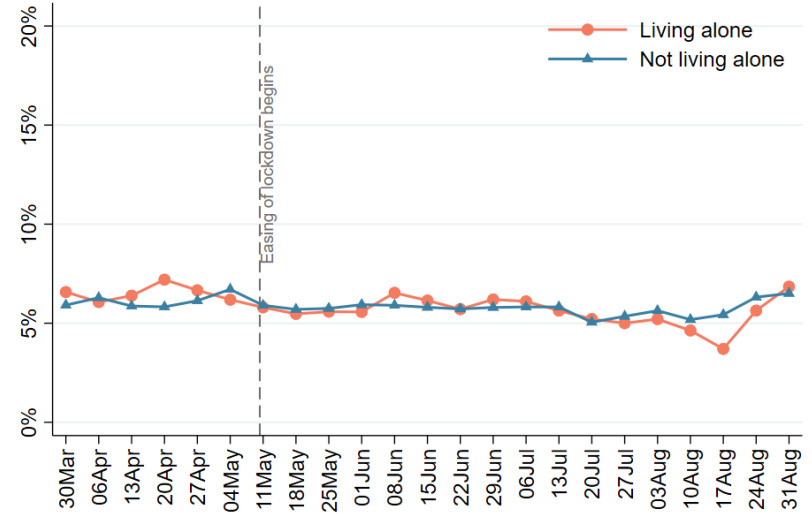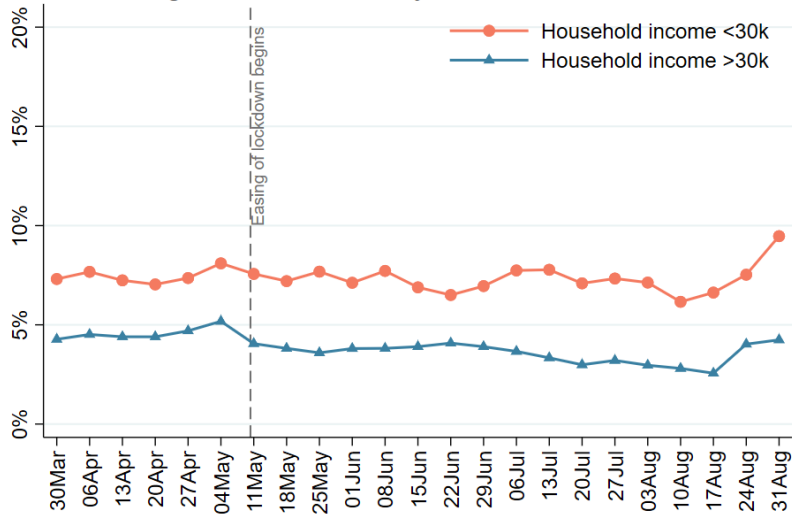Life satisfaction is similar to levels two weeks ago, but this remains substantially higher than when lockdown came in. Whilst it was lower amongst people with children during lockdown, this difference has disappeared as lockdown has eased. It remains lowest in younger adults (although the gap to other age groups has narrowed substantially compared), people living alone, people with lower household income, people with a diagnosed mental health condition, and people living in urban areas (although the gap in differences between urban and rural areas has narrowed as further lockdown easing has taken place). 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 lockdown[5].

---

[5] 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
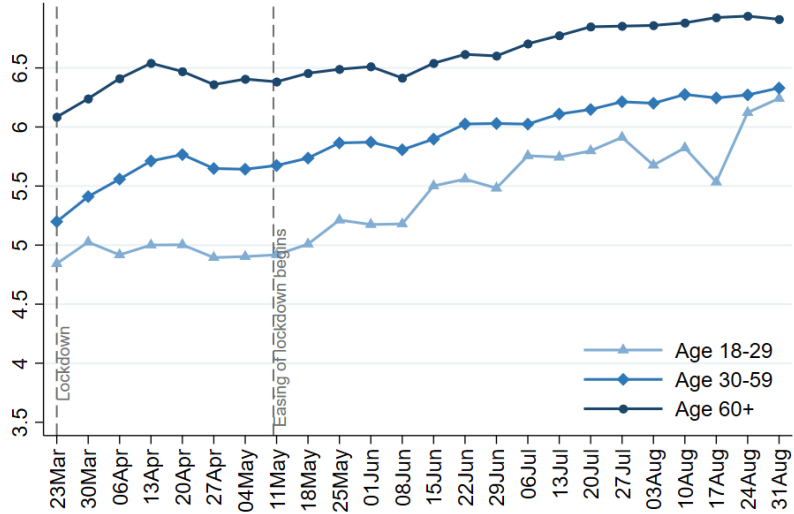
Figure 20b Life satisfaction by living arrangement
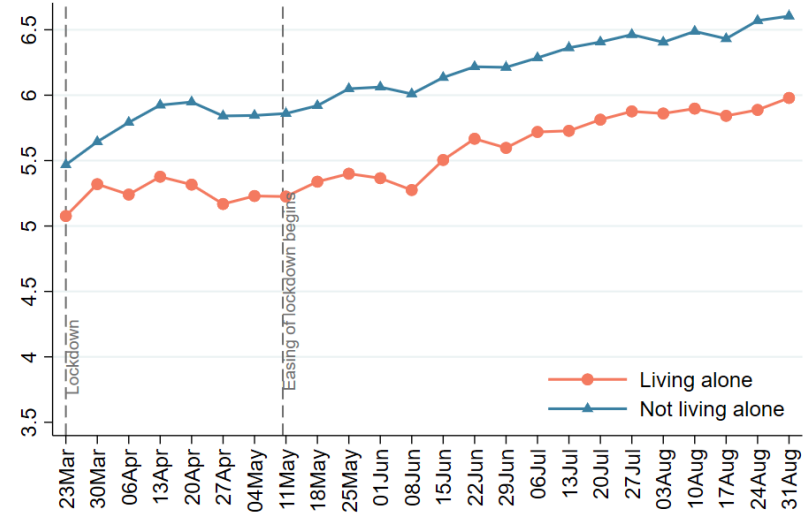
Figure 20c Life satisfaction by household income
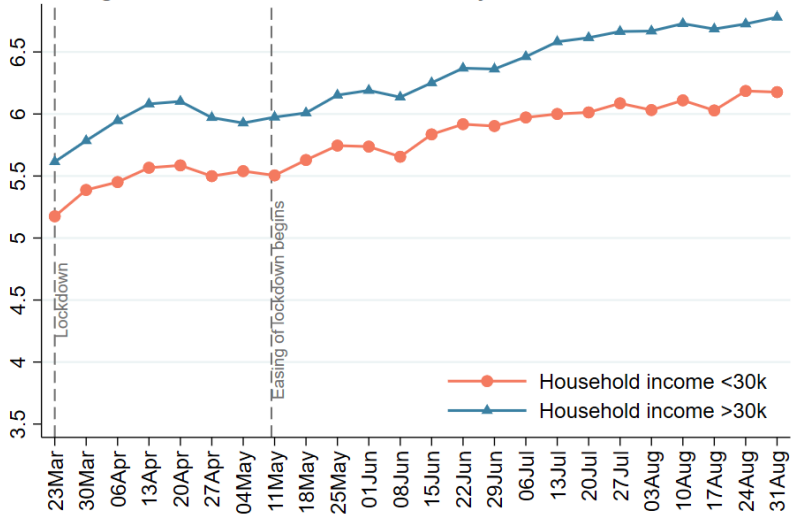
Figure 20d Life satisfaction by mental health diagnosis
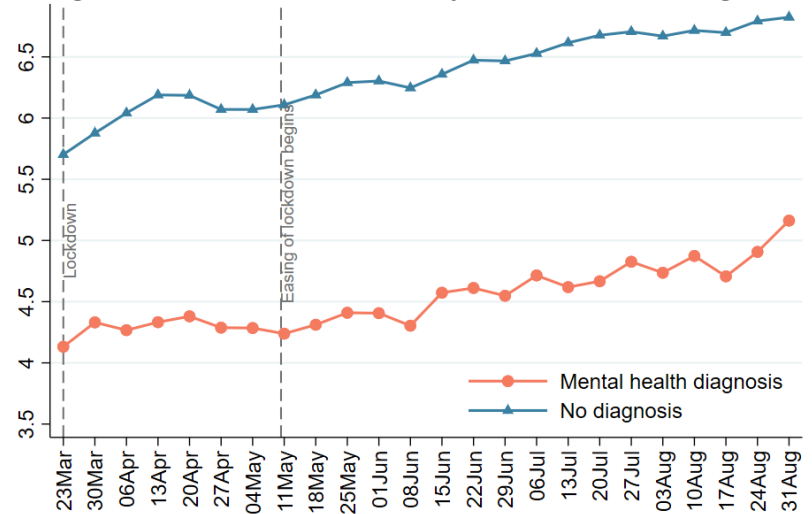
Figure 20e Life satisfaction by nations
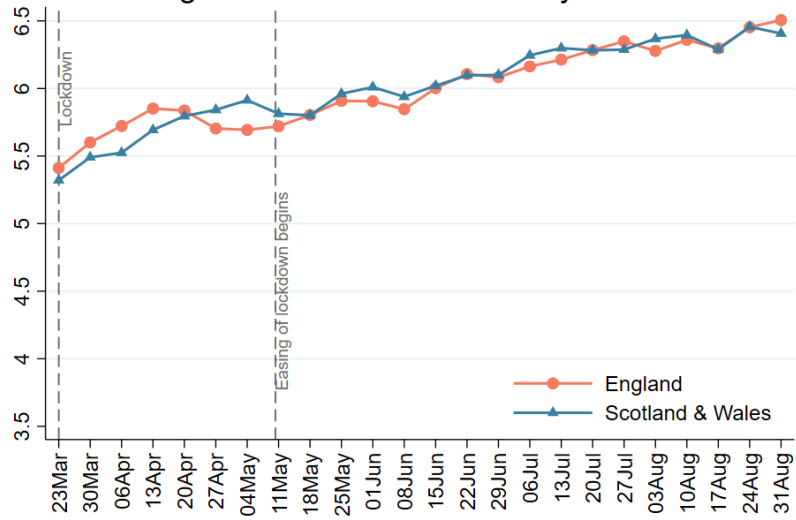
Figure 20f Life satisfaction by keyworker status
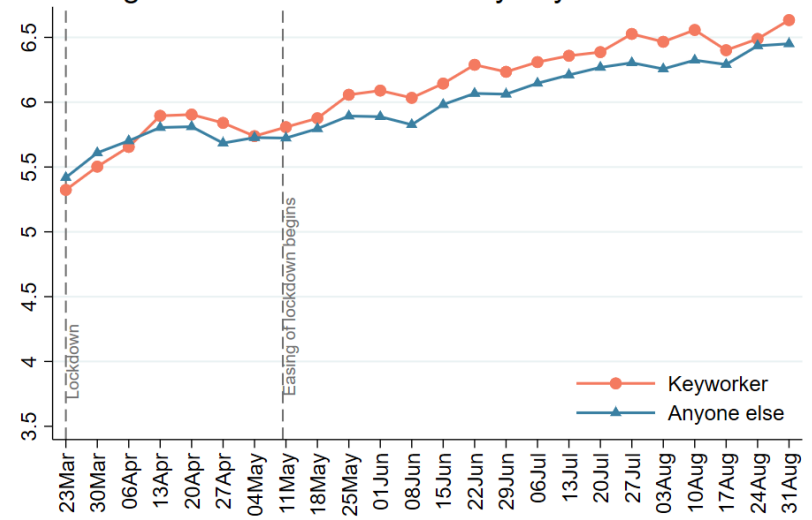
Figure 20g Life satisfaction by living with children
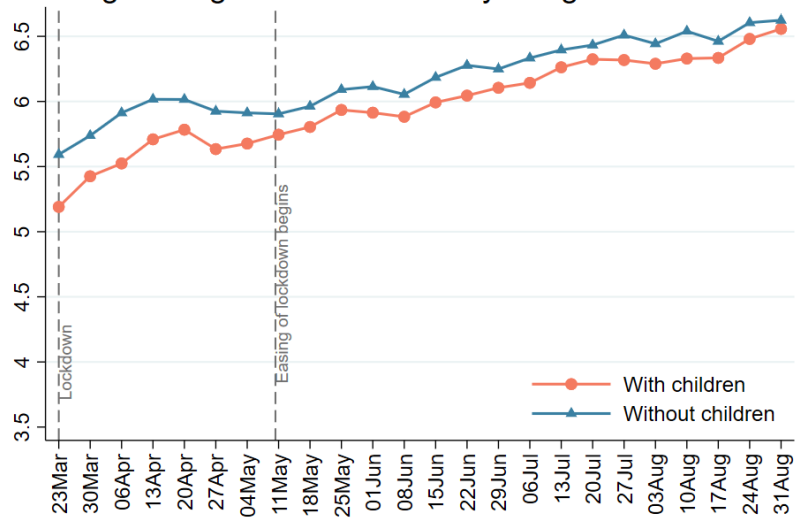
Figure 20h Life satisfaction by living area

4.2 Loneliness
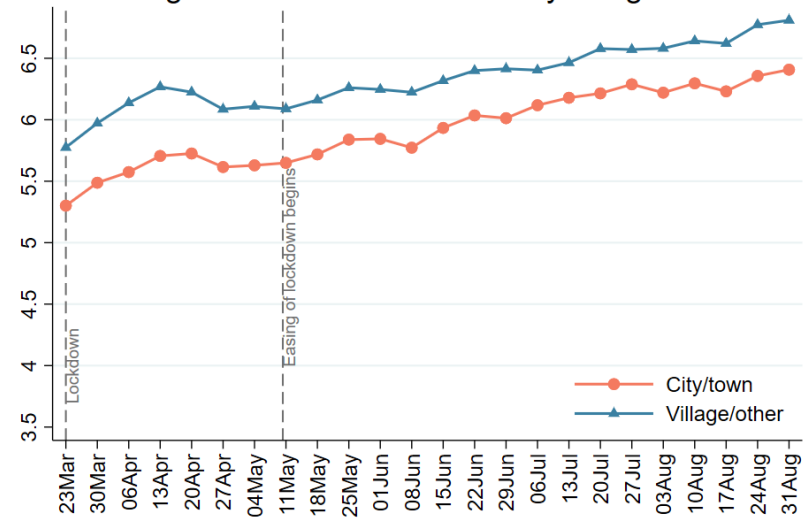
Figure 21 Loneliness
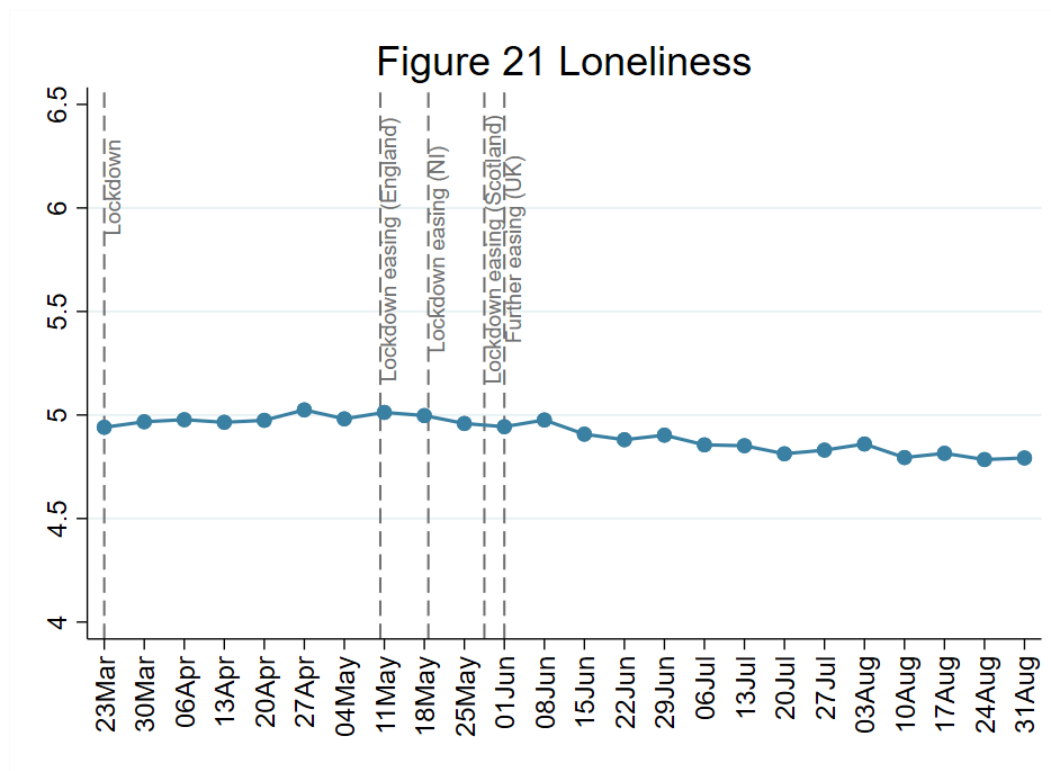
FINDINGS

Respondents were asked about levels of loneliness using the 3-item UCLA-3 loneliness scale, 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 have been stable in the past fortnight, but are noticeably lower than 22 weeks ago. In particular, for younger adults (ages 18-29), loneliness appears to have decreased in the past fortnight. It remains to be seen how this pattern emerges over the coming few weeks, as students return to university towns and more businesses open for people to return to work. Loneliness levels are still highest in younger adults, people living alone, people with lower household income, people living with children, people living in urban areas, and people with a diagnosed mental health condition.

Figure 22a Loneliness by age groups
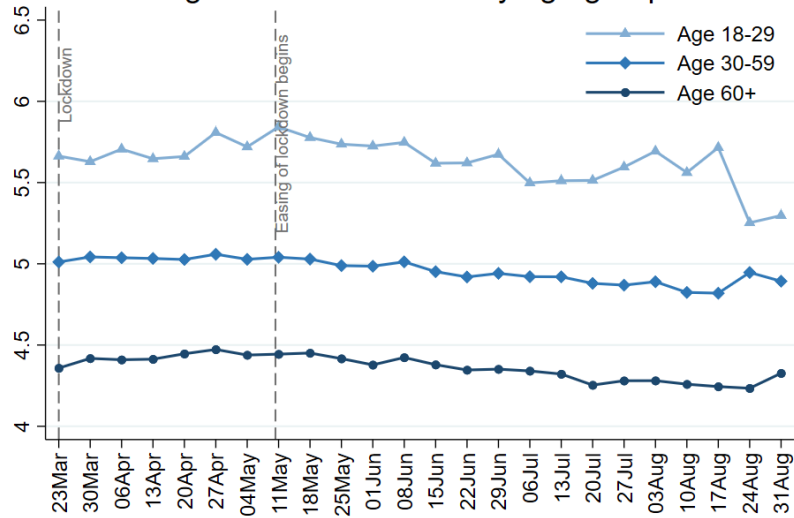
Figure 22b Loneliness by living arrangement
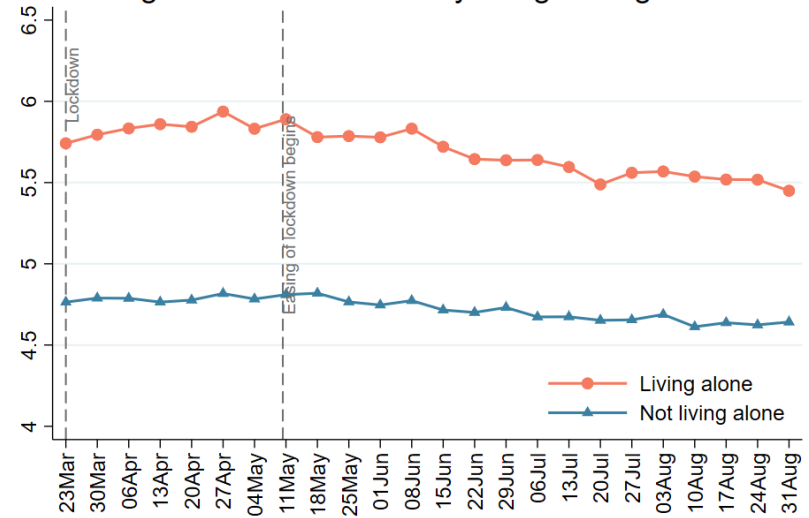
Figure 22c Loneliness by household income
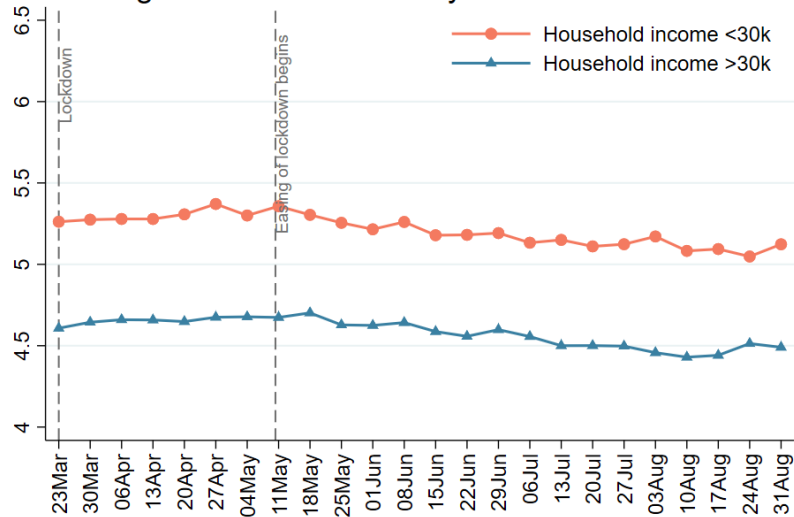
Figure 22d Loneliness by mental health diagnosis
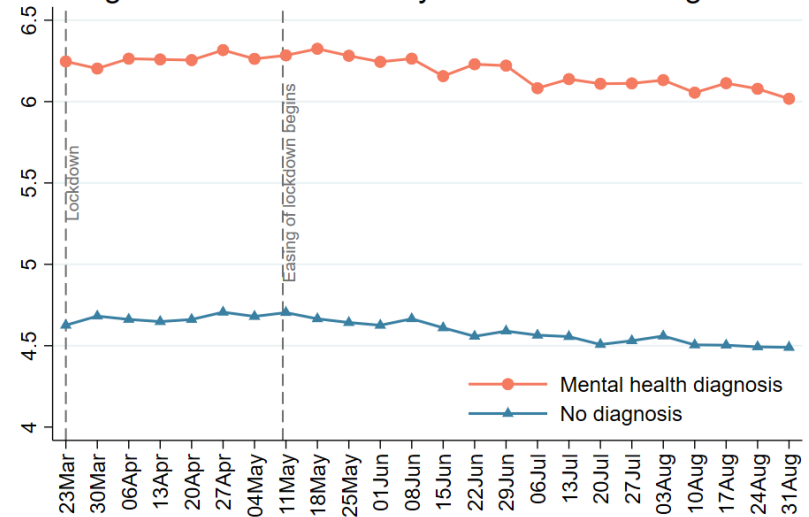
Figure 22e Loneliness by nations
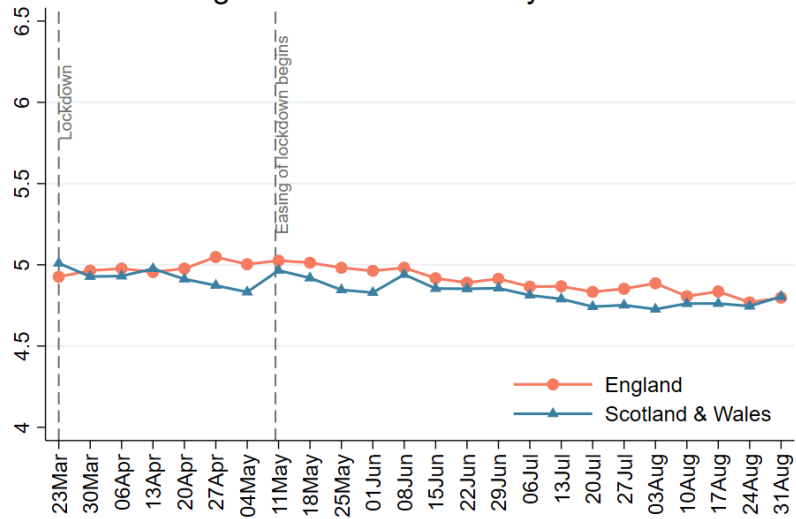
Figure 22f Loneliness by keyworker status
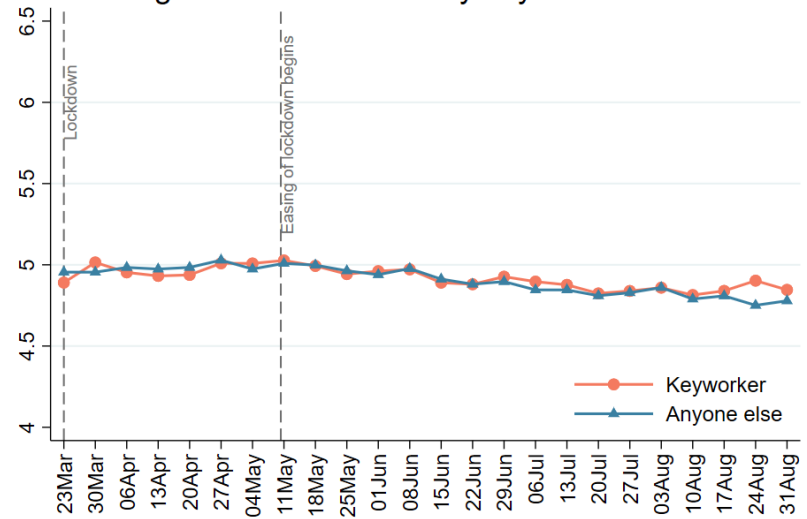
Figure 22g Loneliness by living with children
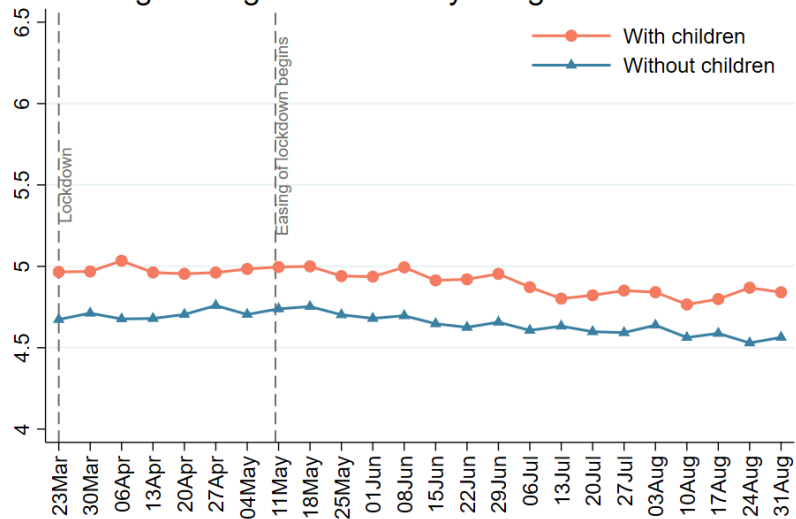
Figure 22h Loneliness by living area

4.3 Happiness

Figure 23 Happiness

Vertical dashed lines labelled:
- Lockdown easing (England)
- Lockdown easing (NI)
- Lockdown easing (Scotland)
- Further easing (UK)

X-axis: 20Apr, 27Apr, 04May, 11May, 18May, 25May, 01Jun, 08Jun, 15Jun, 22Jun, 29Jun, 06Jul, 13Jul, 20Jul, 27Jul, 03Aug, 10Aug, 17Aug, 24Aug, 31Aug

Y-axis: 4, 4.5, 5, 5.5, 6, 6.5, 7
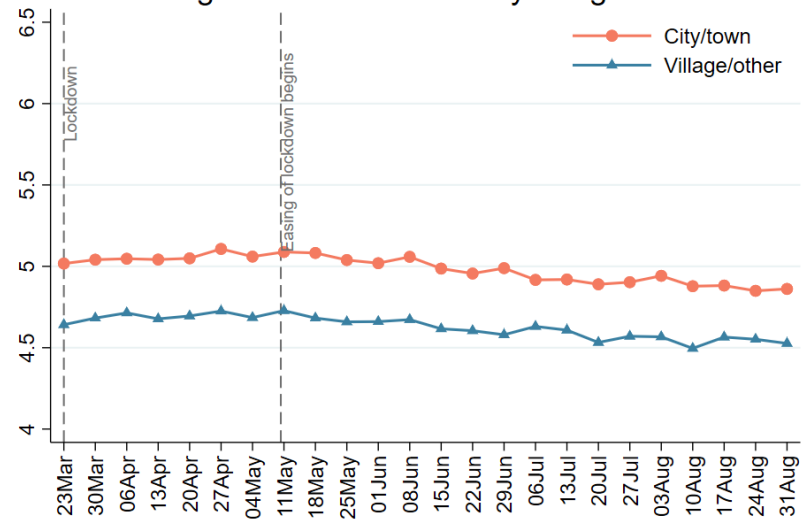
FINDINGS

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 remained stable in the past fortnight, but are still substantially higher than early in lockdown. There is some indication that happiness has decreased slightly amongst younger adults in the past two weeks, but this remains to be confirmed with future data. Happiness levels remain lowest amongst younger adults, those living alone, those with lower household income, people with a diagnosed mental health condition, and people living in urban areas.

Figure 24a Happiness by age groups
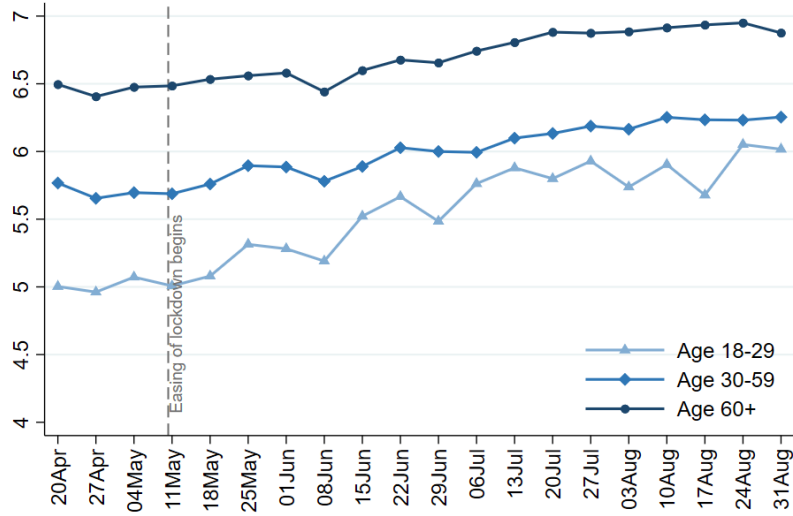
Figure 24b Happiness by living arrangement
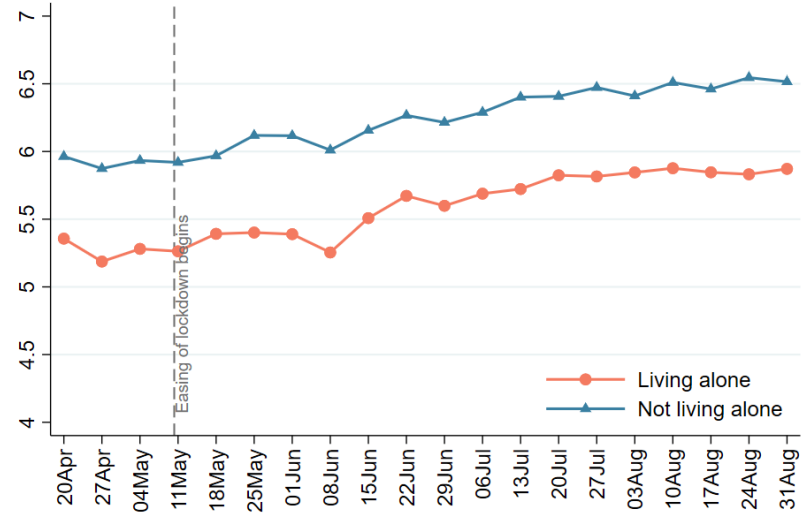
Figure 24c Happiness by household income
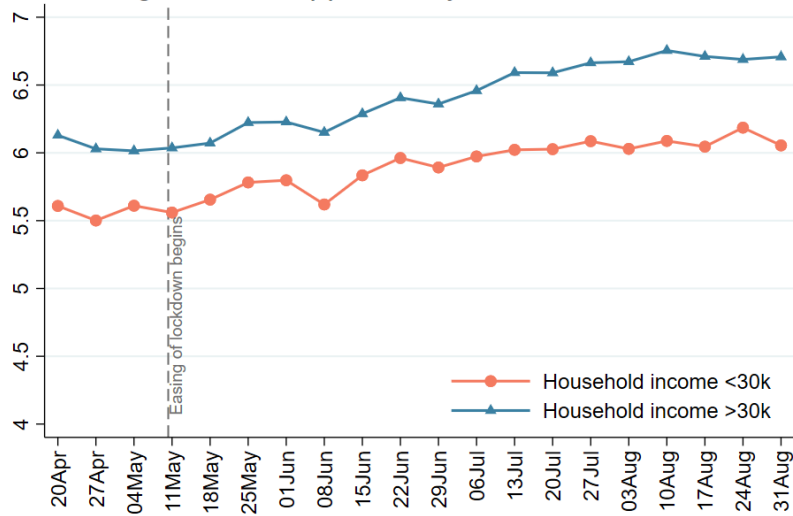
Figure 24d Happiness by mental health

42
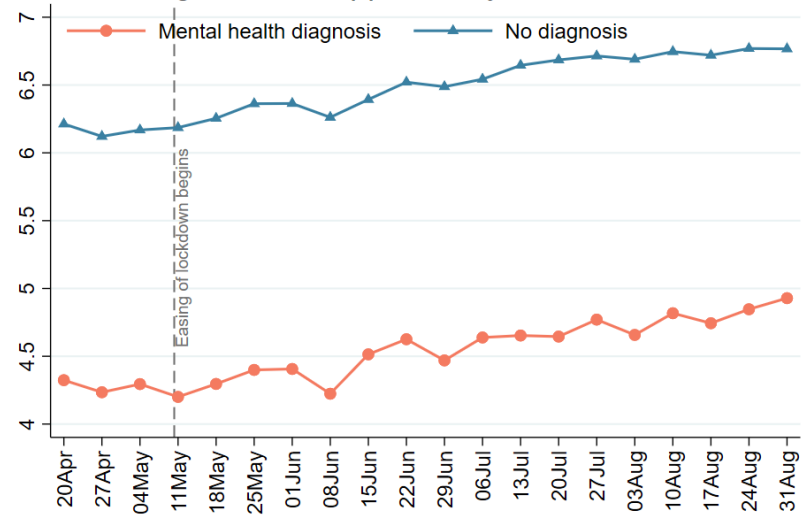
Figure 24e Happiness by nations
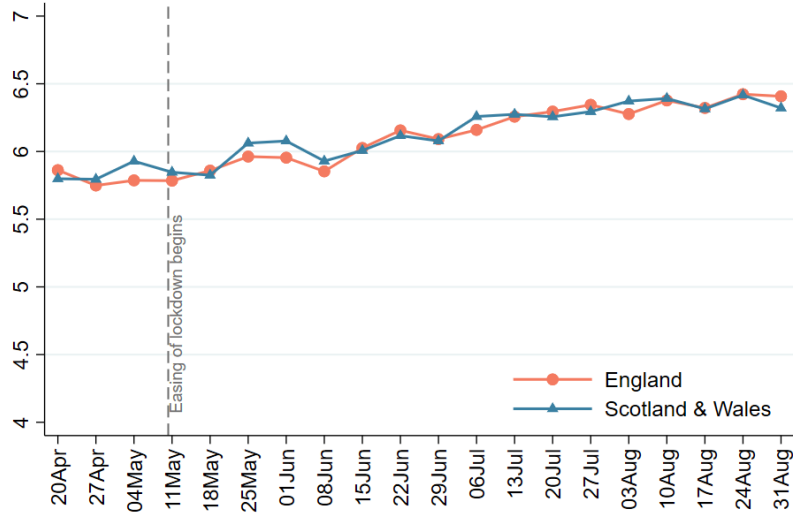
Figure 24f Happiness by keyworker status
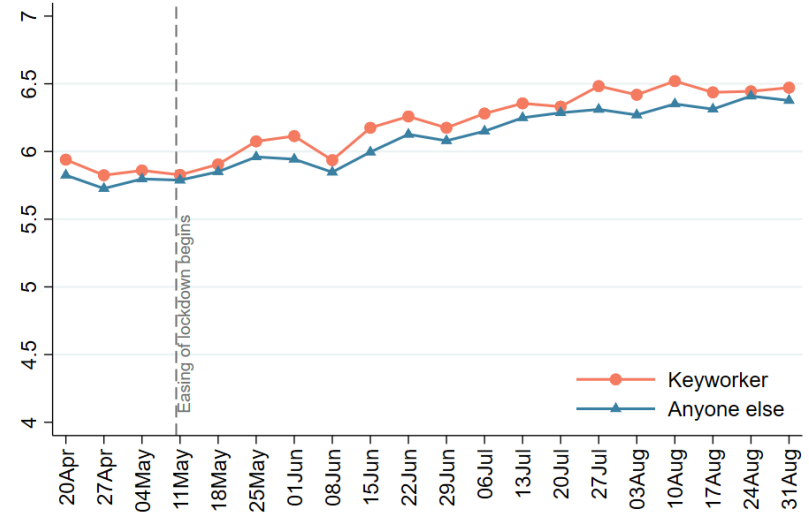
Figure 24g Happiness by living with children
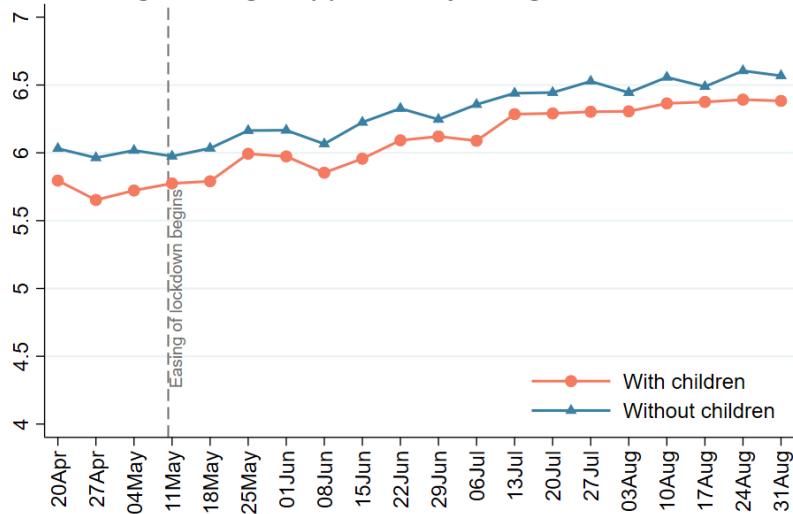
Figure 24h Happiness by living area
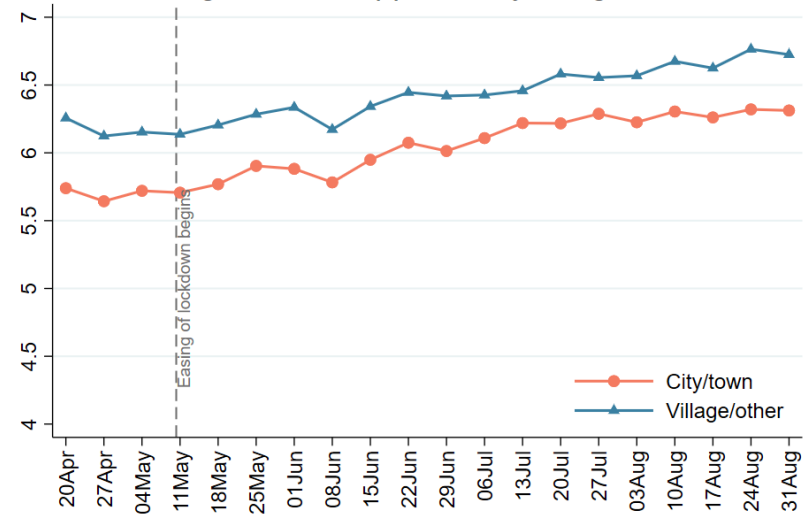
5. Leaving home & life differences

5.1 Leaving home

Figure 25 Leaving the home
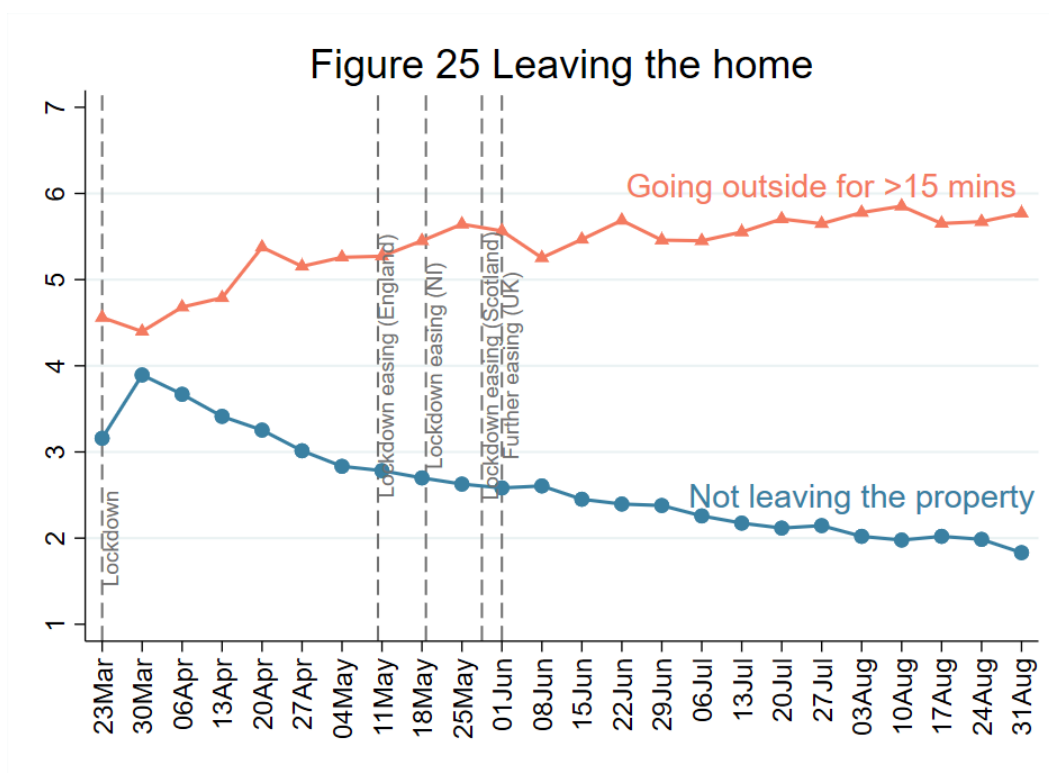
FINDINGS

We asked participants to report how many days in the past week they had not left their homes (with homes defined to include gardens or other outside space on their property). In the week following the announcement of lockdown, adults on average reported staying at home for 4 out of 7 days. This is in spite of the guidelines allowing people to leave the home for daily exercise and essential trips for food or medication. Over lockdown, people have gradually been going out more days each week and spending less time just in their homes. However, this has plateaued since mid July, with people on average still spending two days a week not leaving their property. There has been little difference by age group or depending on whether people live alone, with children, or in urban vs rural areas. But people with lower hous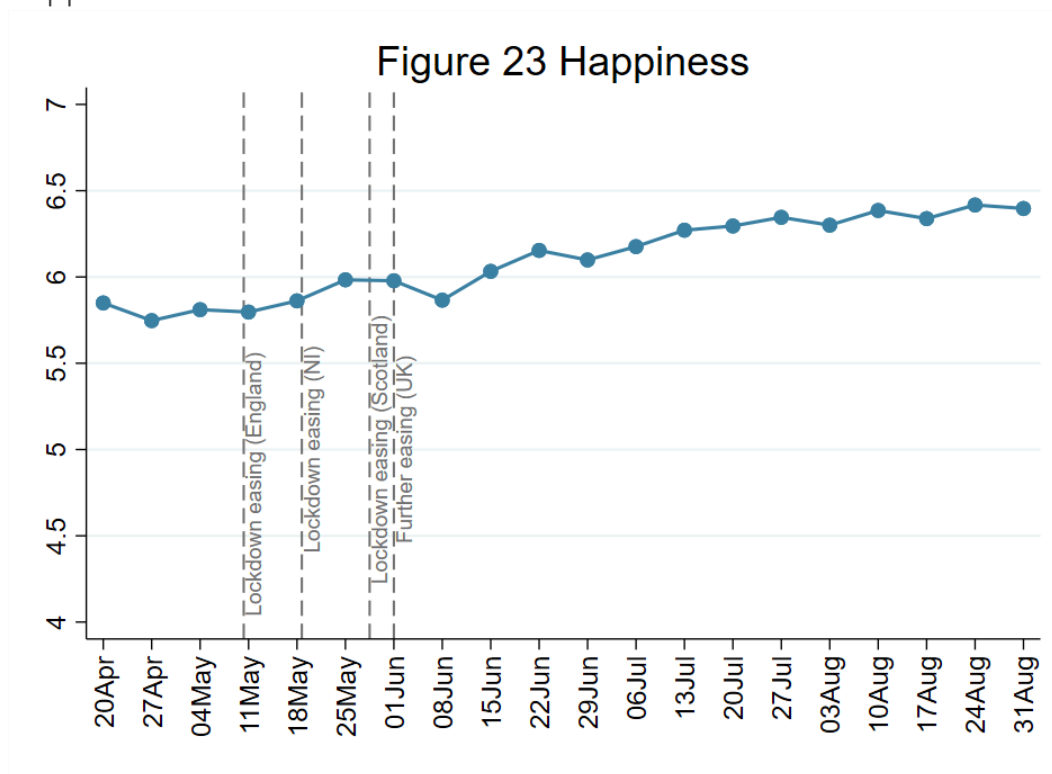ehold income have spent the most time in their homes, as have people with a mental illness. Keyworkers have been out of their homes more, likely due to job demands.

We also asked participants to report how many days they managed to get at least 15 minutes of time outdoors. This could include either outside of their properties or in gardens, giving a broader perspective than the previous question. In the early fortnight of lockdown people reported only getting fresh air on 4-5 days per week, but this increased across lockdown and as lockdown eased and weather became warmer. Since mid July, people have been going out on average nearly 6 days a week. Many of the predictors of getting fresh air are the same as predictors of time staying at home, but in addition, younger adults have been less likely to go outdoors for even 15 minutes each day across lockdown, as have people living alone, and people living in urban areas.

This suggests that currently people are on average leaving their property 5 days each week, and going outside for fresh air a further 1 day, but not going outside at all for 1 day a week on average.

Figure 26a Days of not leaving the property by age groups

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

Markers: Lockdown; Easing of lockdown begins
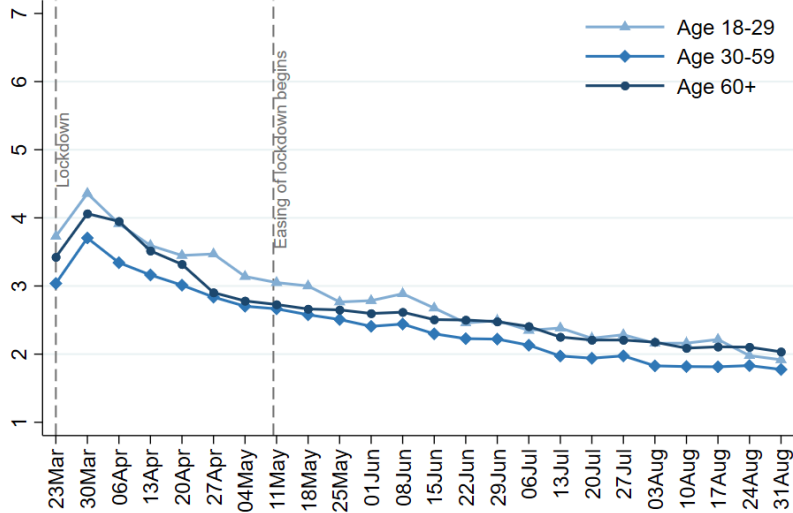
Figure 26b Days of not leaving the property by living arrangement

Legend:
- Living alone
- Not living alone

Markers: Lockdown; Easing of lockdown begins
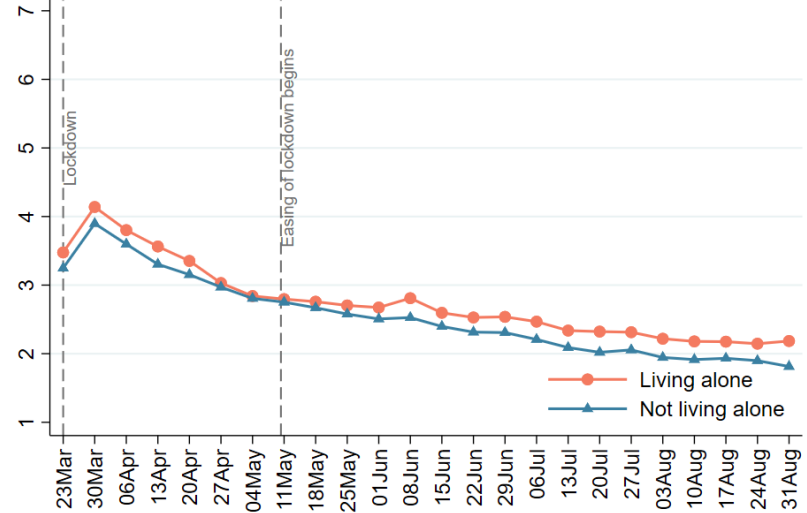
Figure 26c Days of not leaving the property by household income

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

Markers: Lockdown; Easing of lockdown begins
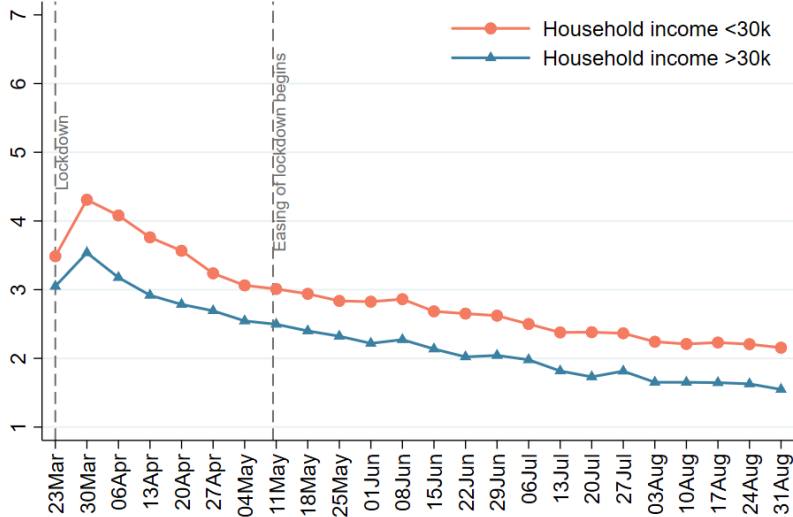
Figure 26d Days of not leaving the property by mental health

Legend:
- Mental health diagnosis
- No diagnosis

Markers: Lockdown; Easing of lockdown begins
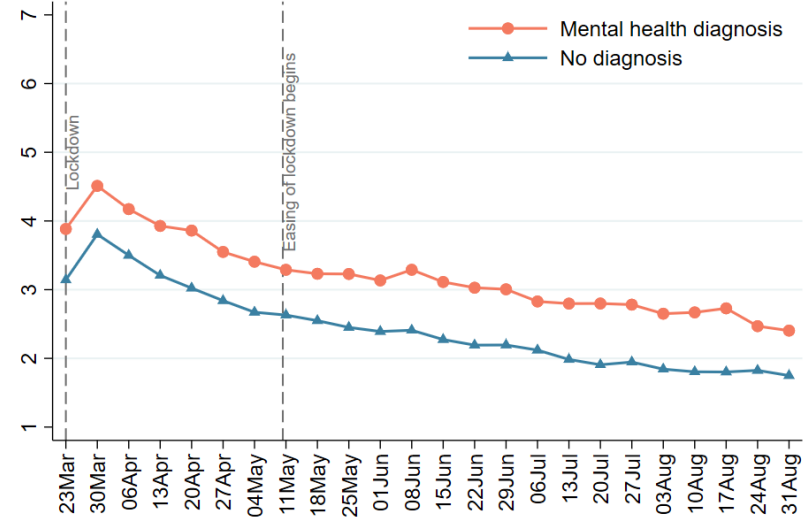
Figure 26e Days of not leaving the property by nations
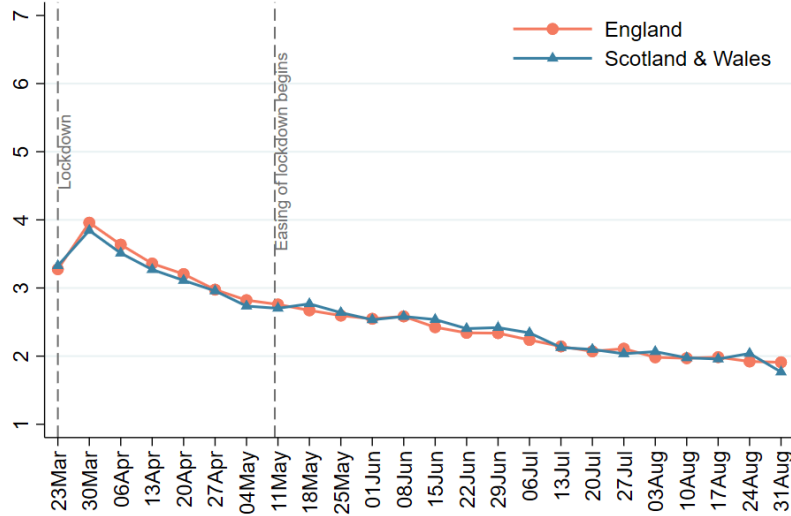
Figure 26f Days of not leaving the property by keyworker status
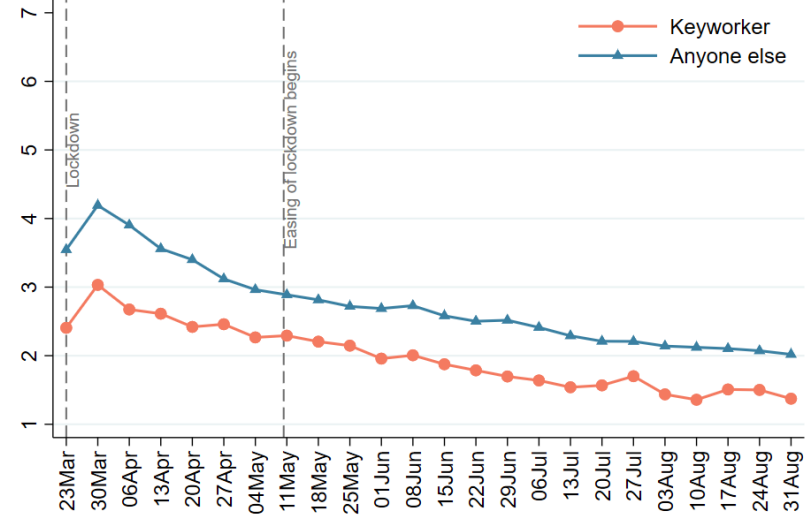
Figure 26g Days of not leaving the property by living with children
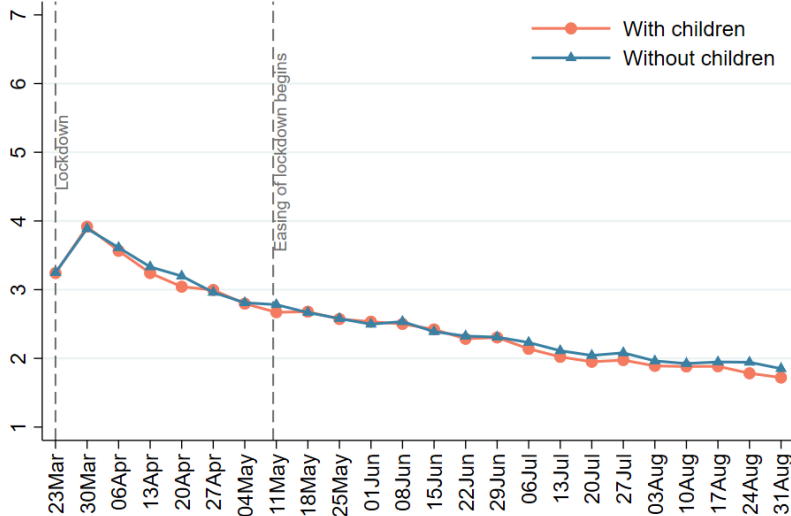
Figure 26h Days of not leaving the property by living area
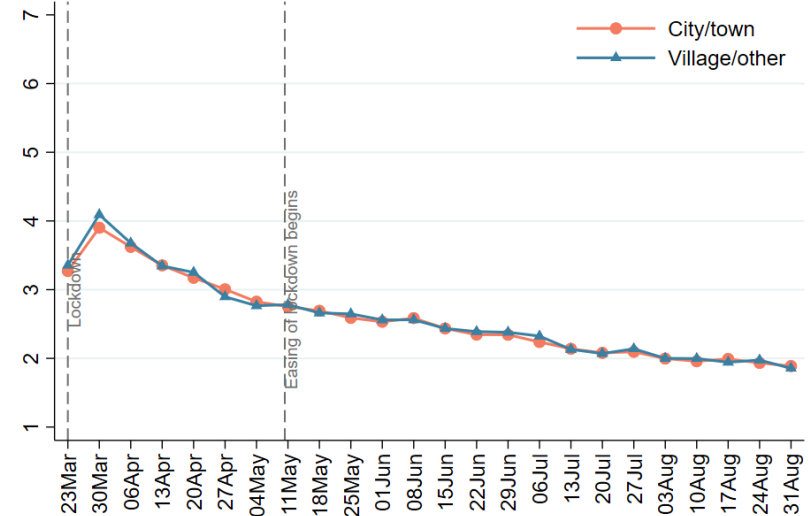
Figure 27a Days of getting fresh air by age groups

Figure 27b Days of getting fresh air by living arrangement

Figure 27c Days of getting fresh air by household income

Figure 27d Days of getting fresh air by mental health

Figure 27e Days of getting fresh air by nations

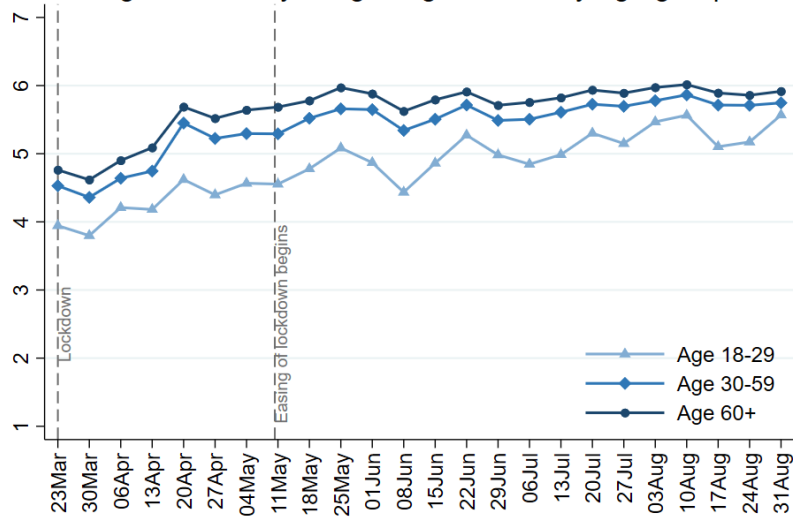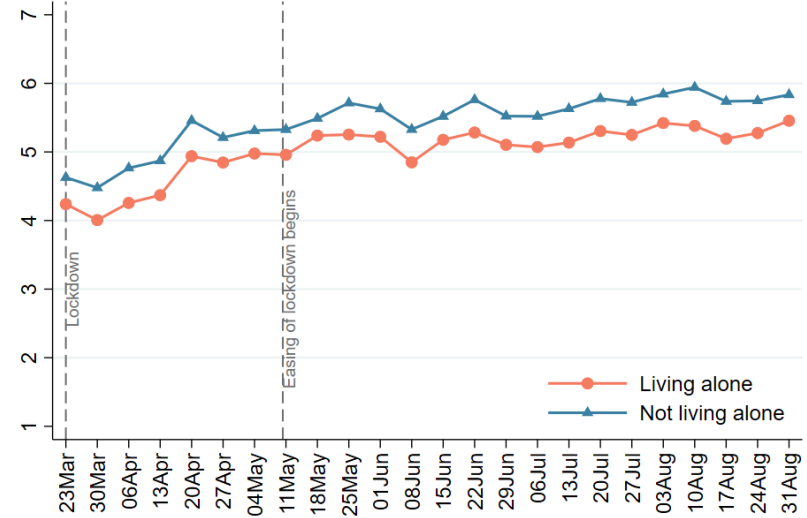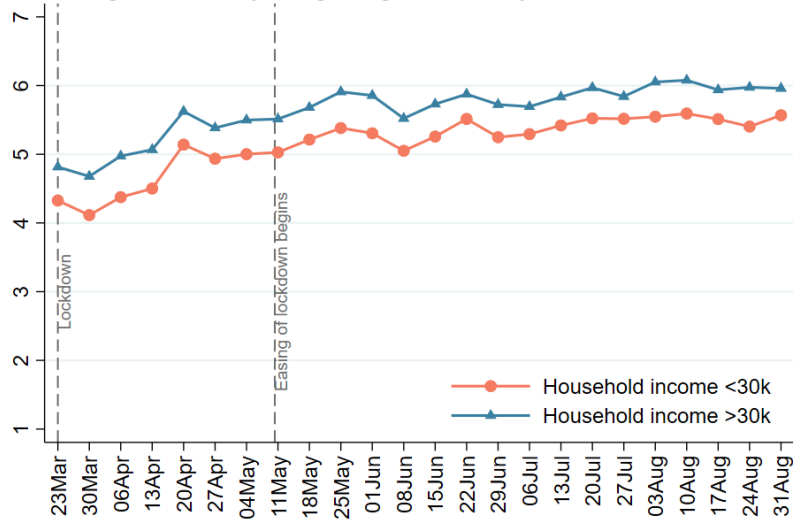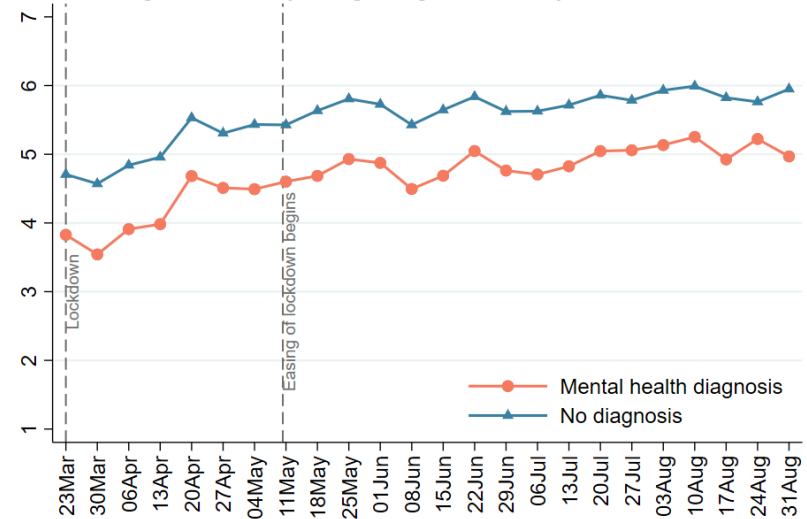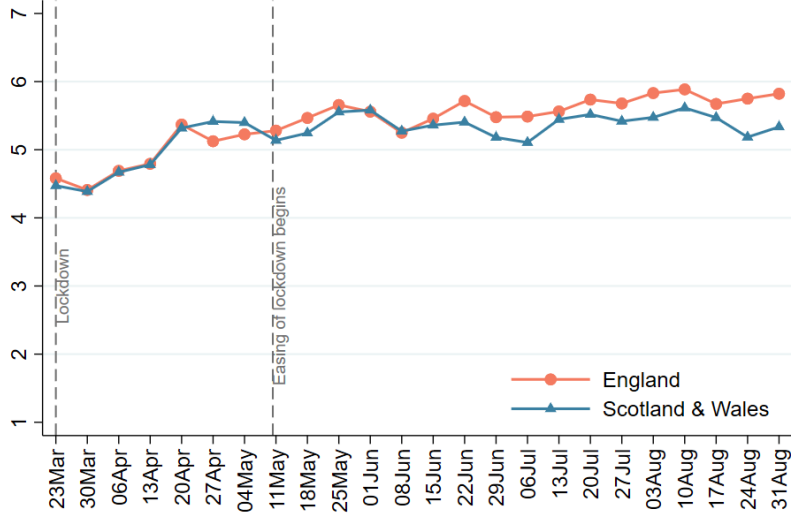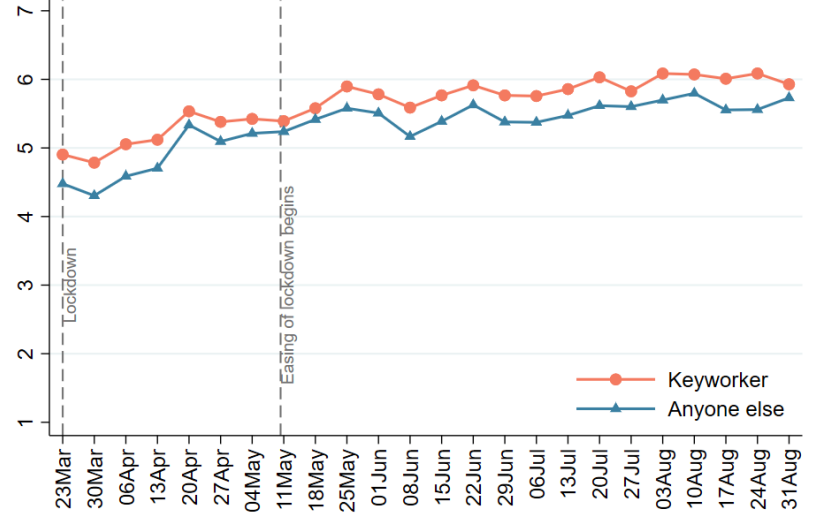Figure 27f Days of getting fresh air by nations by keyworker status

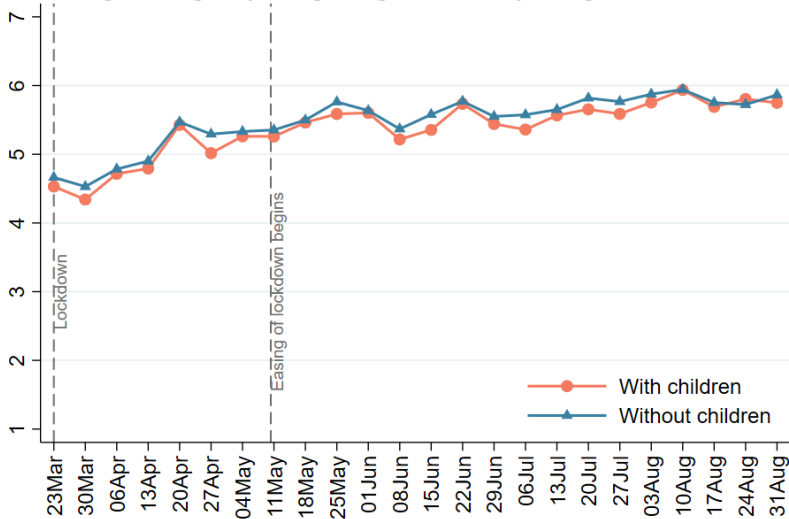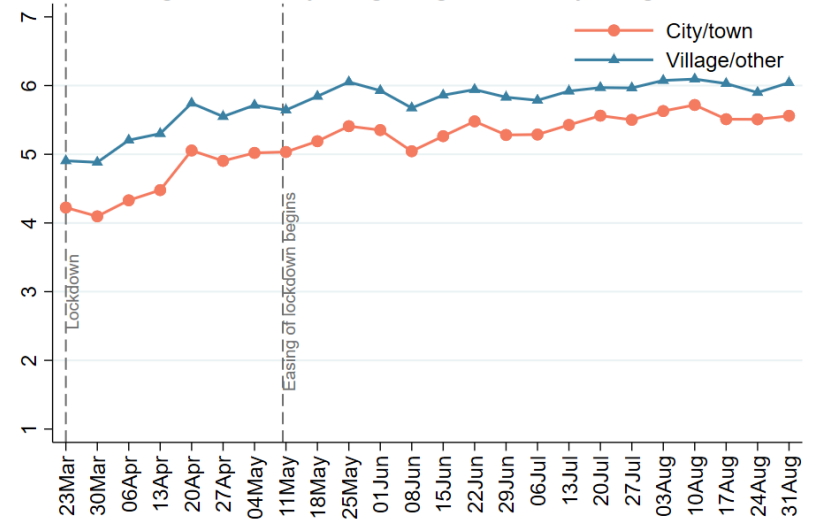Figure 27g Days of getting fresh air by living with children

Figure 27h Days of getting fresh air by living area

5.2 Life differences after Covid-19

Figure 28 Life differences after Covid-19

Legend: Entirely the same as usual · Only a little different · Quite a few differences · Lots of differences · Completely different
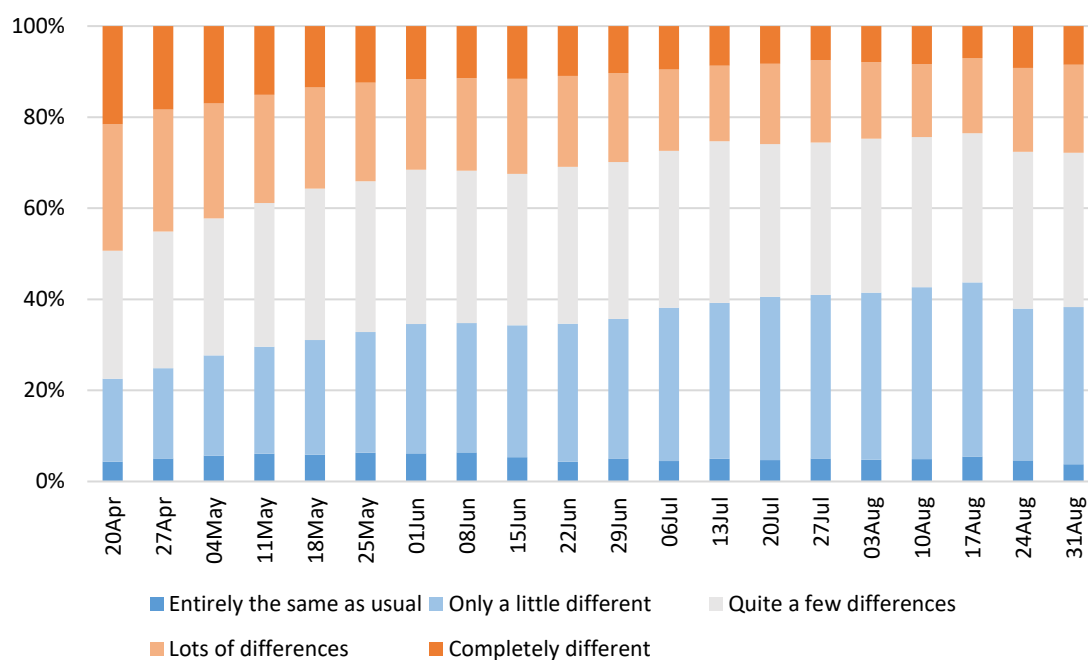
FINDINGS

We asked participants how different they feel their life is compared to prior to the COVID-19 pandemic. Participants were asked to give their response on a 5-point scale: "entirely the same as usual", "only a little different", "quite a few differences", "lots of differences" and "completely different".

When this question was introduced 1 month after lockdown came in, 4% of people said their lives were entirely the same as usual, 18% said it was only a little different, 28% said there were quite a few differences, 28% said there were lots of differences, and 22% said things were completely different. In the 4.5 months since, many people have reported their lives returning more towards normal levels, especially since lockdown measures started to ease, with results plateauing in the last few weeks. As of the week starting 31st August, although the percentage of people reporting things being entirely the same usual has remained fairly constant (3.8%), the percentage reporting that things are only a little different has increased to 35%, while the percentage reporting that there are lots of differences has decreased to 19% and the percentage reporting things being completely different has decreased to 8.5%.

Figures 29 show the percentage of people reporting "lots of differences" or live being "completely different" for different subgroups. Whereas 60% of people aged 18-29 reported their lives having lots of differences or being completely different during lockdown, this has now halved to around 30%, and the differences between younger and older adults has been removed. Amongst some groups, there were similar patterns of overall decreases, but particular circumstances meant that some groups experienced more differences overall, including people with a diagnosed mental illness, people living with children, and people living in urban areas. People with higher household income also experienced more life differences earlier in lockdown than people with lower household income, but these differences have since converged. There has been little difference in people's experiences depending on living arrangements, whether people live in England or Scotland and Wales, or depending on whether people are key workers.

Figure 29a Life differences by age groups

Figure 29b Life differences by living arrangement

Figure 29c Life differences by household income

Figure 29d Life differences by mental health

Figure 29e Life differences by nations

Figure 29f Life differences by keyworker status
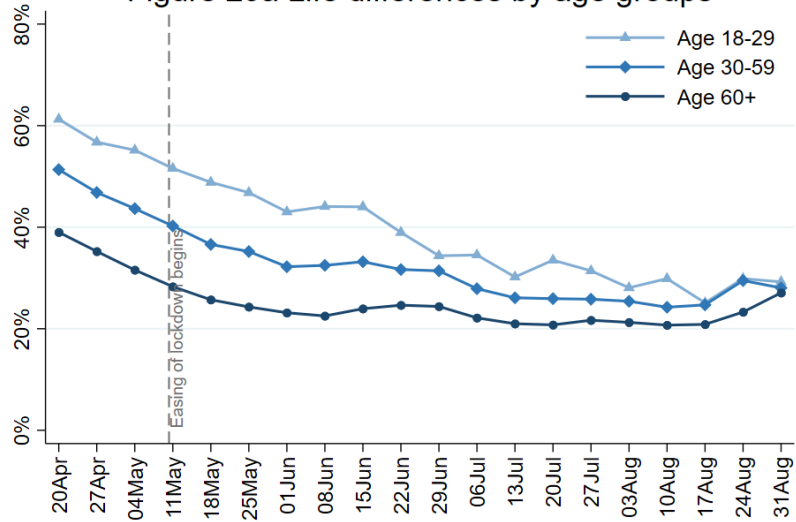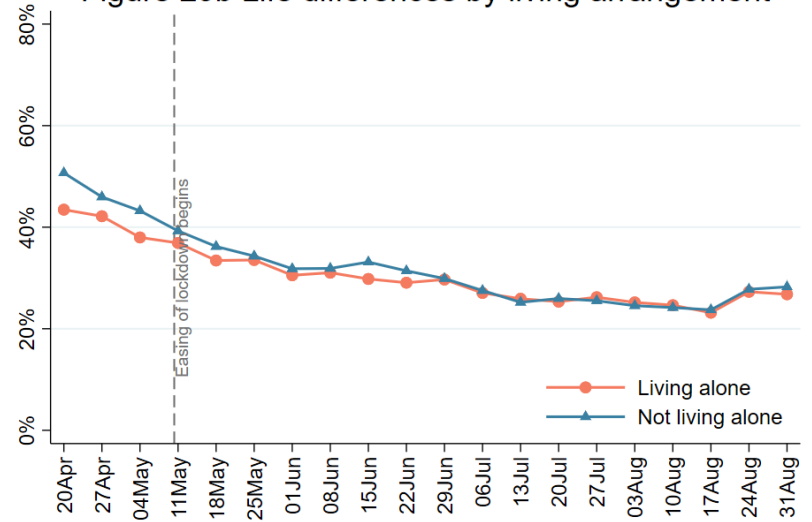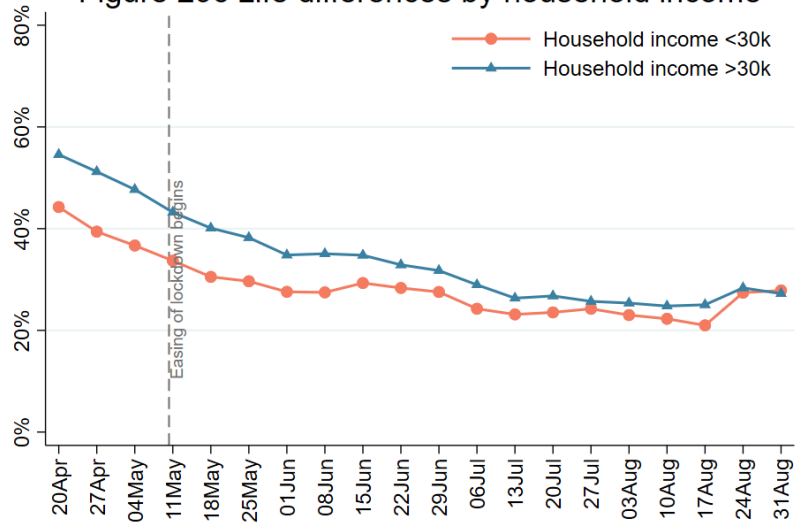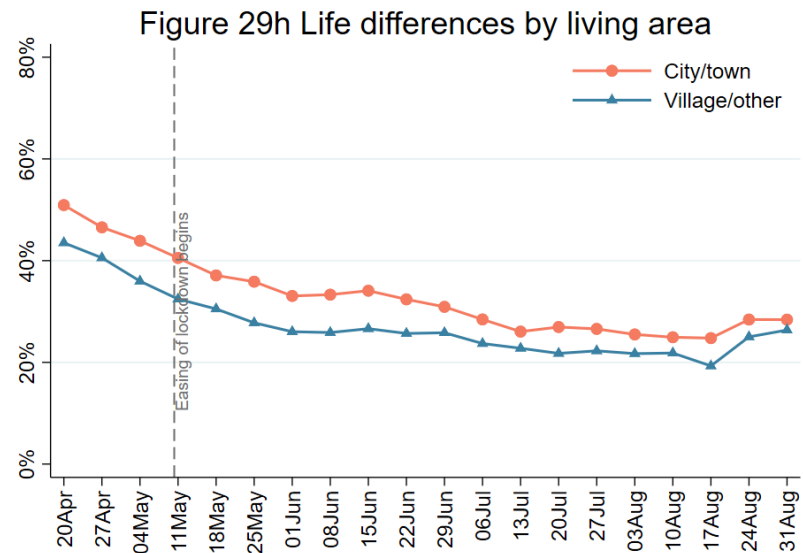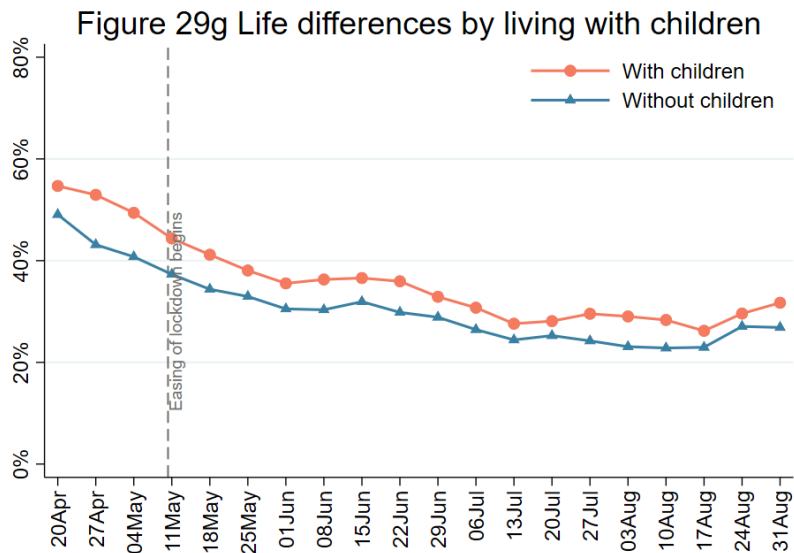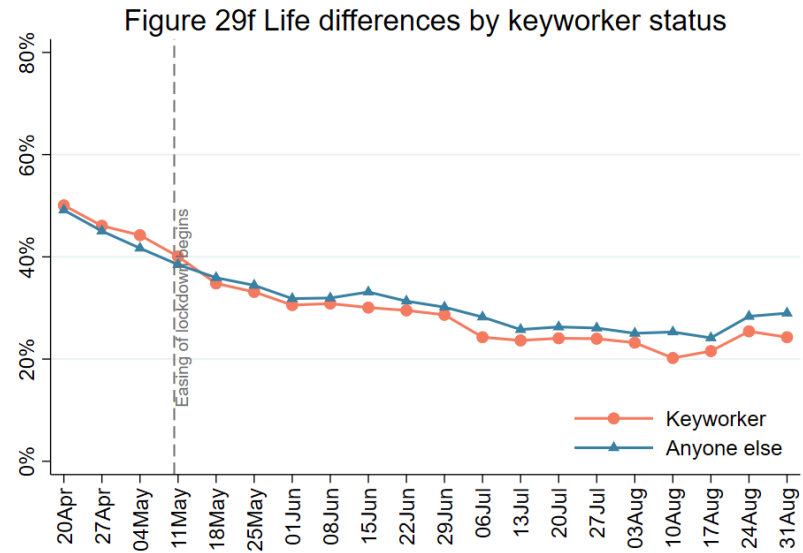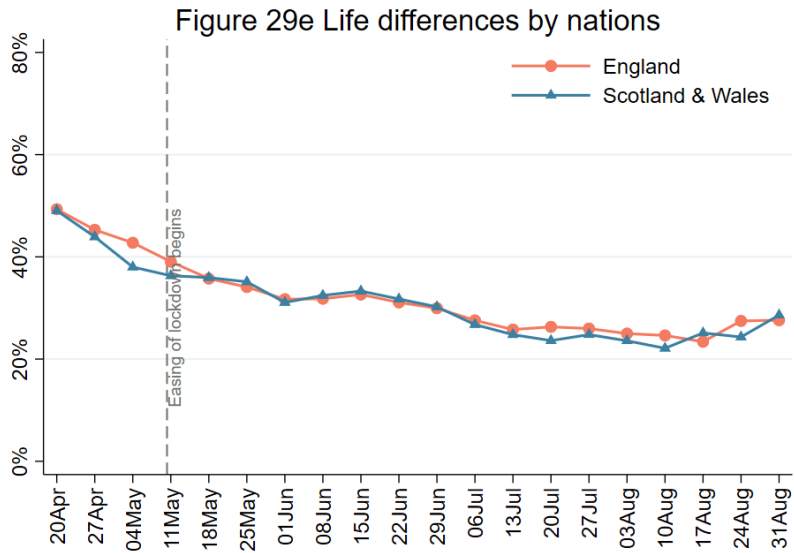

Figure 29g Life differences by living with children

Figure 29h Life differences by living area
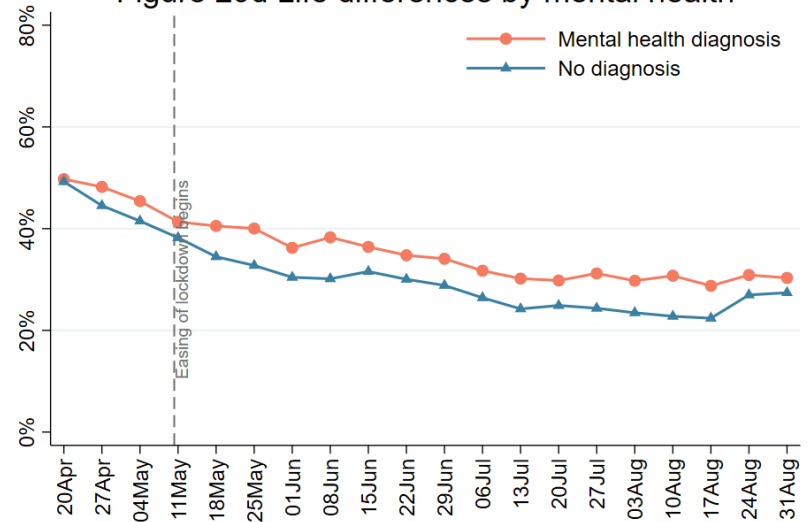
Appendix

Methods

The Covid-19 Social Study is a panel study of the psychological and social experiences of adults in the UK during the outbreak of the novel coronavirus run by University College London and funded by the Nuffield Foundation, UKRI and the Wellcome Trust. To date, over 70,000 people have participated in the study, providing baseline socio-demographic and health data as well as answering questions on their mental health and wellbeing, the factors causing them stress, their levels of social interaction and loneliness, their adherence to and trust in government recommendations, and how they are spending their time. The study is not representative of the UK population, but instead it aims to have good representation across all major socio-demographic groups. The study sample has therefore been recruited through a variety of channels including through the media, through targeted advertising by online advertising companies offering pro-bono support to ensure this stratification, and through partnerships with organisations representing vulnerable groups, enabling meaningful subgroup analyses.

Specifically, in the analyses presented here we included adults in the UK. We used new cross-sectional data from individuals as they entered the study and also included weekly longitudinal data as participants received their routine follow-up. In this report, we treated the data as repeated cross-sectional data collected daily from the 21st March to the 6th September (the latest data available). **From 24th August, we made a change to our study methodology, moving from weekly to staggered monthly follow-up for participants and re-contacting participants who had previously been "lost to follow-up" (i.e. they had been taking part but had stopped responding to surveys yet had not formally withdrawn from the study). So any slight changes in the fortnight since this date need to be explored further to understand if they are indicative of a change in the sample or an actual change. So for now small changes should be interpreted with caution.** 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			**Any diagnosed mental health conditions**		
18-29	42,322	6.14	**No**	571,793	83.0
30-59	383,673	55.7	**Yes**	117,135	17.0
60+	262,933	38.2	**Keyworker**		
Gender			**No**	543,742	78.9
Male	172,866	25.2	**Yes**	145,186	21.1
Female	513,283	74.8	**Living with children**		
UK nations			**No (excluding those who live alone)**	389,071	71.3
England	557,413	81.7	**Yes**	156,404	28.7
Wales	81,644	12.0	**Living area**		
Scotland	43,154	6.33	**Village/hamlet/isolated dwelling**	170,803	24.8
Living arrangement			**City/large town/small town**	518,125	75.2
Not living alone	545,475	79.2	Annual household income		
Living alone	143,453	20.8	>30k	372,041	59.9
			<30k	249,412	40.1