



Covid-19 Social Study

Results Release 11

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Executive summary

Background

This report provides data from Week 11 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 ELEVENTH report, we focus on psychological responses to the first ten weeks of government measures requiring people to stay at home (21/03-31/05). We present simple descriptive results on the experiences of adults in the UK. **Crucially, in this report we include keyworkers within our main sample and present sub-group analyses for more socio-demographic groups.** 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 and loneliness
5. *****New in this report***** Sense that life is worthwhile ('meaning' in life)

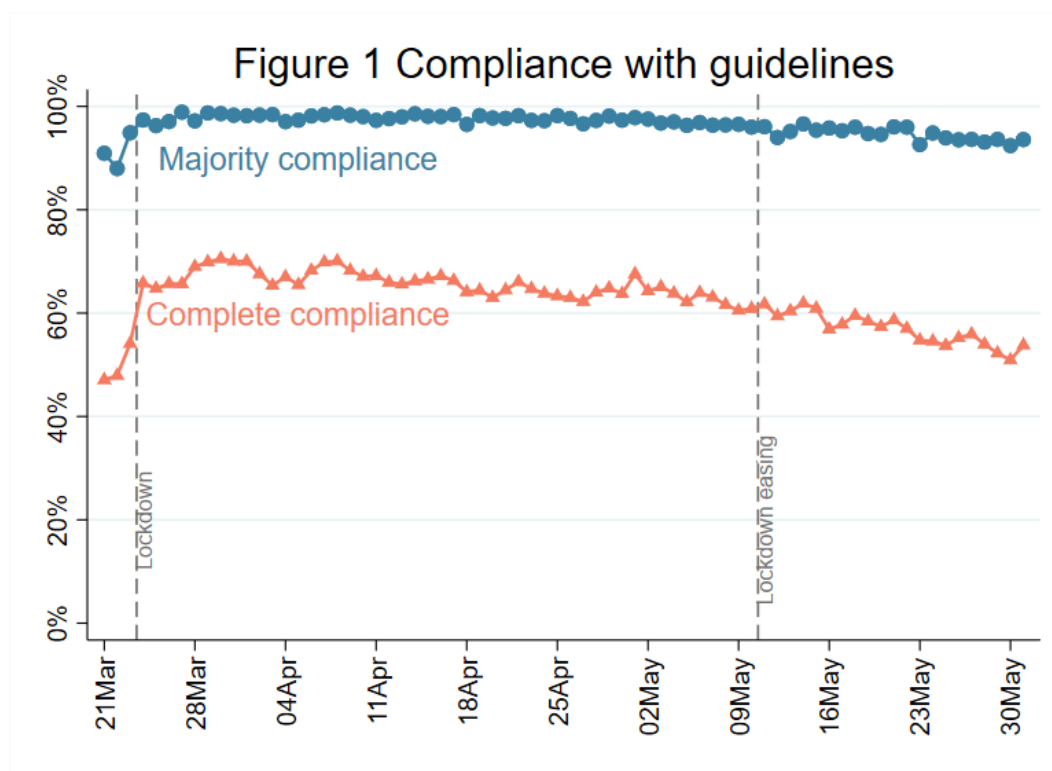
This study is not representative of the UK population but instead was designed to have good stratification across a wide range of socio-demographic factors enabling meaningful subgroup analyses to understand the experience of Covid-19 for different groups within society. Data are weighted using auxiliary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

- “Complete” compliance with government guidelines has decreased even further in the past week, but “majority” compliance is still high, with over 90% of people showing that they were still largely adhering to the guidelines. Nevertheless, lowest levels of compliance and the greatest decrease in compliance is occurring amongst younger adults, while people with higher household incomes are most likely to be ‘bending’ the rules (showing high but not complete compliance).
- Levels of confidence in the central government to handle the Covid-19 epidemic remains low since the dip experienced over the bank holiday weekend and differences between confidence in England compared to confidence in devolved governments has grown.
- There are some indications that mental health is improving as lockdown eases. In the past week, depression levels have shown some decrease, especially amongst adults under the age of 60, while anxiety levels are also lower. But levels are still higher than usual averages.
- Life satisfaction has also started to rise again since the easing of lockdown was announced, across all ages and across all demographic groups analysed, but most notably in younger people.
- Feeling that life is worthwhile has also shown some indications of improving since lockdown was eased. Notably, this feeling of ‘meaning’ in life has been higher throughout the lockdown amongst health and social care keyworkers compared to others.
- However, loneliness levels have not yet shown any clear changes. There are also no discernible changes in thoughts of death or self-harm, experience of self-harm or abuse,
- Surprisingly, stress relating to Covid-19 (both catching Covid-19 and becoming seriously ill from Covid-19) has stayed low in the past week, not showing any sign of increase despite lockdown easing, with fears over catching the virus half what they were when lockdown came in.

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 (completely). 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 decreased even further in the past week, but “majority” compliance is still high, with over 90% of people showing that they were still largely adhering to the guidelines. Figures 2a-2h show “complete” compliance by demographic factors, while Figures 2i-2p show “majority” compliance by demographic factors.

Compliance remains lower in younger adults, who have notably started to decrease in both “complete” and “majority” compliance. For “majority” compliance, there is no other evidence of difference by socio-demographic factors, but for “complete” compliance, there has been a greater decrease and lower levels in people with higher household incomes, people in England (compared to Scotland or Wales) and people in cities.

Figure 2a Complete compliance by age groups

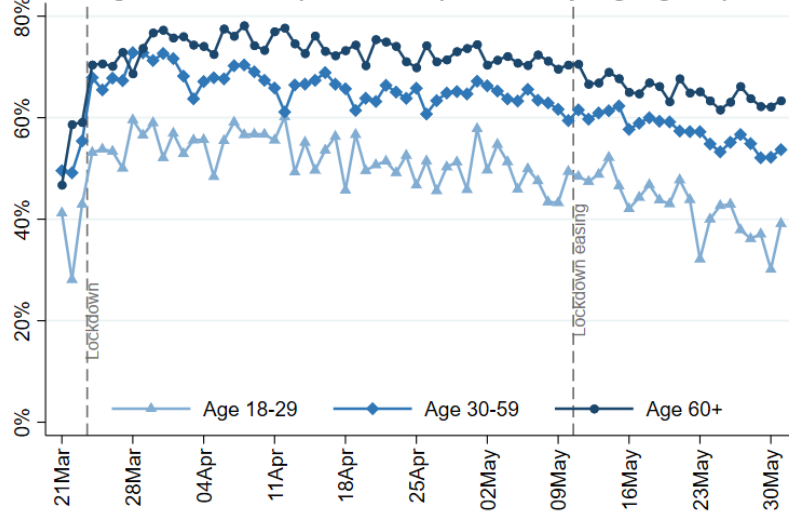


Figure 2b Complete compliance by living arrangement

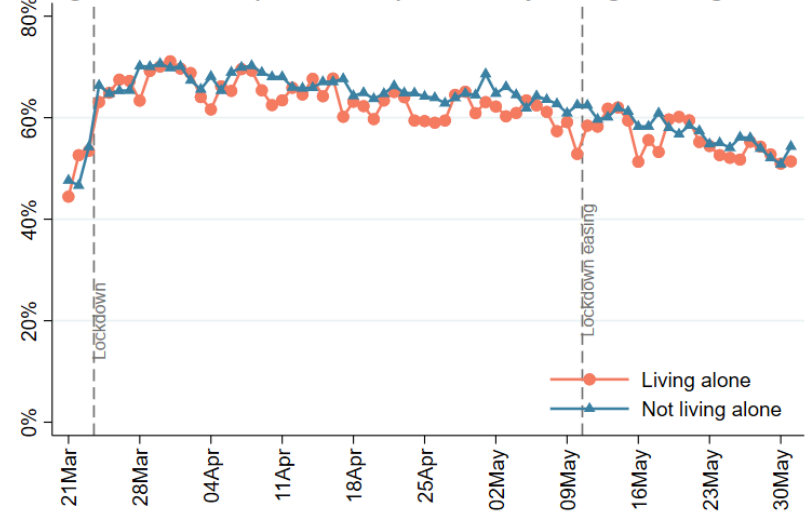


Figure 2c Complete compliance by household income

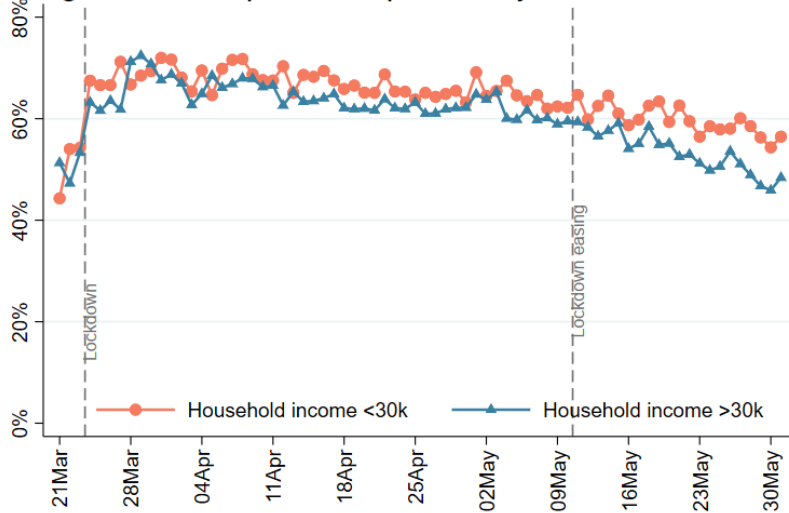


Figure 2d Complete compliance by mental health

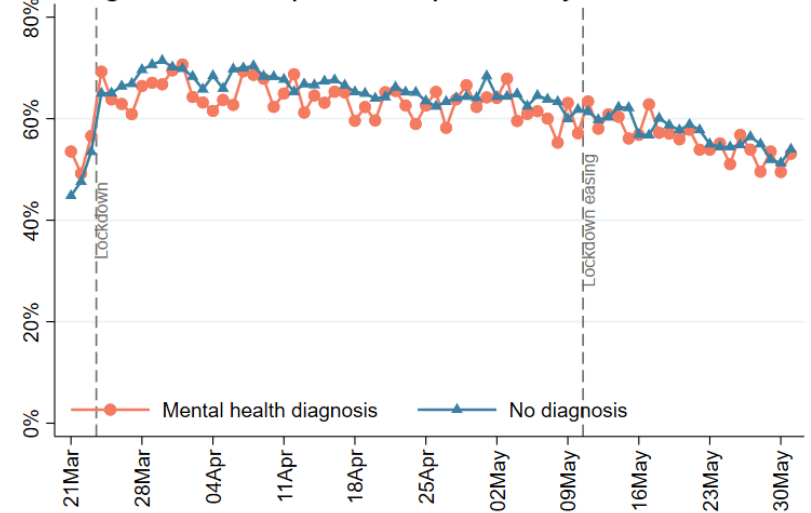


Figure 2e Complete compliance by nations

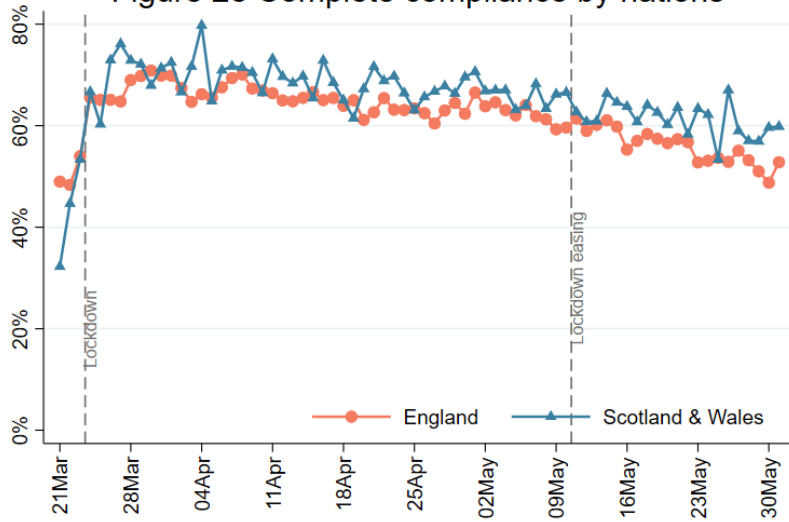


Figure 2f Complete compliance by keyworker status

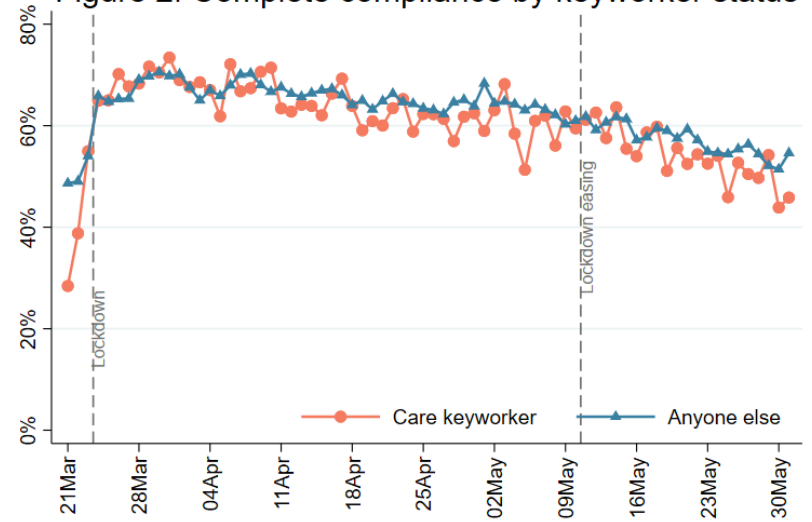


Figure 2g Complete compliance by living with children

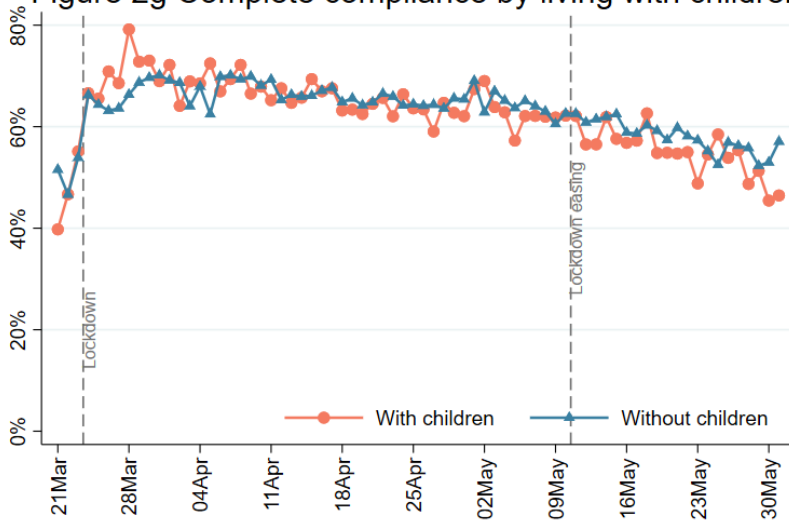
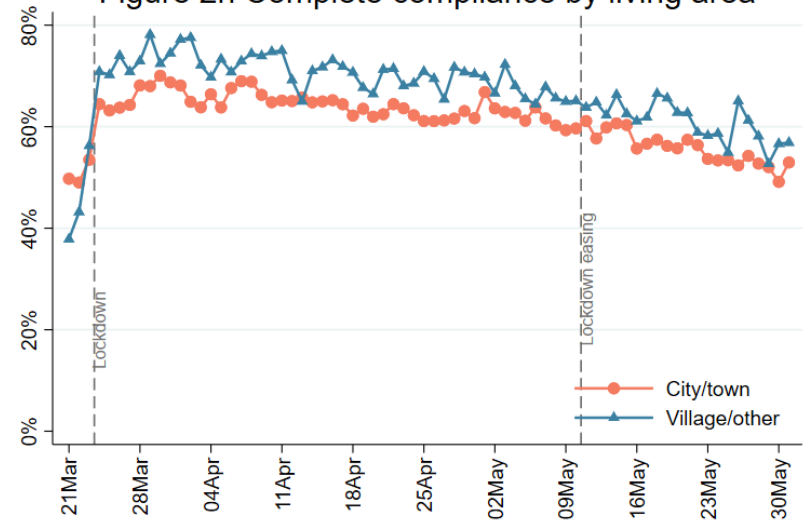
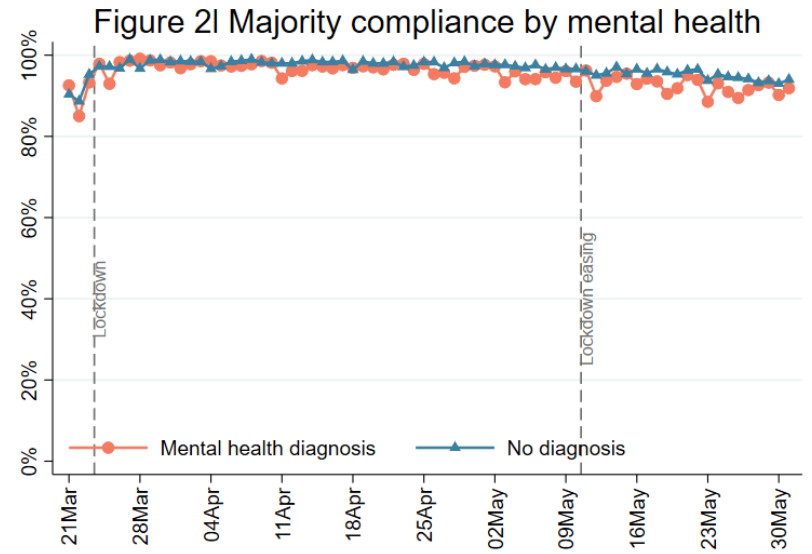
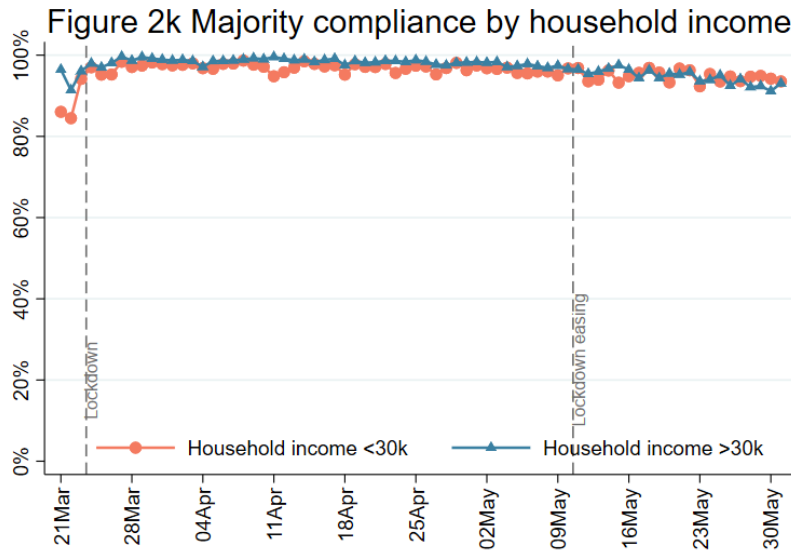
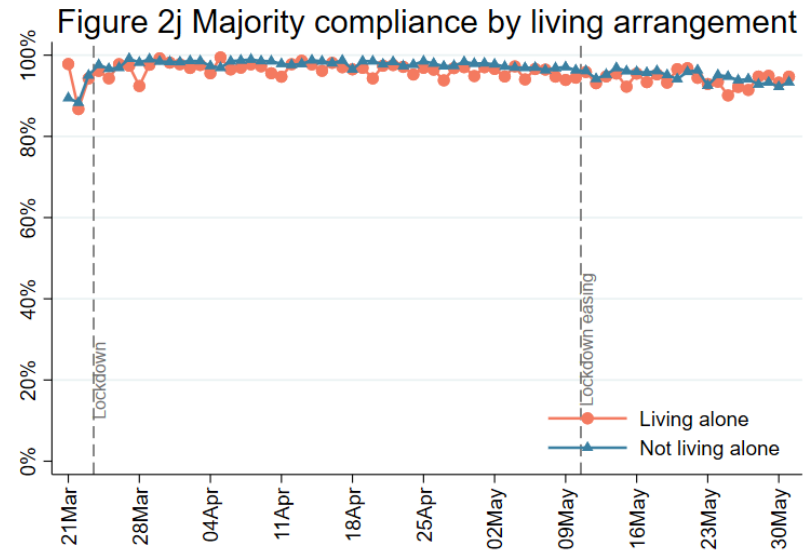
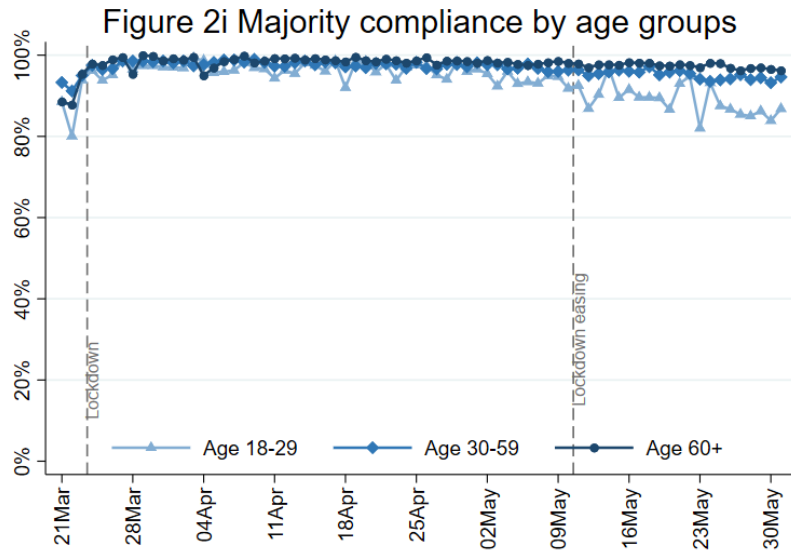
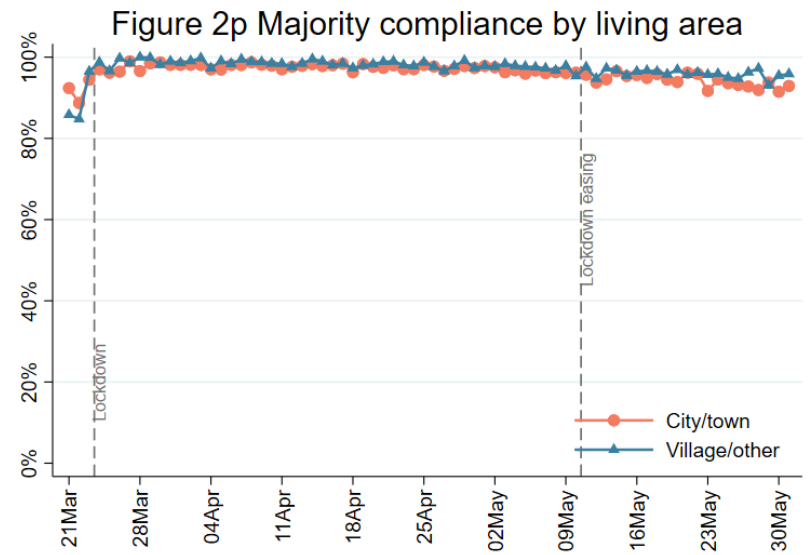
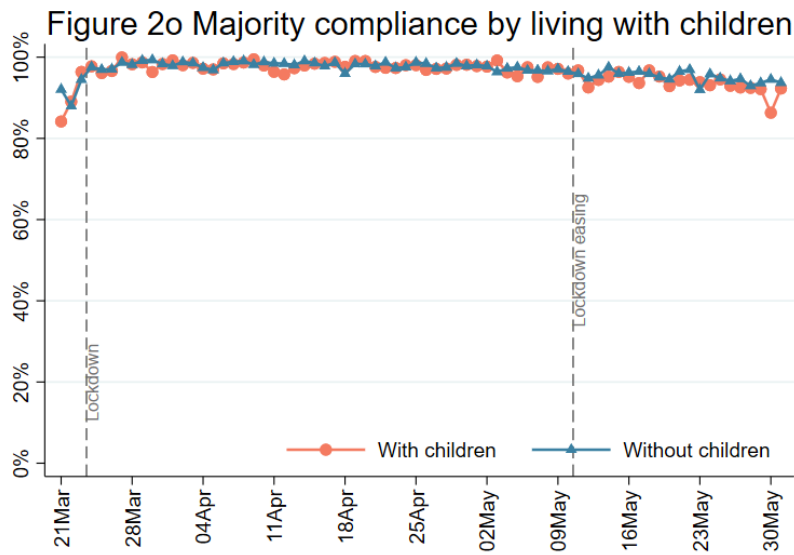
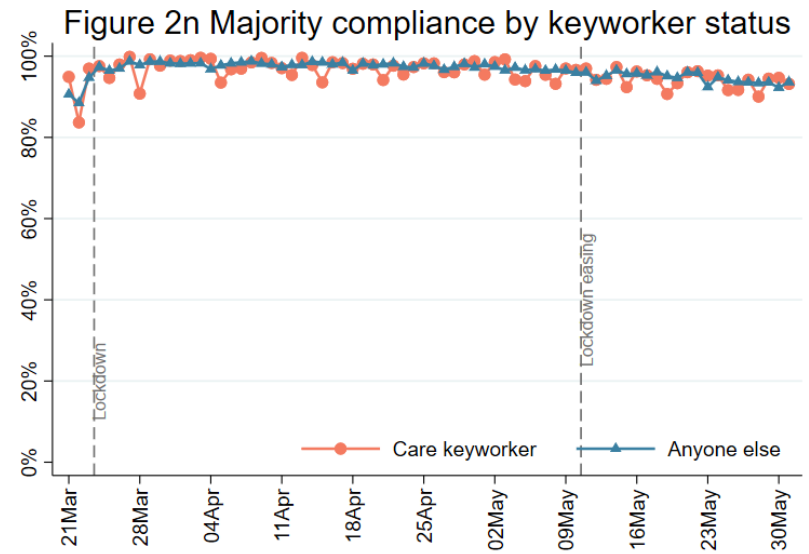
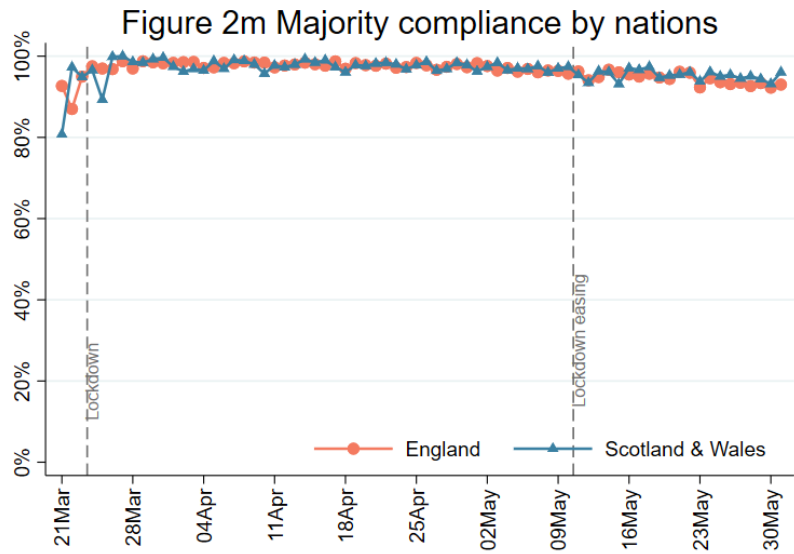


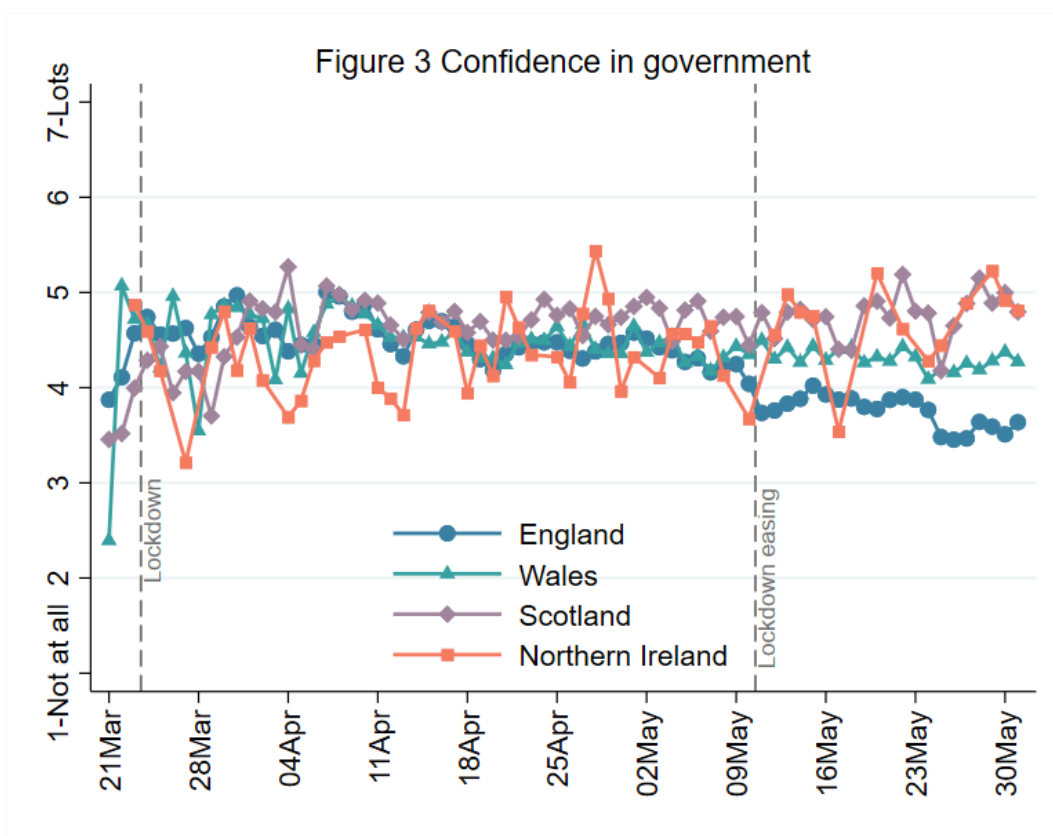
Figure 2h Complete compliance by living area







1.2 Confidence in Government



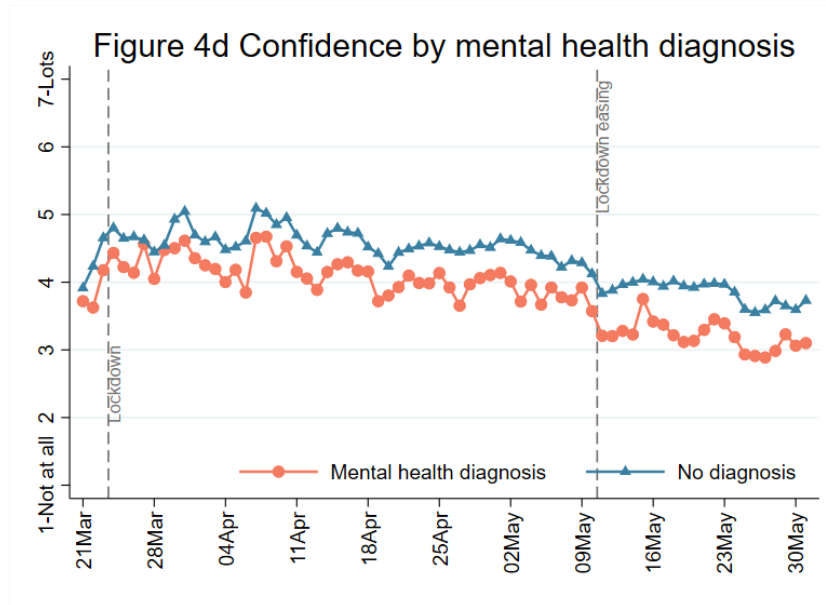
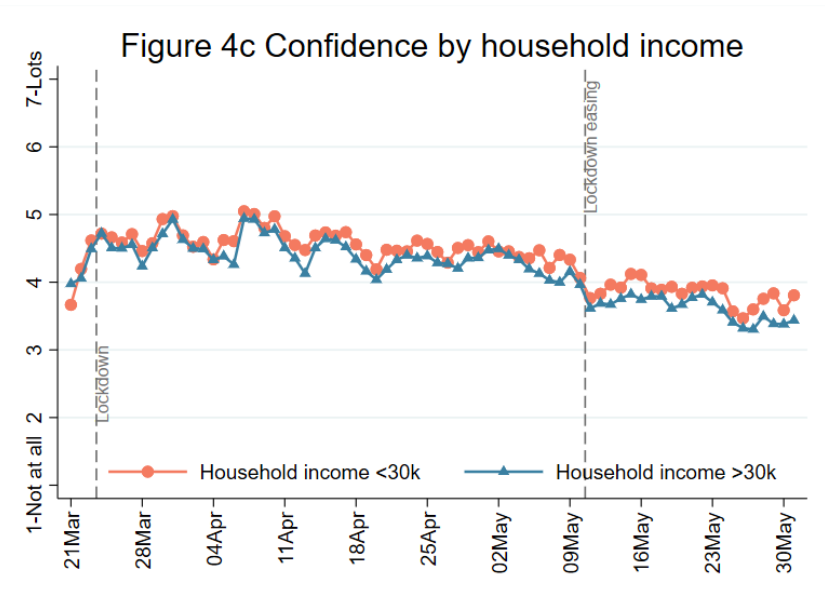
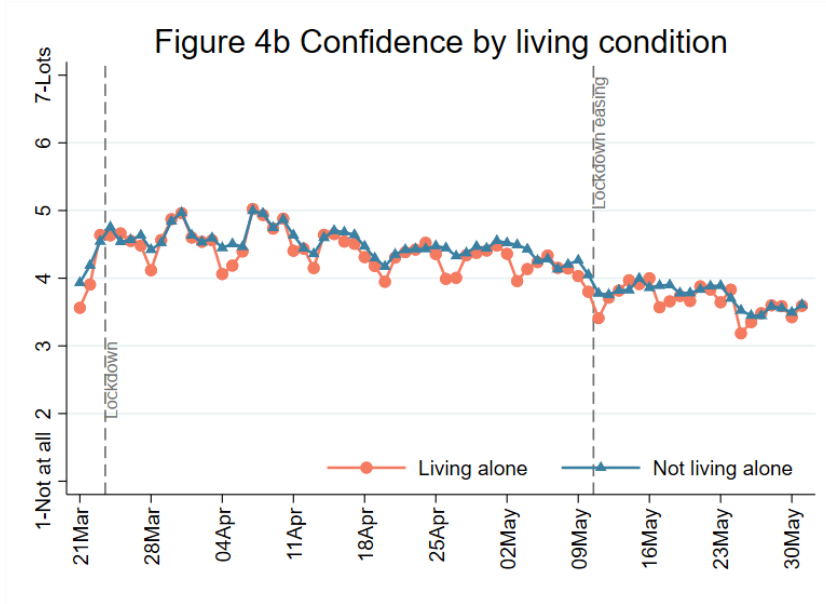
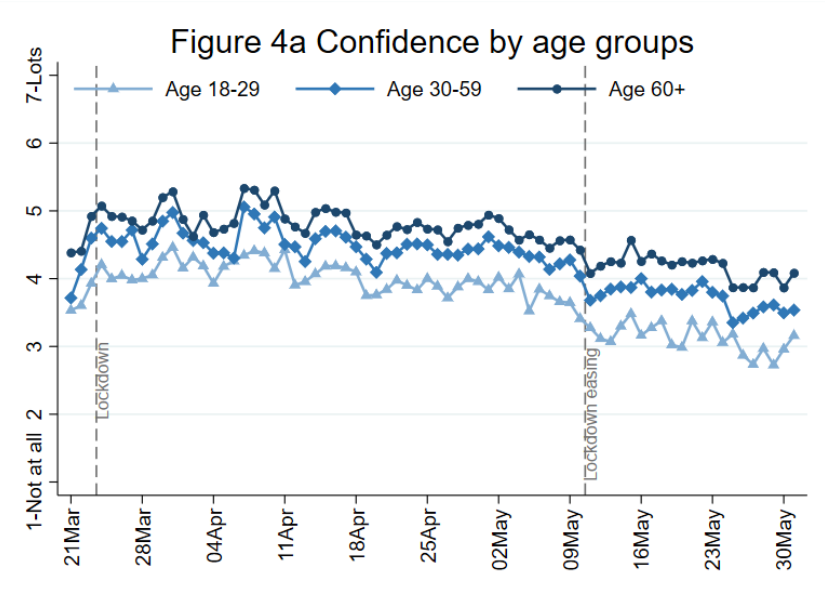
FINDINGS

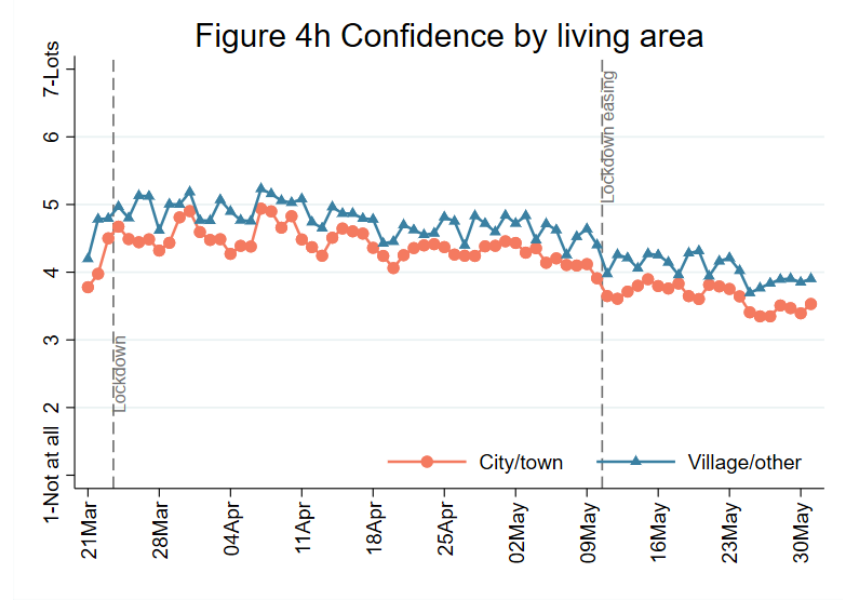
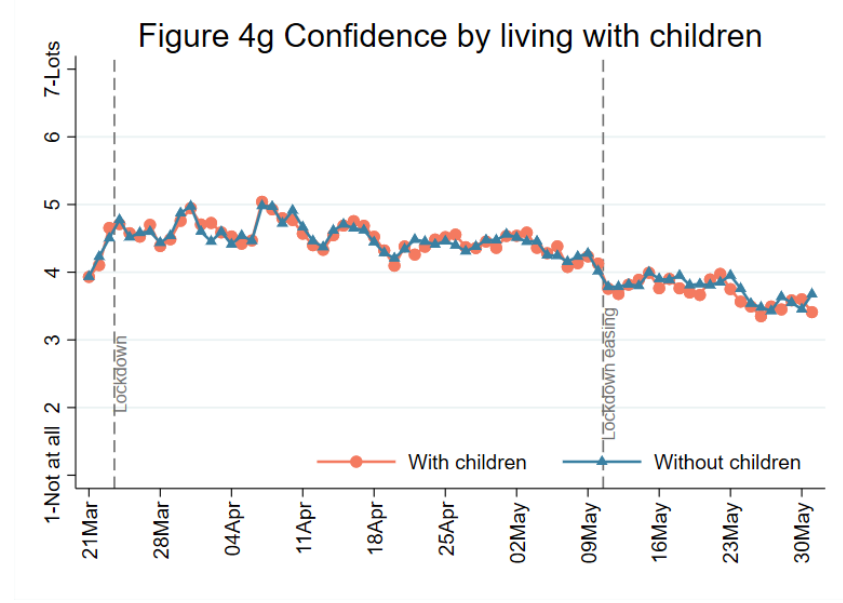
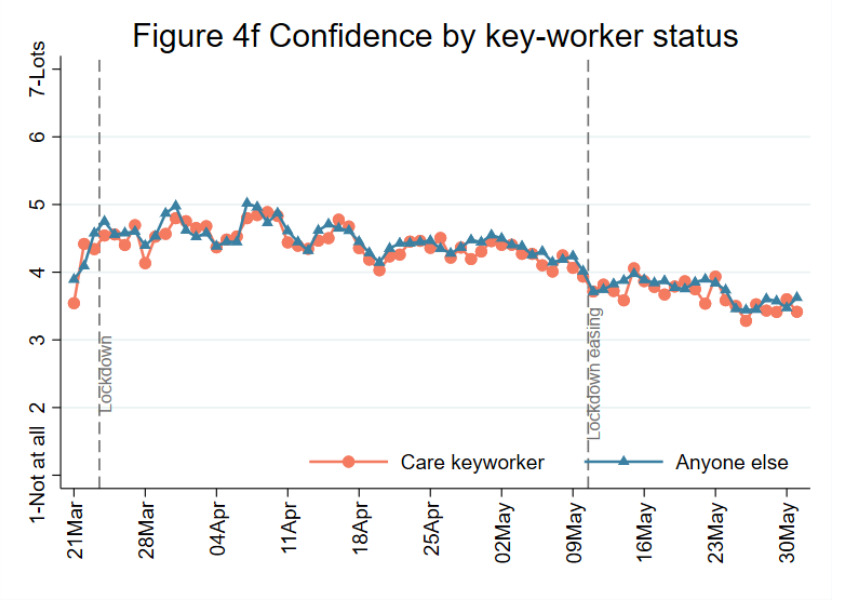
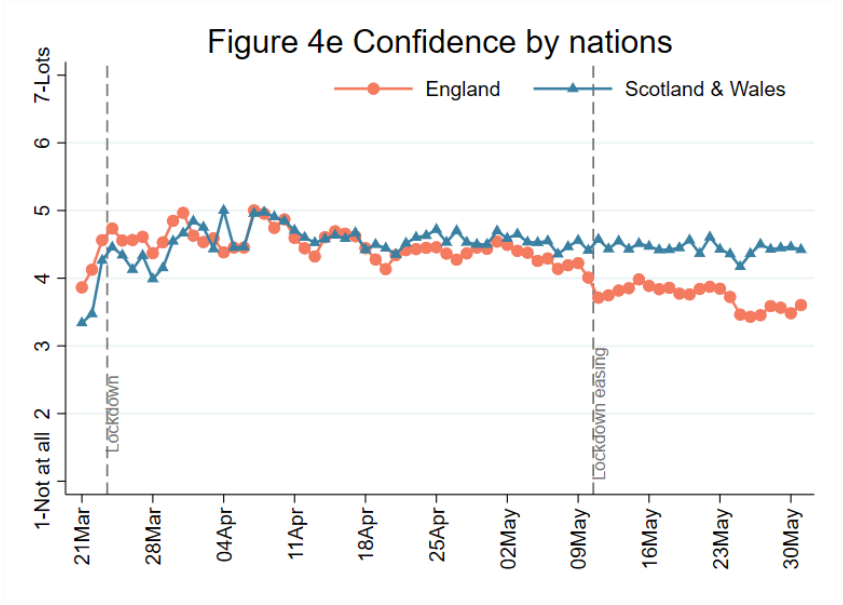
Respondents were asked how much confidence they had in the government to handle the Covid-19 epidemic from 1 (not at all) to 7 (lots). People living in devolved nations were asked to report their confidence in their own devolved governments.

Levels of confidence in the central government to handle the Covid-19 epidemic remains low since the dip experienced over the bank holiday weekend and differences between confidence in England compared to confidence in devolved governments has grown.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 has fallen most notably in younger adults, and is lowest in those under the age of 30. Confidence is also lower in urban areas and in people with a mental health diagnosis.

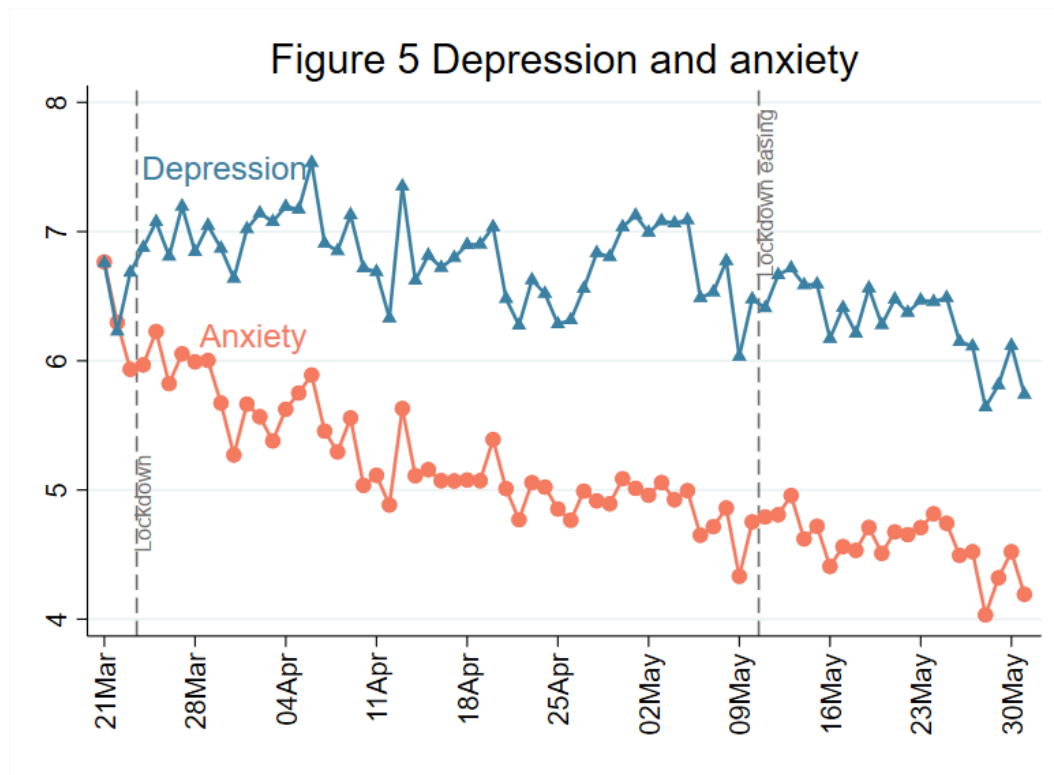
¹ Figures for Northern Ireland show greater volatility but this is likely a function of the sample size in Northern Ireland being smaller than for other countries.





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 levels have shown some decrease, especially amongst adults under the age of 60. Although this study focuses on trajectories rather than prevalence, it is noted that 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 depression²). Anxiety levels are also a little lower but whether this is indicative of a decreasing trend remains to be confirmed in future data. Depression and anxiety are still highest in young people, those living alone, those with lower household income, people with a diagnosed mental illness, people living with children, and people living in urban areas.

² 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

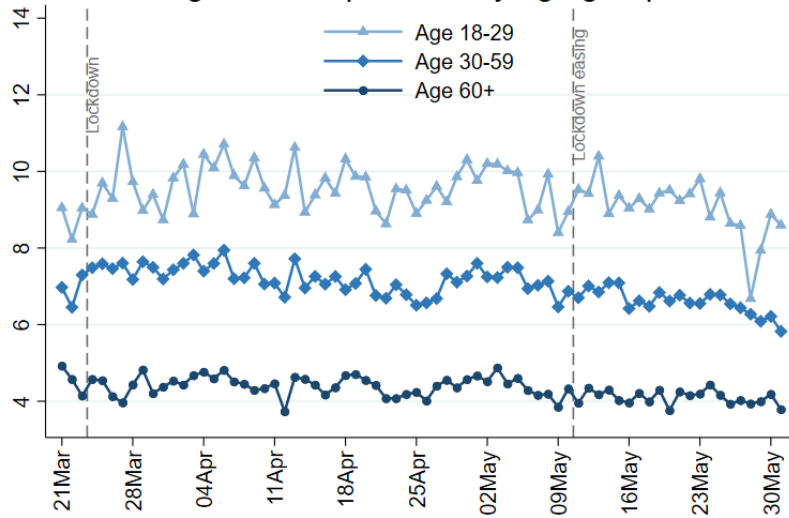


Figure 6b Depression by living arrangement

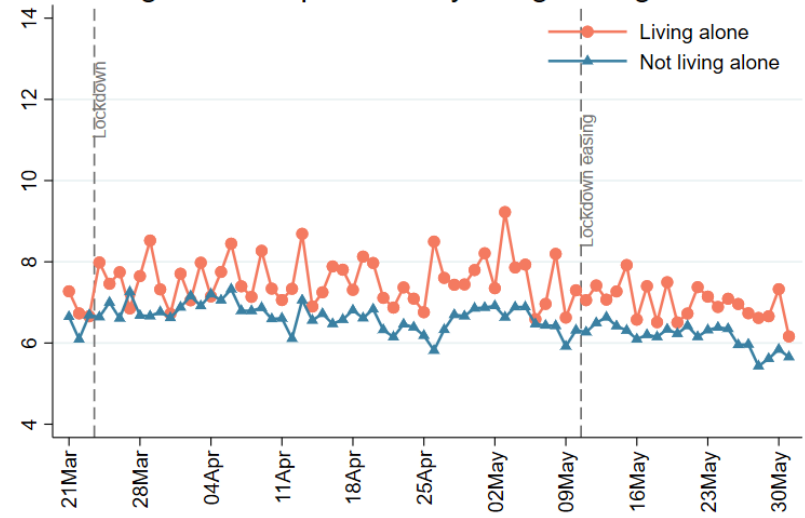


Figure 6c Depression by household income

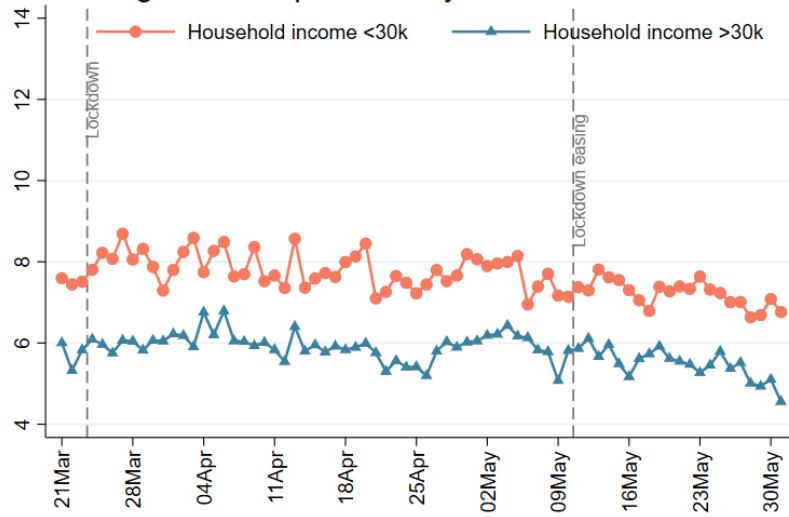


Figure 6d Depression by mental health diagnosis

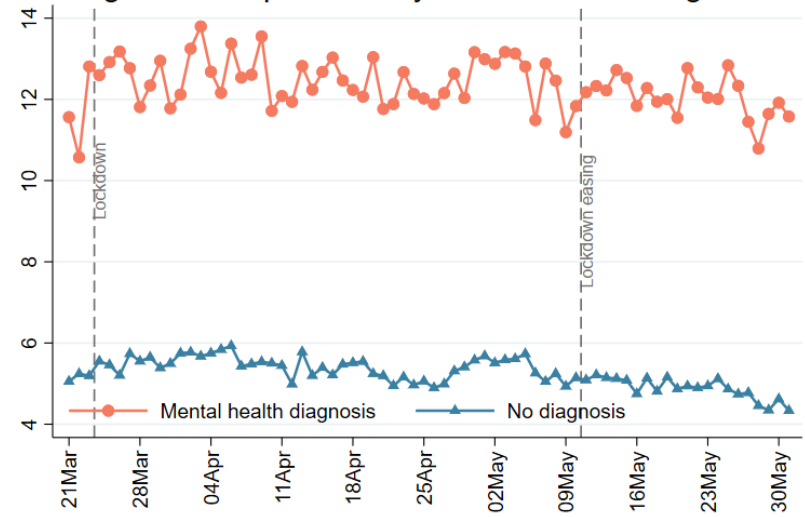


Figure 6e Depression by nations

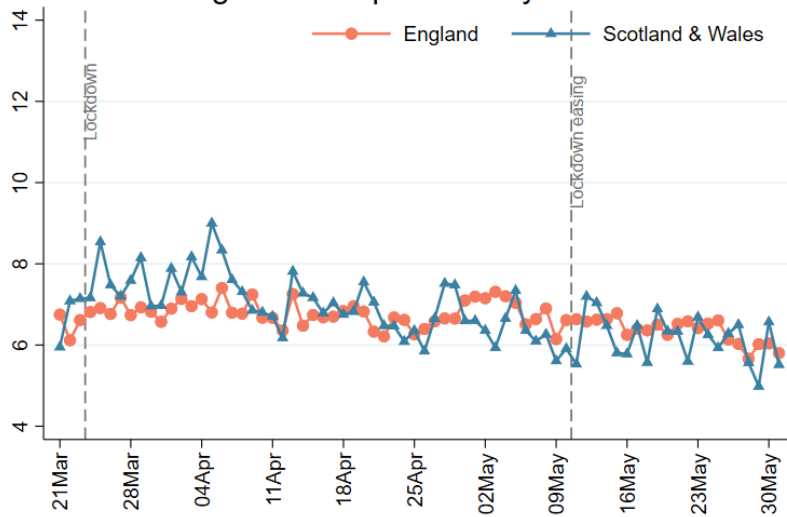


Figure 6f Depression by care keyworker status

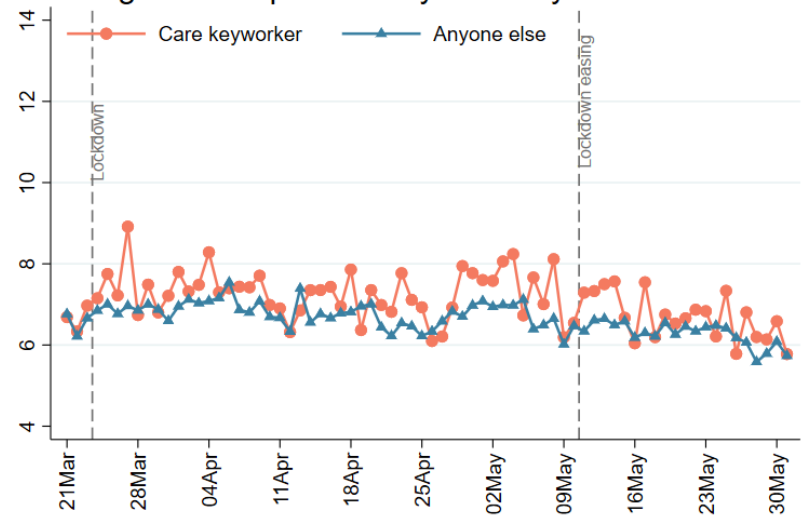


Figure 6g Depression by living with children

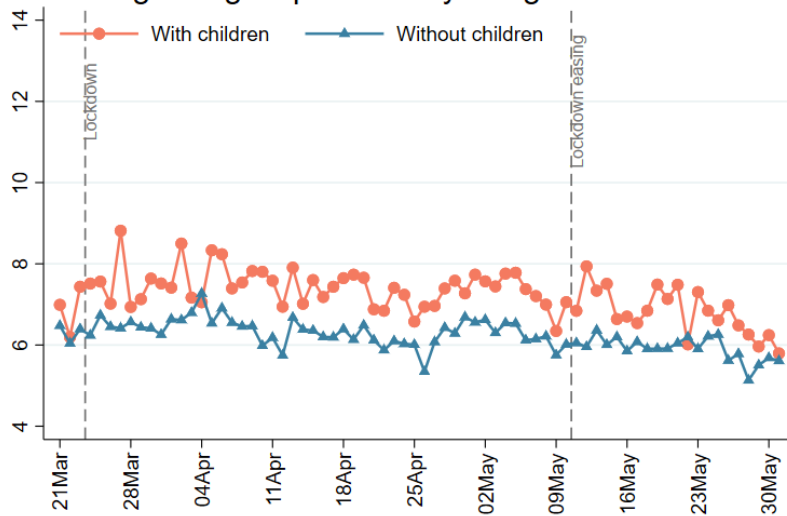


Figure 6h Depression by living area

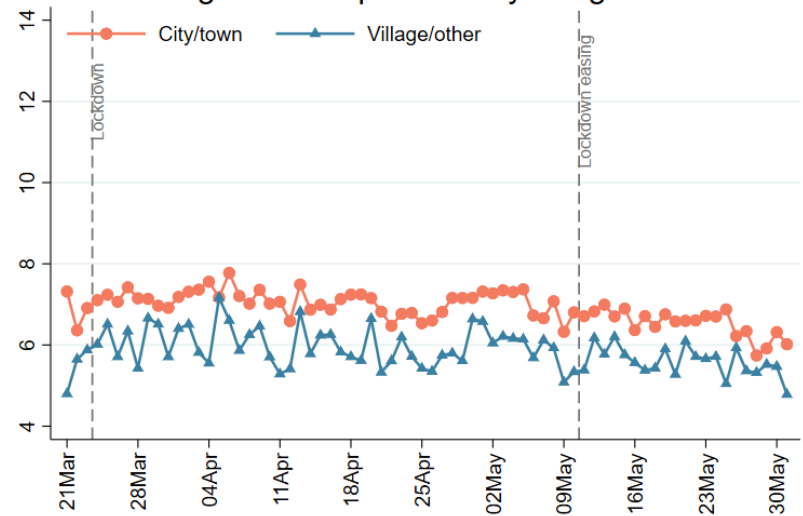


Figure 7a Anxiety by age groups

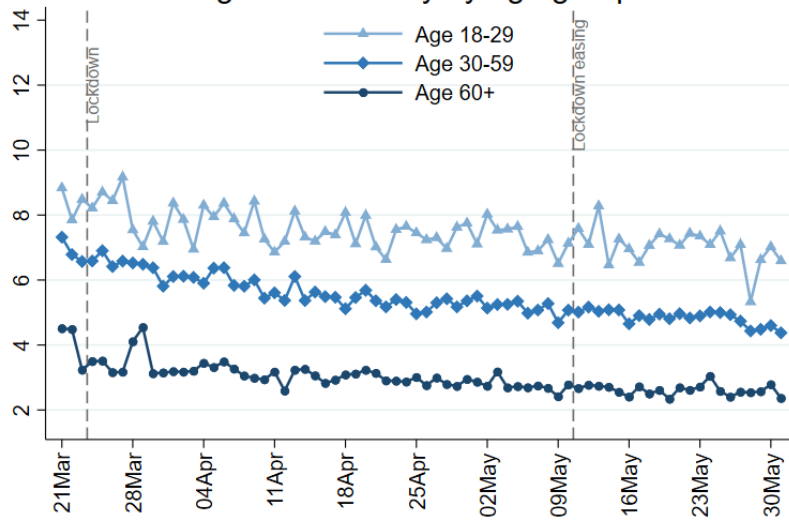


Figure 7b Anxiety by living arrangement

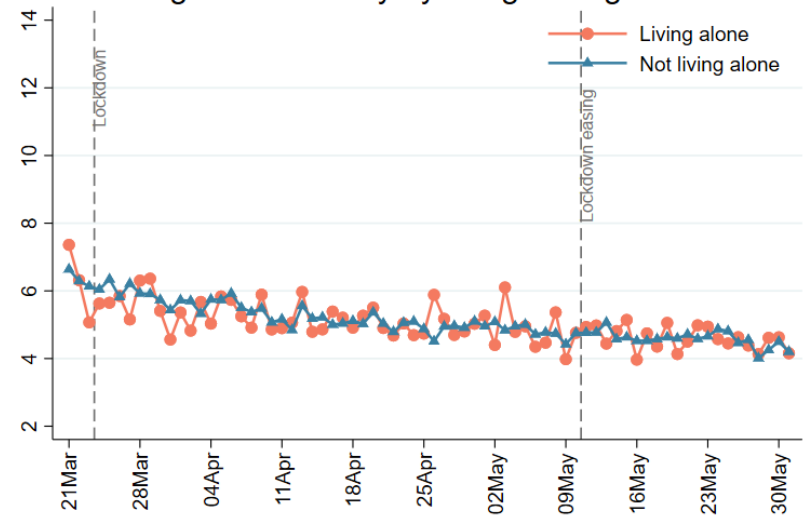


Figure 7c Anxiety by household income

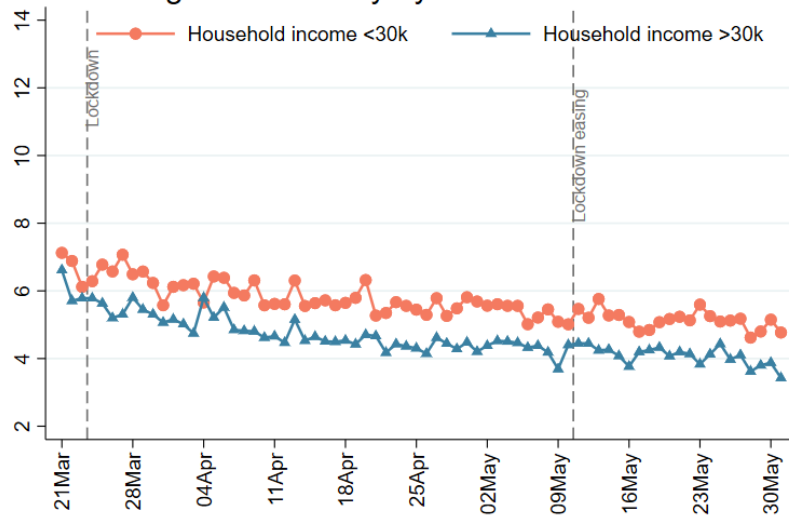


Figure 7d Anxiety by mental health diagnosis

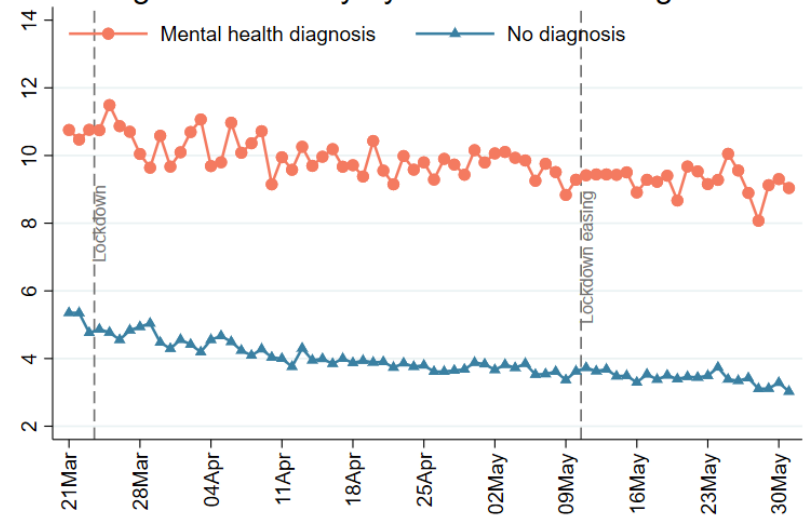


Figure 7e Anxiety by nations

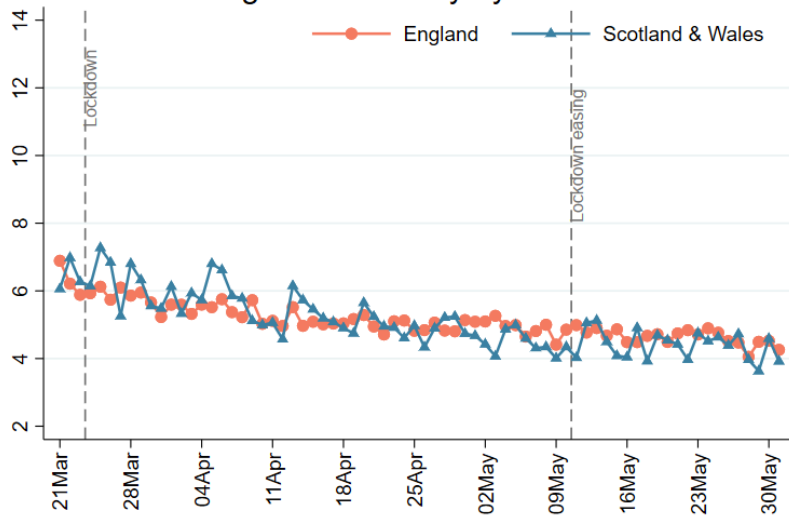


Figure 7f Anxiety by care keyworder status

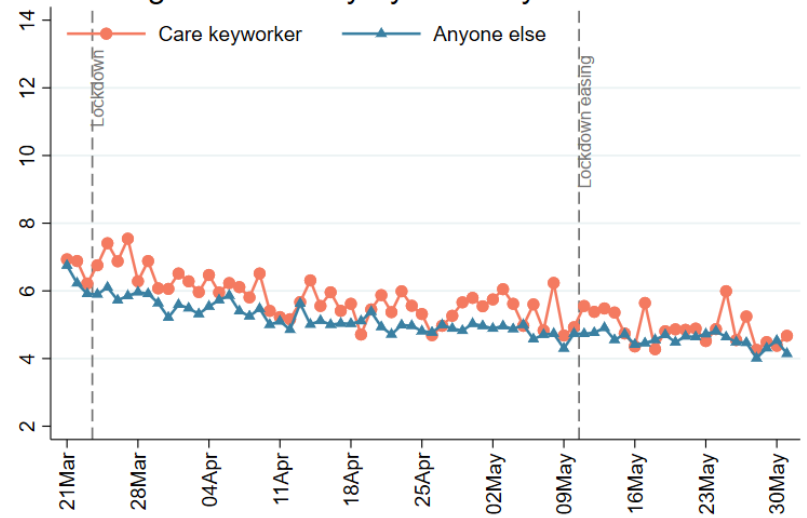


Figure 7g Anxiety by living with children

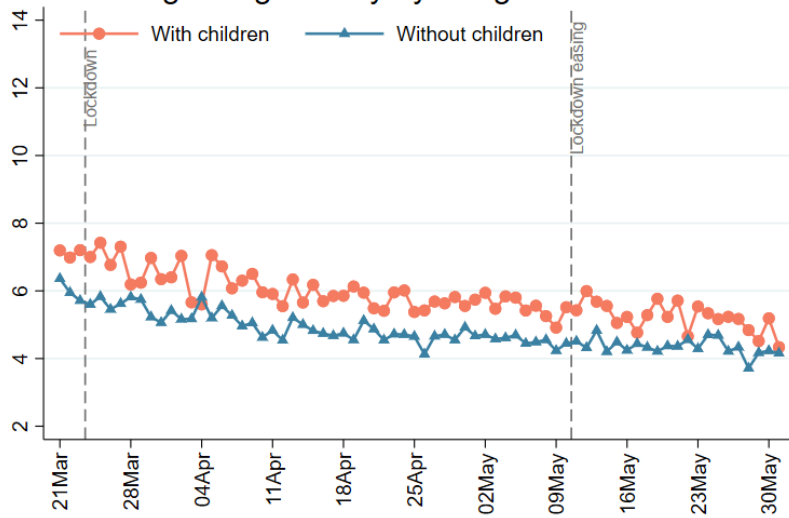
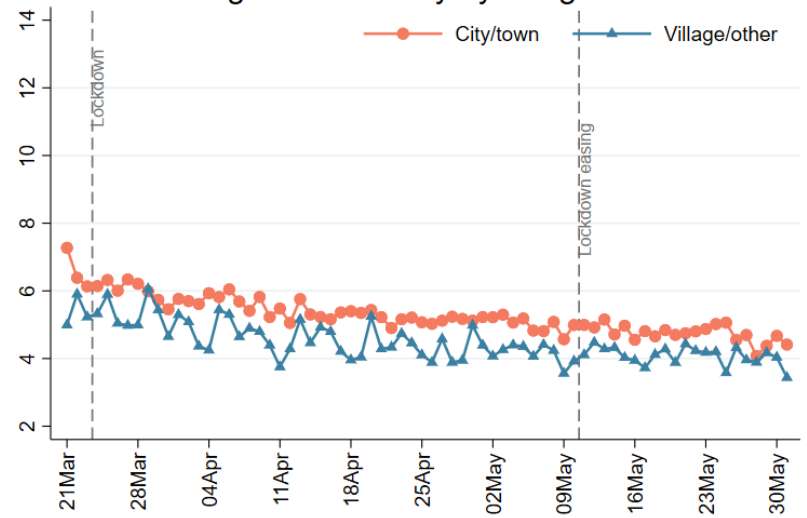
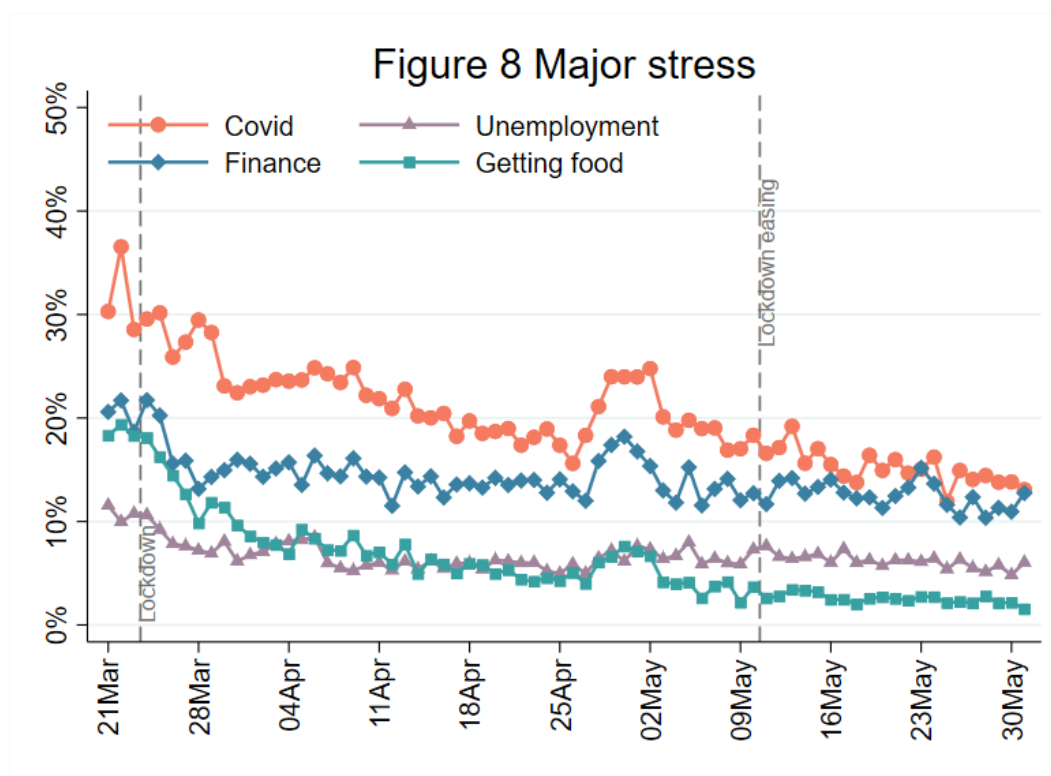


Figure 7h Anxiety by living area



2.2 Stress



FINDINGS

We asked participants to report which factors were causing them major stress in the last week, which was defined as stress that was constantly on their mind or kept them awake at night.

Stress relating to Covid-19 (both catching Covid-19 and becoming seriously ill from Covid-19) has stayed low in the past week, notably not showing any sign of increase despite lockdown easing.

Worries about unemployment remain relatively stable, with around 1 in 12 people worried. These levels are similar across most demographics, although higher in those under 60 and those with a mental health diagnosis.

Around 1 in 8 people are worried about finances, with these levels higher in people under the age of 60, with lower household incomes, living with children, and with a mental health diagnosis.

Stress relating to accessing food (food security) has stabilised in the past week, with fewer than 1 in 20 people now worried about it.

There continues to be no change in stressors since the easing of lockdown was announced, as shown when comparing data for England with data for Scotland and Wales (Figures 9e-12e).

Figure 9a Covid-19 stress by age groups

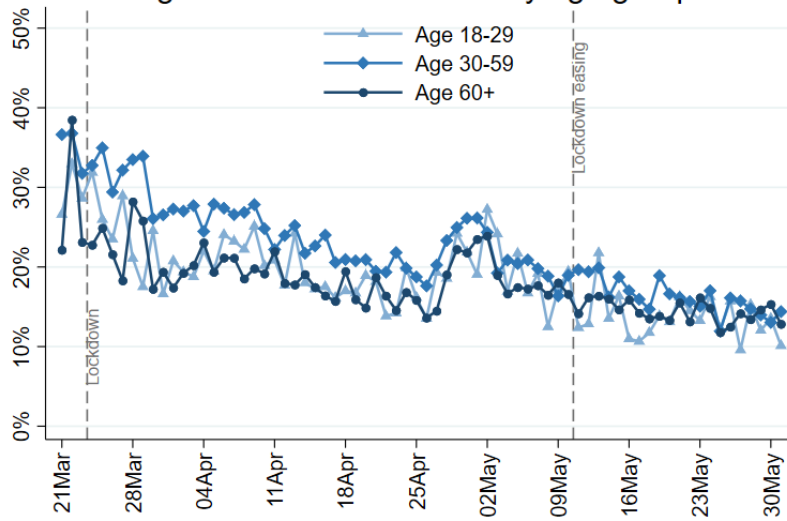


Figure 9b Covid-19 stress by living arrangement

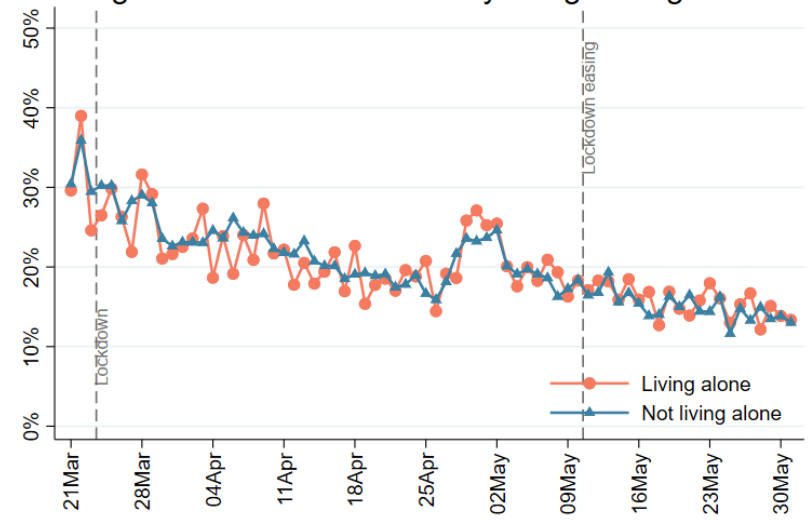


Figure 9c Covid-19 stress by household income

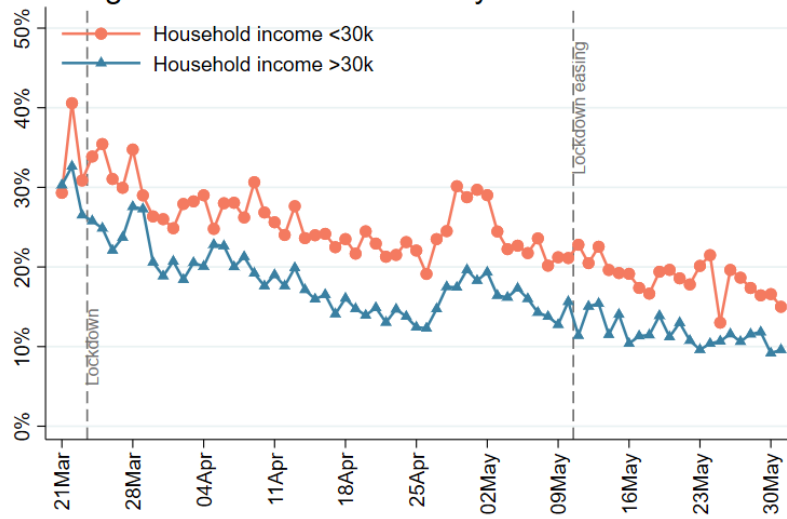


Figure 9d Covid-19 stress by mental health diagnosis

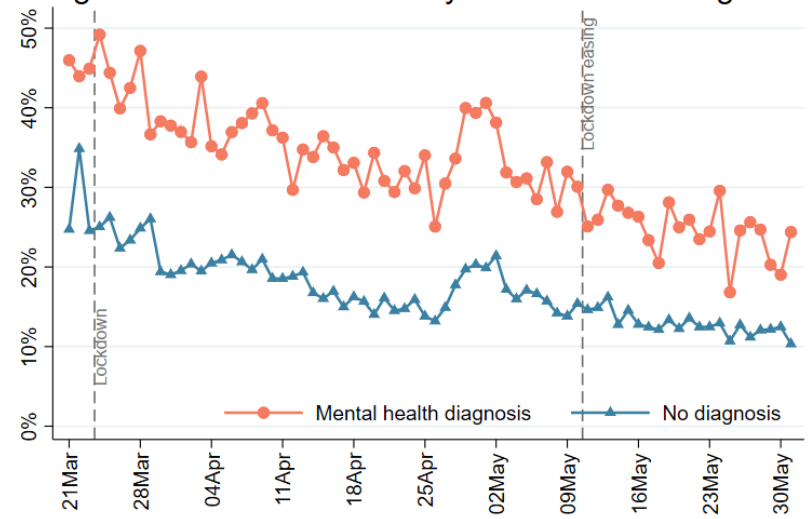


Figure 9e Covid-19 stress by nations

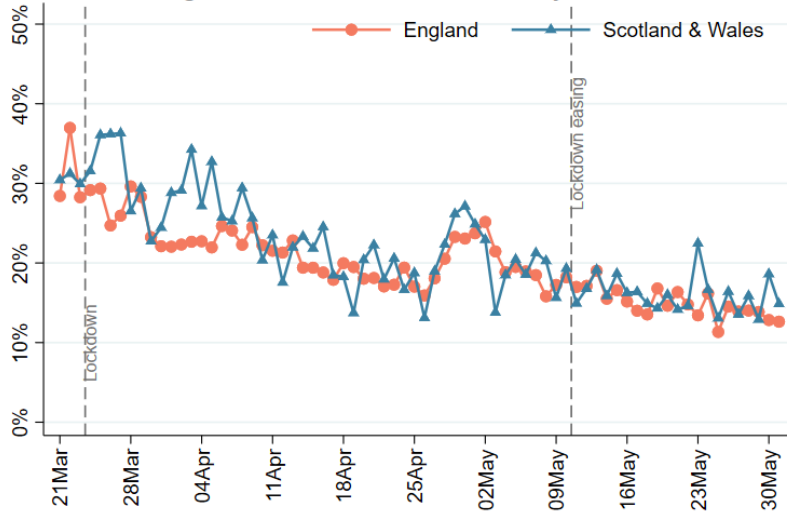


Figure 9f Covid-19 stress by care keyworker status

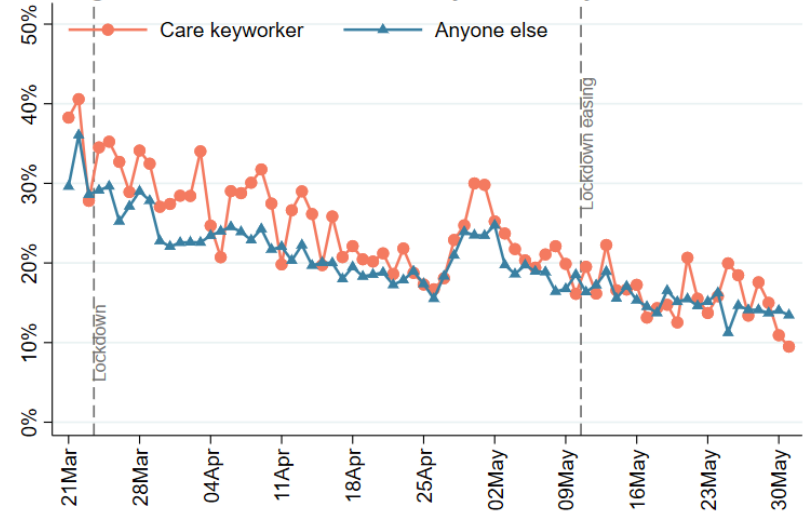


Figure 9g Covid-19 stress by living with children

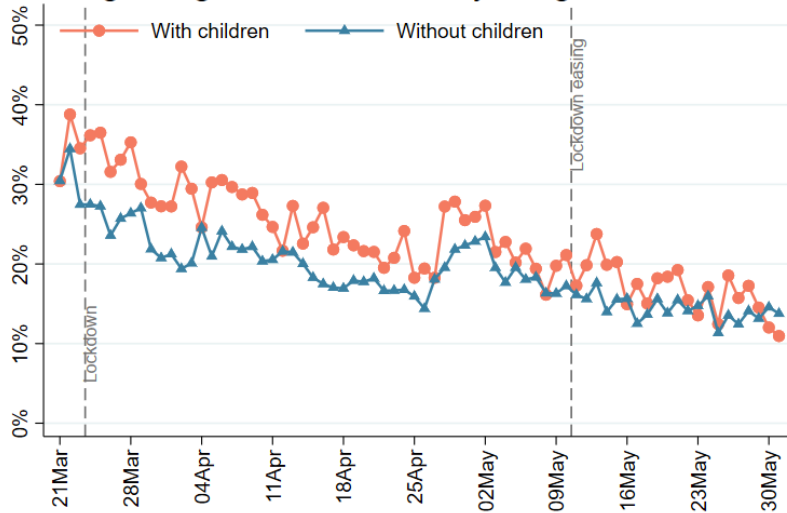


Figure 9h Covid-19 stress by living area

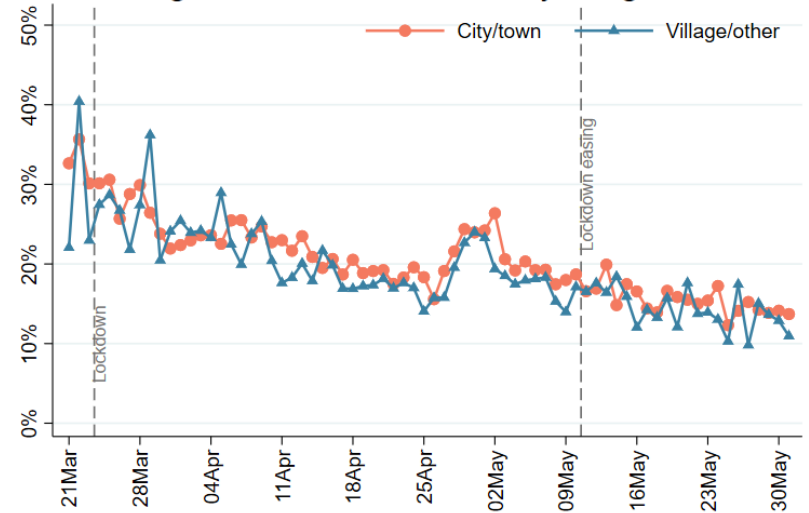


Figure 10a Unemployment stress by age groups

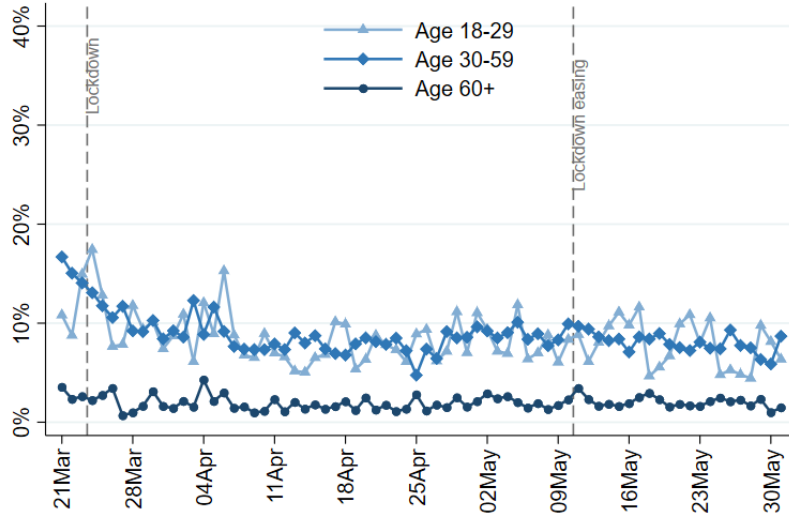


Figure 10b Unemployment stress by living arrangement

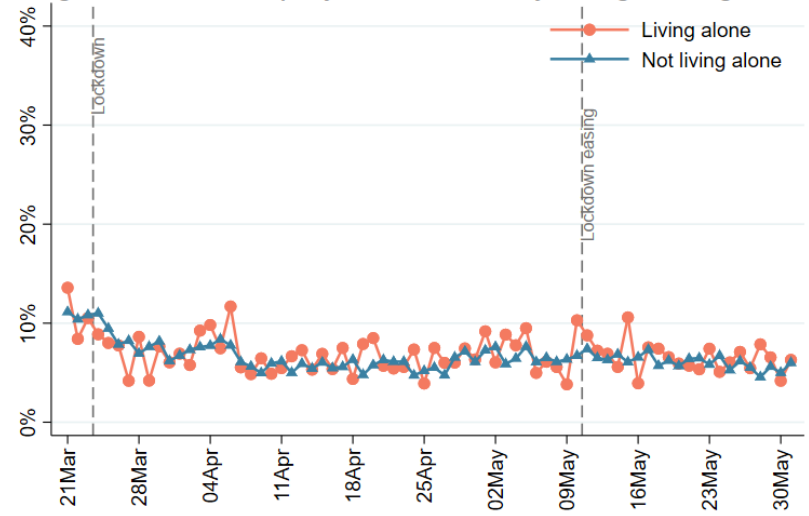


Figure 10c Unemployment stress by household income

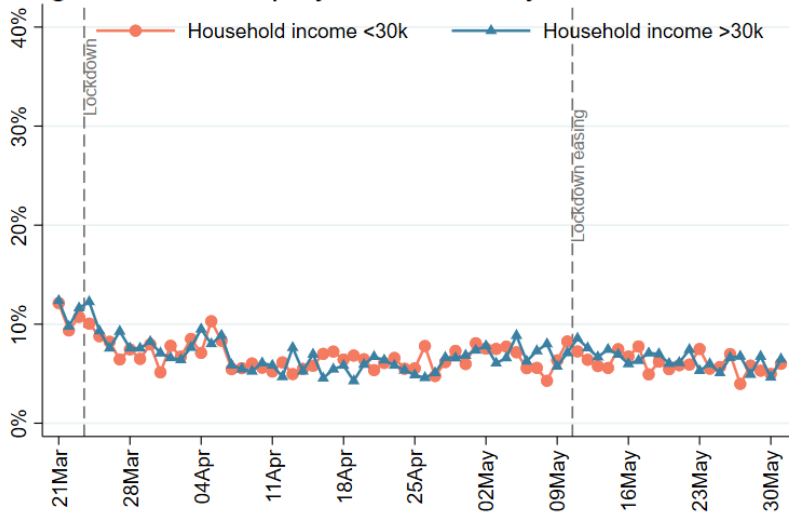


Figure 10d Unemployment stress by mental health

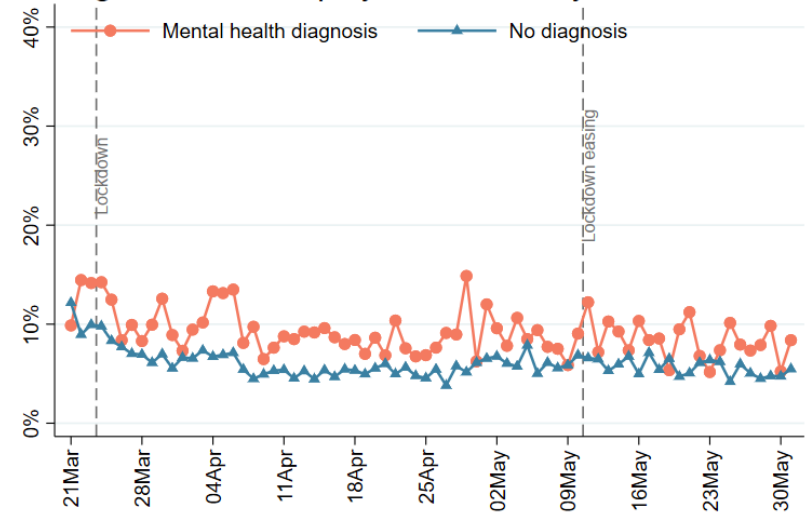


Figure 10e Unemployment stress by nations

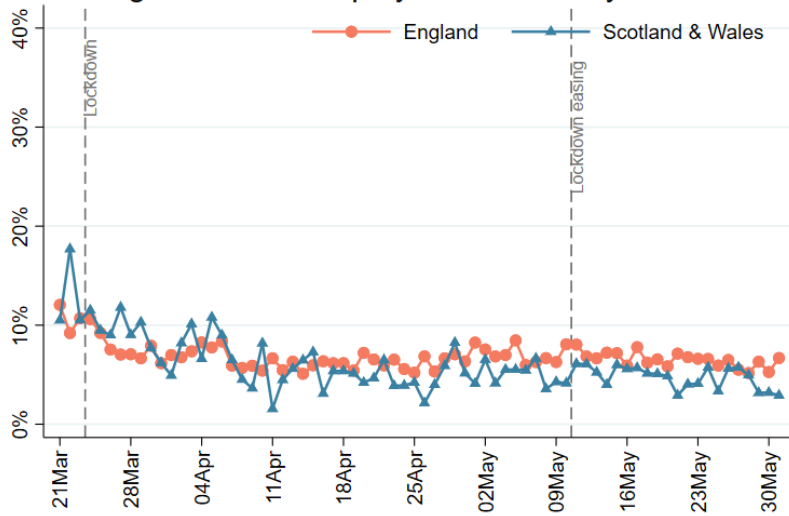


Figure 10f Unemployment stress by keyworker status

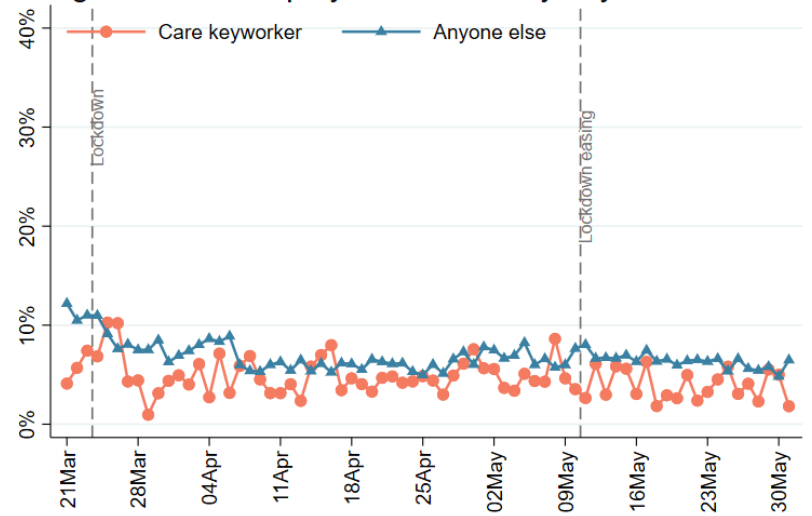


Figure 10g Unemployment stress by living with children

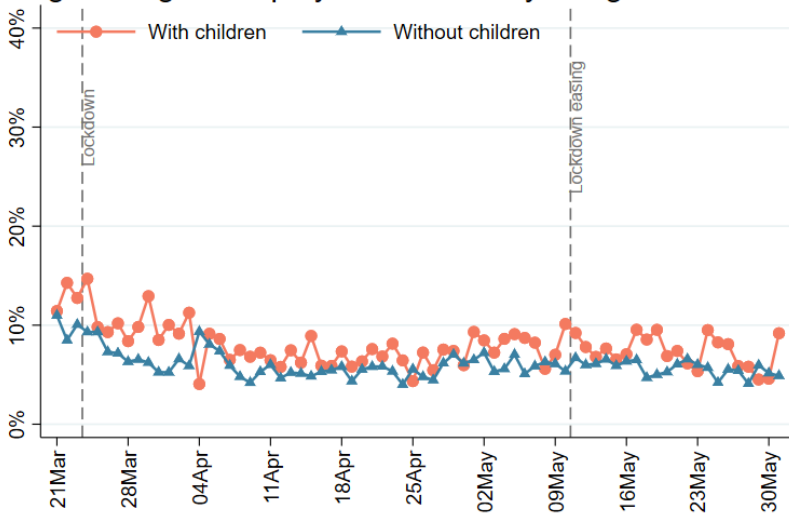


Figure 10h Unemployment stress by living area

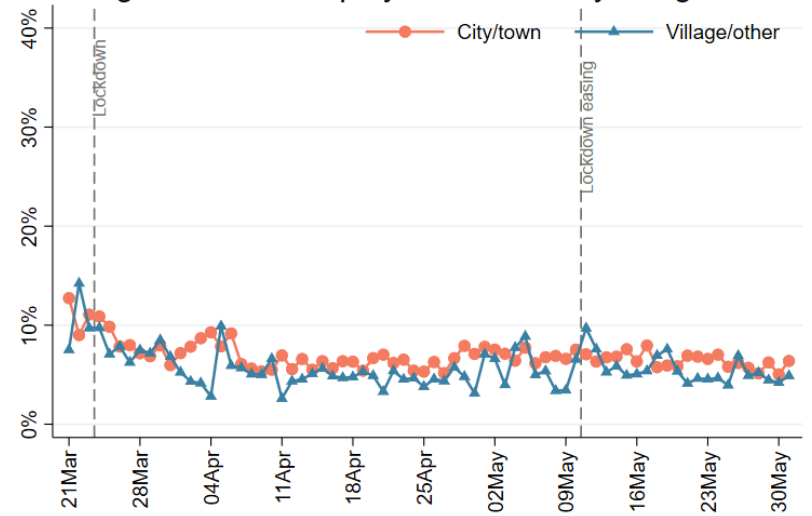


Figure 11a Financial stress by age groups

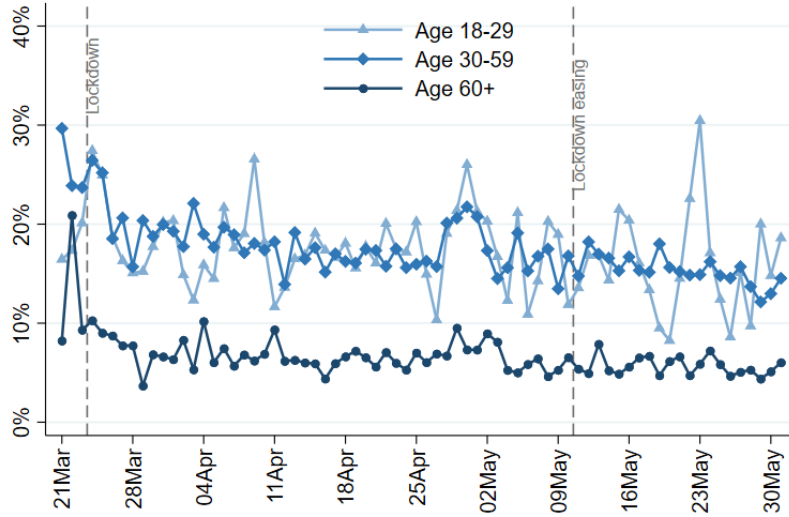


Figure 11b Financial stress by living arrangement

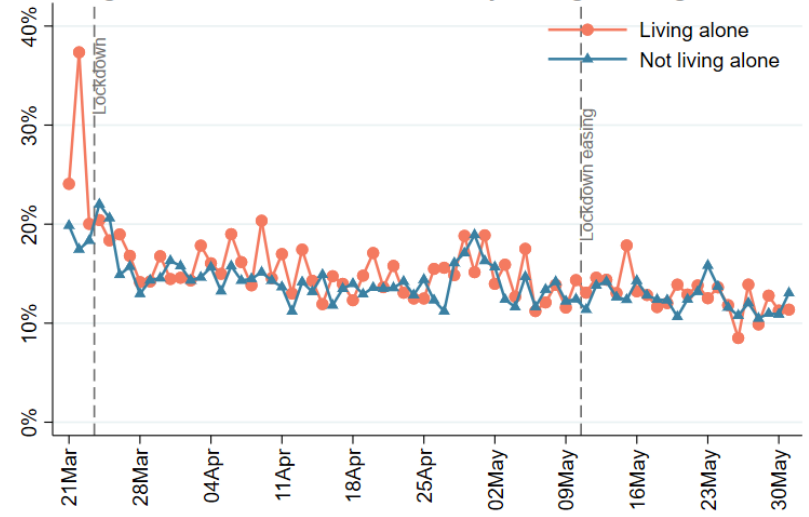


Figure 11c Financial stress by household income

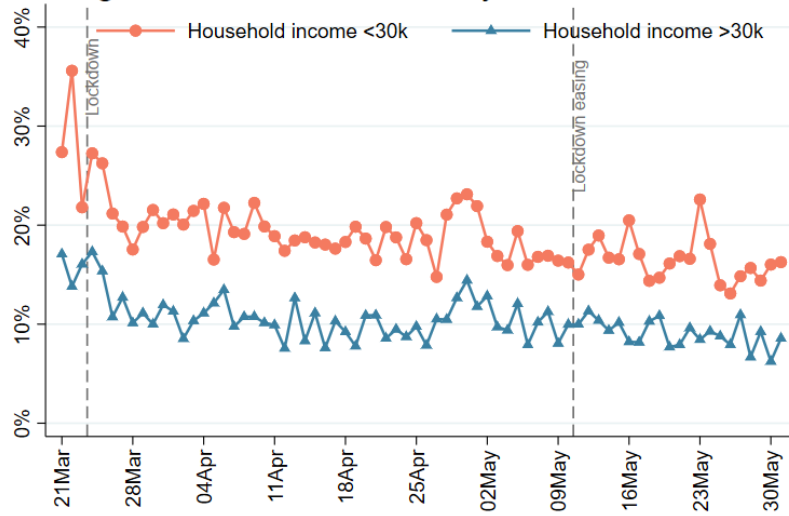


Figure 11d Financial stress by mental health diagnosis

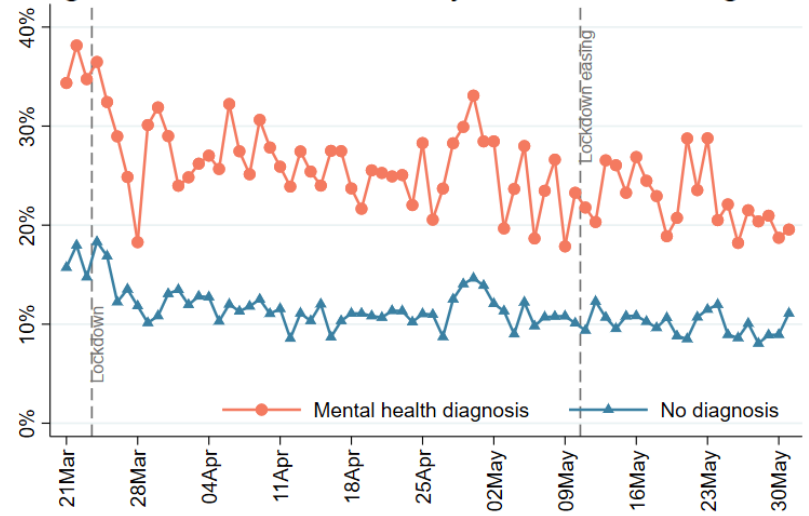


Figure 11e Financial stress by nations

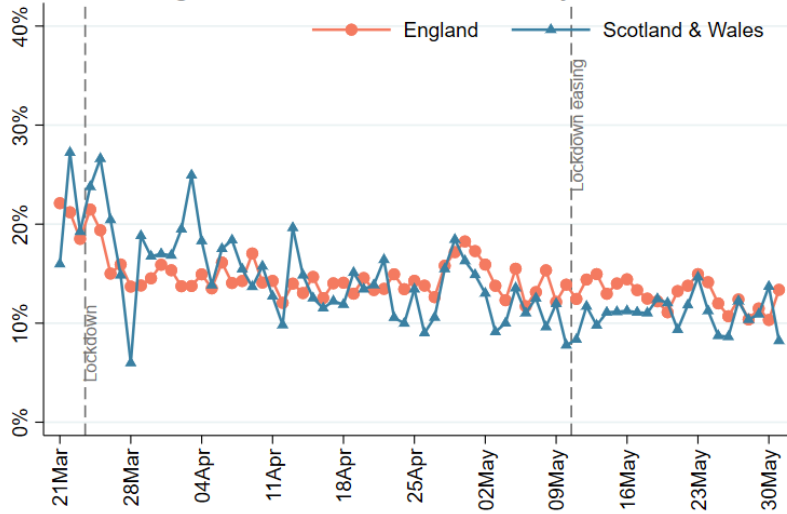


Figure 11f Financial stress by care keyworker status

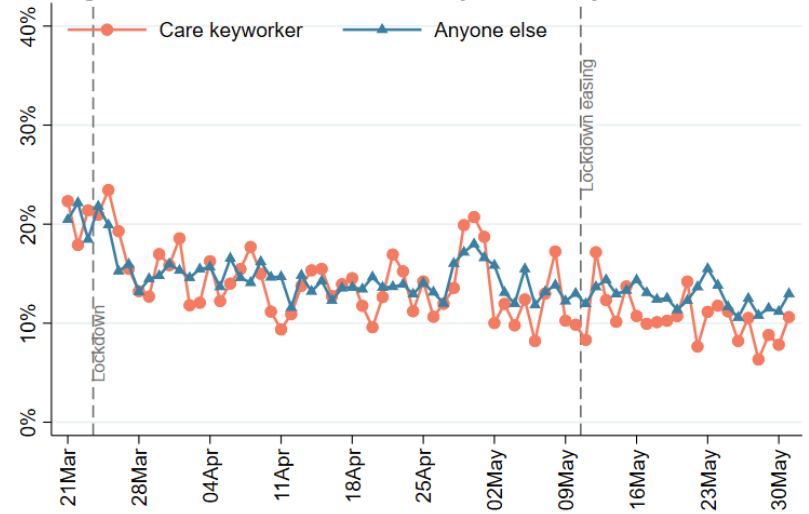


Figure 11g Financial stress by living with children

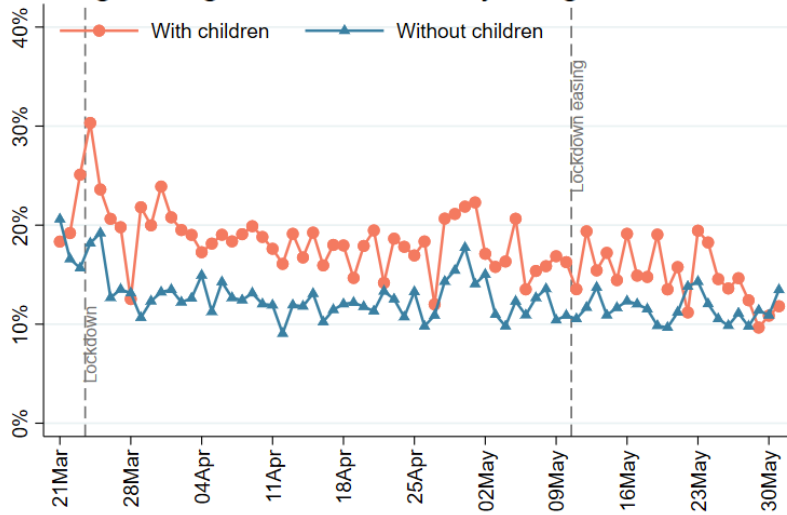


Figure 11h Financial stress by living area

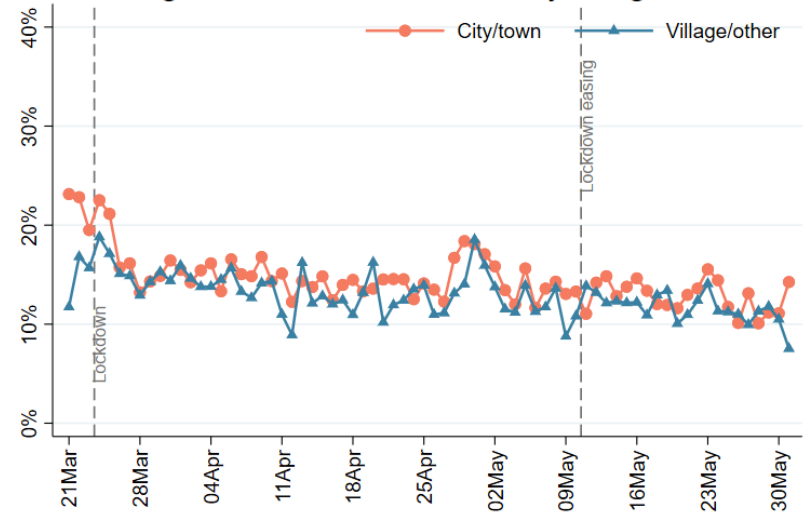


Figure 12a Food security stress by age groups

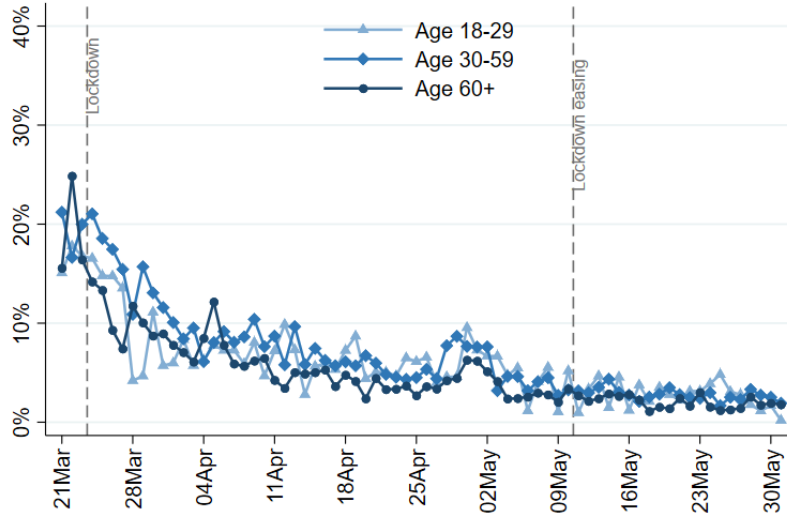


Figure 12b Food security stress by living arrangement

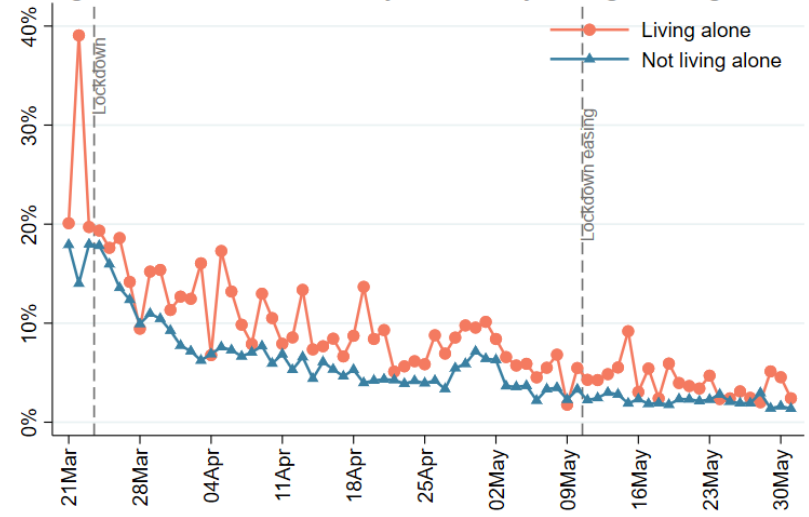


Figure 12c Food security stress by household income

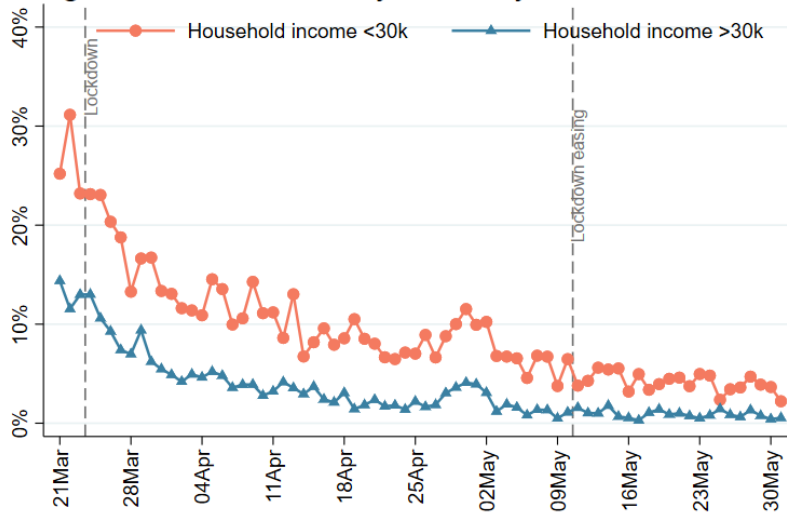


Figure 12d Food security stress by mental health

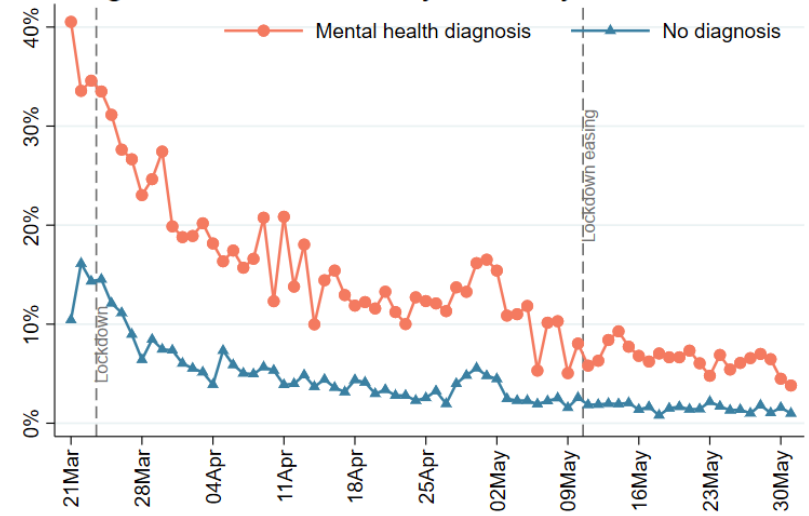


Figure 12e Food security stress by nations

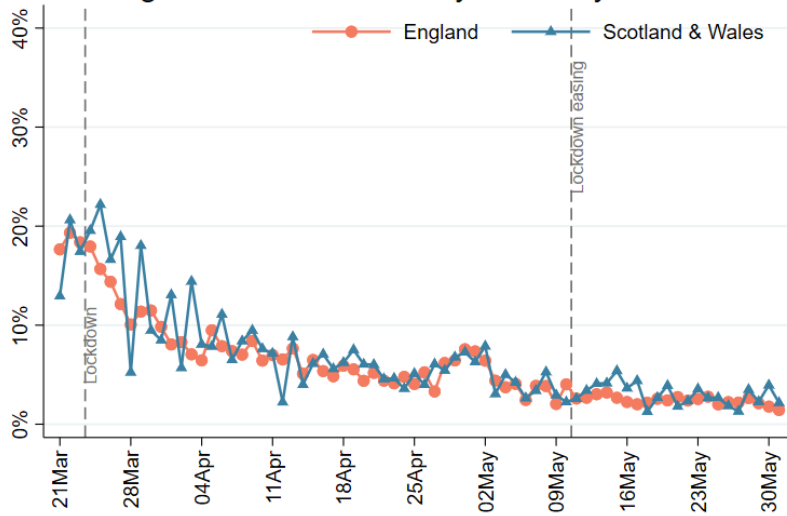


Figure 12f Food security stress by keyworker status

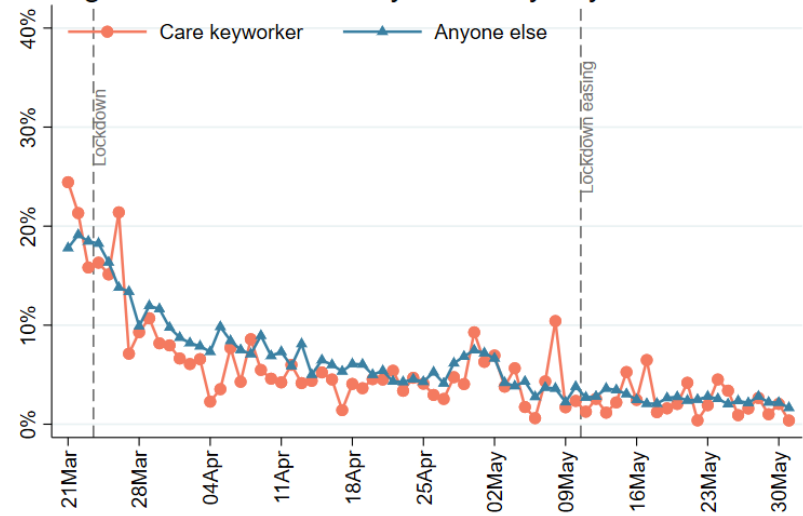


Figure 12g Food security stress by living with children

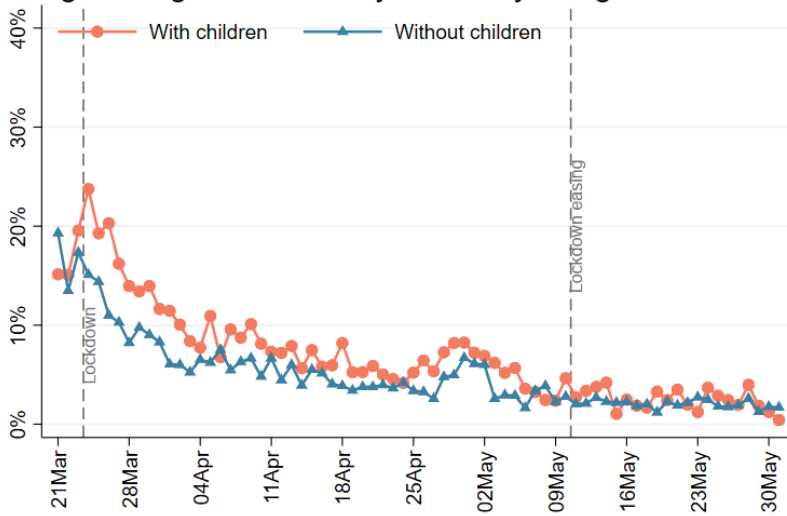
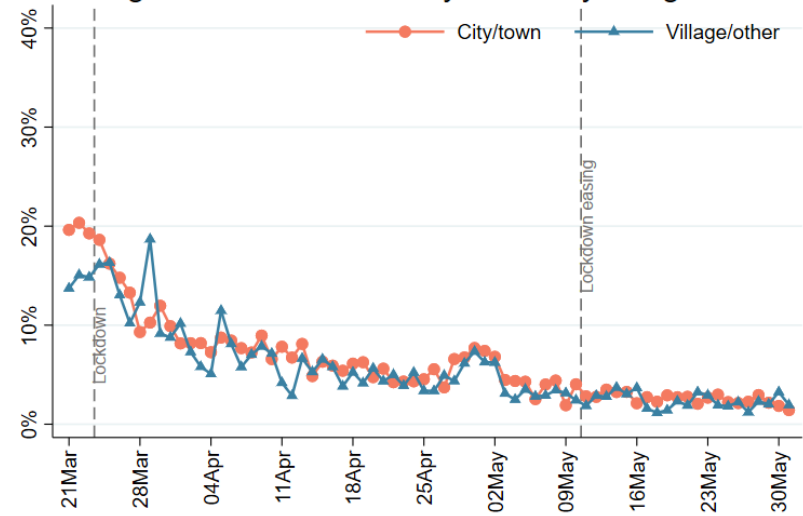
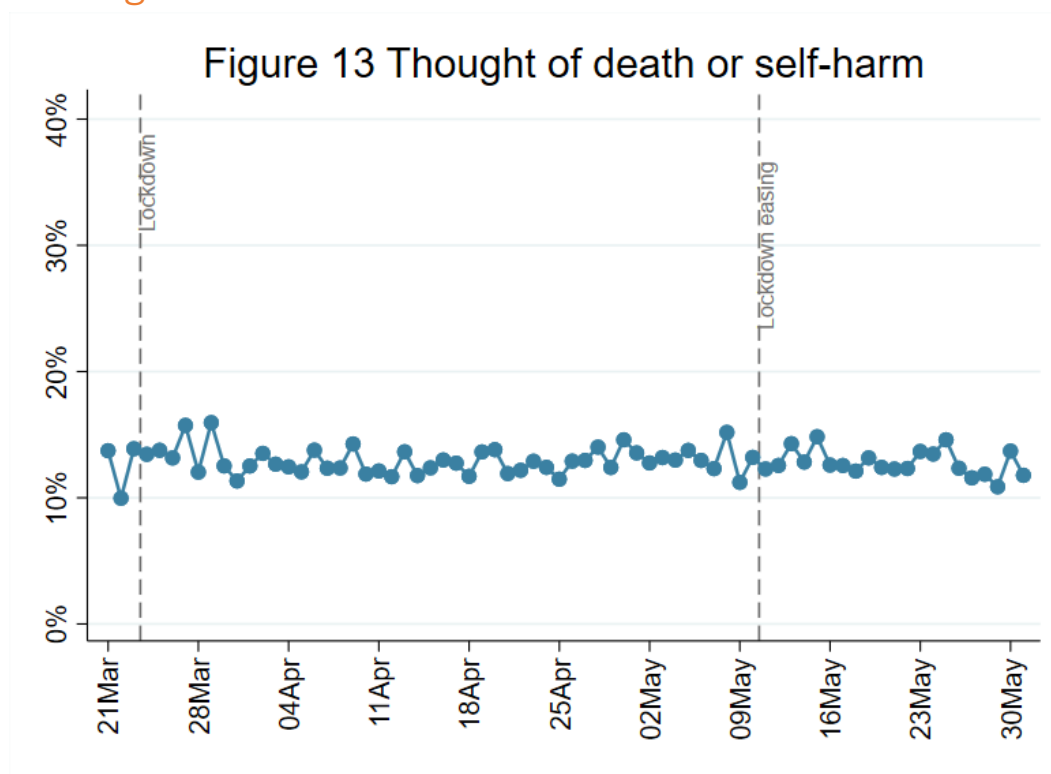


Figure 12h Food security stress by living area



3. Self-harm and abuse

3.1 Thought of death or self-harm



FINDINGS

Thought 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.

Percentages of people having thoughts of death or self-harm have been relatively stable since lockdown was announced in our sample. 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.

There continues to be no clear change in thoughts of death since the easing of lockdown was announced, as shown when comparing data for England with data for Scotland and Wales (Figure 14e).

Figure 14a Thought of death by age groups

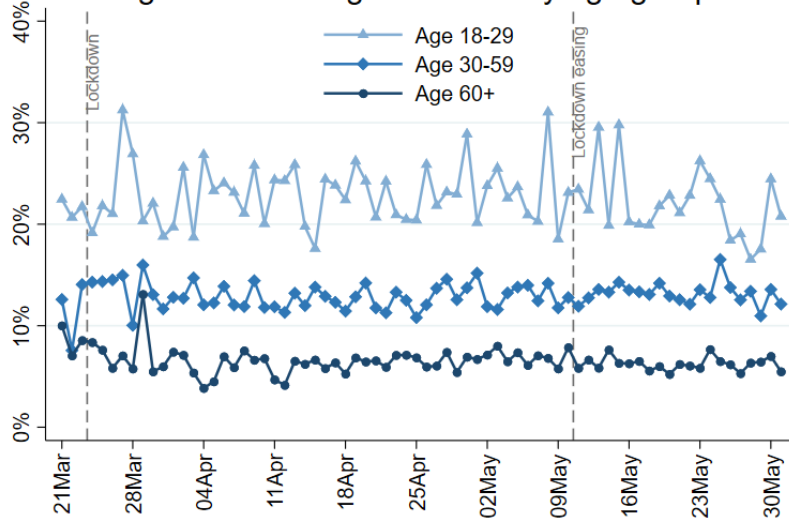


Figure 14b Thought of death by living arrangement

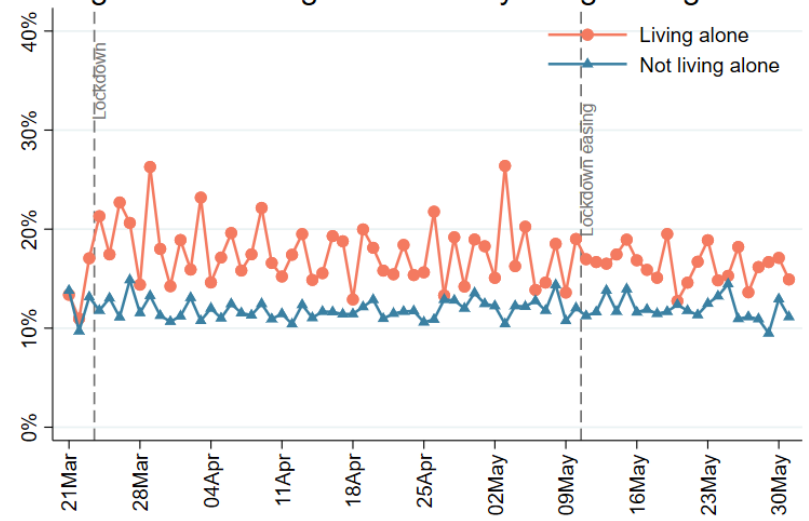


Figure 14c Thought of death by household income

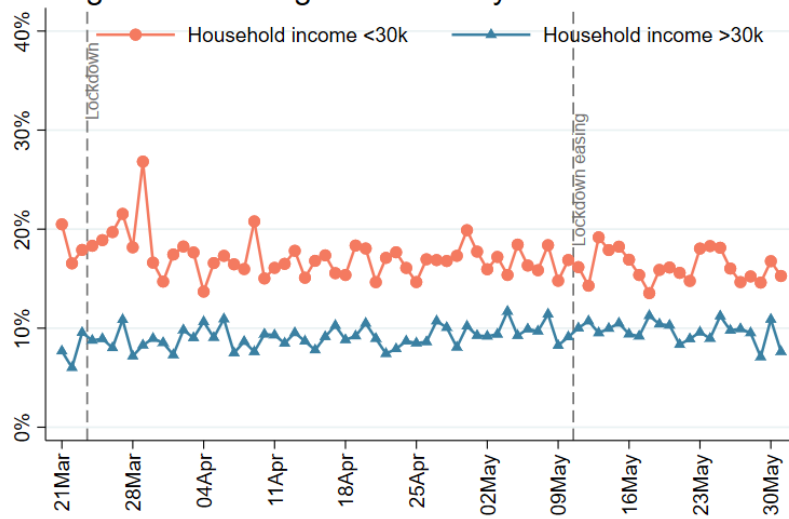


Figure 14d Thought of death by mental health diagnosis

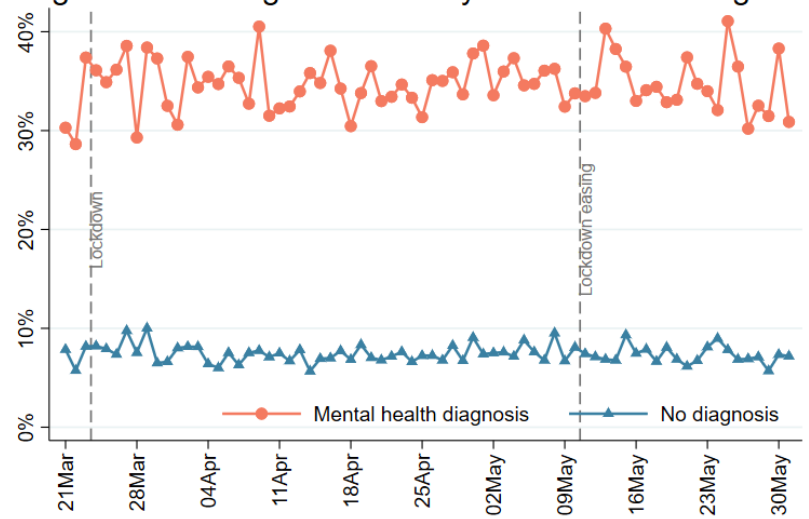


Figure 14e Thought of death by nations

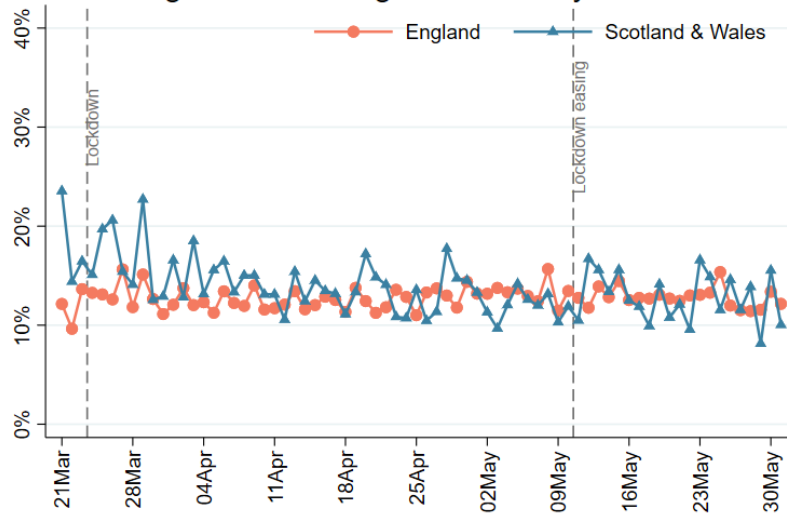


Figure 14f Thought of death by care keyworker status

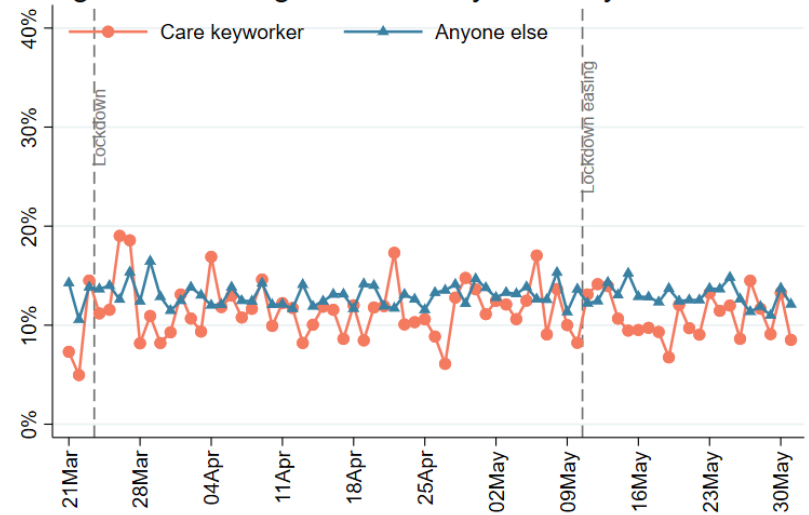


Figure 14g Thought of death by living with children

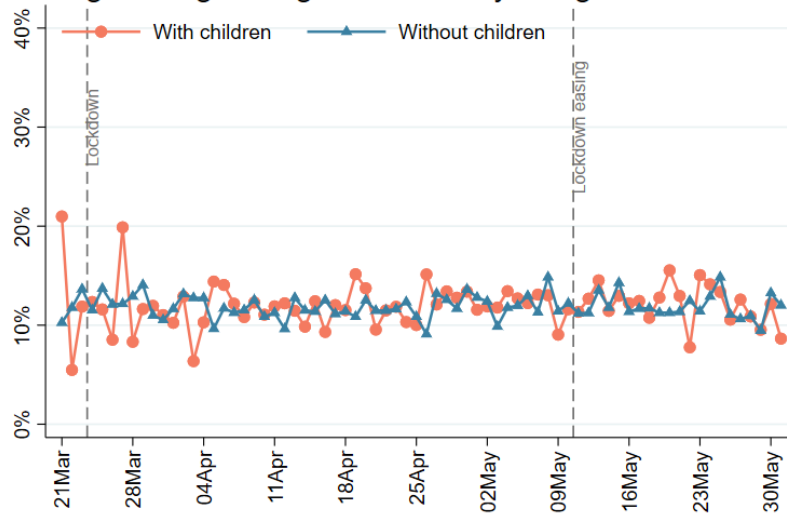
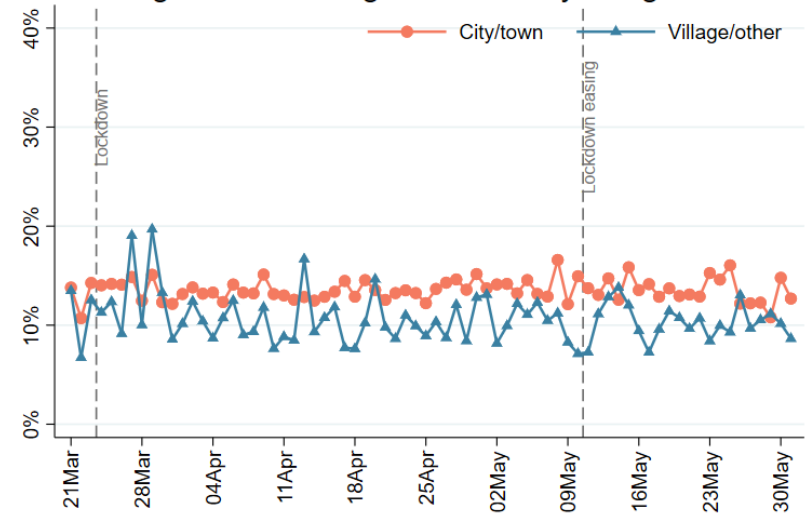
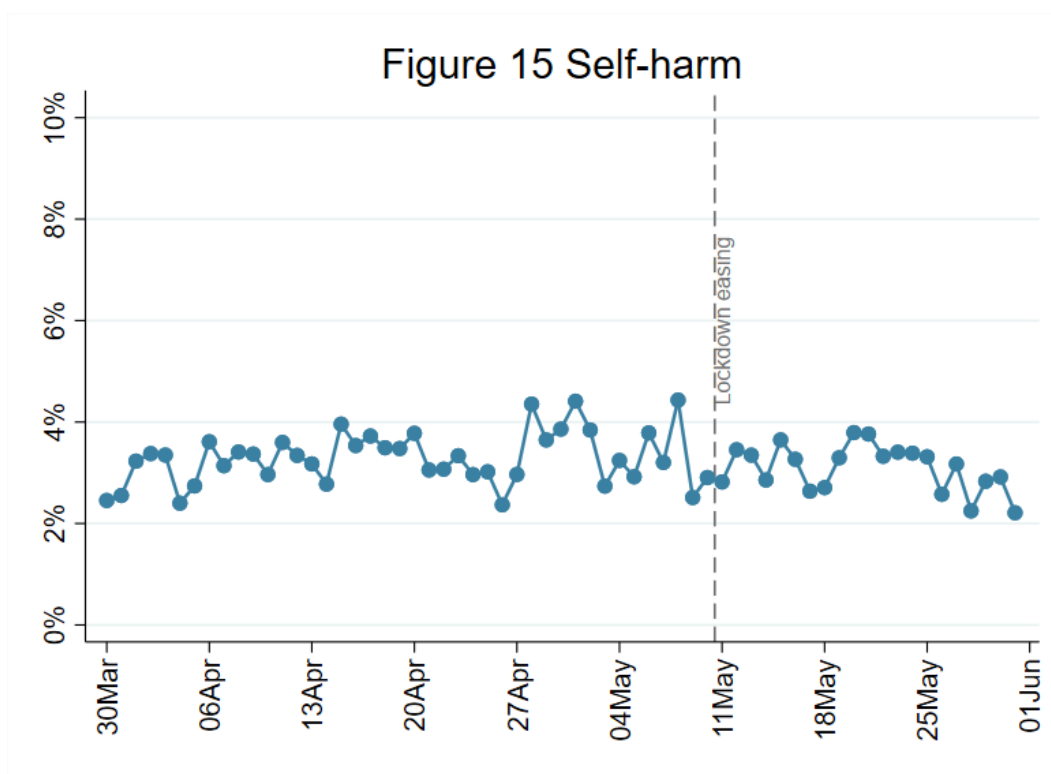


Figure 14h Thought of death by living area



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.

There are indications of a slight decrease in self-harm in the last week, especially amongst younger adults and people with a mental health diagnosis. However, this is only tentative for now and could be within usual variation. So it remains to be confirmed with future data.

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

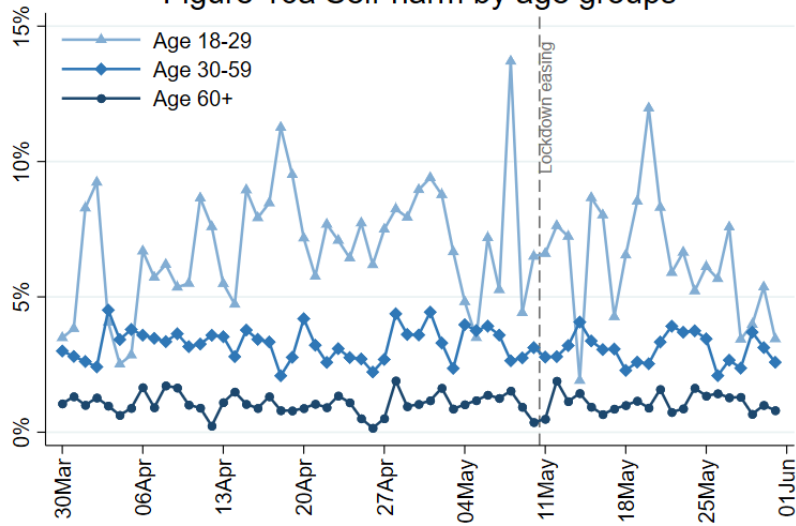


Figure 16b Self-harm by living arrangement

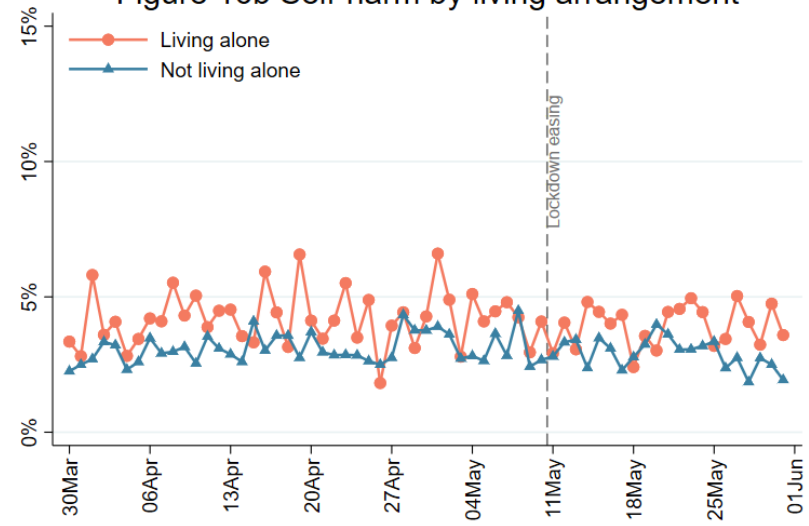


Figure 16c Self-harm by household income

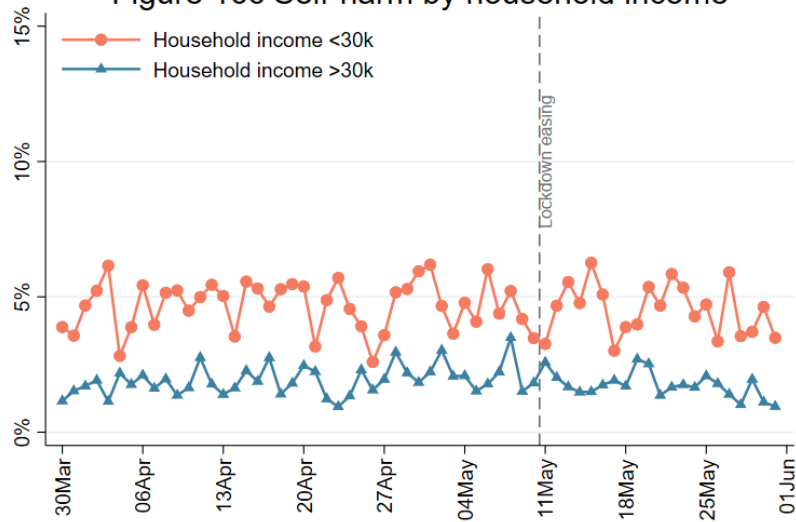


Figure 16d Self-harm by mental health diagnosis

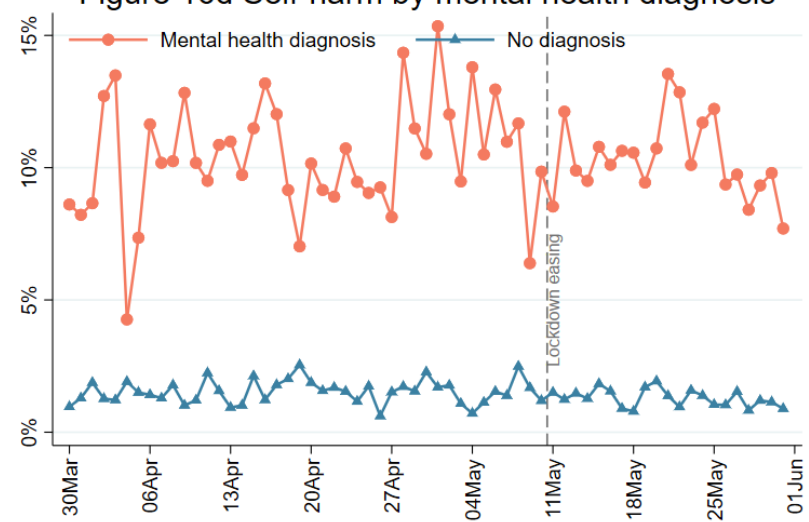


Figure 16e Self-harm by nations

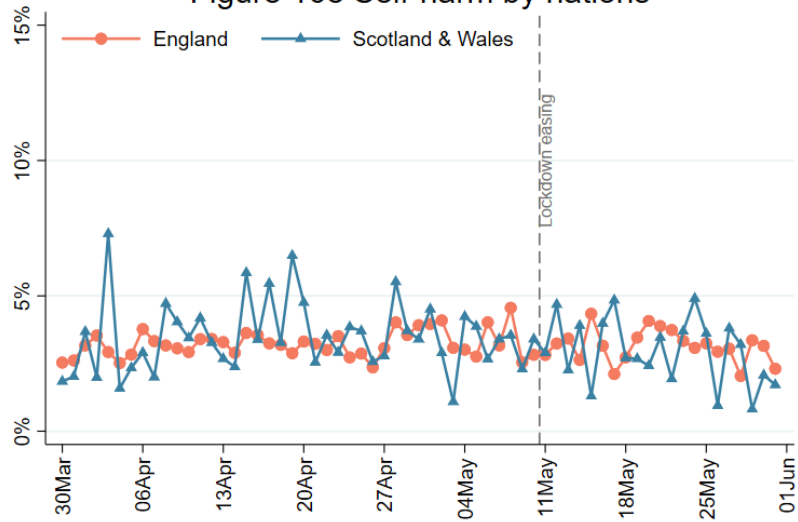


Figure 16f Self-harm by care keyworker status

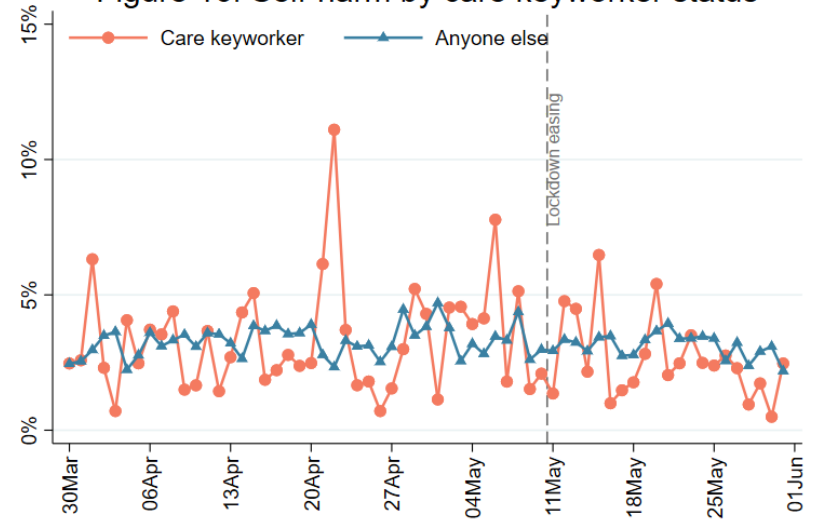


Figure 16g Self-harm by living with children

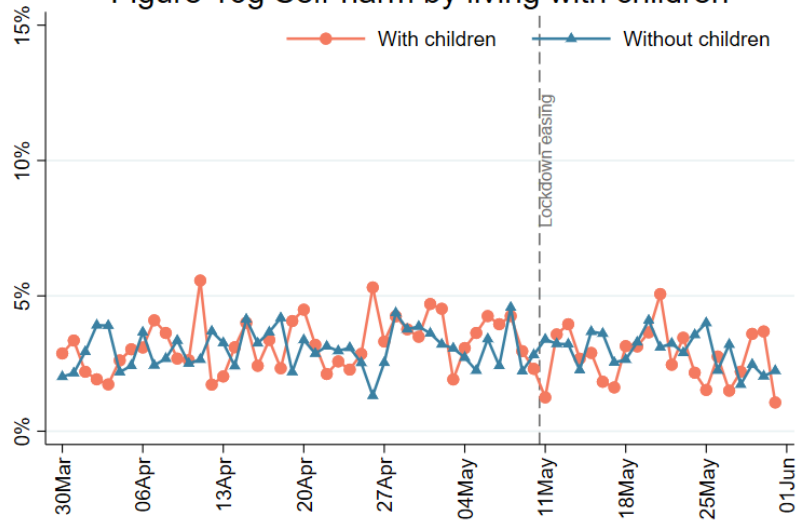
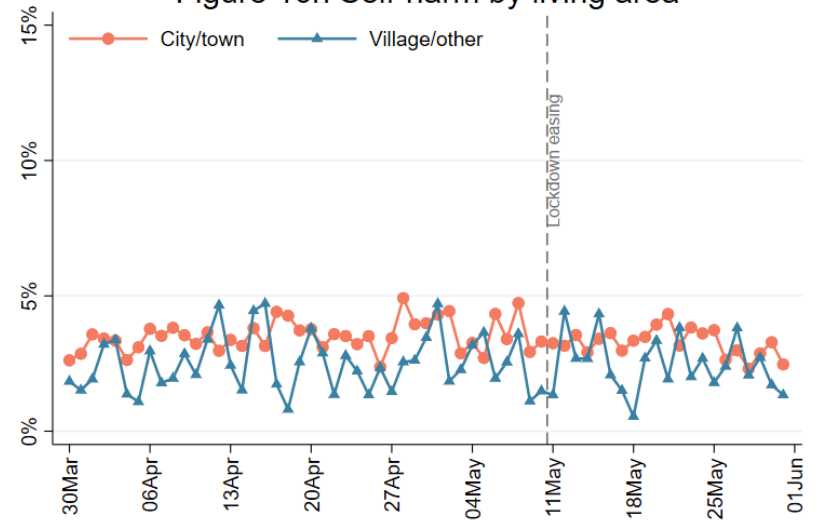
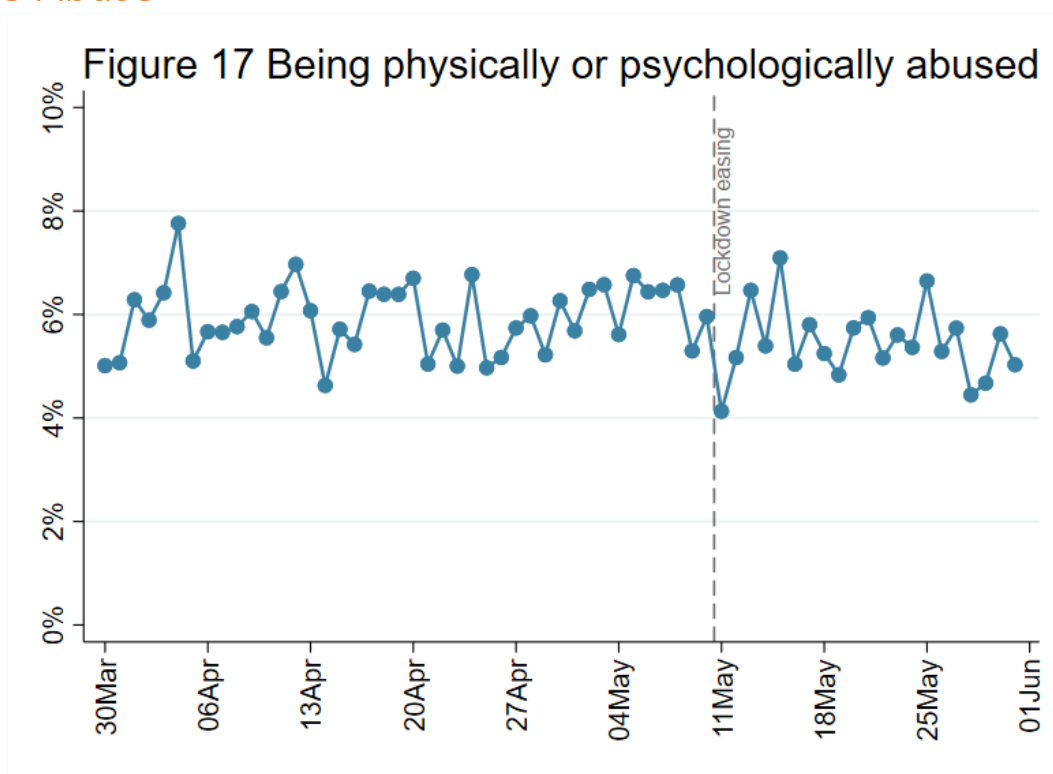


Figure 16h Self-harm by living area



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 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.

There continues to be no change in reports of abuse since the easing of lockdown was announced.

Figure 18a Abuse by age groups

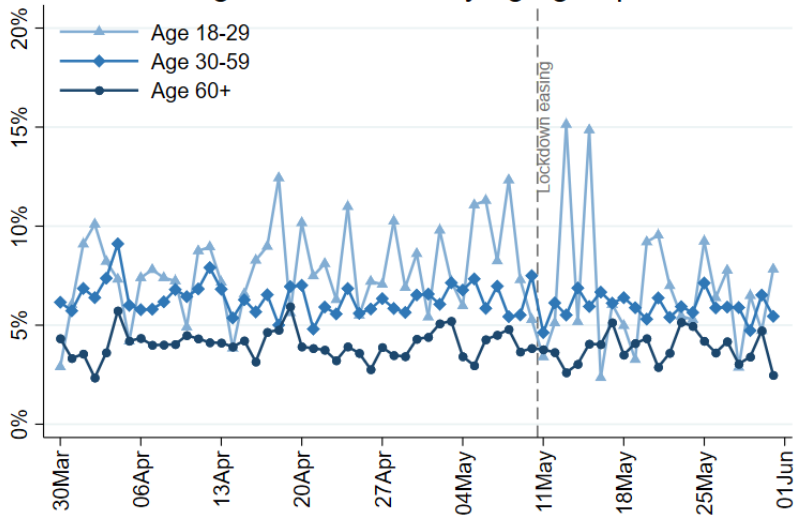


Figure 18b Abuse by living arrangement

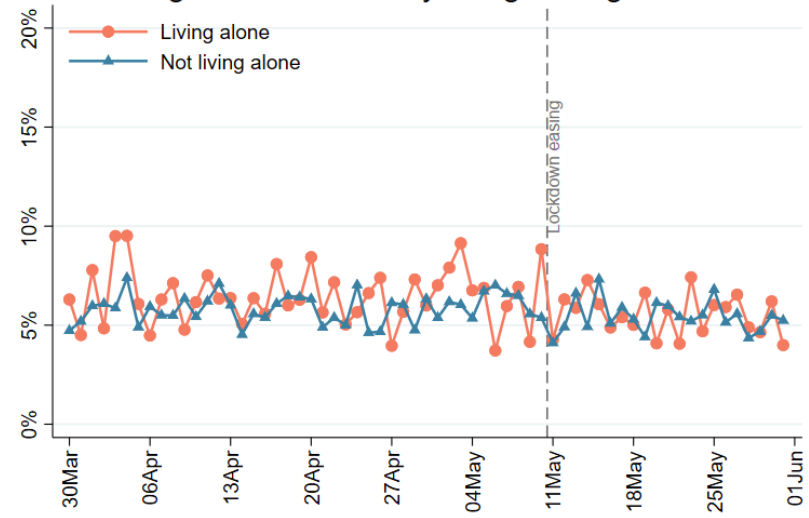


Figure 18c Abuse by household income

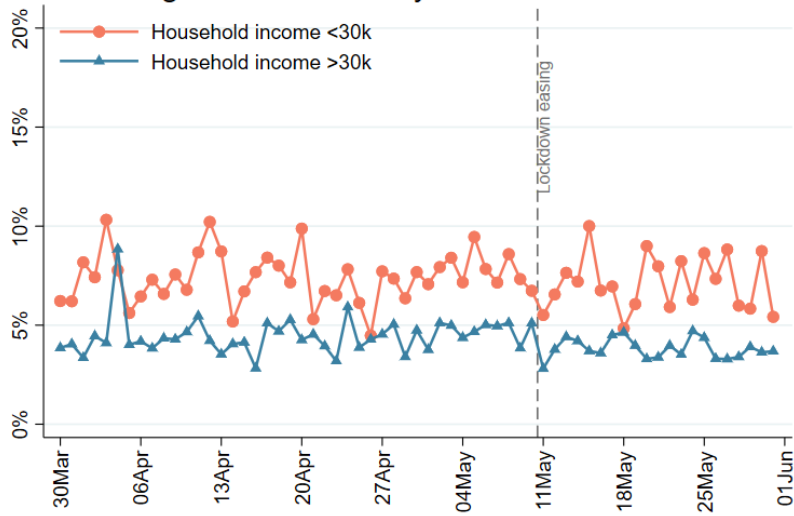


Figure 18d Abuse by mental health diagnosis

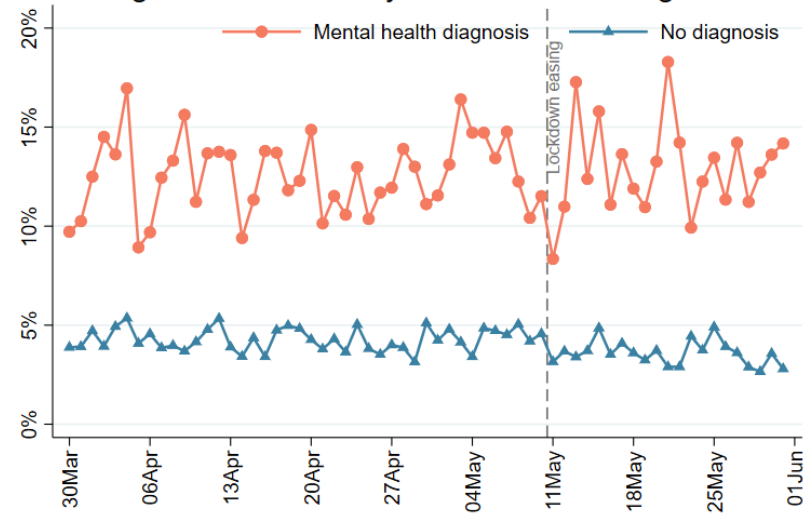


Figure 18e Abuse by nations

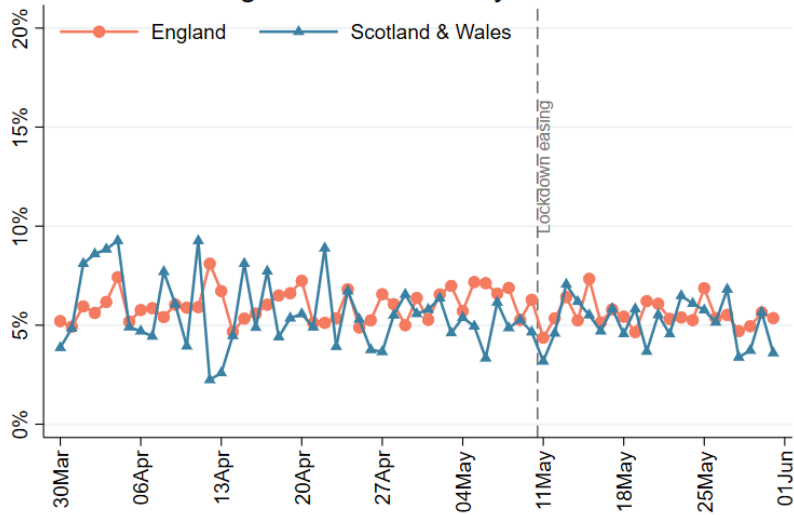


Figure 18f Abuse by care keyworker status

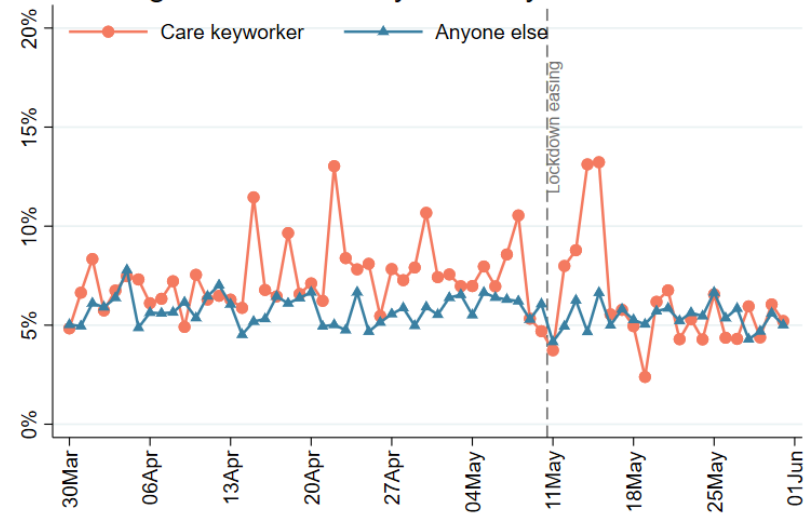


Figure 18g Abuse by living with children

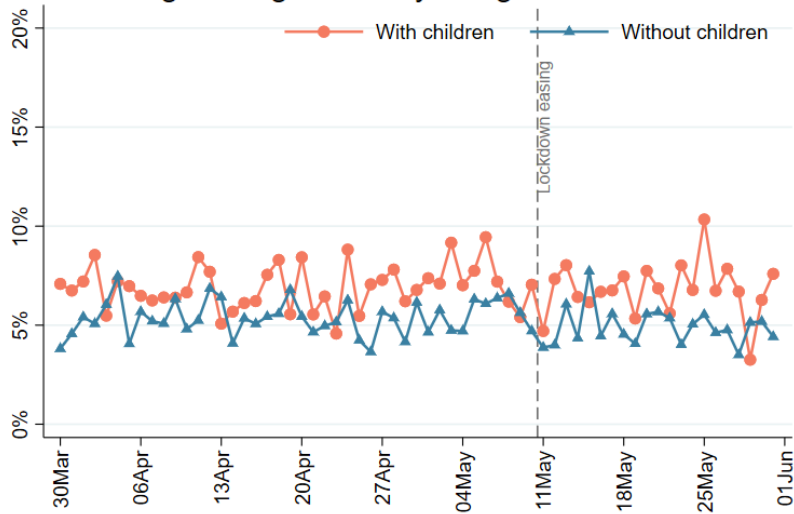
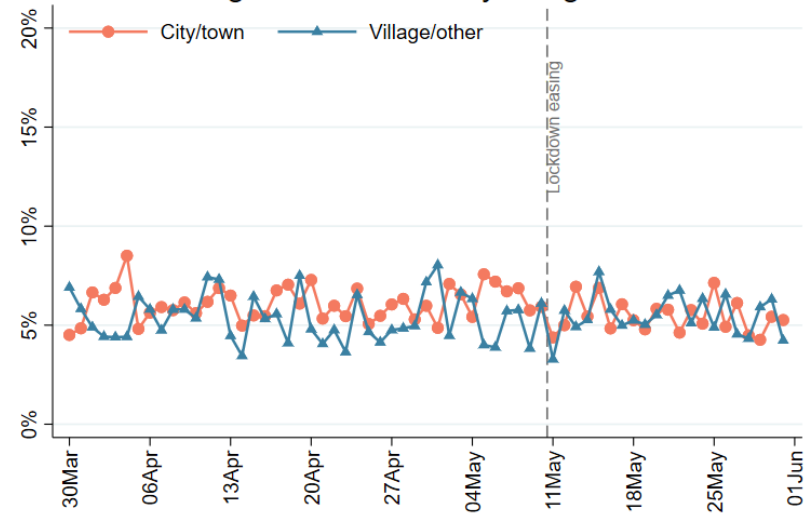
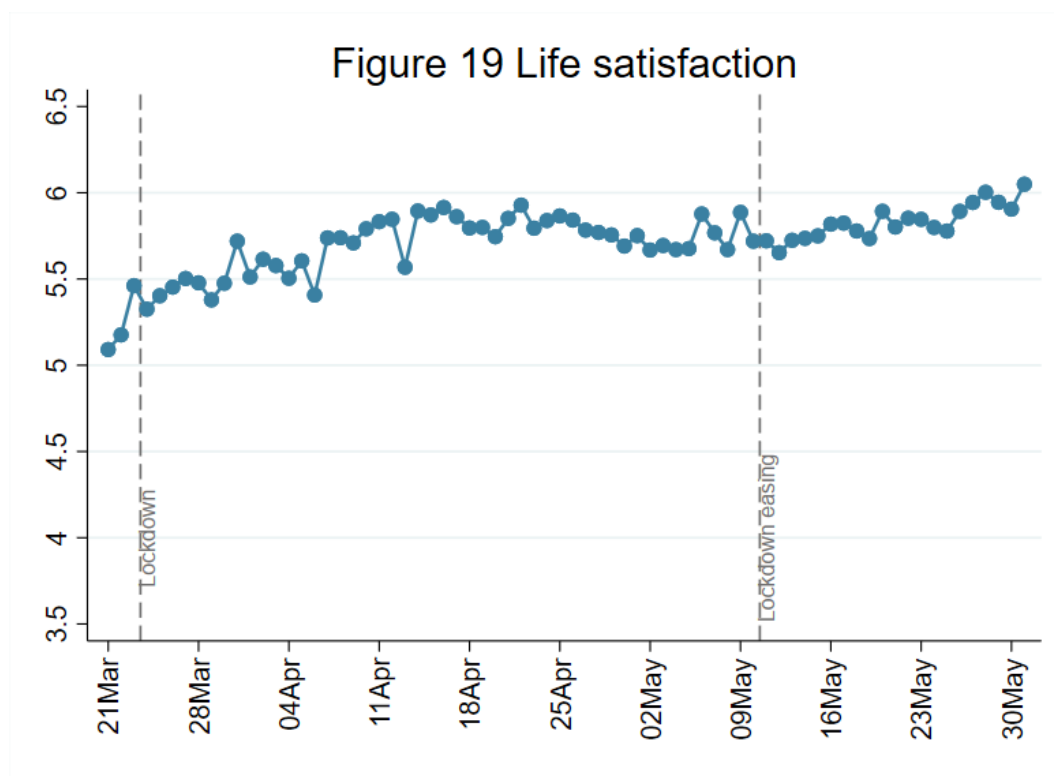


Figure 18h Abuse by living area



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).

In our sample, life satisfaction increased after lockdown was announced but has stabilised in the past month. But it has started to rise again since the easing of lockdown was announced, across all ages but most notably in younger people.

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 lockdown³.

³ Layard R, Clark A, De Neve J-E, Kregel 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

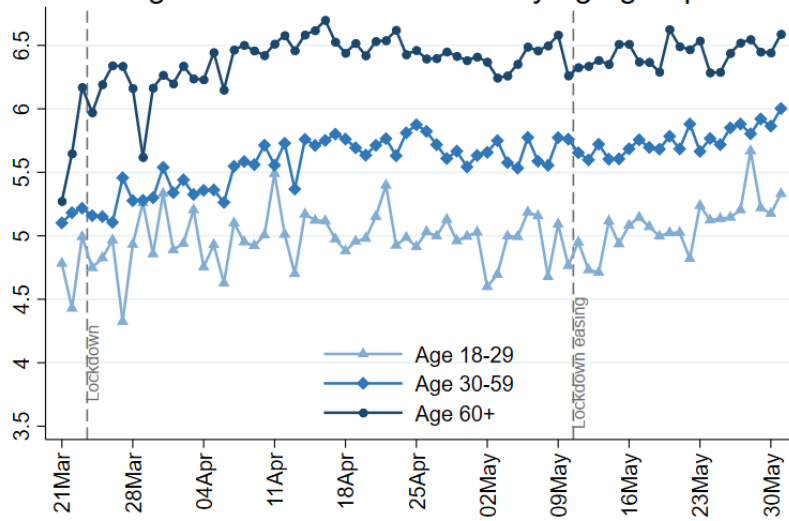


Figure 20b Life satisfaction by living arrangement

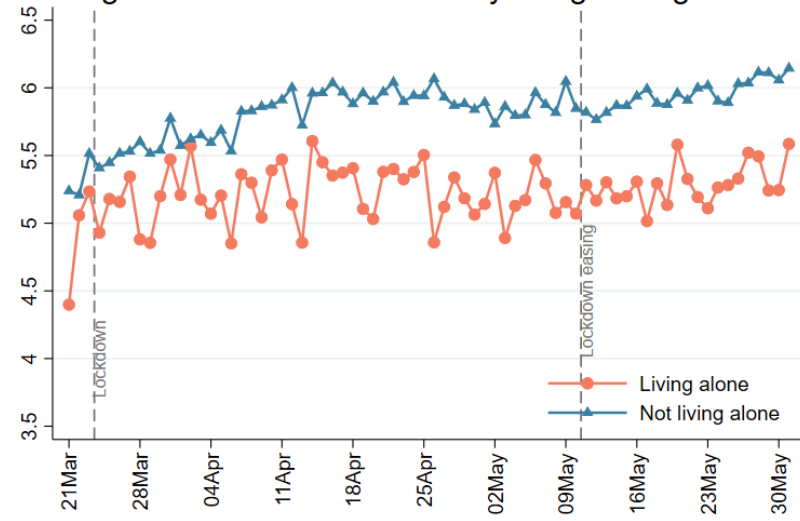


Figure 20c Life satisfaction by household income

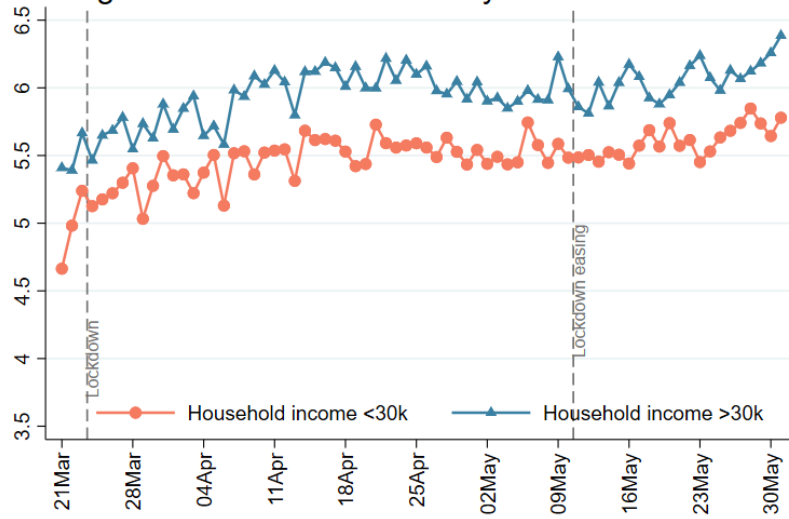


Figure 20d Life satisfaction by mental health diagnosis

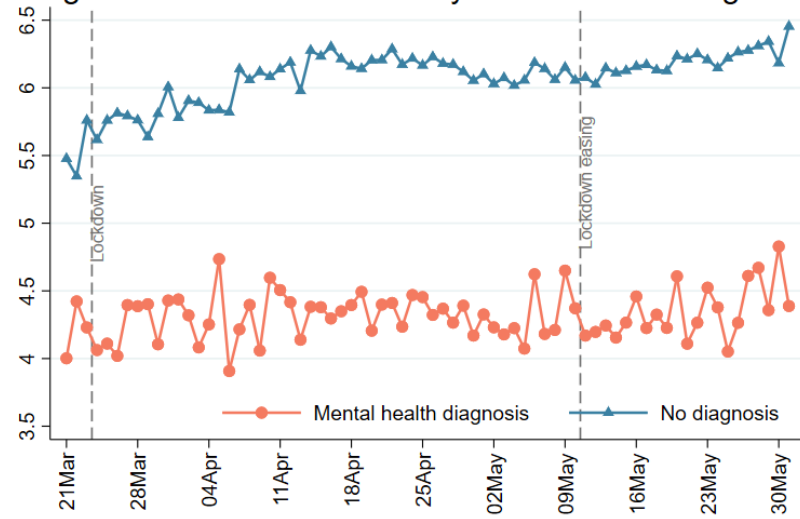


Figure 20e Life satisfaction by nations

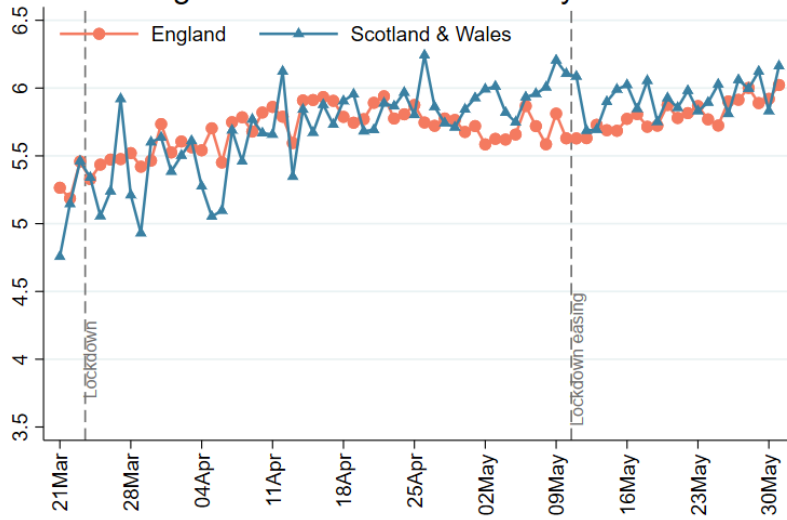


Figure 20f Life satisfaction by care keyworker status

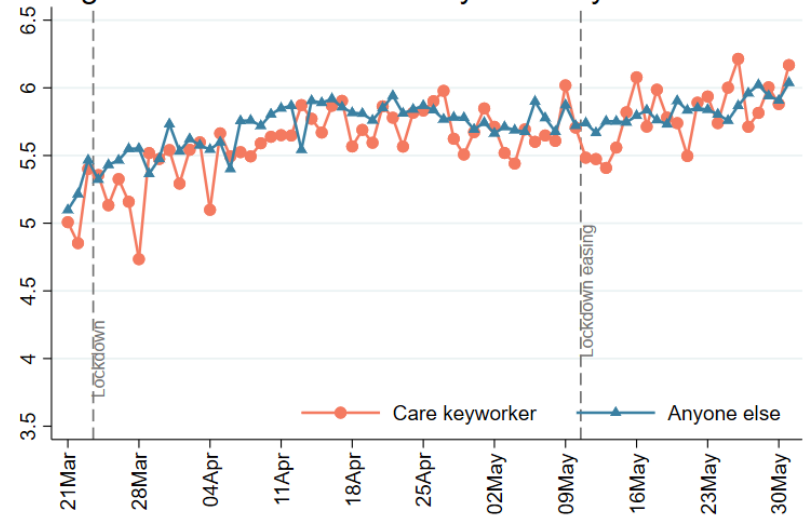


Figure 20g Life satisfaction by living with children

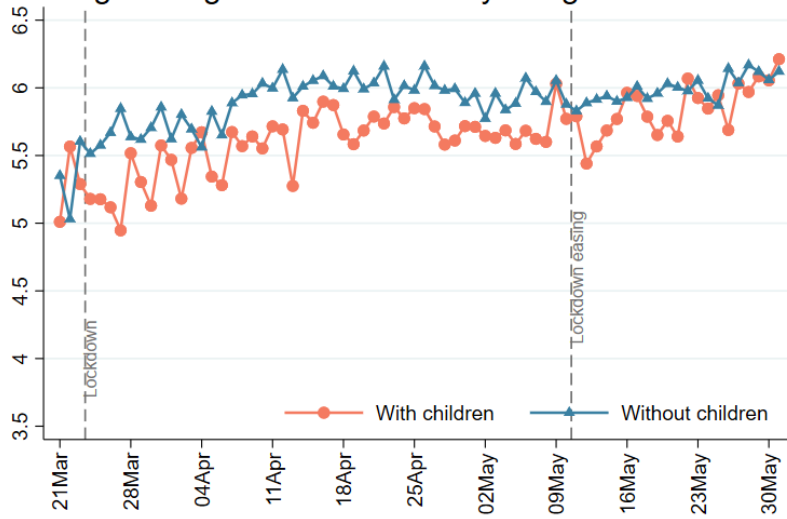
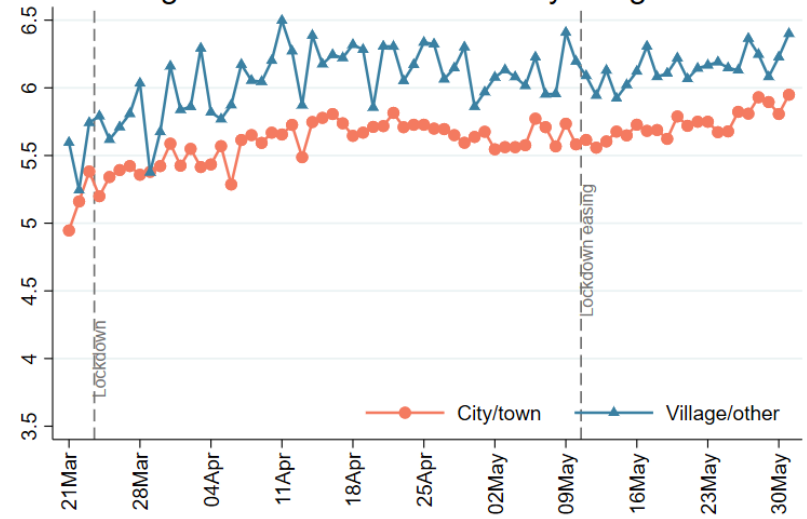
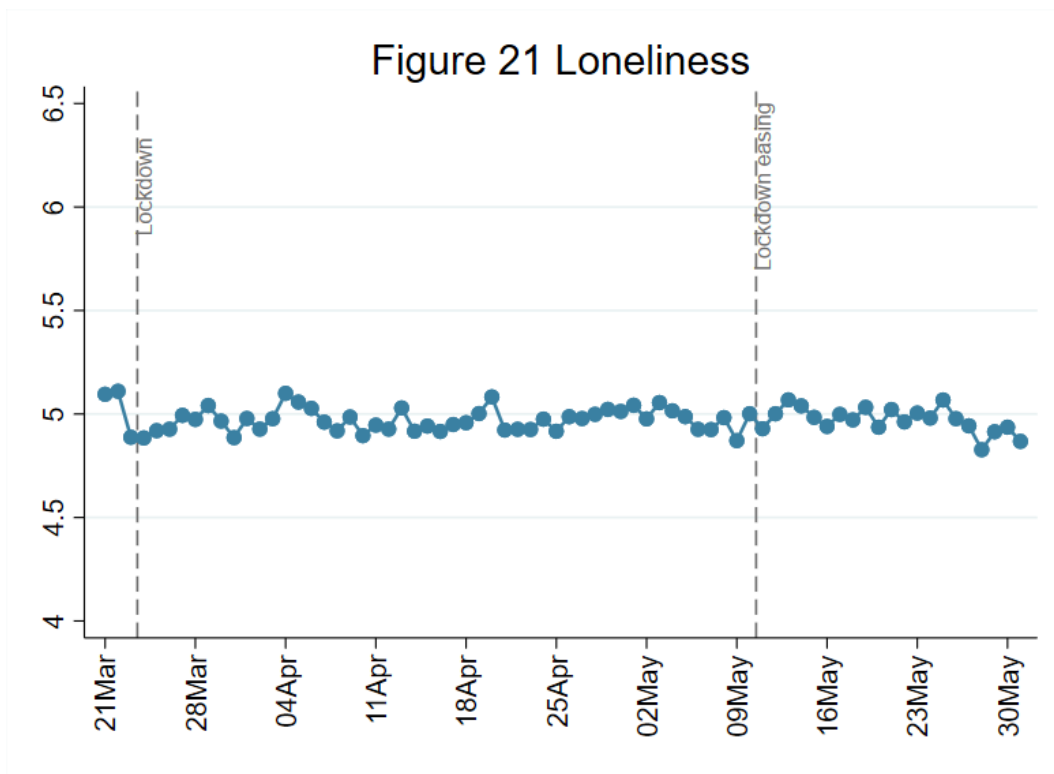


Figure 20h Life satisfaction by living area



4.2 Loneliness



FINDINGS

Respondents were asked about levels of loneliness during the past week 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 continue to remain relatively stable. They 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.

There is not yet any clear pattern of change in loneliness levels since the easing of lockdown was announced, although it is noted that the opportunity to socialise with people from other households has only just come through in the different nations. So data should provide more insight into whether this has affected loneliness in the next week.

Figure 22a Loneliness by age groups

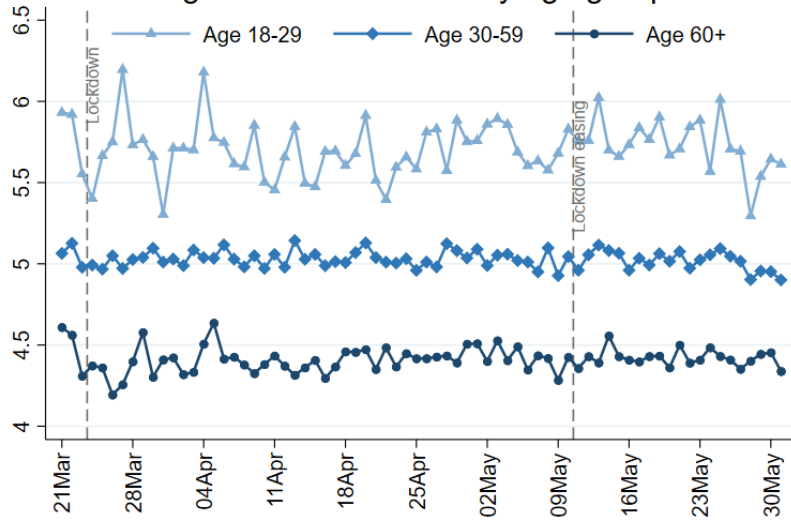


Figure 22b Loneliness by living arrangement

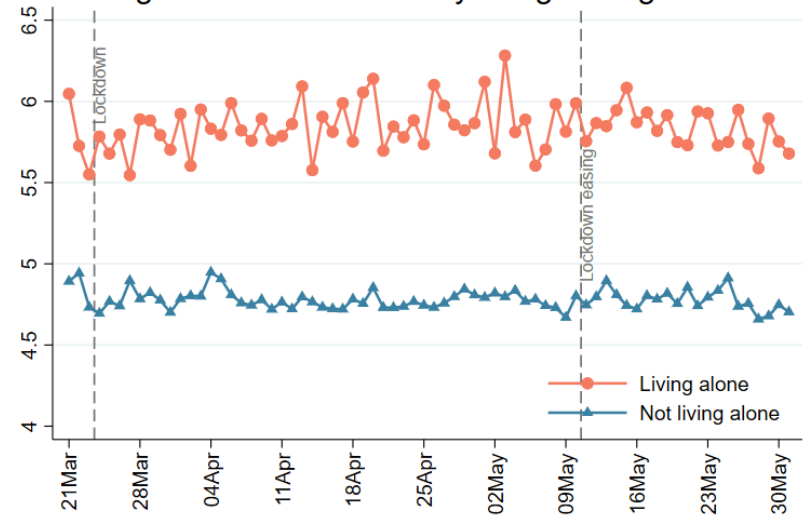


Figure 22c Loneliness by household income

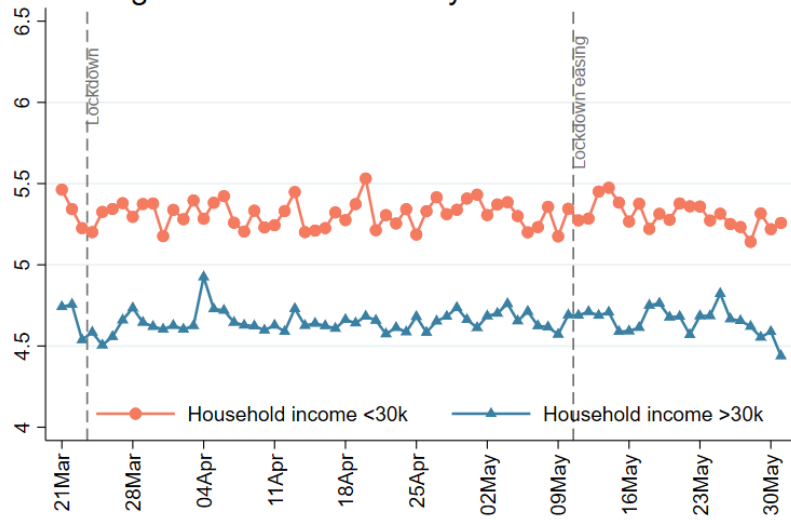


Figure 22d Loneliness by mental health diagnosis

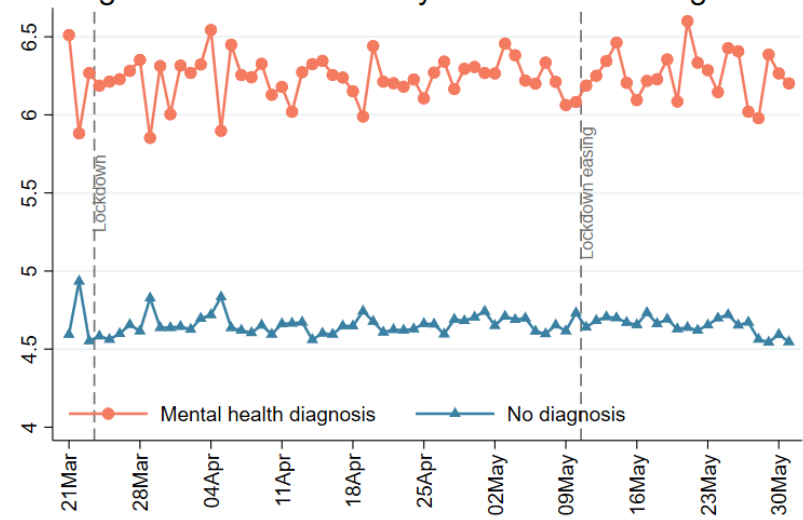


Figure 22e Loneliness by nations

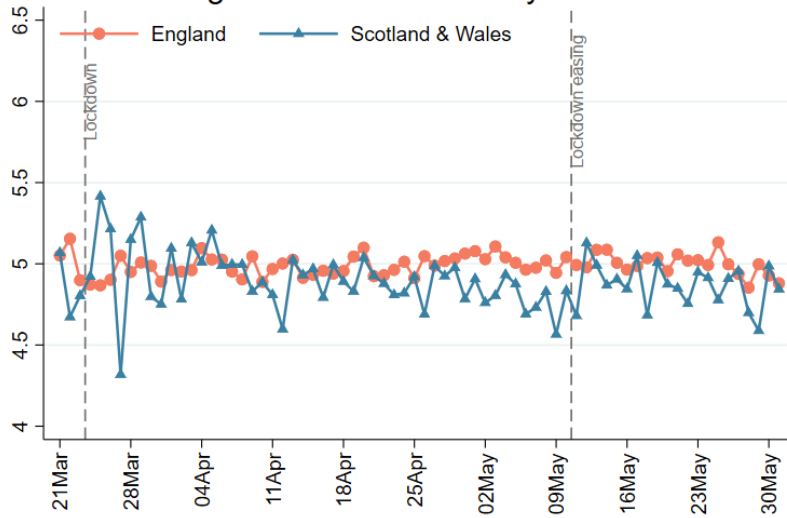


Figure 22f Loneliness by care keyworker status

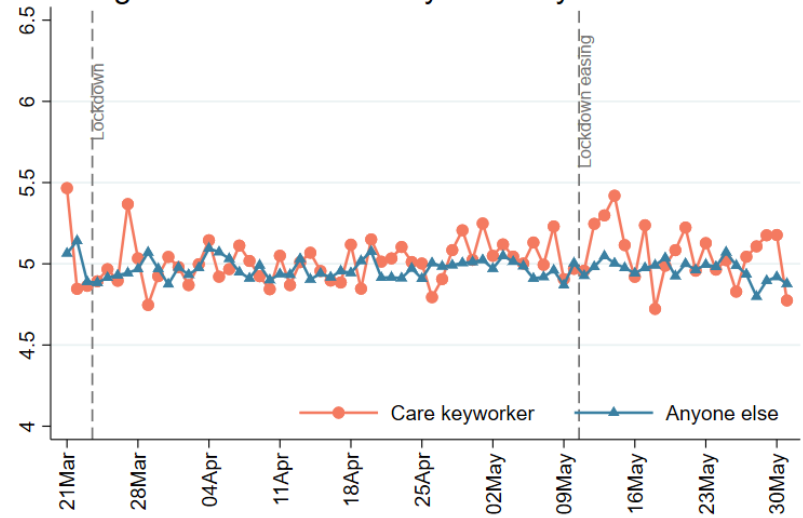


Figure 22g Loneliness by living with children

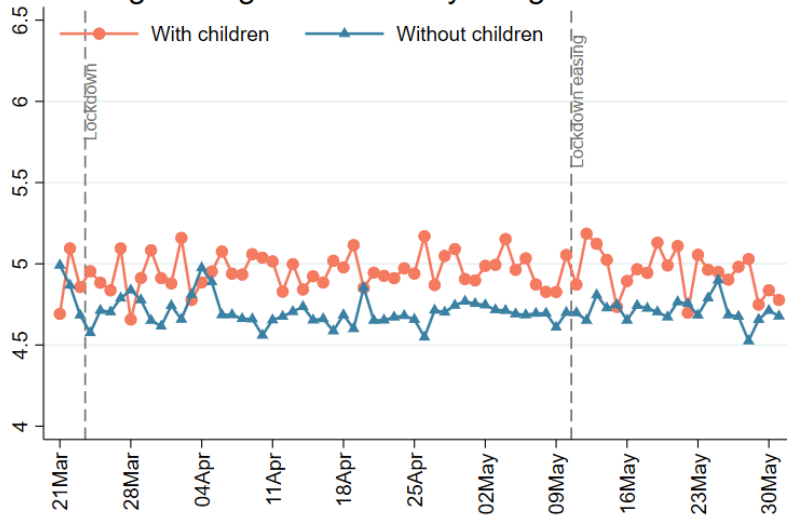
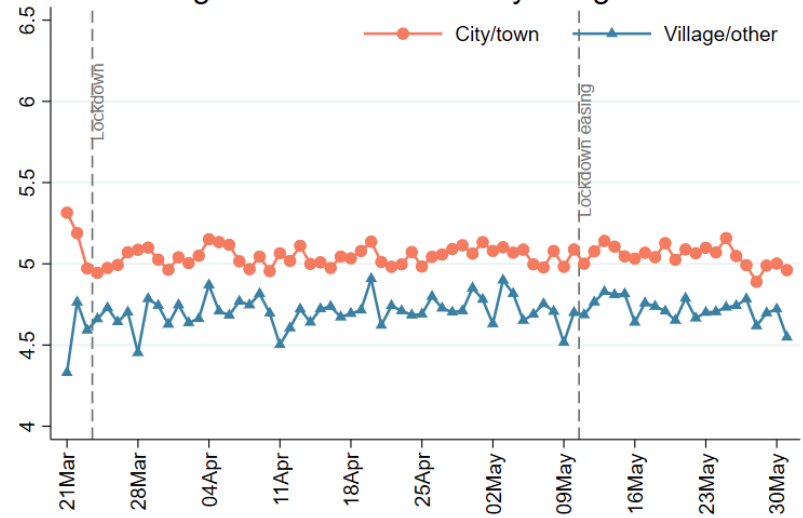
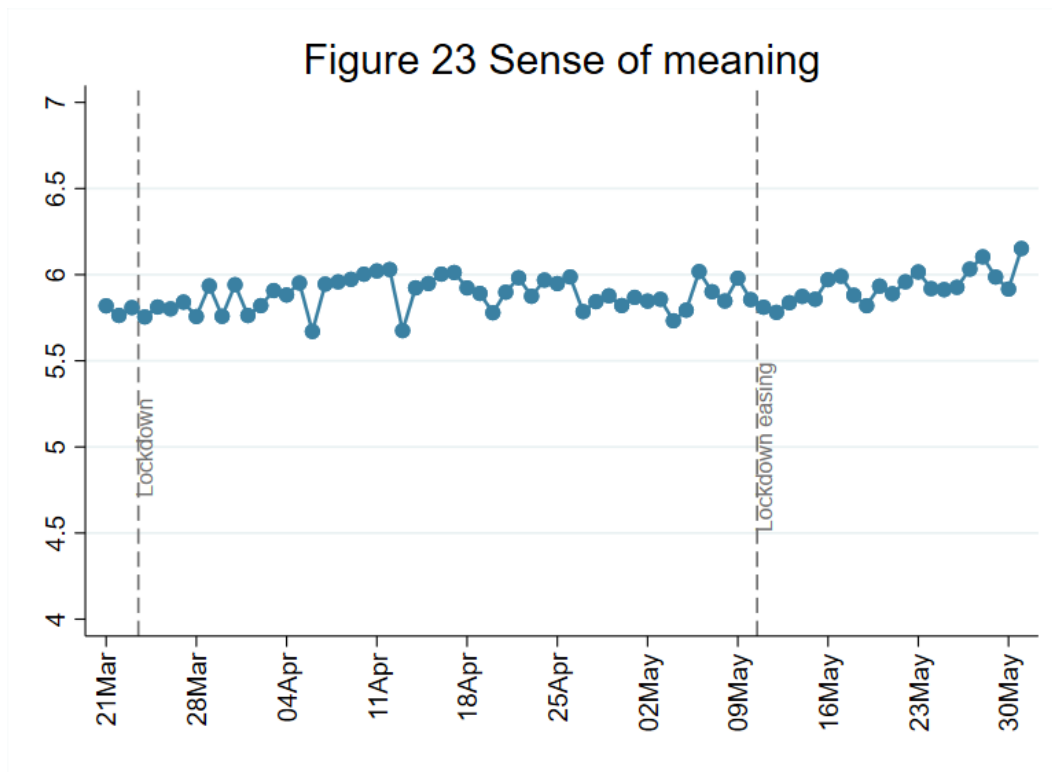


Figure 22h Loneliness by living area



4.3 Sense of meaning



FINDINGS

Respondents were asked to rate to what extent they felt the things they had been doing in their life during the past week were worthwhile using the Office for National Statistics wellbeing scale on a scale from 0 (not at all) to 10 (completely).

Feeling that life was worthwhile (has “meaning”) has been relatively stable across lockdown, but has begun to increase since lockdown restrictions began to be lifted. This sense of life being worthwhile has been higher across lockdown in older adults, those living with others, those with higher household incomes, those without any diagnosed mental health conditions and in people living in rural areas. It has also, notably, been higher in health and social care key workers than in people working in other professions. There has been no difference depending on whether people live with children or if they live in devolved nations.

Figure 24a Sense of meaning by age groups

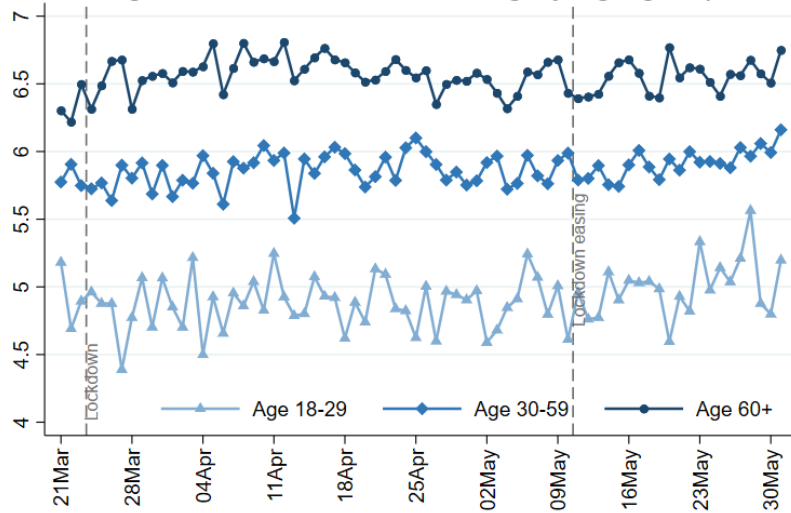


Figure 24b Sense of meaning by living arrangement

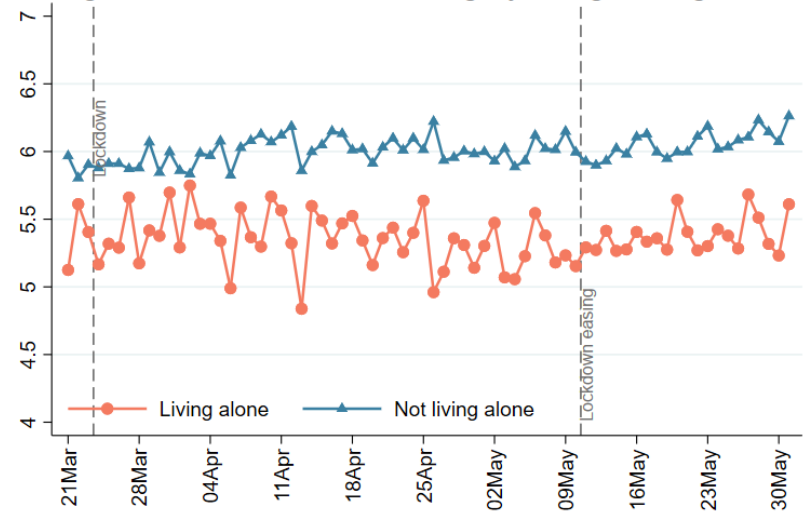


Figure 24c Sense of meaning by household income

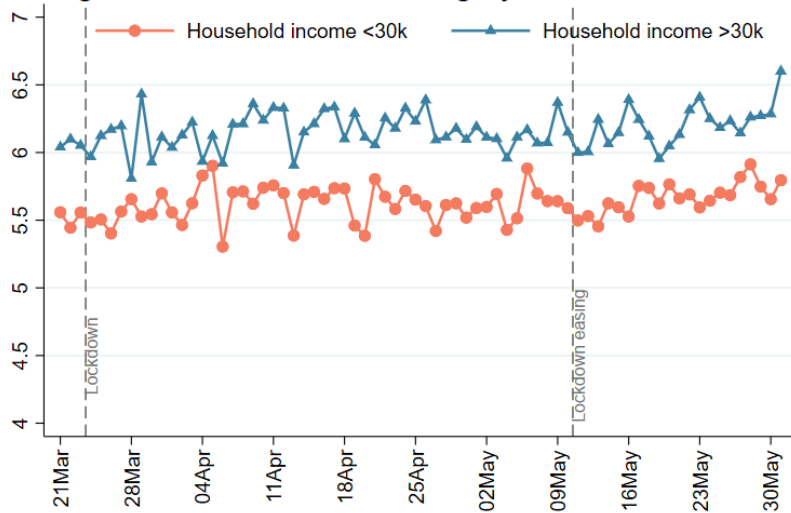


Figure 24d Sense of meaning by mental health

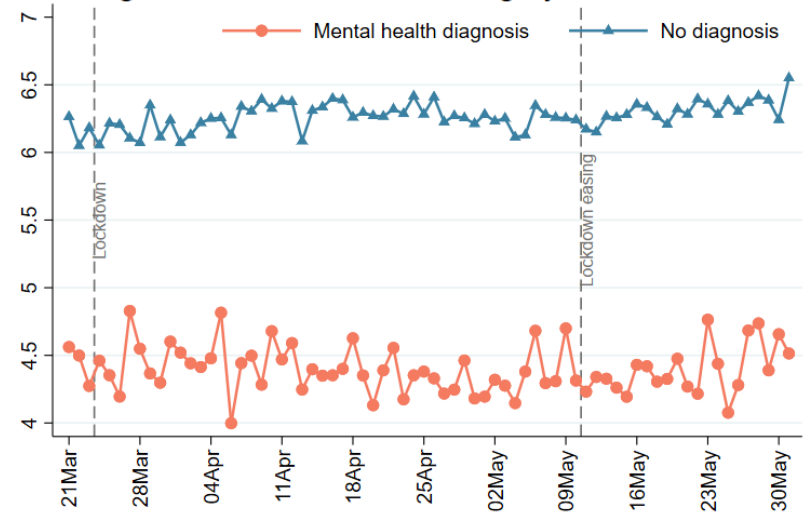


Figure 24e Sense of meaning by nations

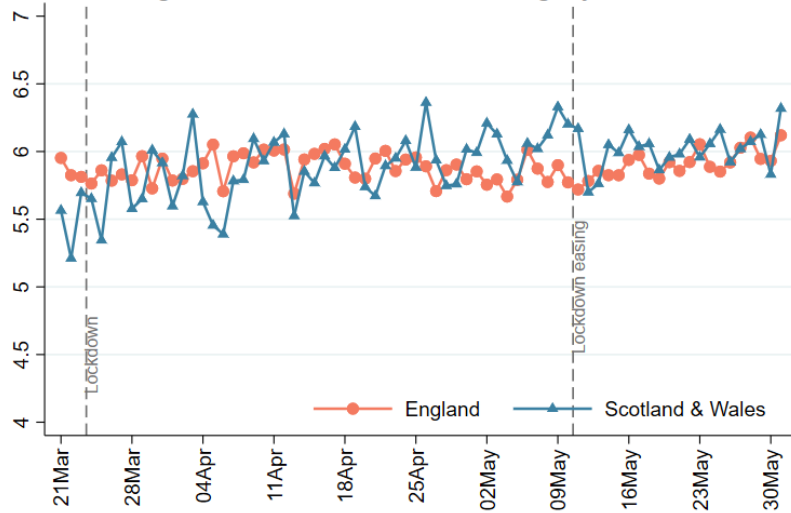


Figure 24f Sense of meaning by care keyworker status

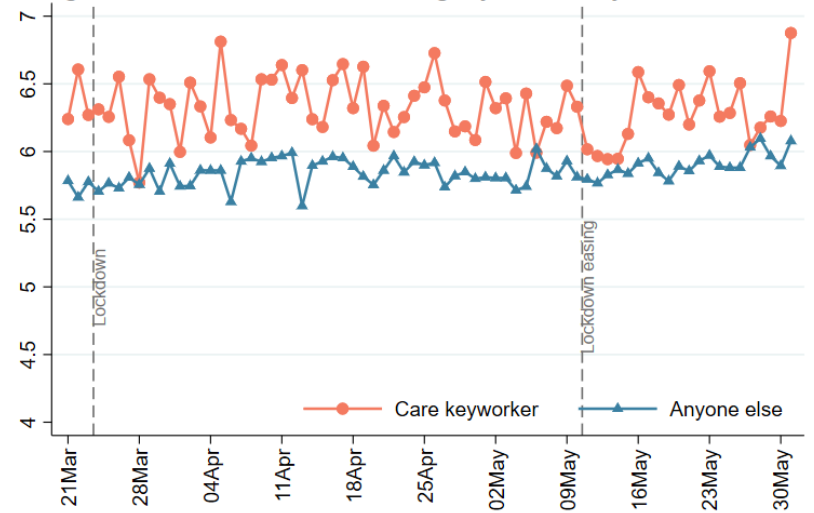


Figure 24g Sense of meaning by living with children

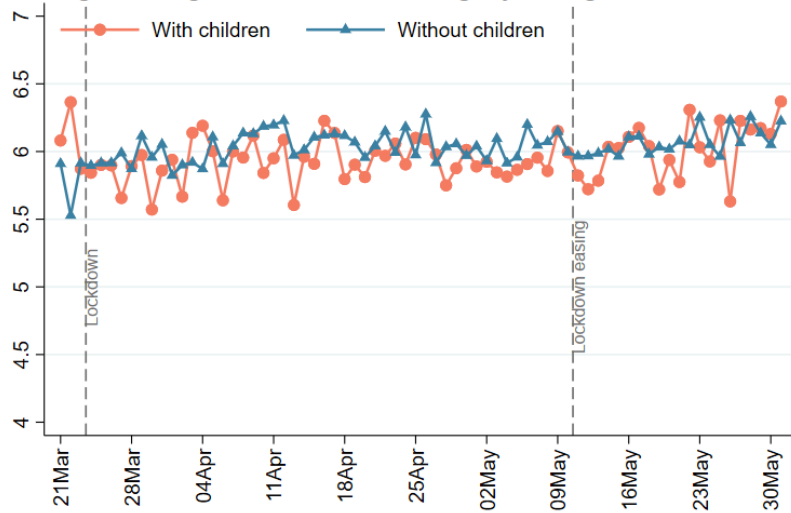
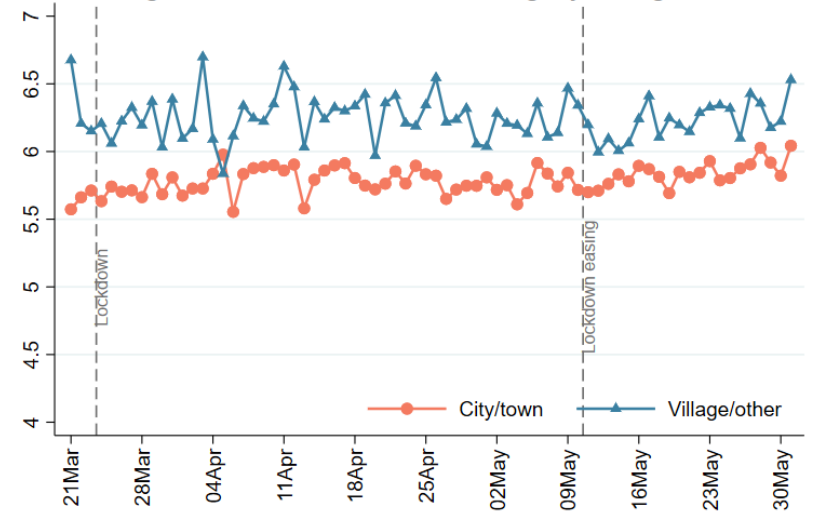


Figure 24h Sense of meaning by living area



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 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 31st May (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.

Contrary to some previous reports, we include keyworkers within our main analyses.

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	%
Age		
18-29	26,887	7.53
30-59	209,970	58.8
60+	120,435	33.7
UK nations		
England	290,928	81.5
Scotland & Wales	62,332	17.4
Northern Ireland	3,801	1.06
Living arrangement		
Not living alone	286,906	80.4
Living alone	70,146	19.7
Annual household income		
>30k	197,723	61.1
<30k	125,692	38.9
Any diagnosed mental health conditions		
No	293,387	82.1
Yes	63,905	17.9
Care keyworker [NB we show more specific data on care keyworkers this week rather than all keyworkers]		
No	319,645	89.5
Yes	37,647	10.5
Living with children		
No (excluding those who live alone)	196,659	68.5
Yes	90,247	31.5
Living area		
Village/hamlet/isolated dwelling	85,222	23.9
City/large town/small town	271,839	76.1