



Covid-19 Social Study

Results Release 23

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Executive summary

Background

This report provides data from the last 30 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 TWENTY-THIRD report, we focus on psychological responses to the first thirty weeks since just before the UK lockdown was first announced (21/03 to 18/10). We present simple descriptive results on the experiences of adults in the UK. Measures include:

1. Reported compliance with government guidelines and confidence in the government
2. Mental health including depression, anxiety and stress
3. Harm including thoughts of death or self-harm, self-harm and both psychological & physical abuse
4. Psychological and social wellbeing including life satisfaction, loneliness and happiness
5. *****New in this report***** Understanding of rules and sense of control

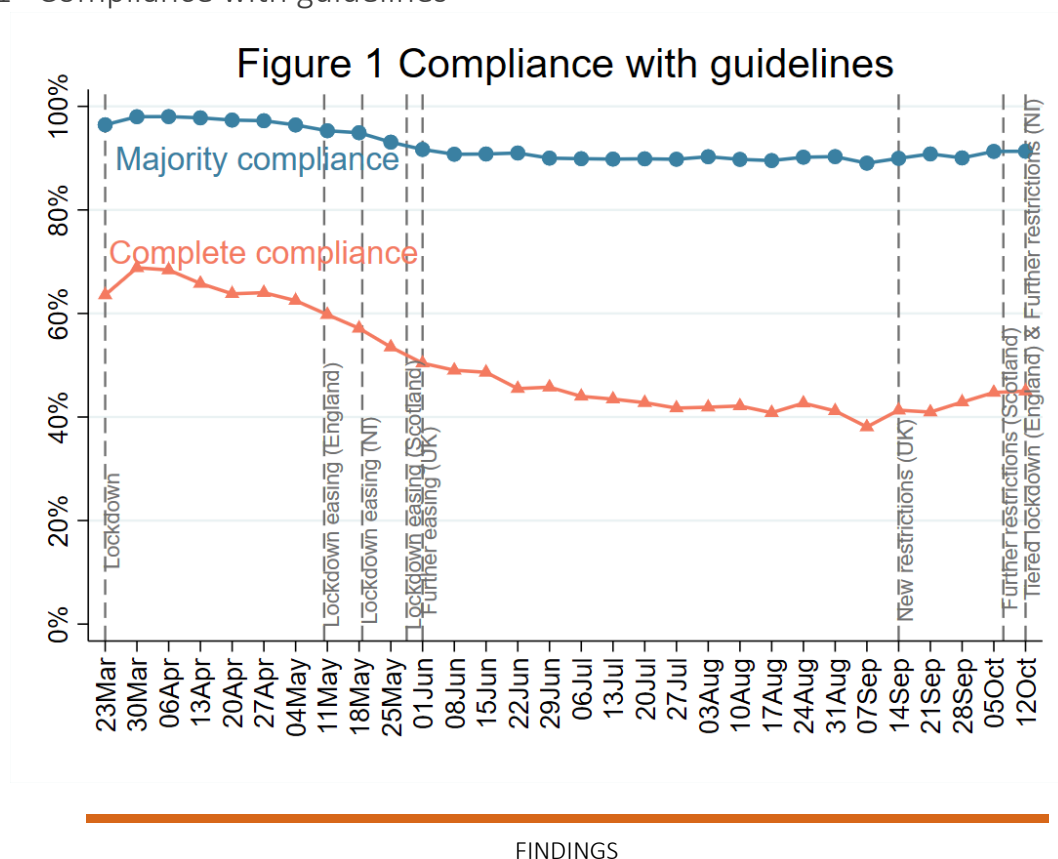
This study is not representative of the UK population but instead was designed to have good stratification across a wide range of socio-demographic factors enabling meaningful subgroup analyses to understand the experience of Covid-19 for different groups within society. Data are weighted using auxiliary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

- Depression and anxiety levels have increased slightly in the past few weeks as more restrictions have been brought in. Depression and anxiety are highest in young adults, people living alone, people with lower household income, people living with children, and people living in urban areas.
- Stress about catching Covid-19 has continued to increase in the past month, now with around 45% of people worried either about catching Covid-19 or becoming seriously ill from it. This stress has increased in all age groups.
- There have also been some slight increases in worries about finance. Around 1 in 3 people report being worried about finances (up from 1 in 4 over the summer). Around 1 in 6 are worried about unemployment. Worries about access to food have shown a very slight increase, now occurring for around 1 in 12 people.
- Life satisfaction and happiness levels have dropped in the past month. This decrease appears to have occurred across all age groups, although adults under the age of 60 have lowest levels of life satisfaction. It is also lower in people living alone, people with lower household income, people with a diagnosed mental health condition, and people living in urban areas.
- In England, only half of adults now report that they feel they understand the rules. This is a slight improvement on understanding of the rules in July. But only 13% feel they fully understand the rules. In Wales, comprehension of the rules has stayed constant, with around 3 in 5 people saying they understand them and 15% feeling they understand them completely. In Scotland, understanding of the rules is highest but it has decreased since the summer, with just 2 in 3 (62%) feeling they understand them (down from 75%) and only 18% feeling they fully understand them.
- Comprehension of the rules is currently lowest amongst younger adults in all nations. Just 1 in 20 adults aged under 30 currently report completely understanding the rules in England or Wales, compared to 1 in 6 in Scotland.
- People are feeling marginally more in control of some aspects of their lives since the summer. 40% of respondents do not currently feel in control of future plans (a slight improvement on 50% in July), while 30% do not feel in control of their employment (down from 40%). People are also feeling slightly more in control of their relationships with friends and family, with 2 in 3 people feeling in control (up from just over 3 in 5 in the summer).
- However, people are feeling equally out of control of their mental and physical health, with 1 in 2 people reporting that they either do not feel in control of their mental health or only feel a little in control. Similarly, there has been no improvement in the sense of control that people feel over their finances with 2 in 5 people not feeling properly in control of their finances. When comparing across age groups, younger adults still report feeling less in control across all domains.
- Levels of confidence in central and devolved governments to handle the Covid-19 epidemic have dropped further in the past few weeks. Levels remain highest in Scotland and Wales and lowest in England.
- Compliance with government guidelines has continued to remain stable over the last two weeks, with no further signs of decreases for now. There have been indications of slight improvements in “complete” compliance amongst adults aged 30 and above as cases have begun to rise again.

1. Compliance and confidence

1.1 Compliance with guidelines



Respondents were asked to what extent they are following the recommendations from government such as social distancing and staying at home, ranging from 1 (not at all) to 7 (very much so). Of note, we ask participants to self-report their compliance, which relies on participants understanding the regulations. Figure 1 shows the percentage of people who followed the recommendations “completely” (with a score of 7) or to a large extent (with a score of 5-7; described below as “majority” compliance).

Compliance has continued to remain stable over the last two weeks, with no further signs of decreases for now. There have been indications of slight improvements in “complete” compliance amongst adults aged 30 and above as cases have begun to rise again. “Complete” compliance is currently around 45%, 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. “Majority” compliance remains around 90% overall, but is lowest (around 80%) amongst adults under 30. 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.

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

Figure 2a Complete compliance by age groups

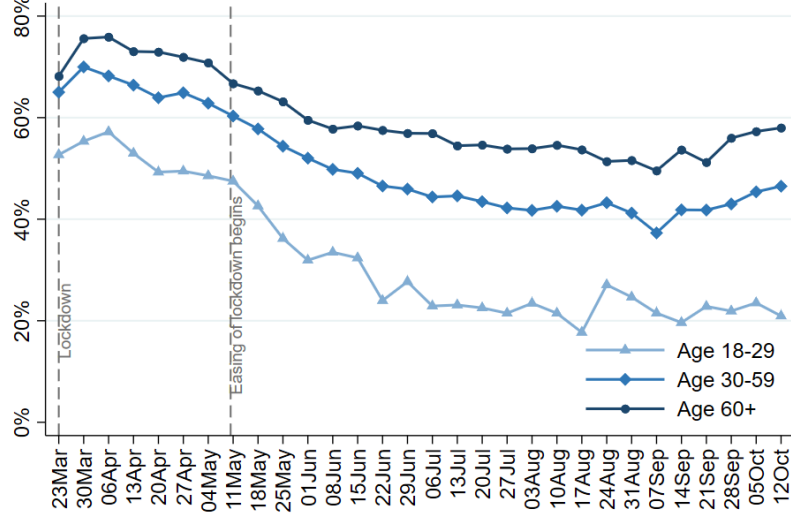


Figure 2b Complete compliance by living arrangement

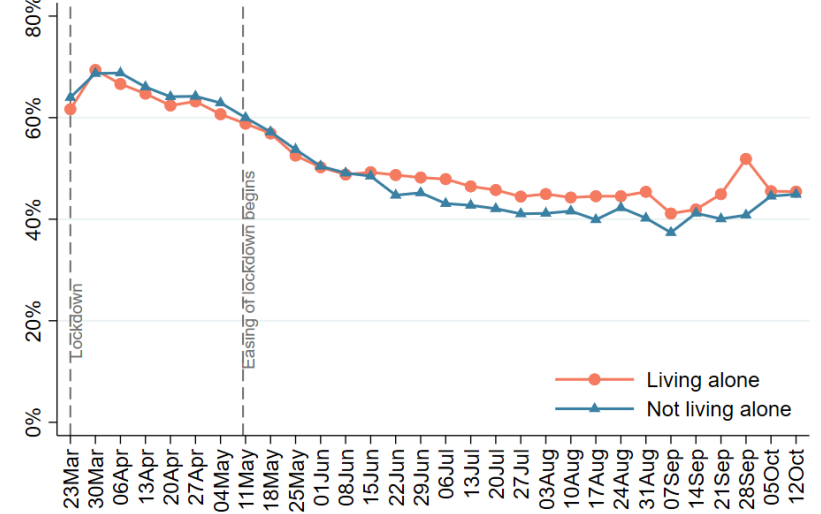


Figure 2c Complete compliance by household income

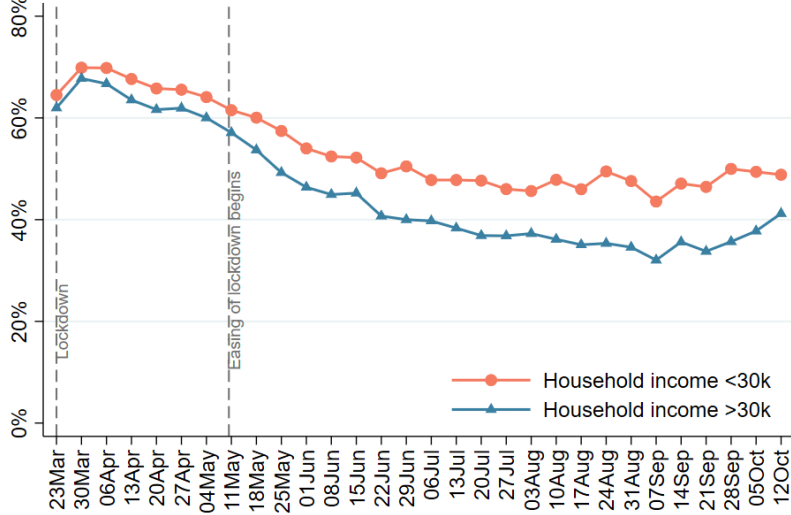


Figure 2d Complete compliance by mental health

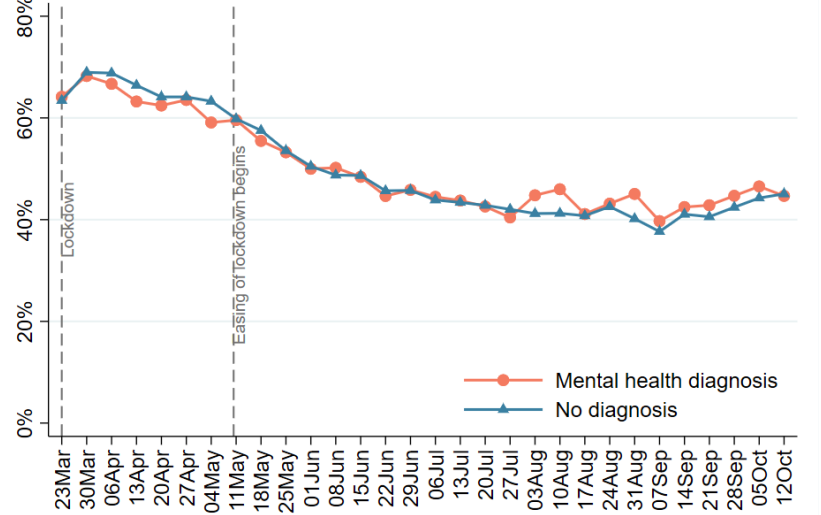


Figure 2e Complete compliance by nations

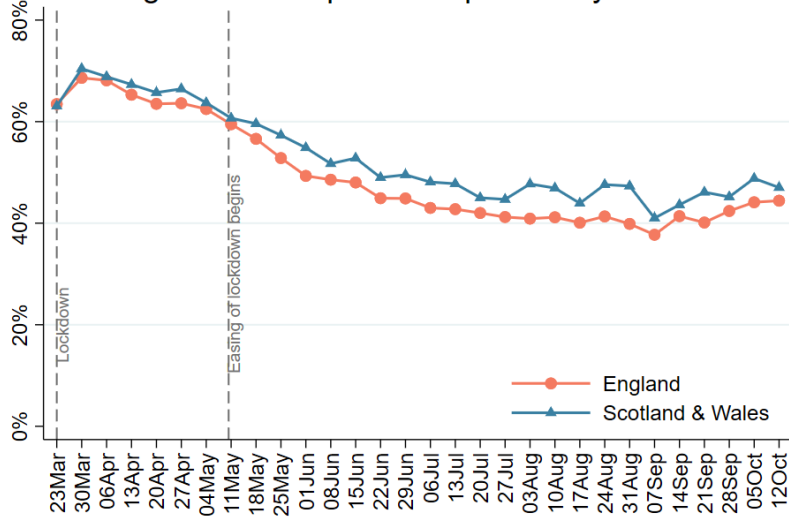


Figure 2f Complete compliance by keyworker status

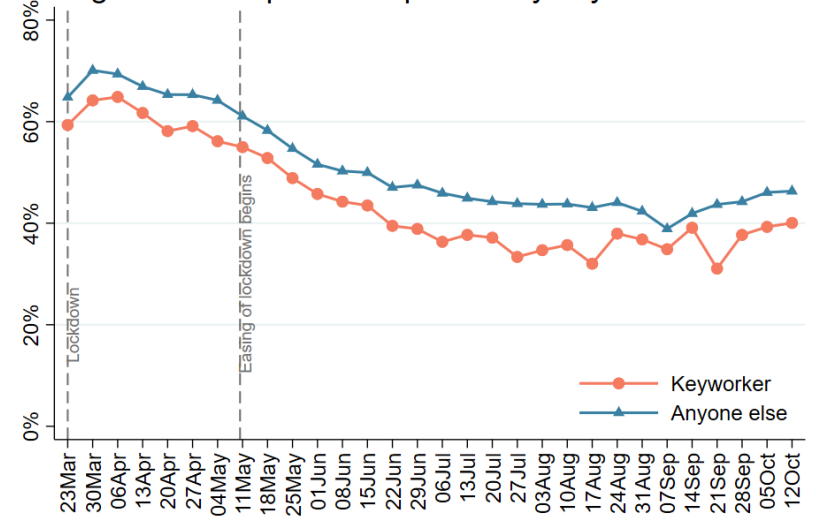


Figure 2g Complete compliance by living with children

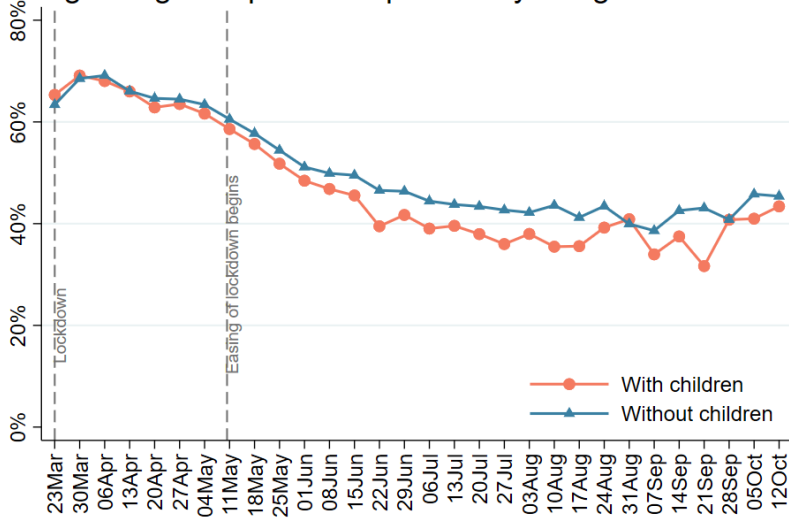


Figure 2h Complete compliance by living area

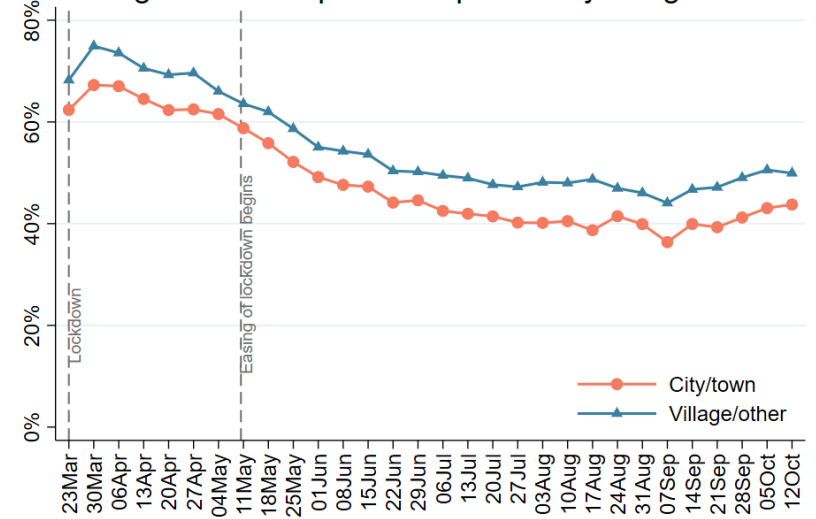


Figure 2i Majority compliance by age groups

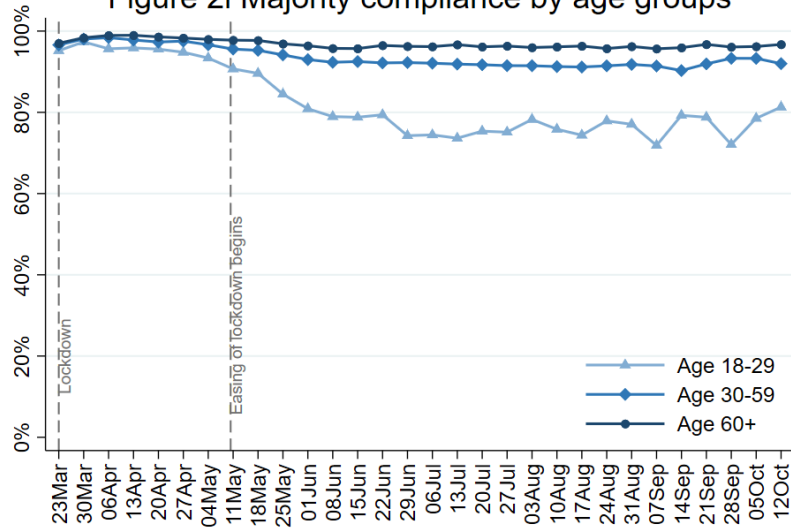


Figure 2j Majority compliance by living arrangement

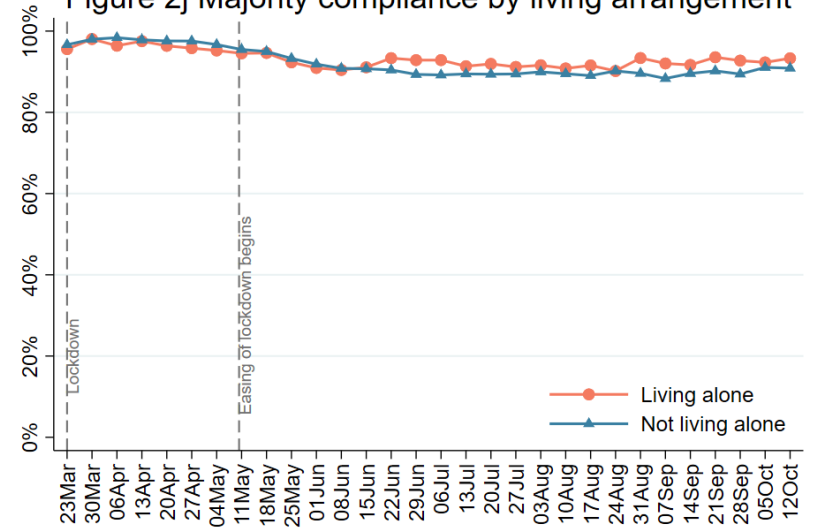


Figure 2k Majority compliance by household income

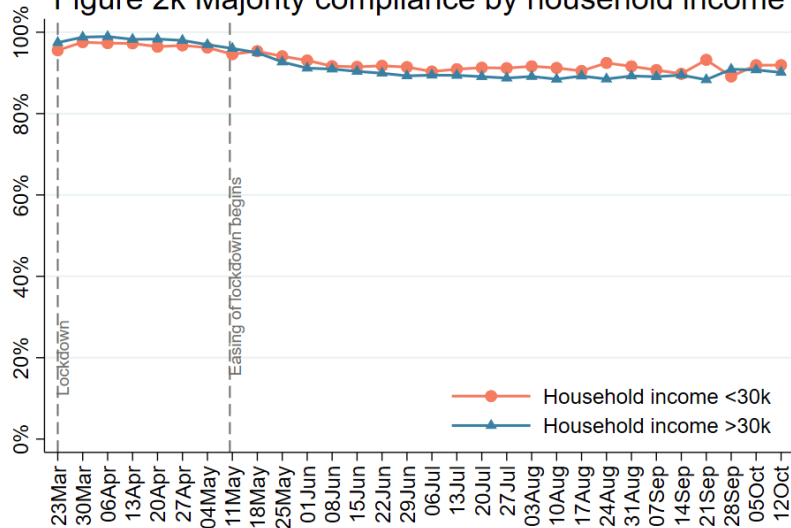


Figure 2l Majority compliance by mental health

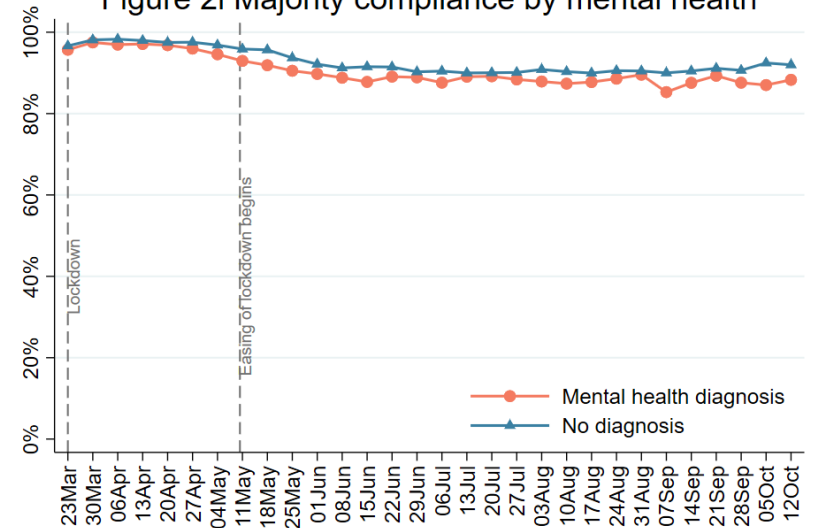


Figure 2m Majority compliance by nations

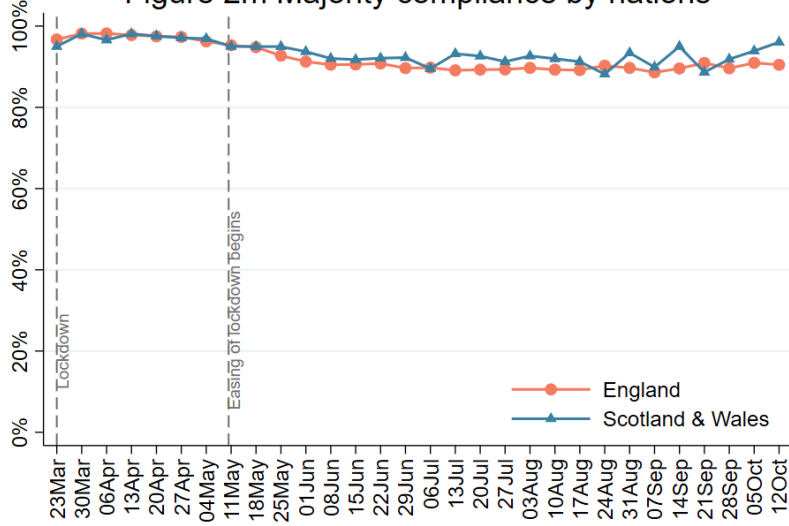


Figure 2n Majority compliance by keyworker status

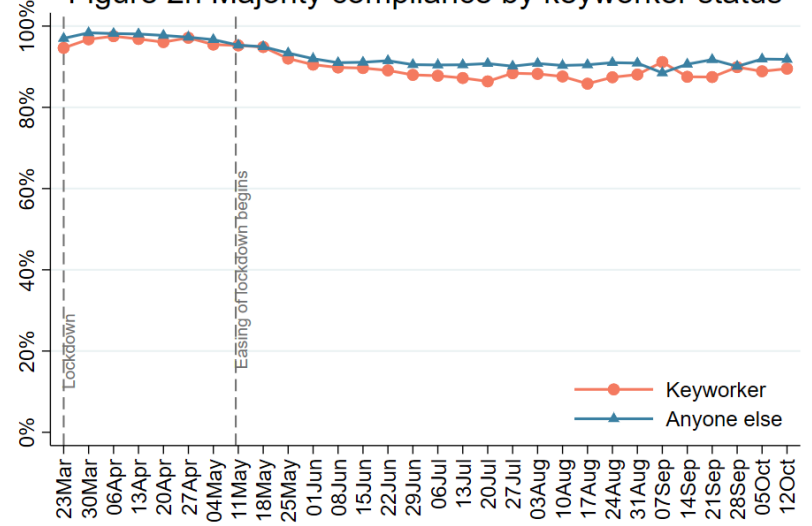


Figure 2o Majority compliance by living with children

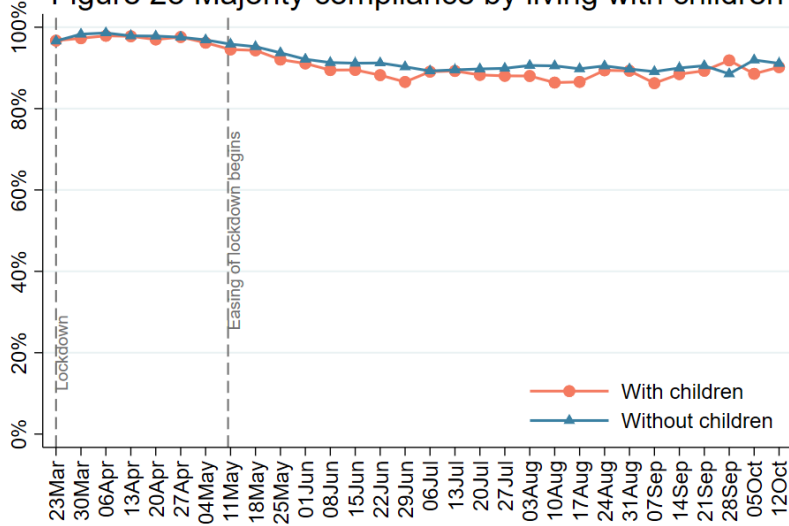
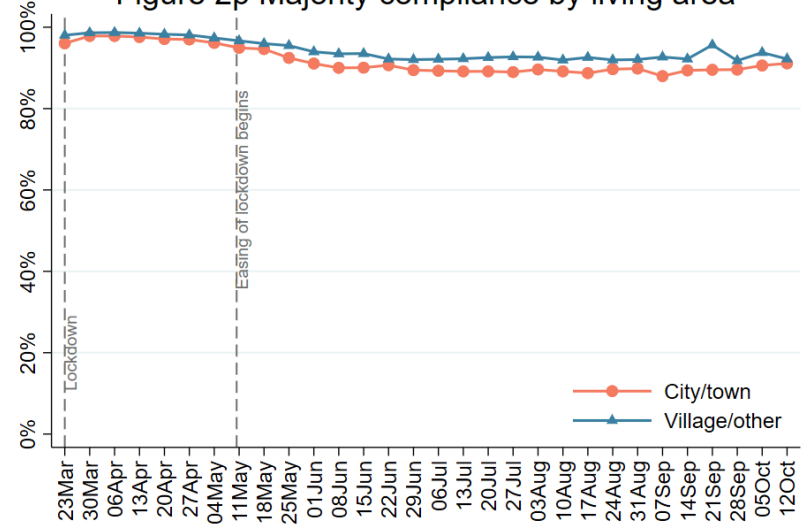
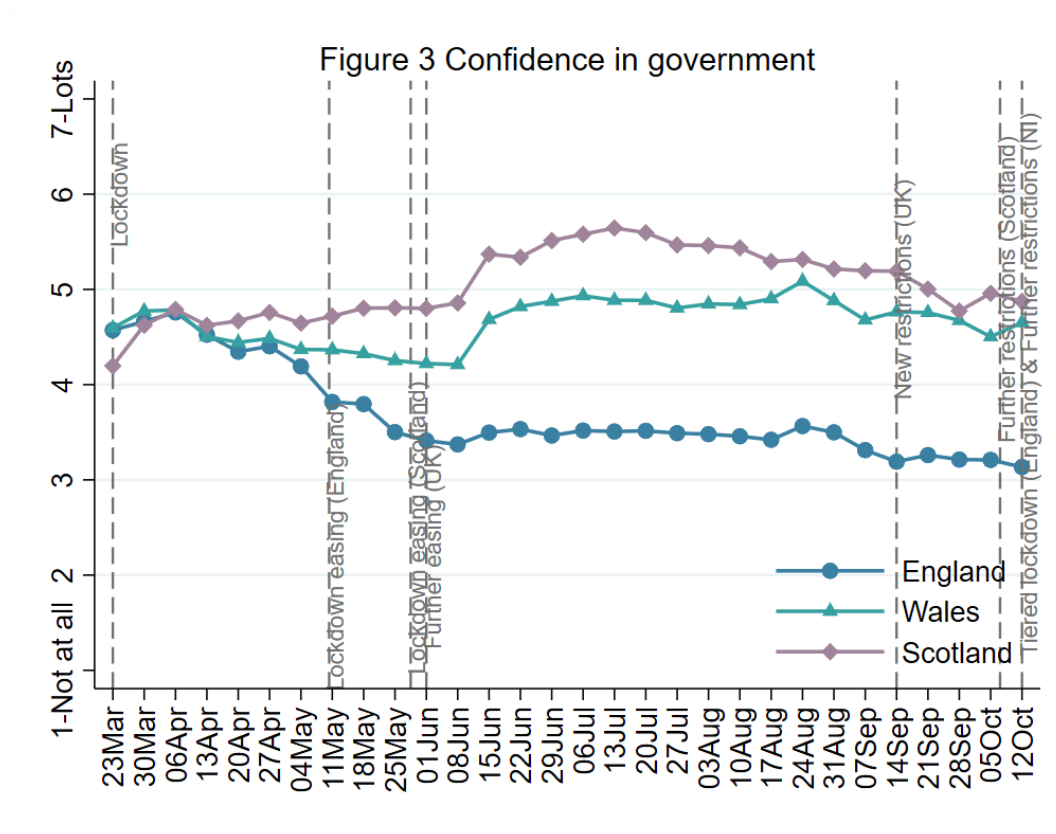


Figure 2p Majority compliance by living area



1.2 Confidence in Government



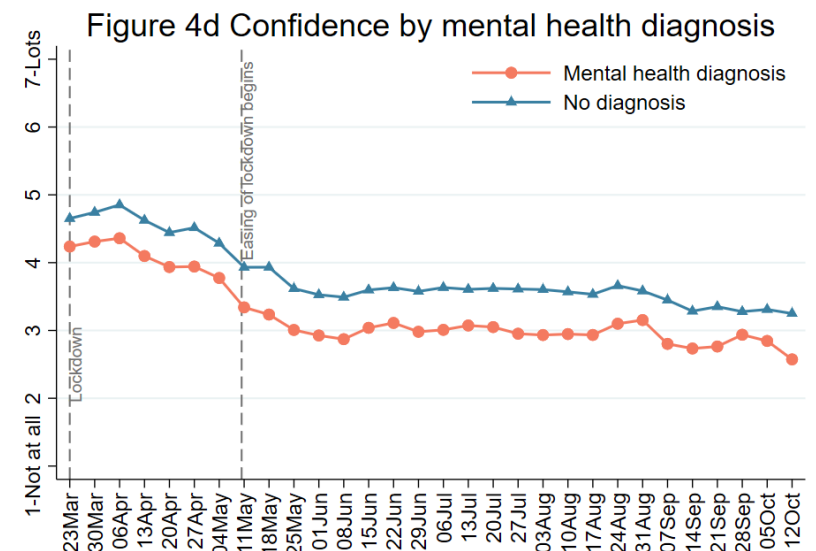
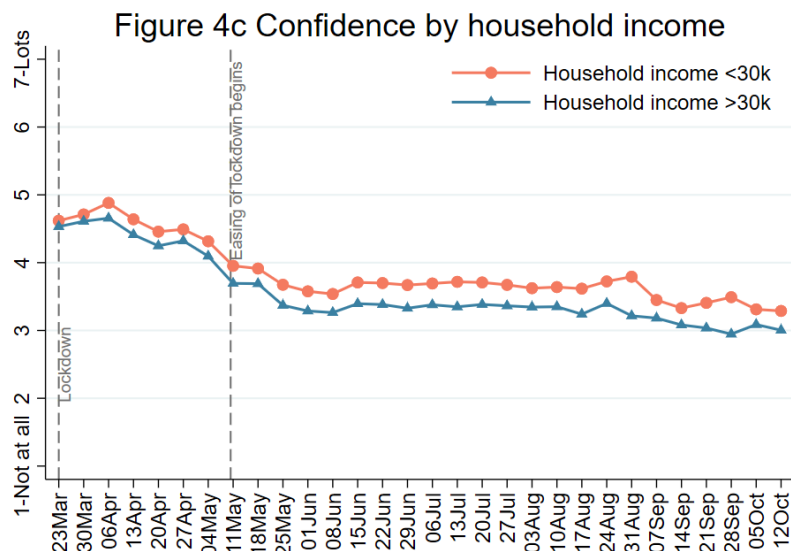
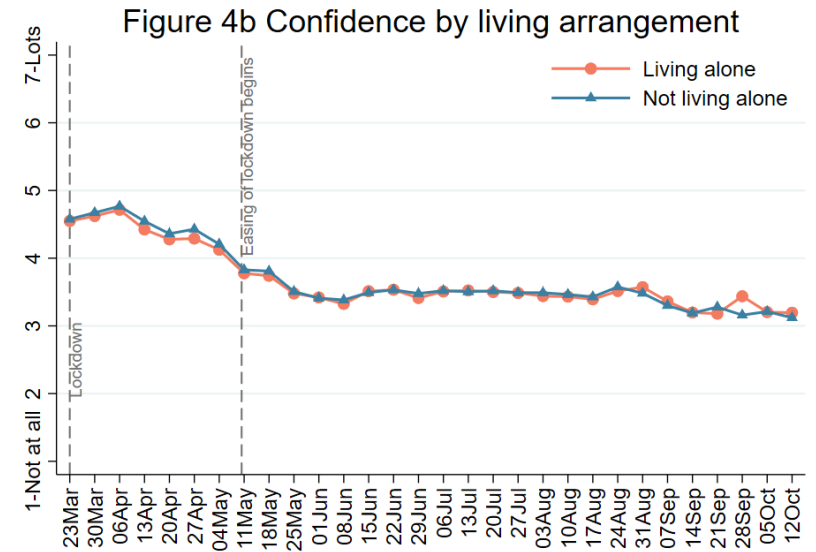
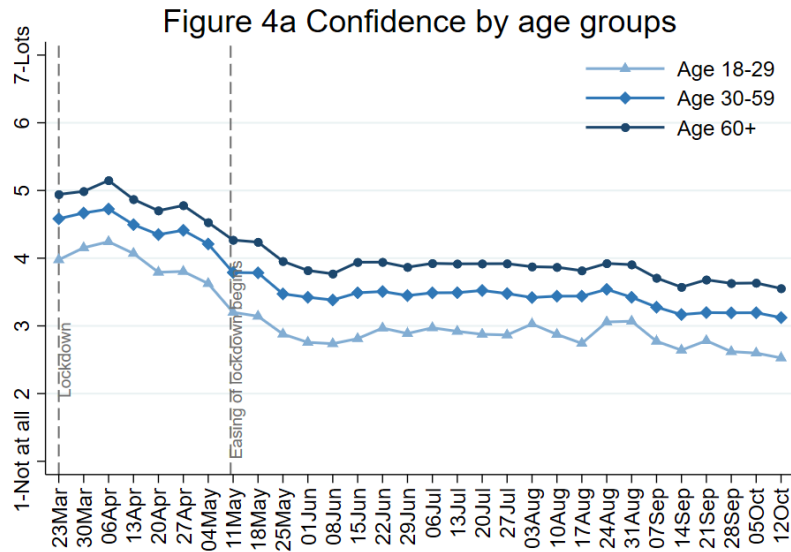
FINDINGS

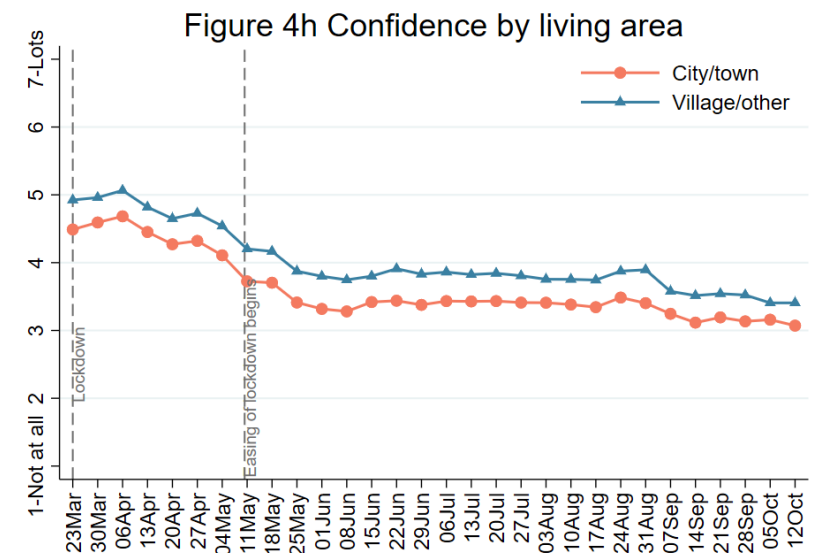
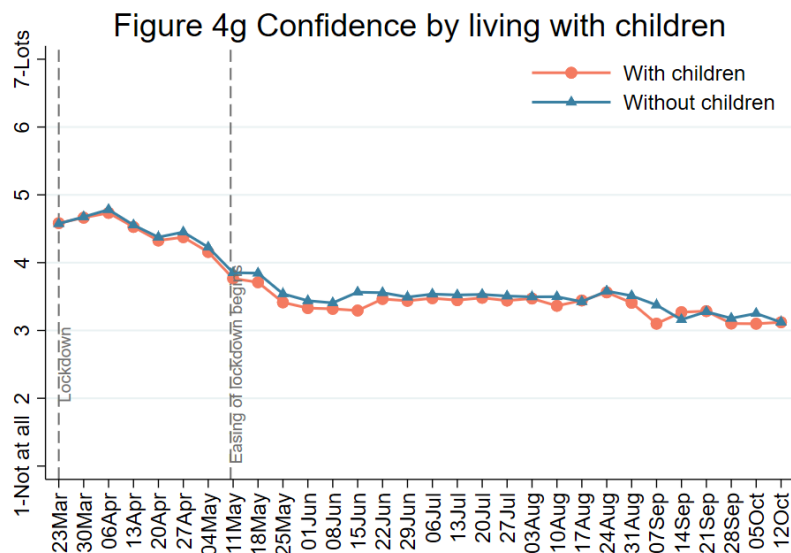
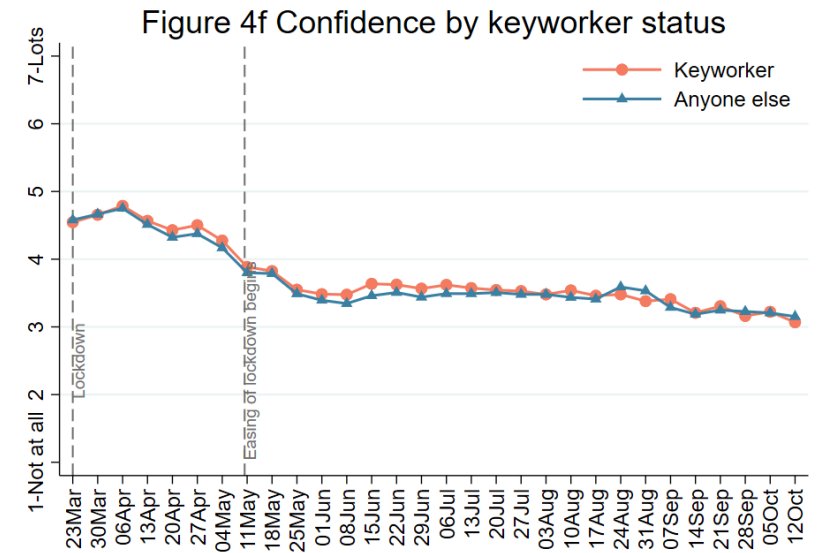
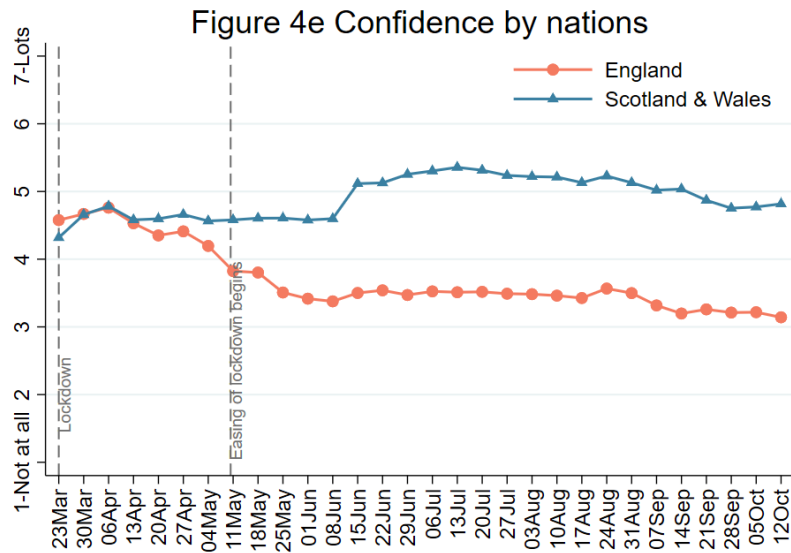
Respondents were asked how much confidence they had in the government to handle the Covid-19 epidemic from 1 (not at all) to 7 (lots). People living in devolved nations were asked to report their confidence in their own devolved governments.

Levels of confidence in central and devolved governments to handle the Covid-19 epidemic have dropped further in the past few weeks. Levels remain highest in Scotland and Wales and lowest levels in England.¹

For subgroup analyses in Figures 4a-d and 4f-h, we restrict our results to respondents living in England in order to have sufficient sample sizes for meaningful subgroup analyses (further separate analyses are focusing on subgroups in devolved nations). In England, confidence in government is still lowest in those under the age of 30. Confidence is also lower in urban areas and in people with a mental health diagnosis. Confidence is also slightly lower in people of higher household income.

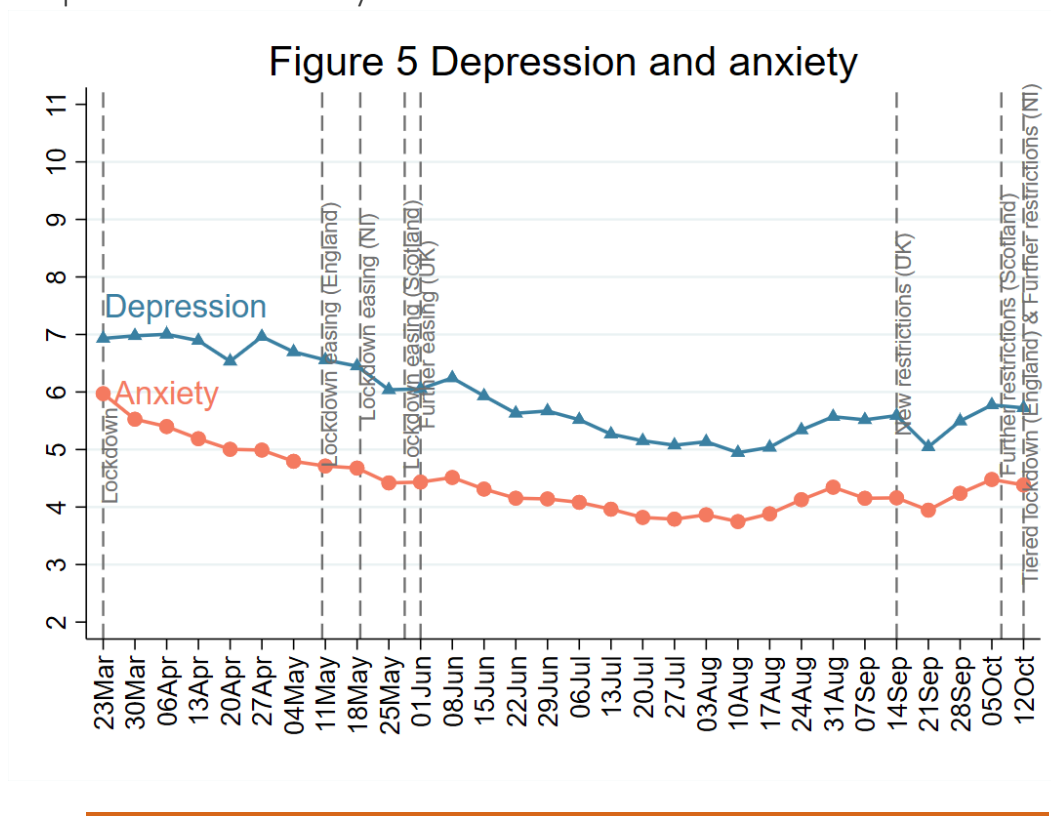
¹ Figures for Northern Ireland have now been removed from our daily tracker graphs due to a small sample size that makes extrapolation even with statistical weighting unreliable. These data are being analysed in other papers and reports.





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.

Depression and anxiety levels have increased slightly in the past few weeks. 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 depression²).

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).

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

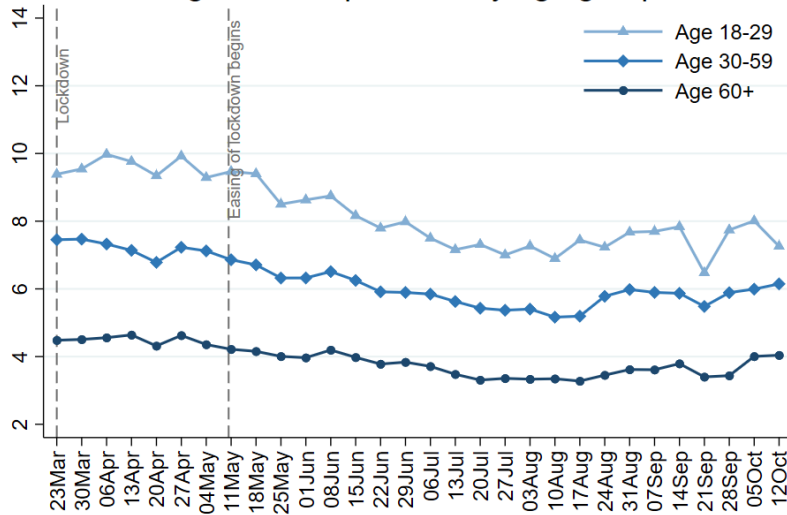


Figure 6b Depression by living arrangement

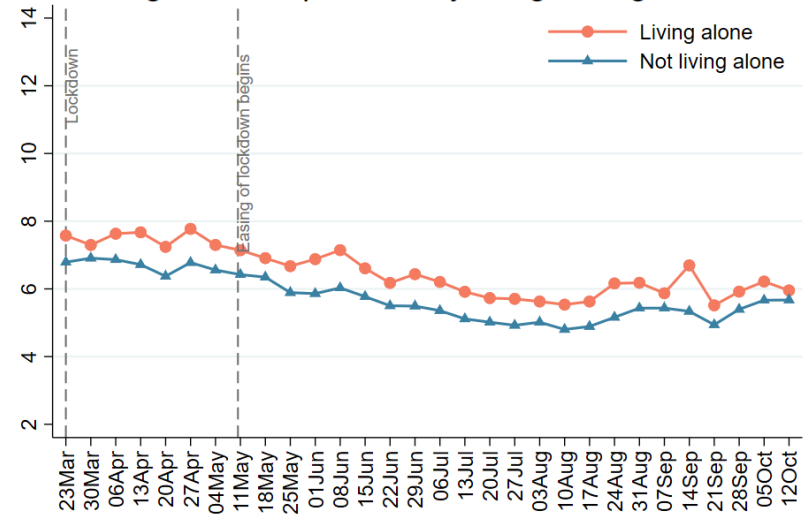


Figure 6c Depression by household income

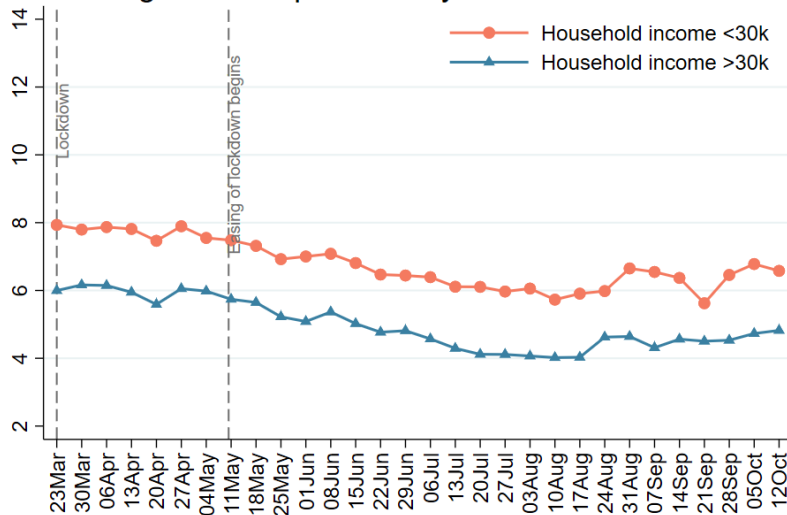


Figure 6d Depression by mental health diagnosis

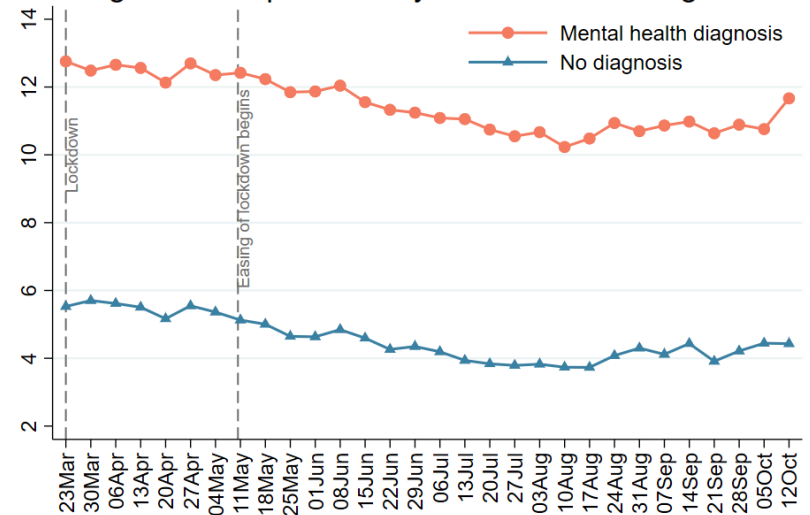


Figure 6e Depression by nations

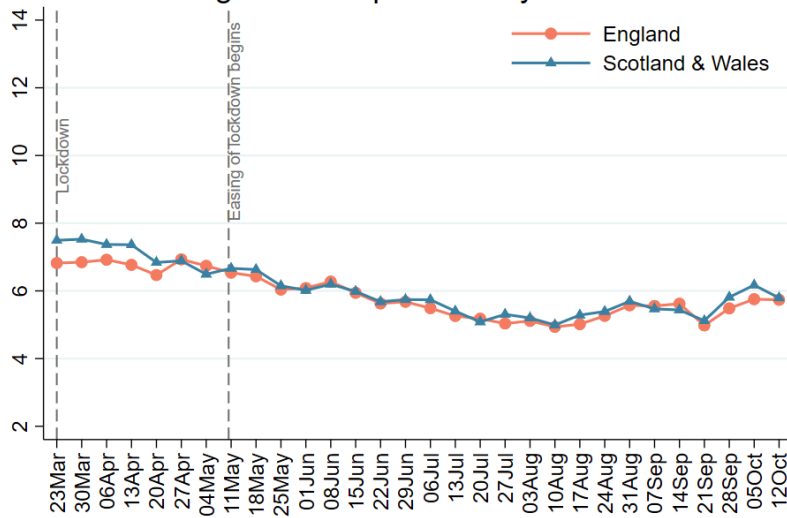


Figure 6f Depression by keyworker status

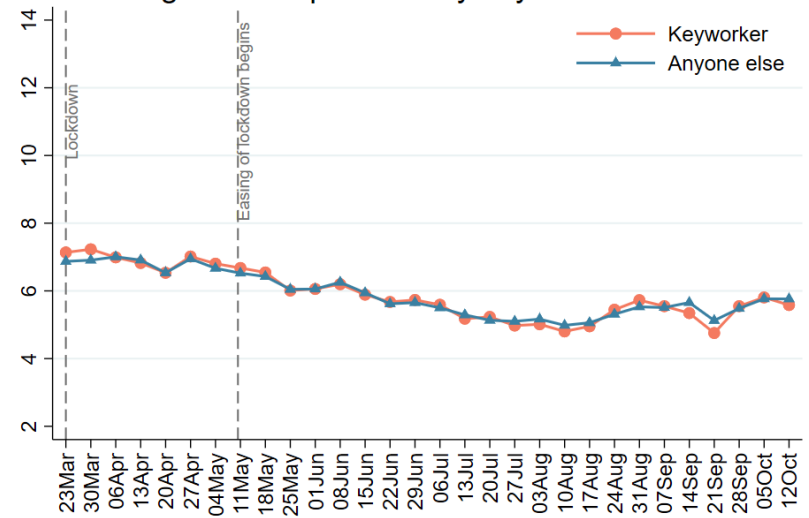


Figure 6g Depression by living with children

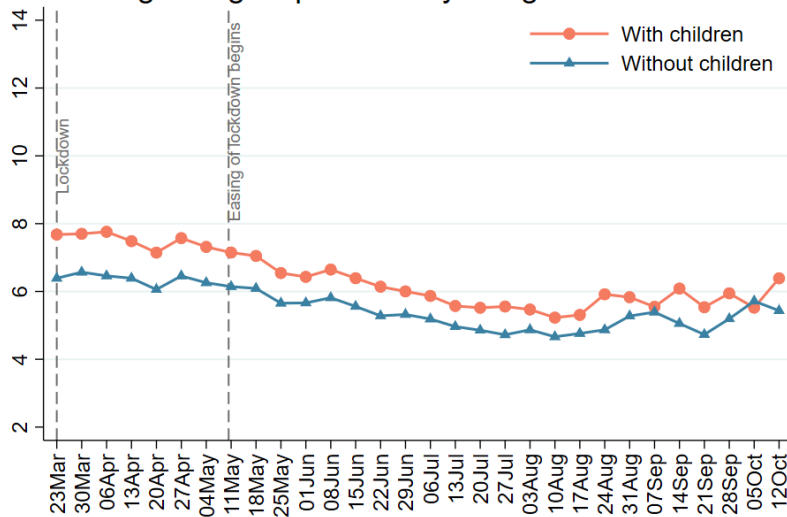


Figure 6h Depression by living area

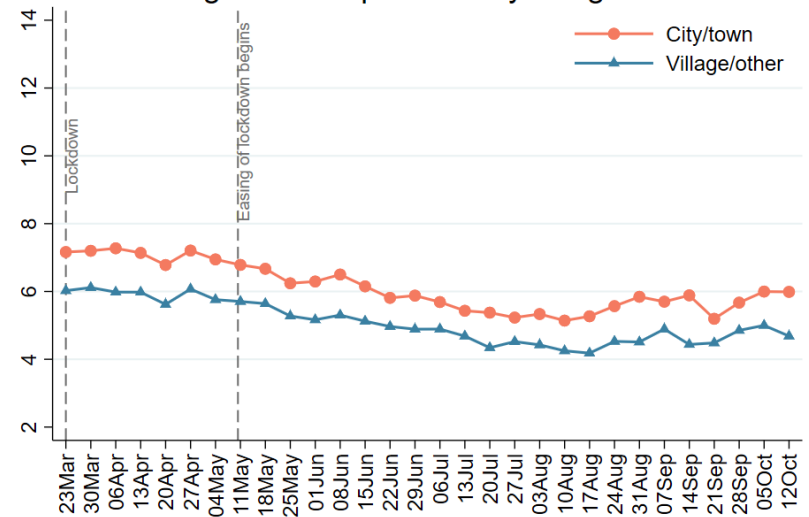


Figure 7a Anxiety by age groups

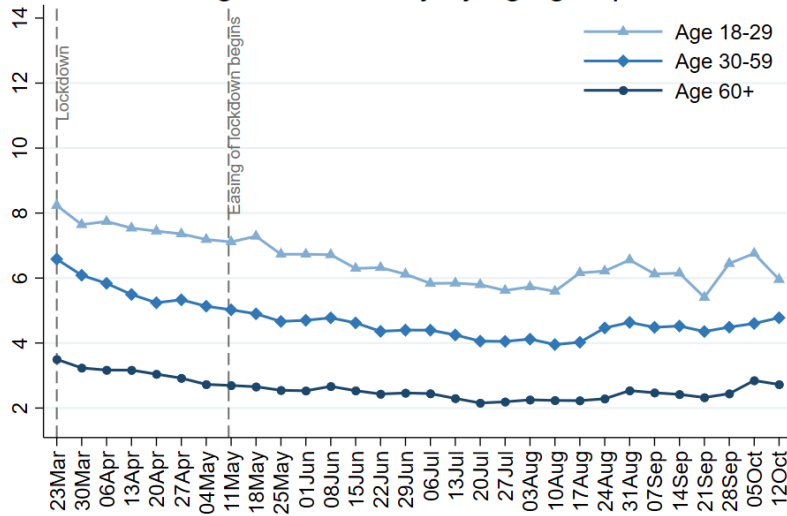


Figure 7b Anxiety by living arrangement

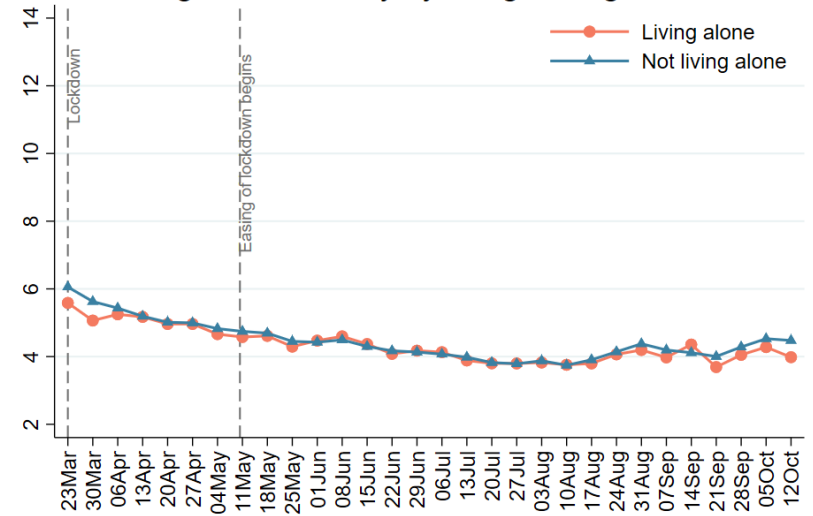


Figure 7c Anxiety by household income

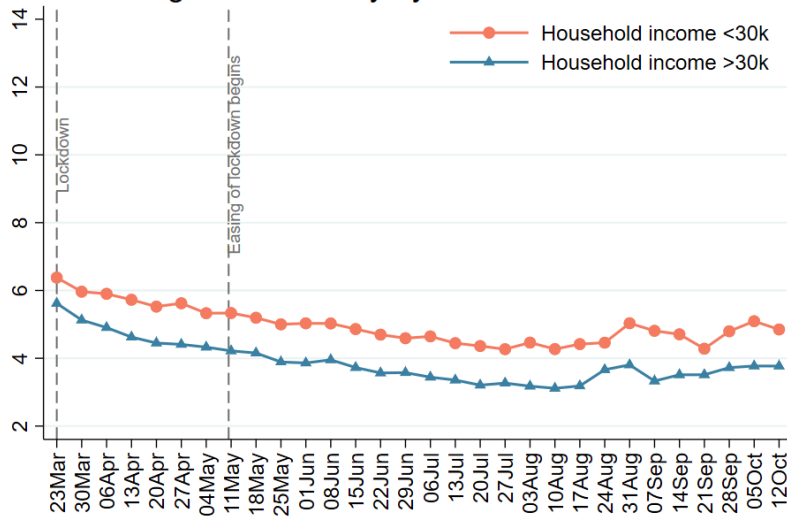


Figure 7d Anxiety by mental health diagnosis

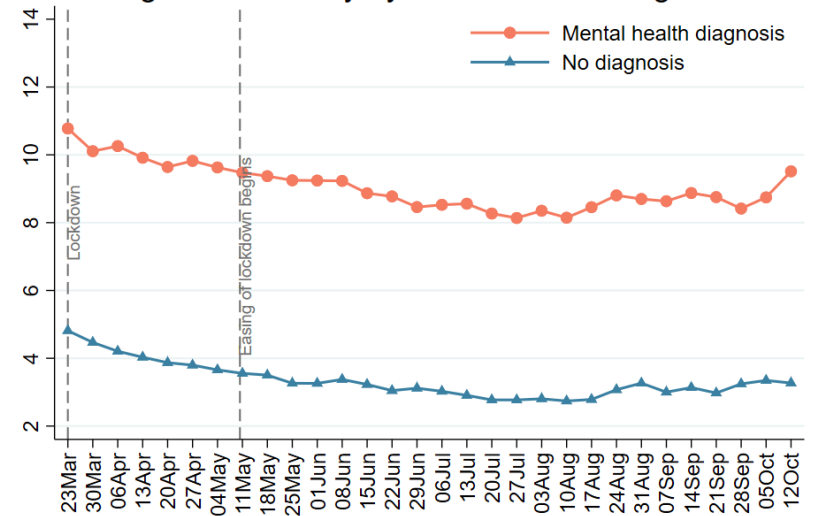


Figure 7e Anxiety by nations

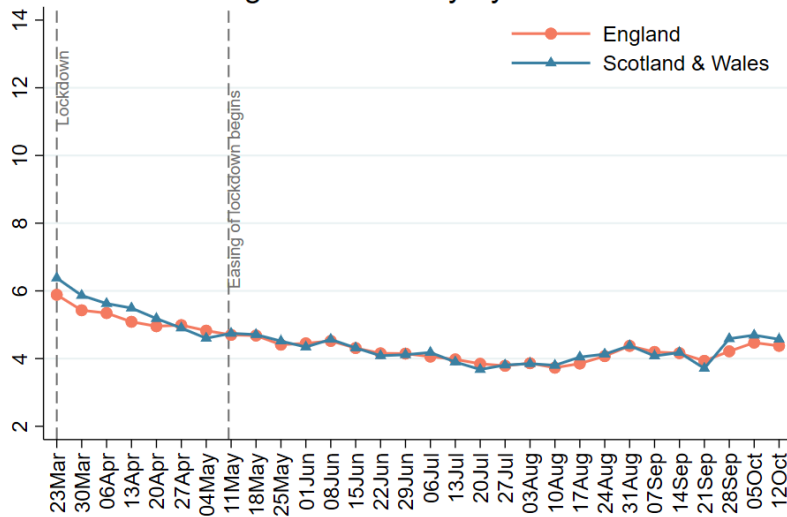


Figure 7f Anxiety by keyworker status

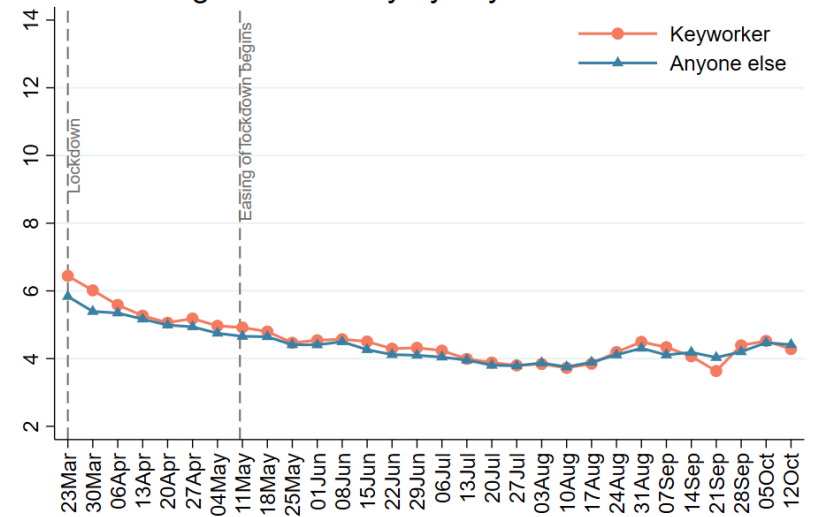


Figure 7g Anxiety by living with children

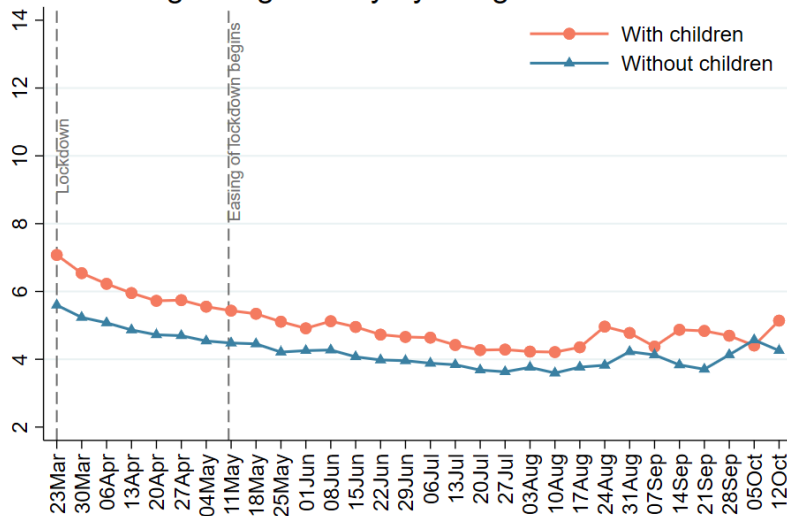
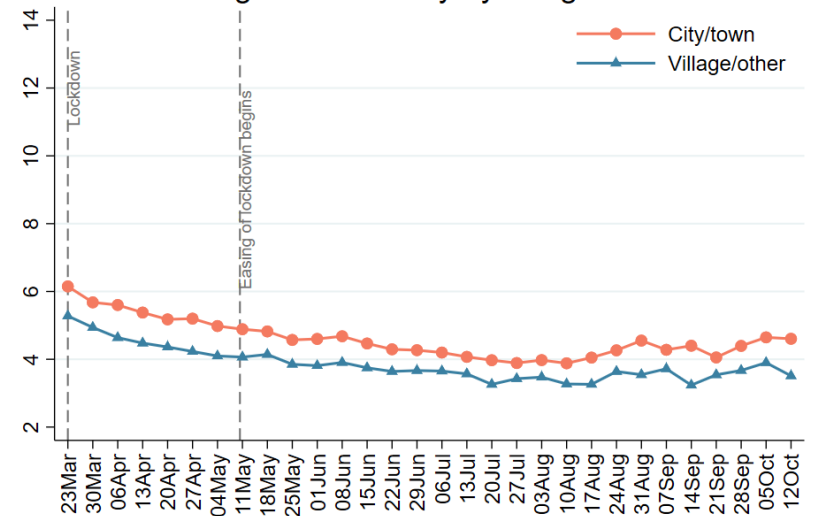
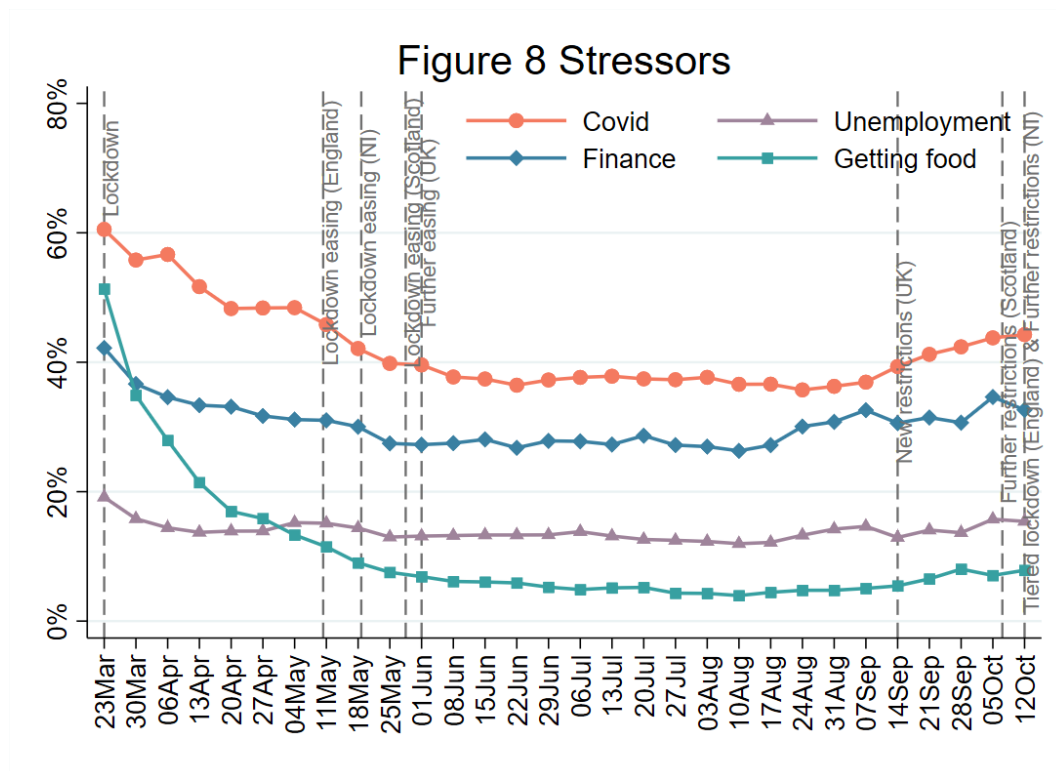


Figure 7h Anxiety by living area



2.2 Stress



FINDINGS

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

Stress about catching Covid-19 has continued to increase in the past month, now with around 45% of people worried either about catching Covid-19 or becoming seriously ill from it. This stress has increased in all groups.

There have also been some slight increases in worries about finance. Around 1 in 3 people report being worried about finances (up from 1 in 4 over the summer). Around 1 in 6 are worried about unemployment. Worries about access to food have shown a very slight increase, now occurring for around 1 in 12 people.

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. 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

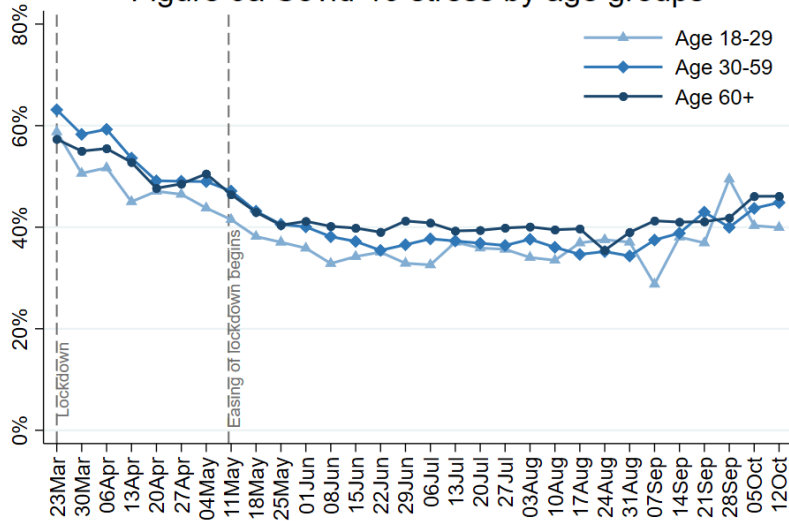


Figure 9b Covid-19 stress by living arrangement

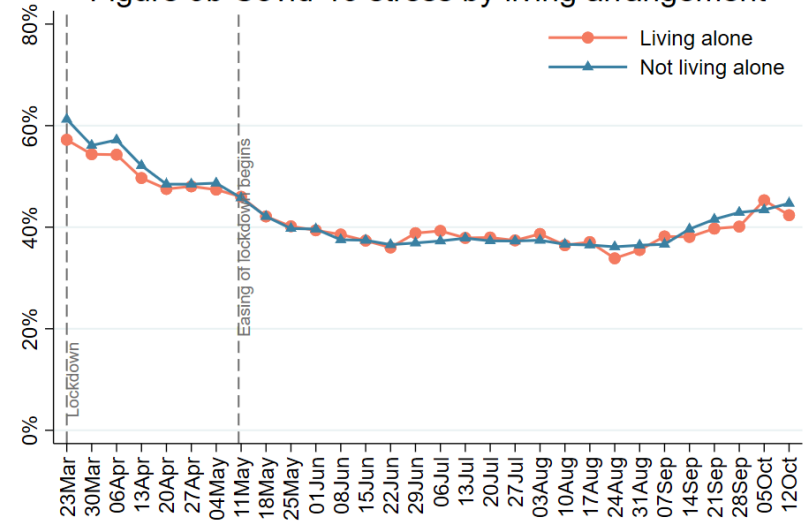


Figure 9c Covid-19 stress by household income

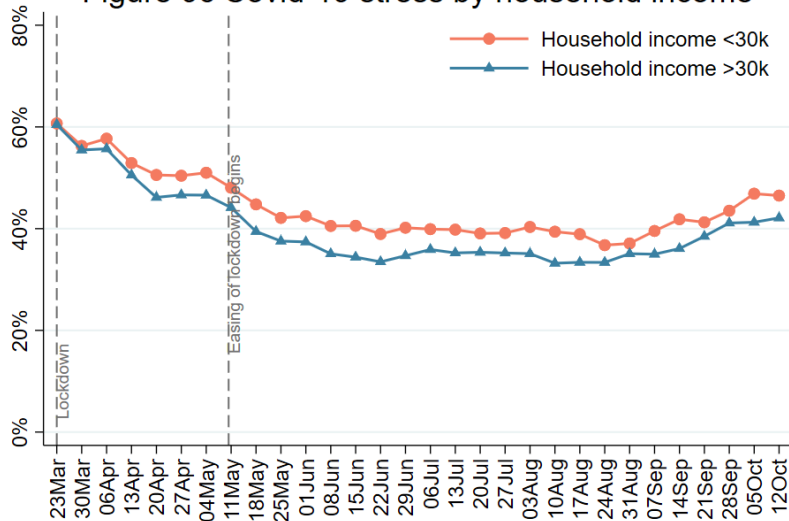


Figure 9d Covid-19 stress by mental health diagnosis

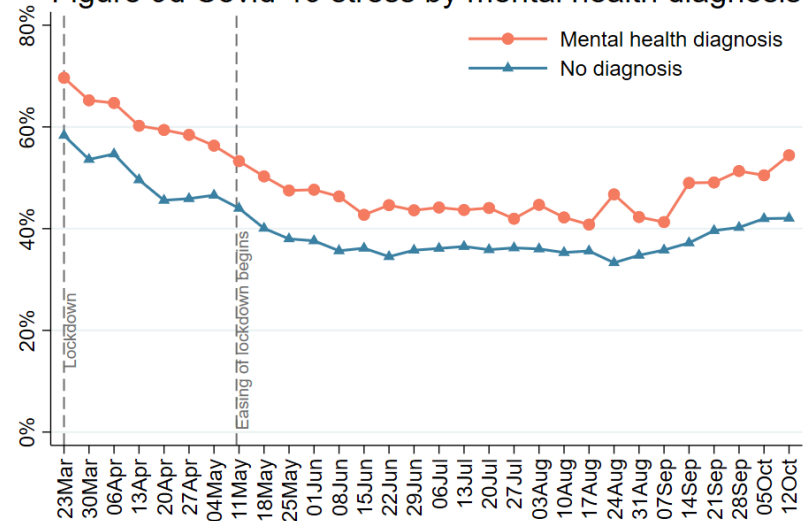


Figure 9e Covid-19 stress by nations

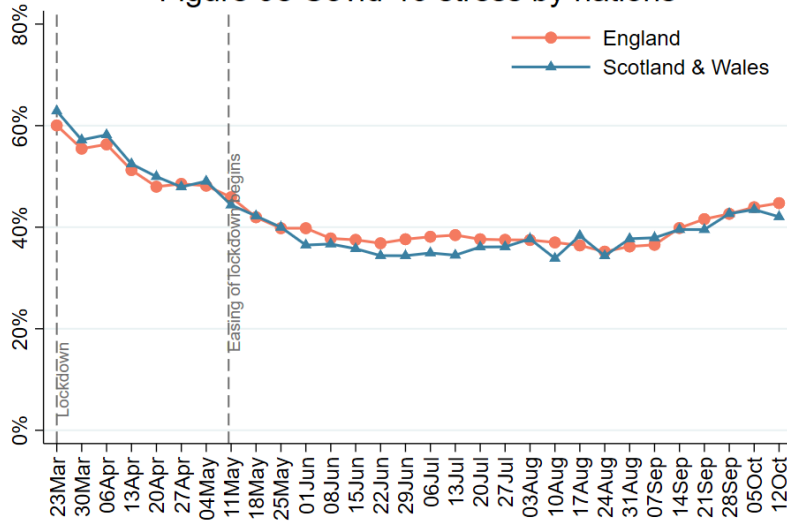


Figure 9f Covid-19 stress by keyworker status

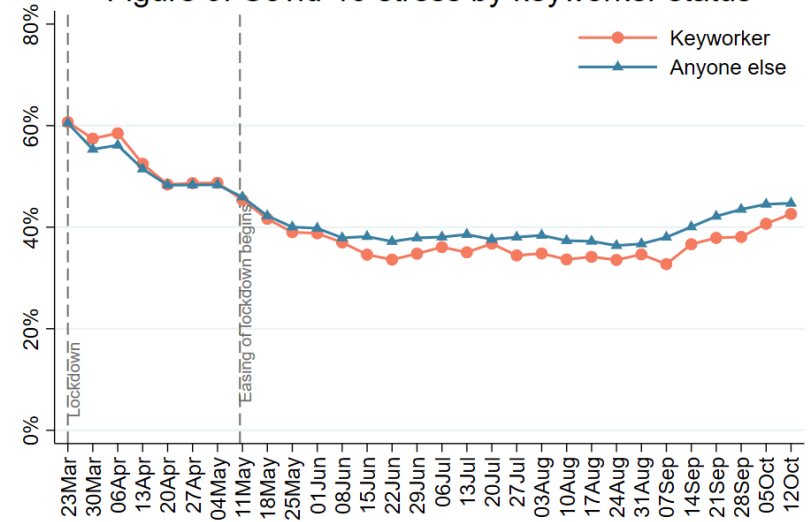


Figure 9g Covid-19 stress by living with children

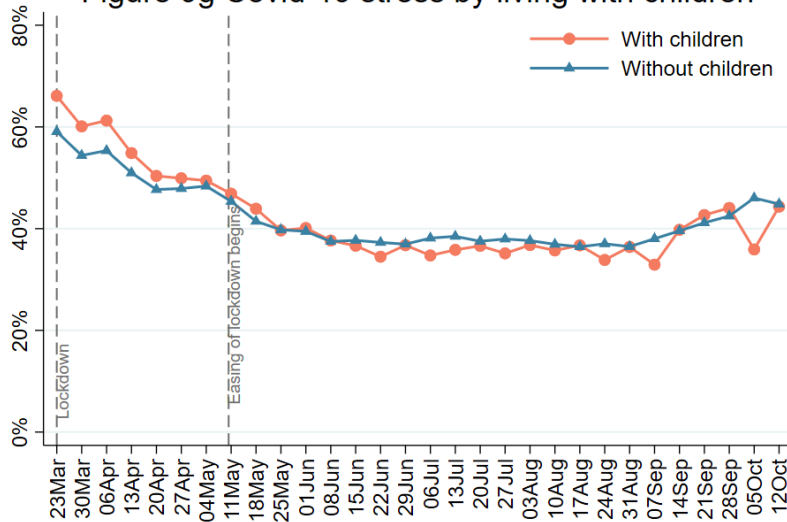


Figure 9h Covid-19 stress by living area

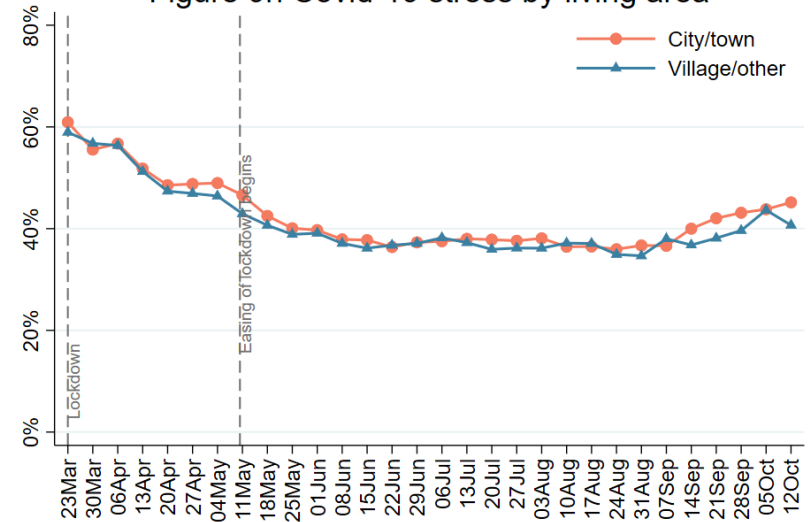


Figure 10a Unemployment stress by age groups

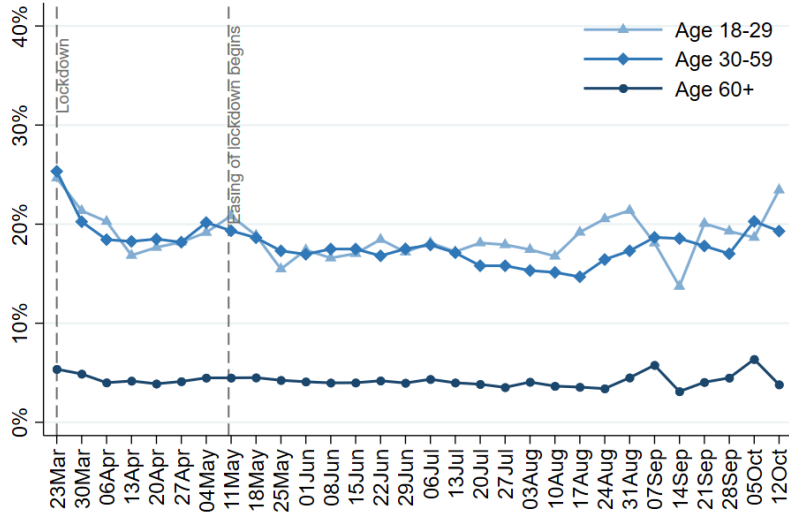


Figure 10b Unemployment stress by living arrangement

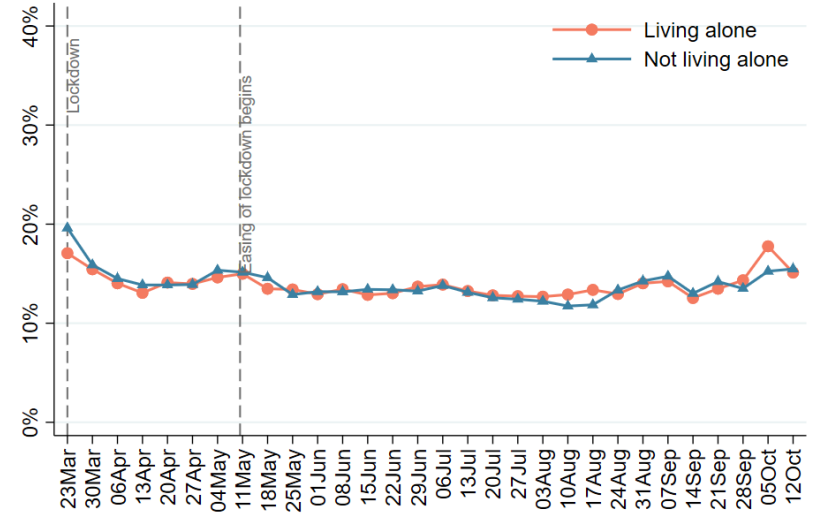


Figure 10c Unemployment stress by household income

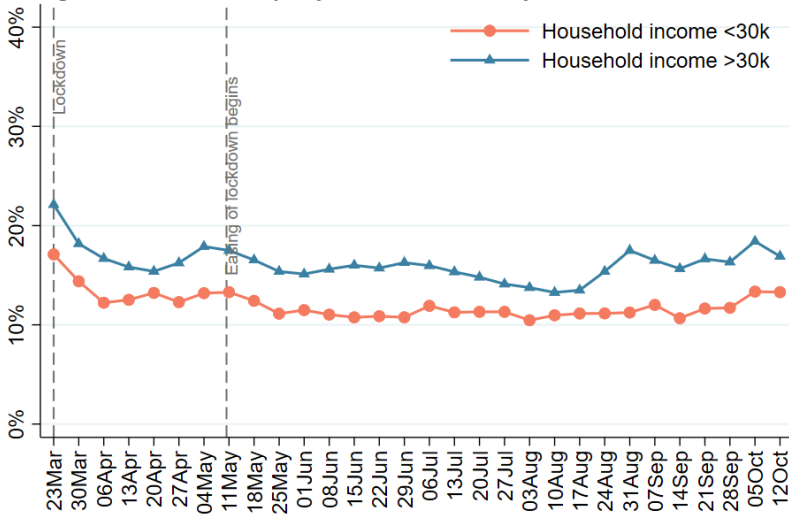


Figure 10d Unemployment stress by mental health

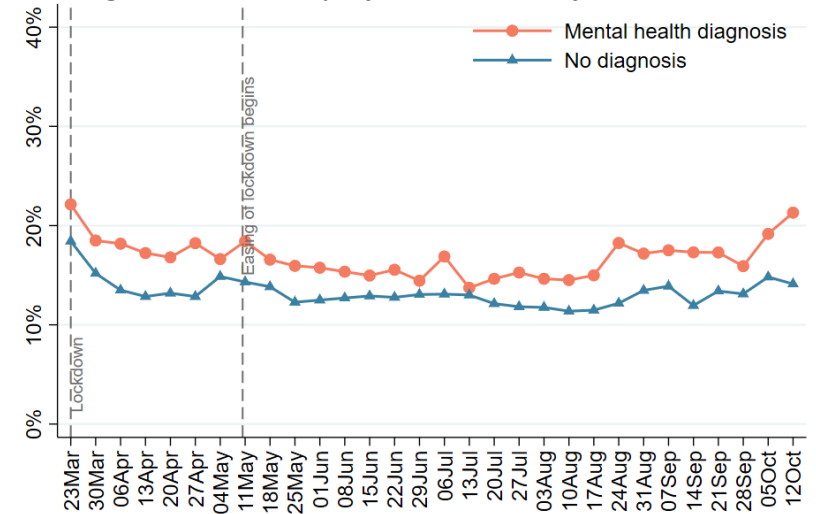


Figure 10e Unemployment stress by nations

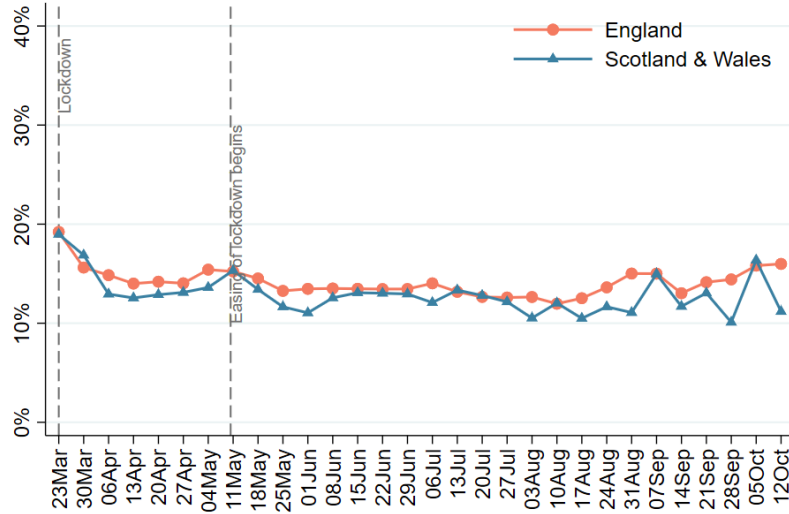


Figure 10f Unemployment stress by keyworker status

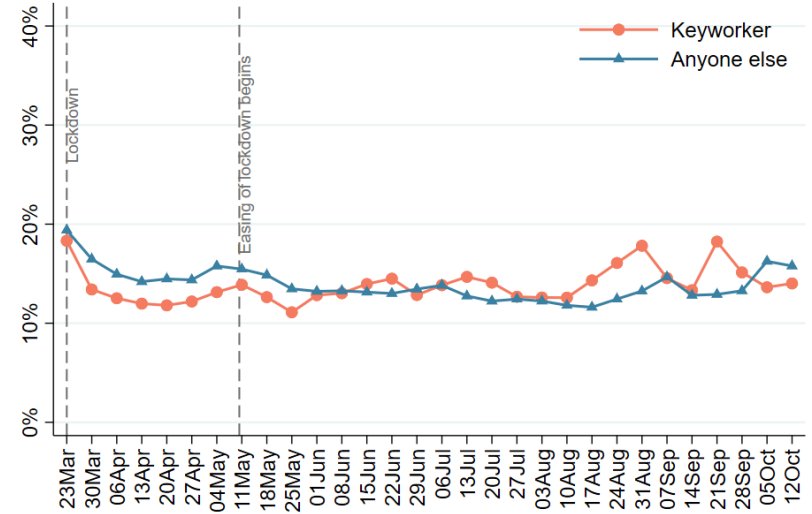


Figure 10g Unemployment stress by living with children

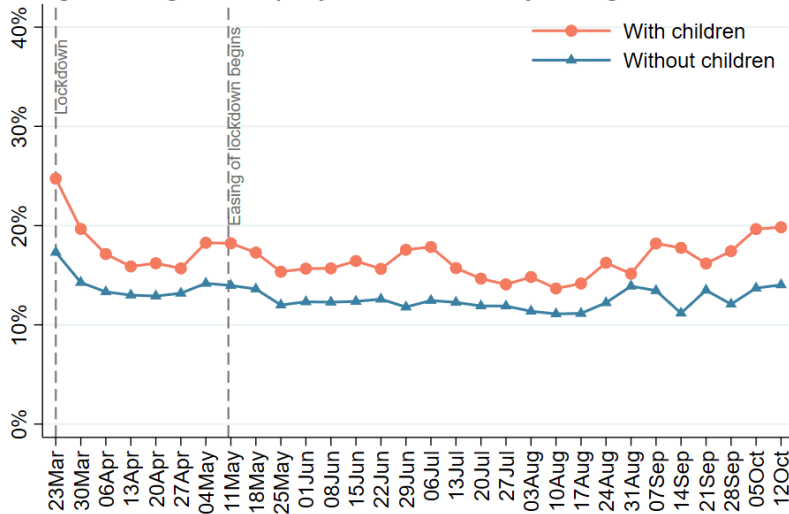


Figure 10h Unemployment stress by living area

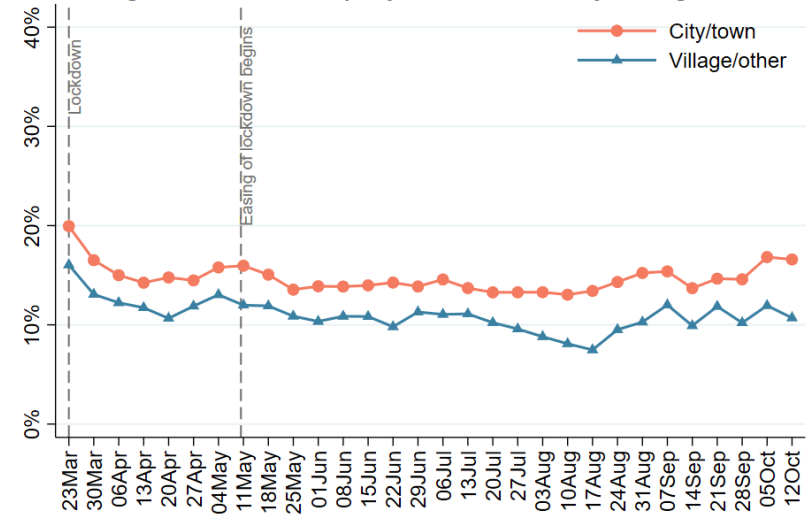


Figure 11a Financial stress by age groups

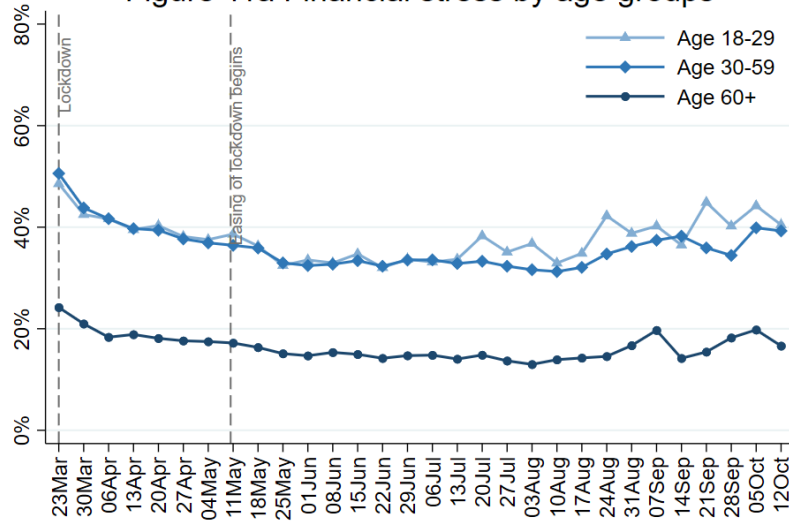


Figure 11b Financial stress by living arrangement

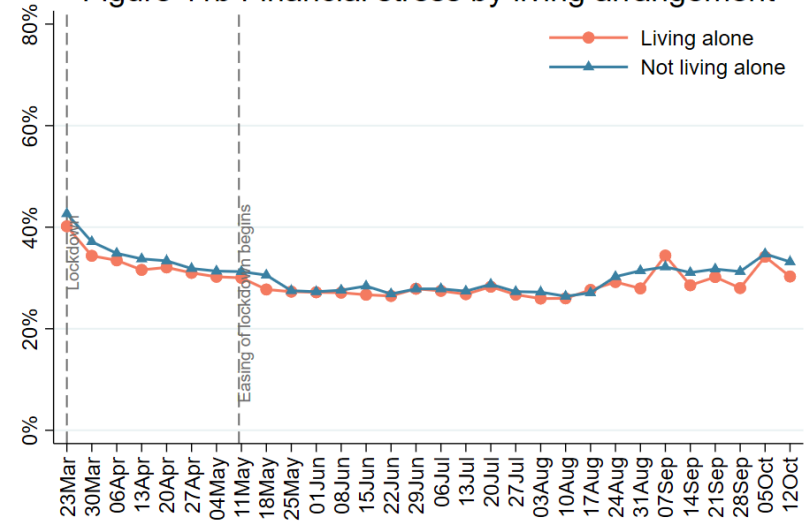


Figure 11c Financial stress by household income

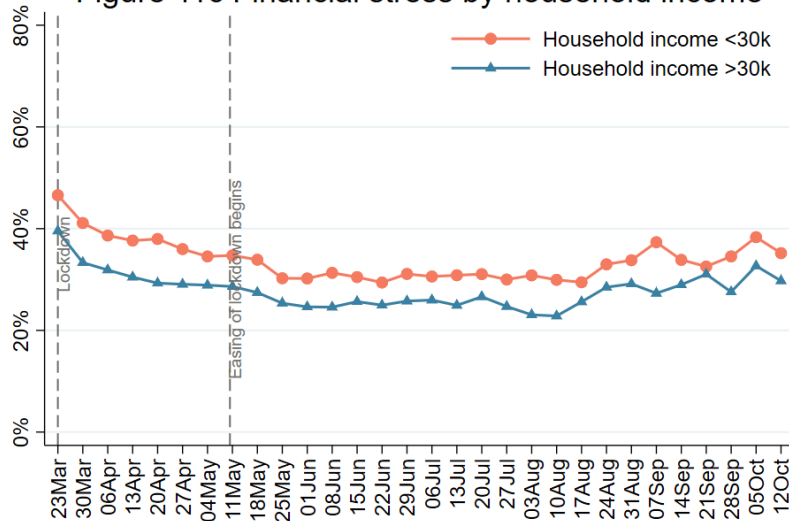


Figure 11d Financial stress by mental health diagnosis

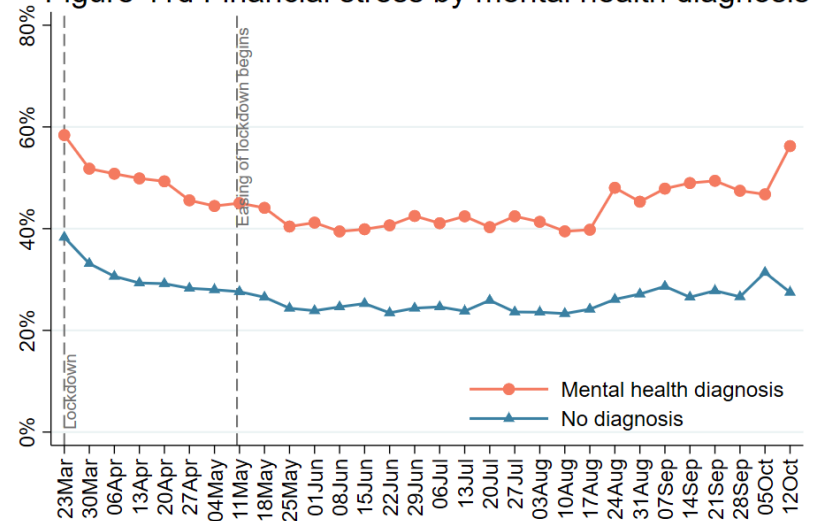


Figure 11e Financial stress by nations

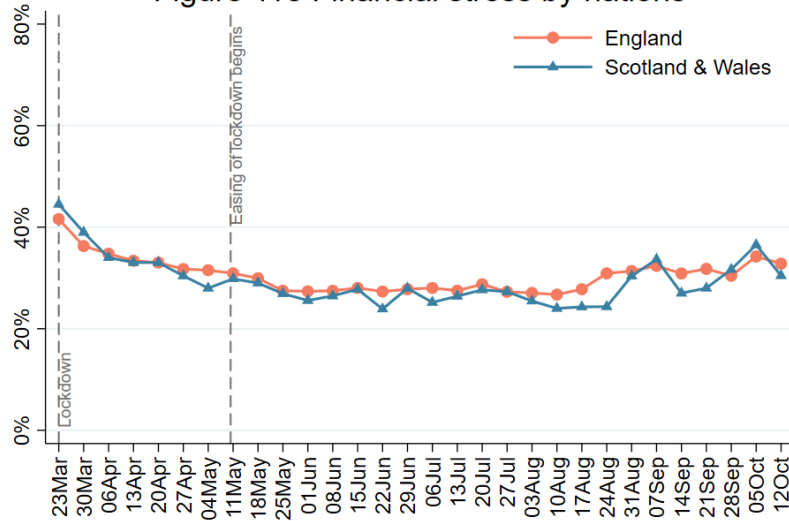


Figure 11f Financial stress by keyworker status

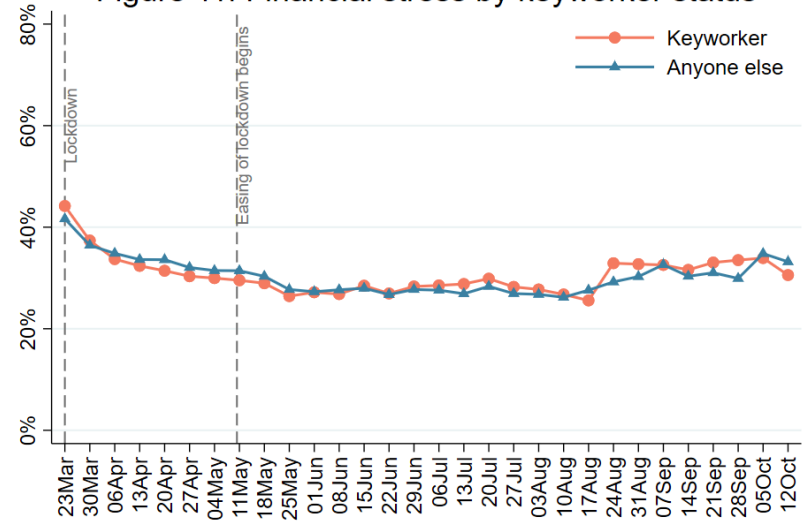


Figure 11g Financial stress by living with children

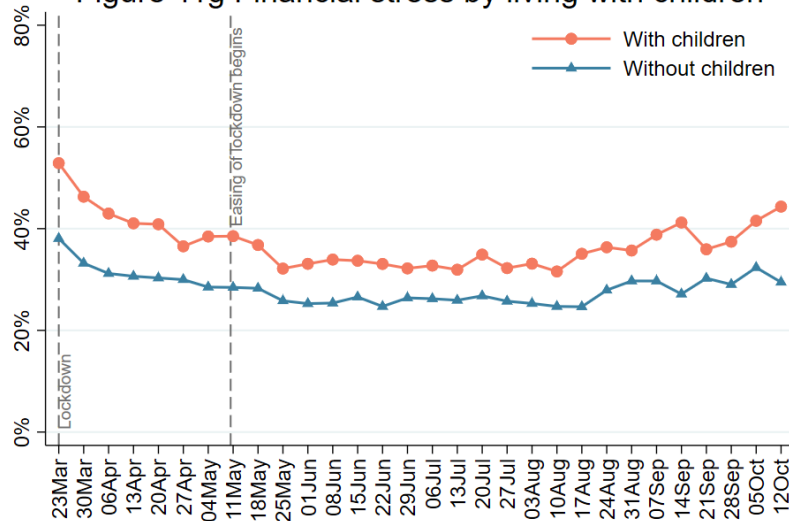


Figure 11h Financial stress by living area

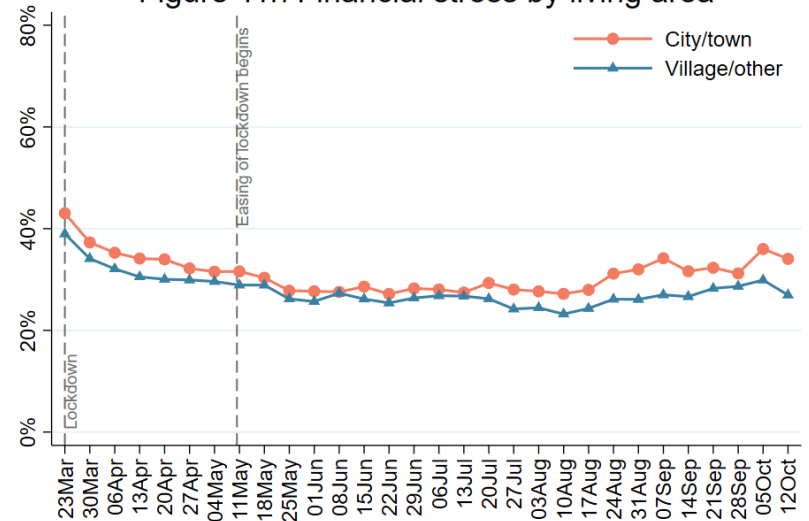


Figure 12a Food security stress by age groups

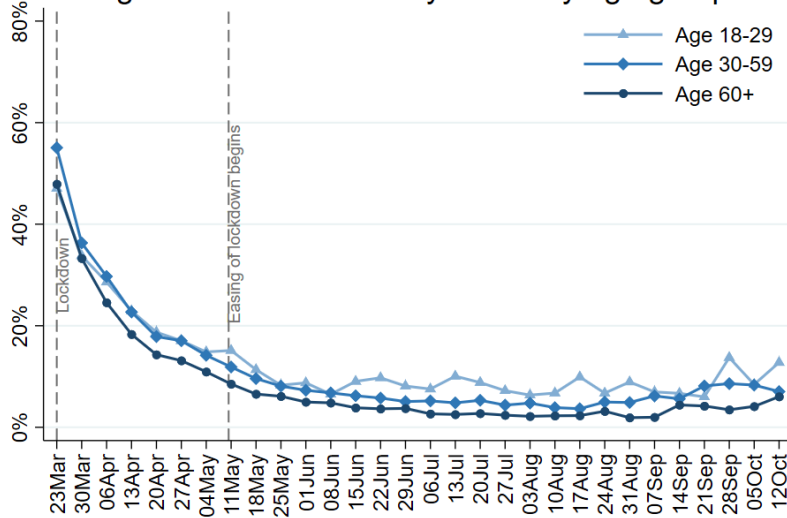


Figure 12b Food security stress by living arrangement

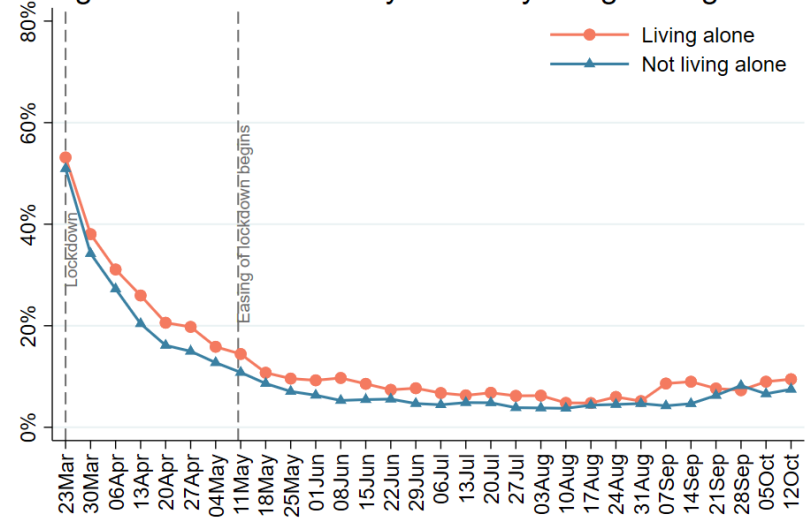


Figure 12c Food security stress by household income

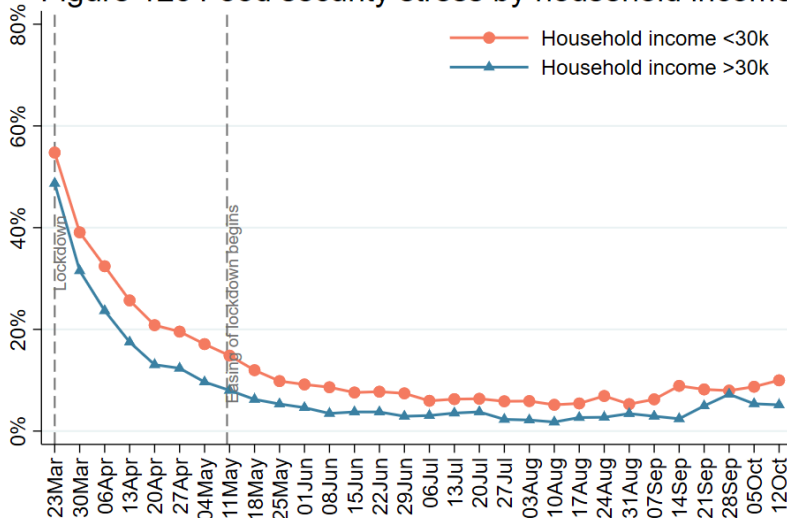


Figure 12d Food security stress by mental health

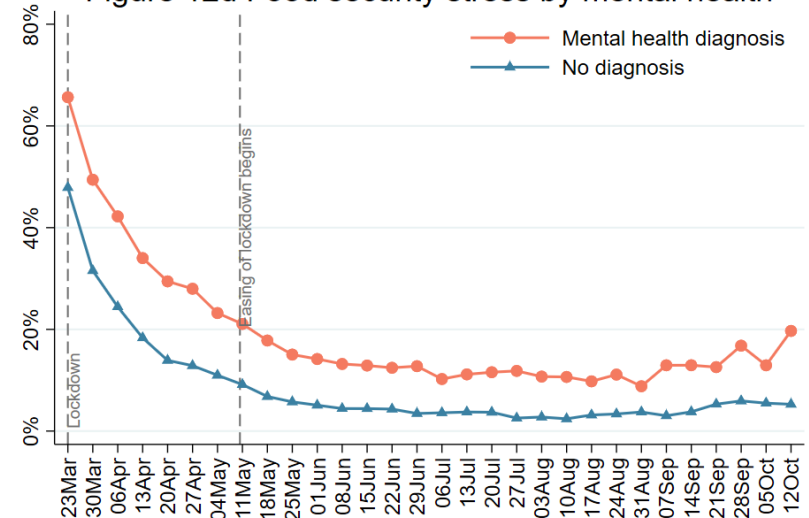


Figure 12e Food security stress by nations

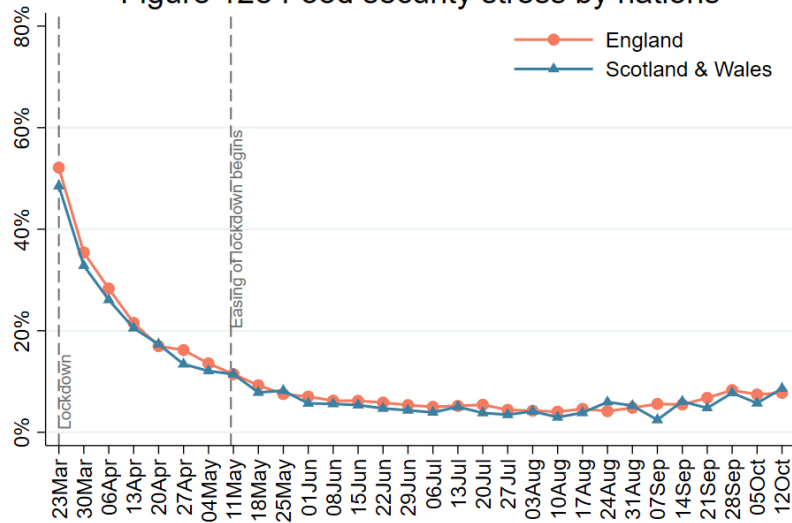


Figure 12f Food security stress by keyworker status

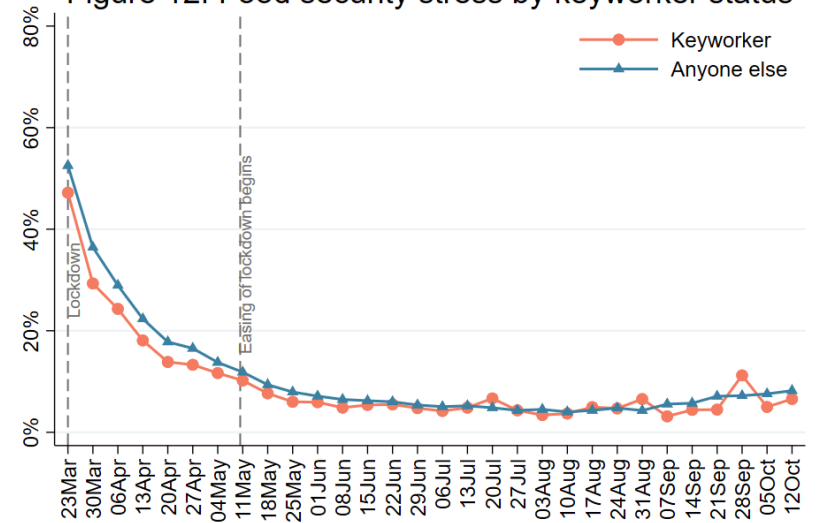


Figure 12g Food security stress by living with children

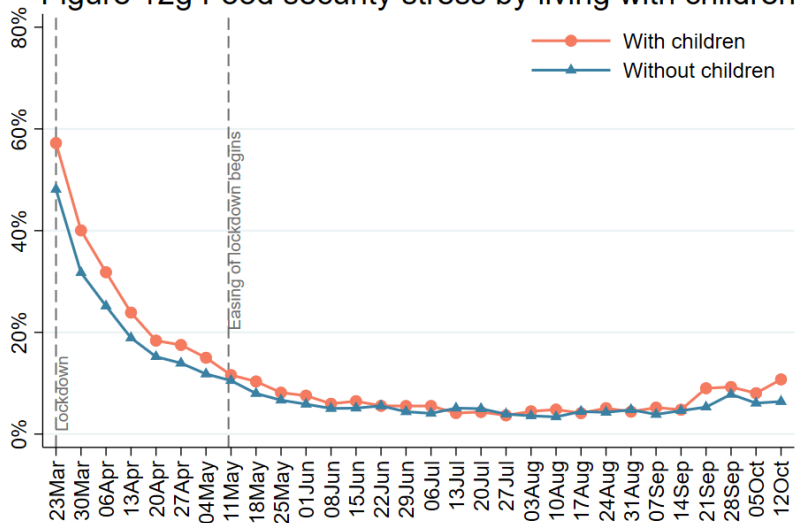
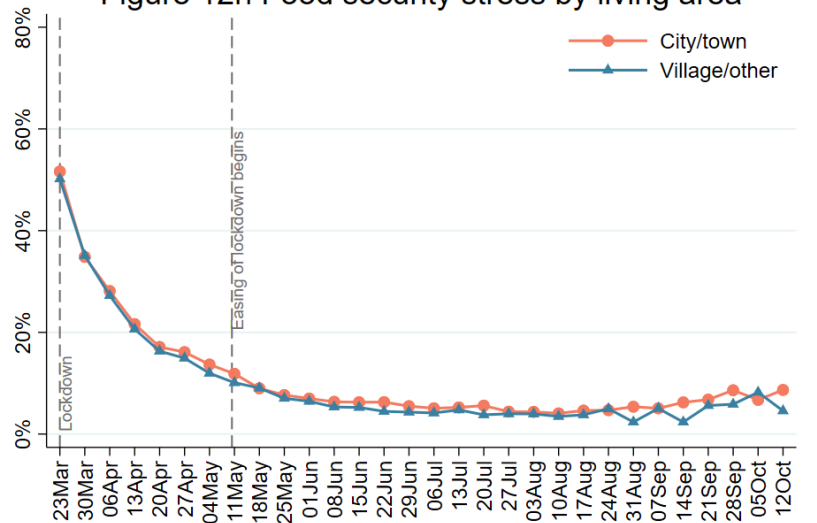
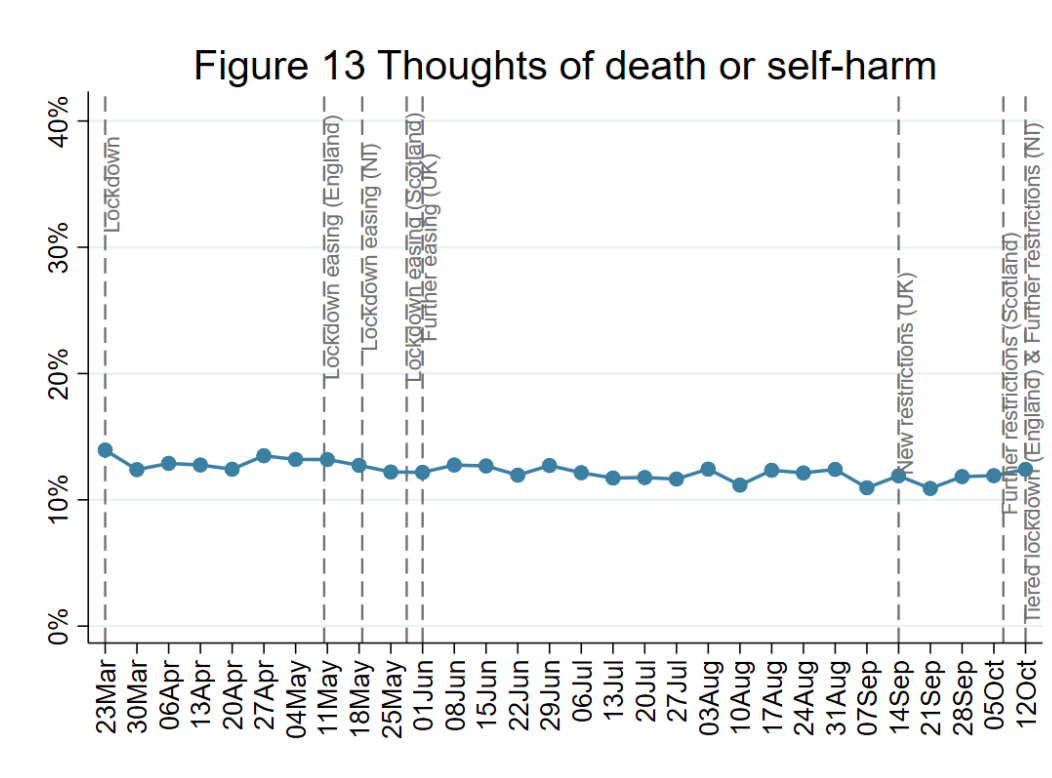


Figure 12h Food security stress by living area



3. Self-harm and abuse

3.1 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 or self-harm. Percentages of people having thoughts of death or self-harm have been relatively stable throughout the past 28 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

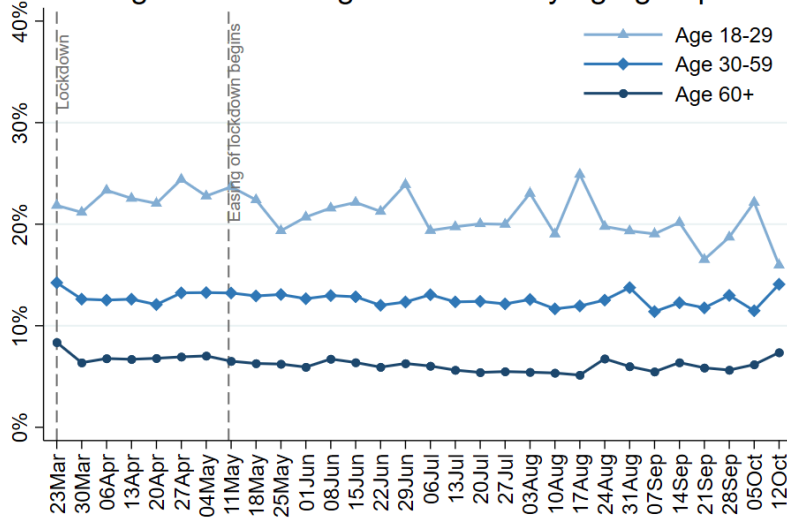


Figure 14b Thoughts of death by living arrangement

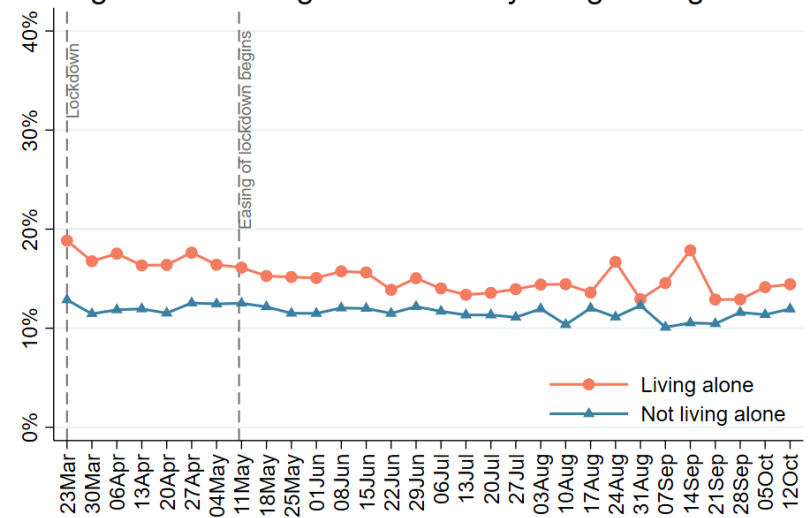


Figure 14c Thoughts of death by household income

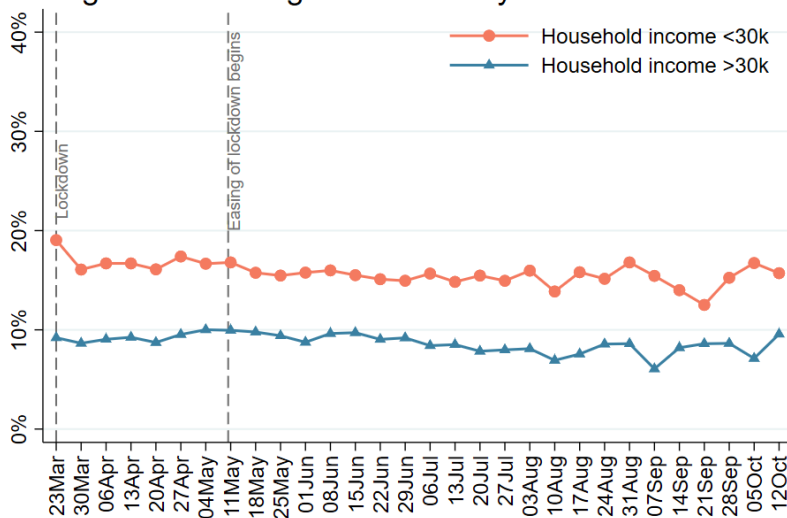


Figure 14d Thoughts of death by mental health diagnosis

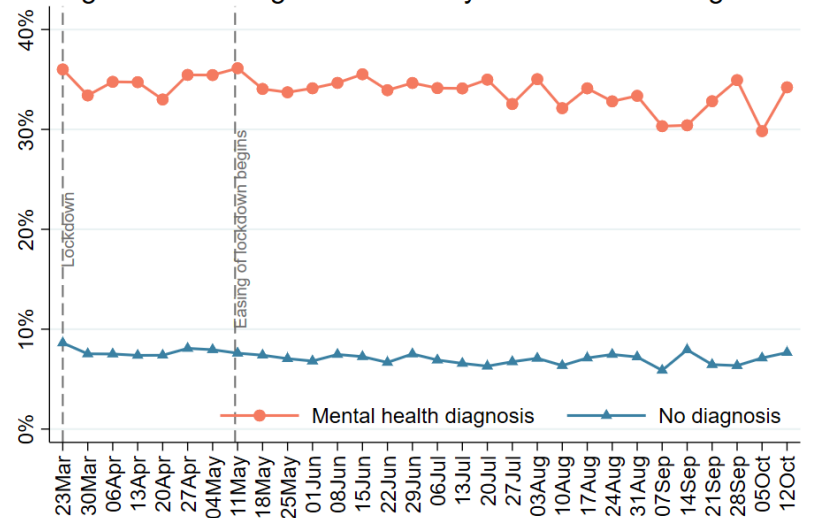


Figure 14e Thoughts of death by nations

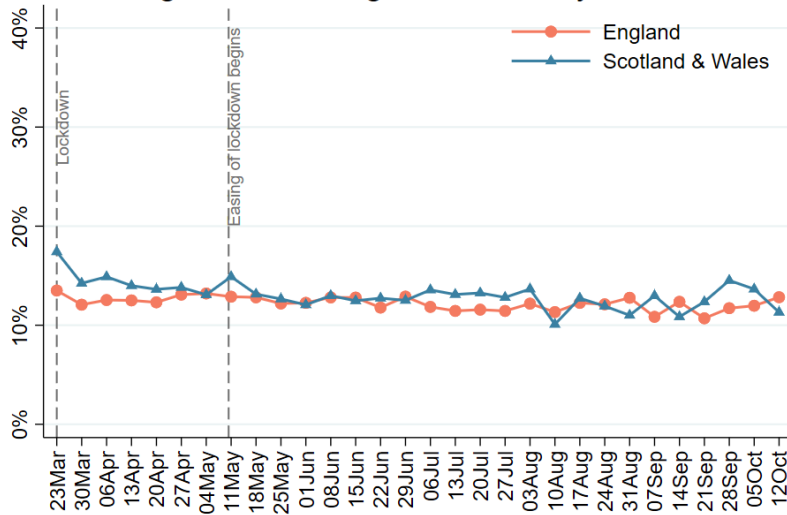


Figure 14f Thoughts of death by keyworker status

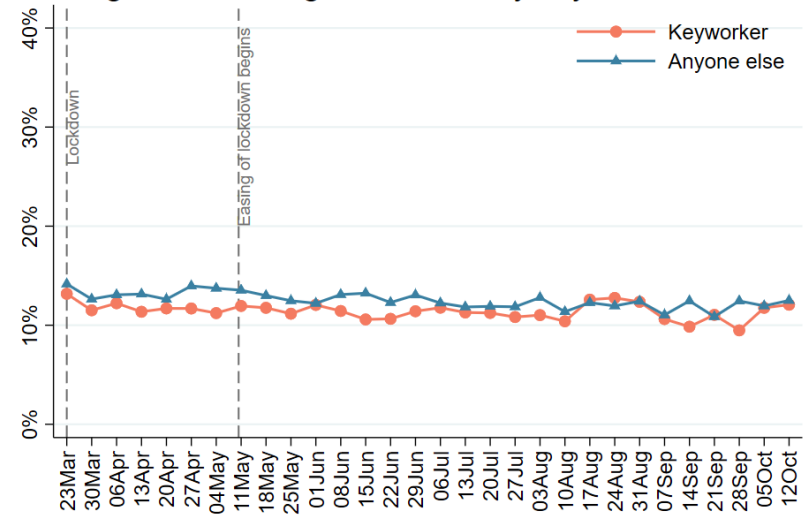


Figure 14g Thoughts of death by living with children

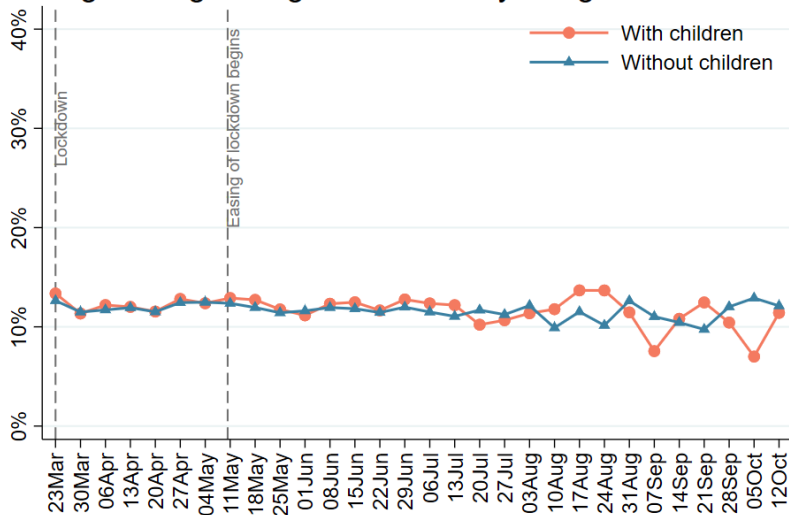
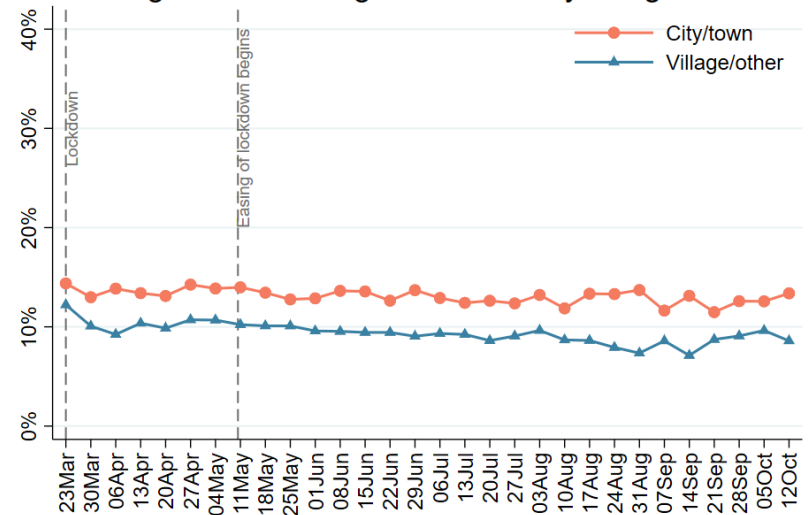
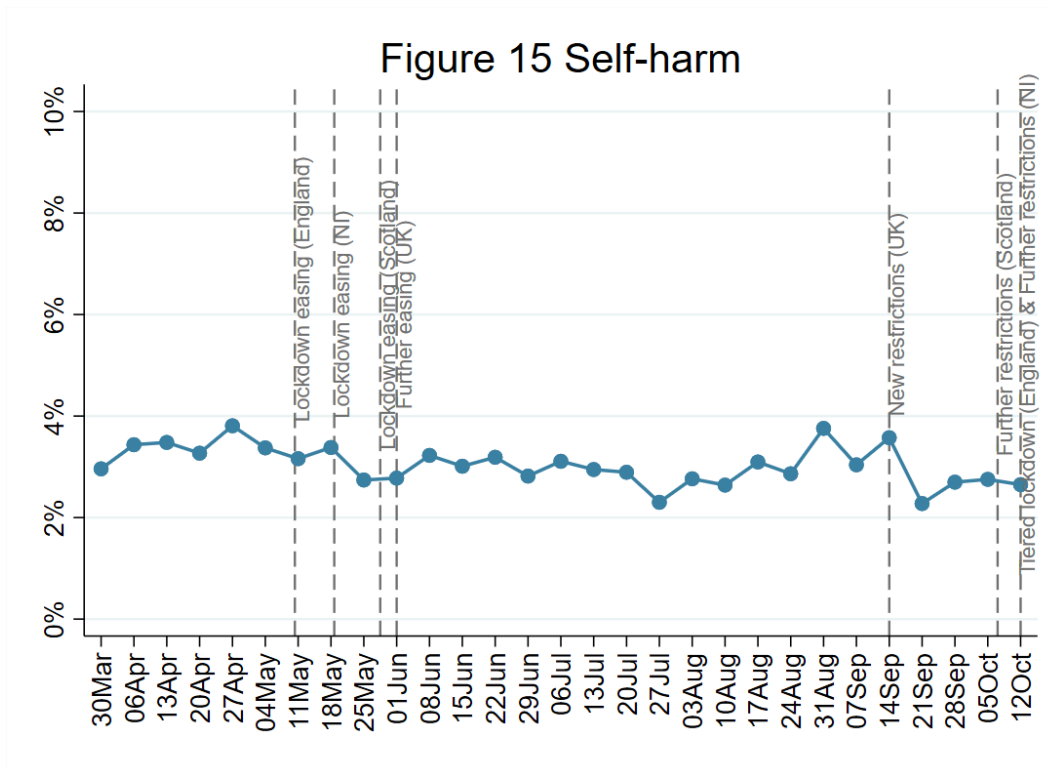


Figure 14h Thoughts of death by living area



3.2 Self-harm



FINDINGS

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

Self-harm has remained relatively stable in the past few weeks. However, it remains 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.³

³ 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

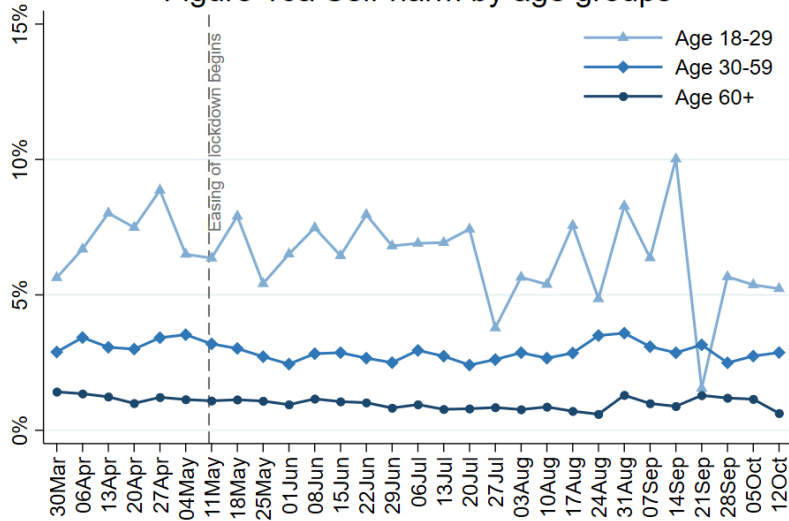


Figure 16b Self-harm by living arrangement

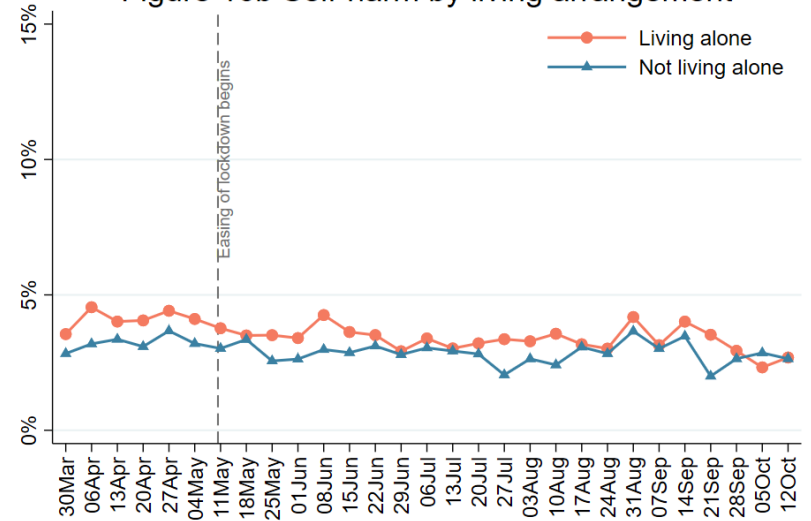


Figure 16c Self-harm by household income

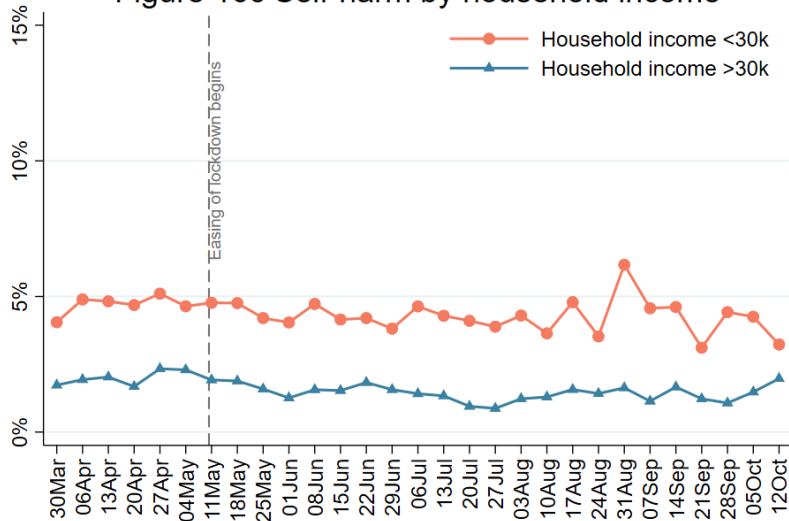


Figure 16d Self-harm by mental health diagnosis

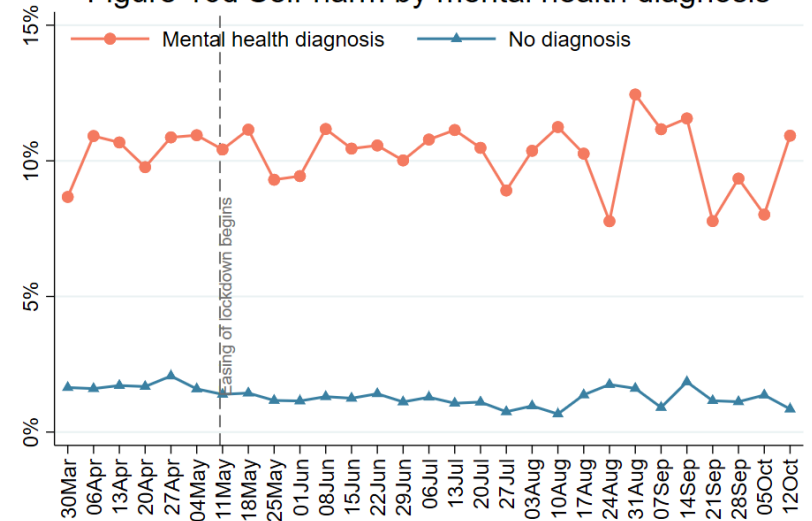


Figure 16e Self-harm by nations

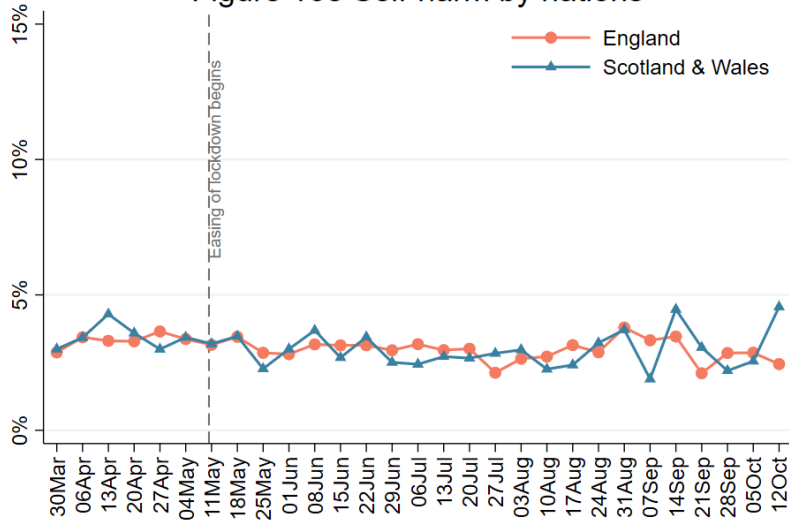


Figure 16f Self-harm by keyworker status

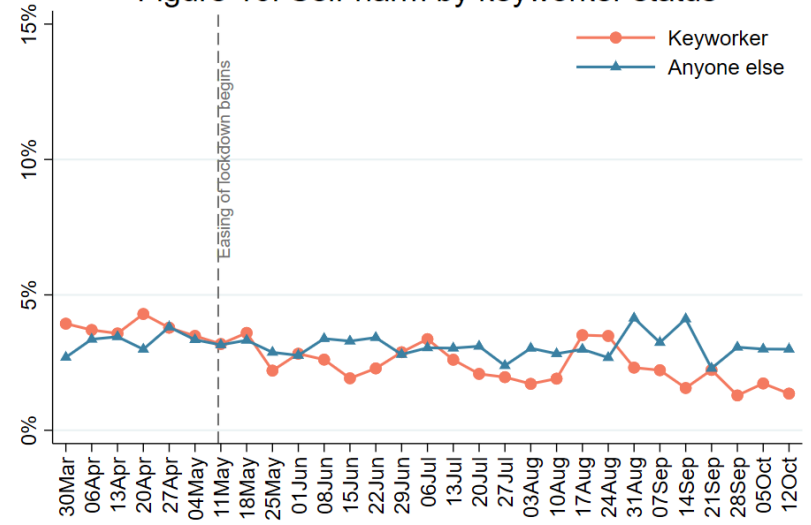


Figure 16g Self-harm by living with children

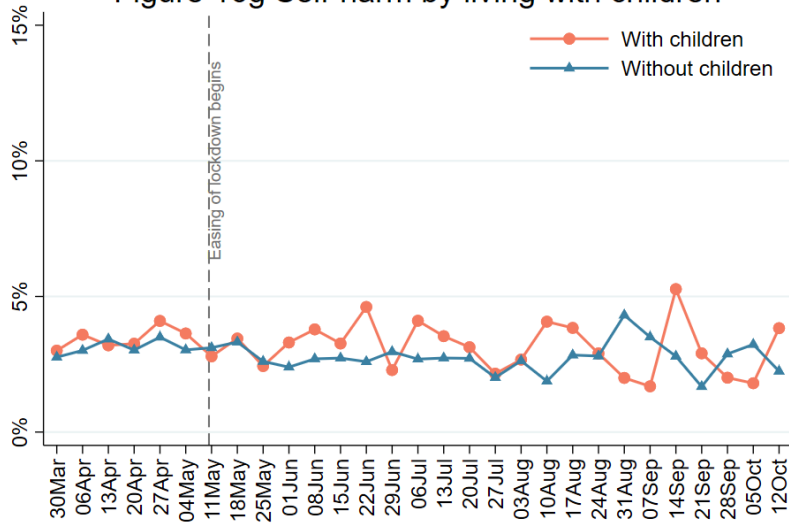
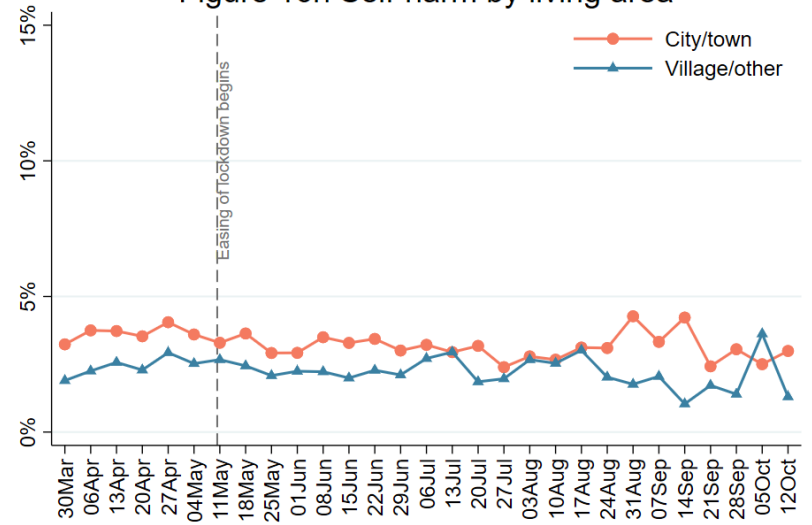
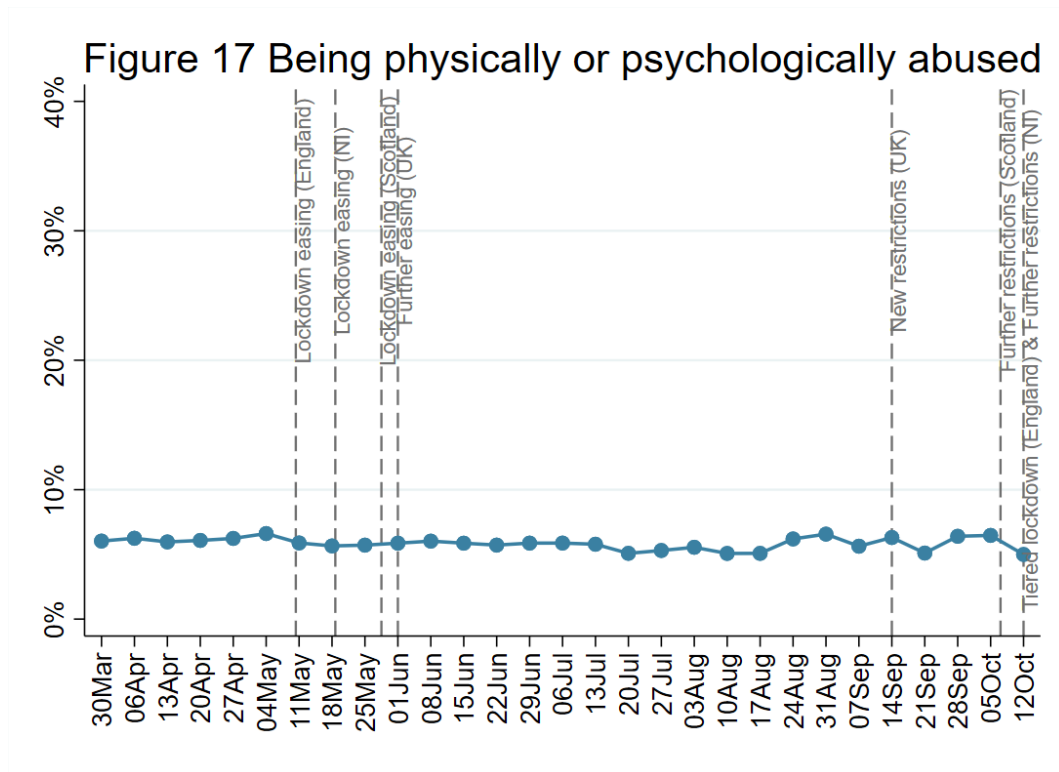


Figure 16h Self-harm by living area



3.3 Abuse



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 in the past few weeks. 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.

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

Figure 18a Abuse by age groups

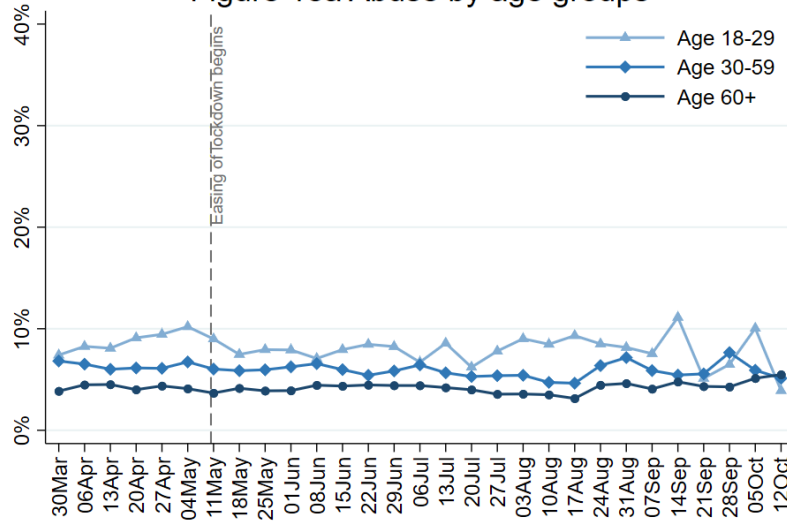


Figure 18b Abuse by living arrangement

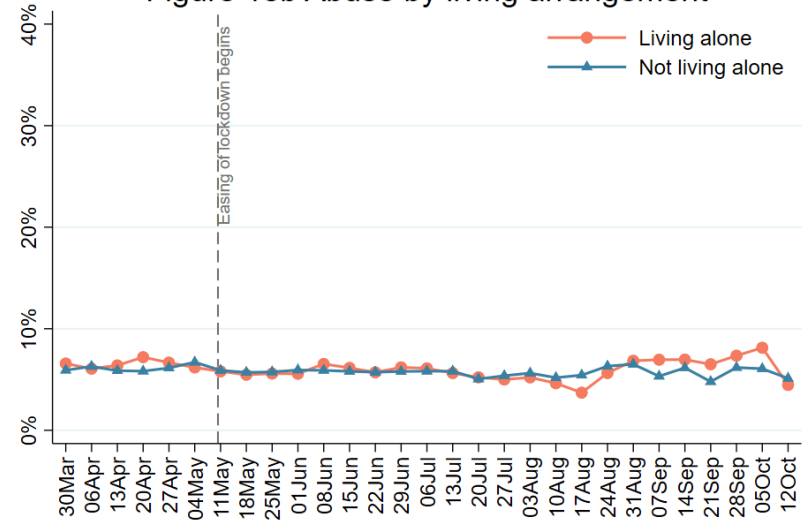


Figure 18c Abuse by household income

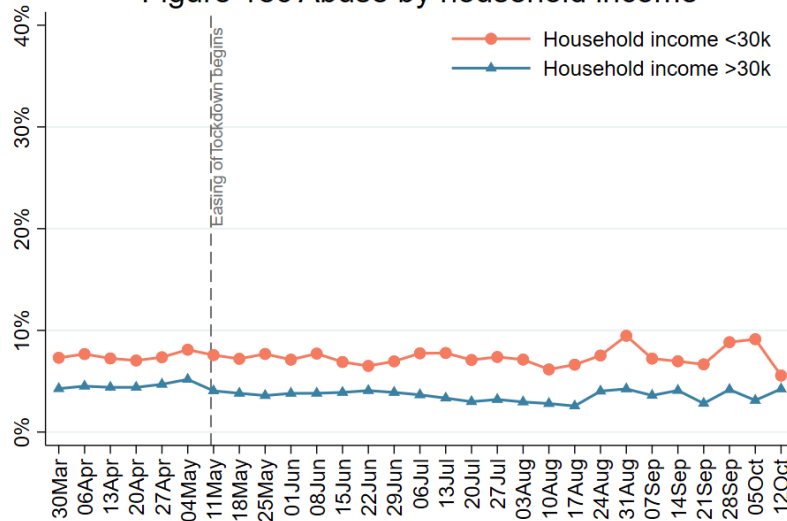


Figure 18d Abuse by mental health diagnosis

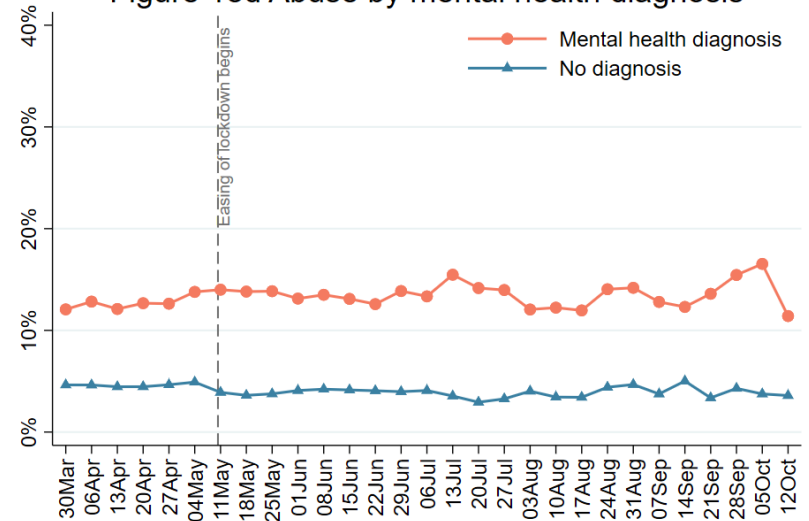


Figure 18e Abuse by nations

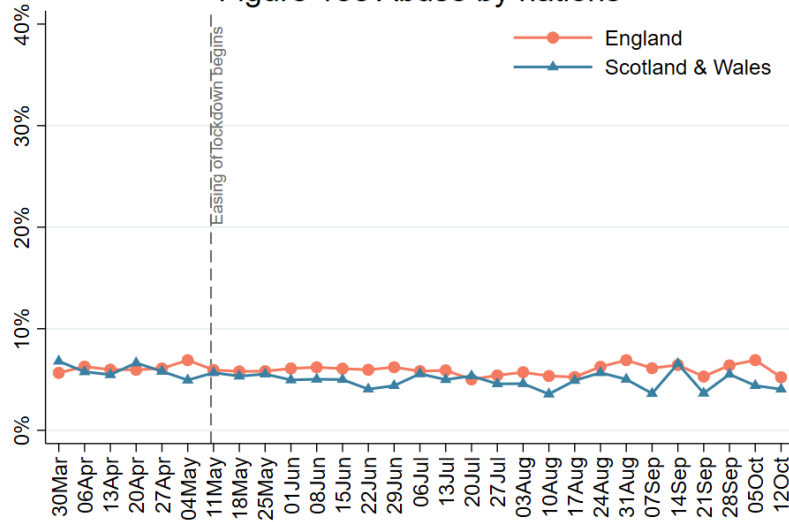


Figure 18f Abuse by keyworker status

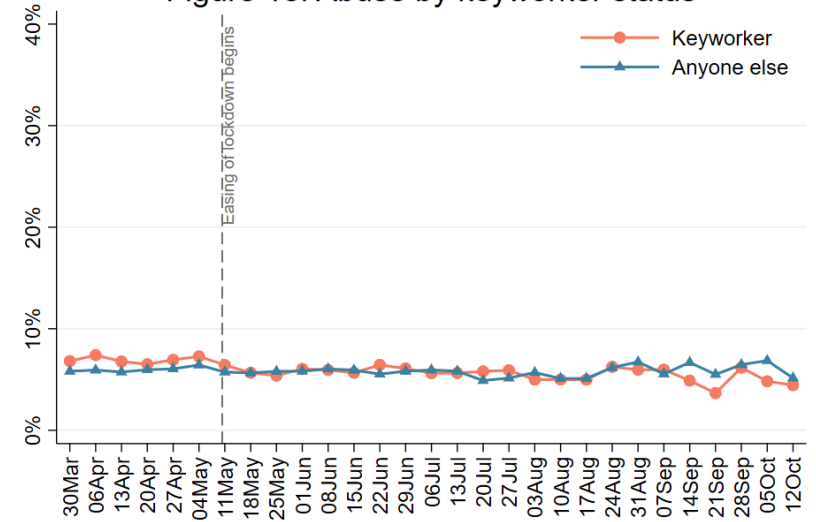


Figure 18g Abuse by living with children

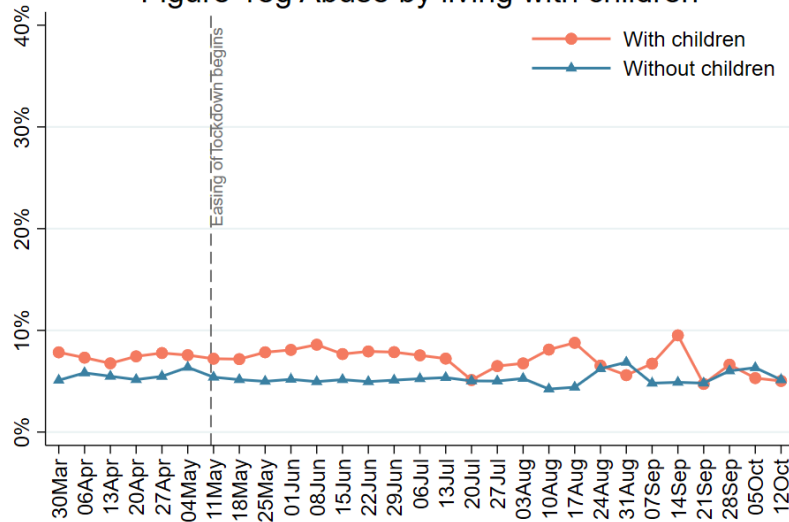
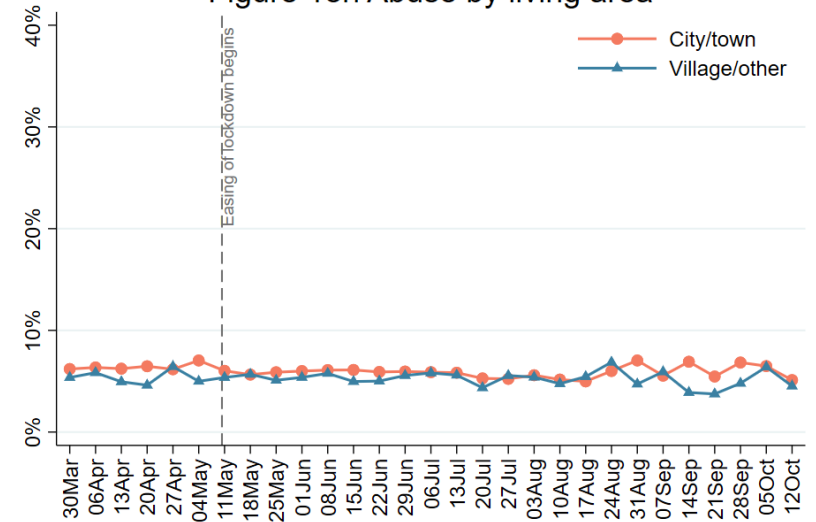
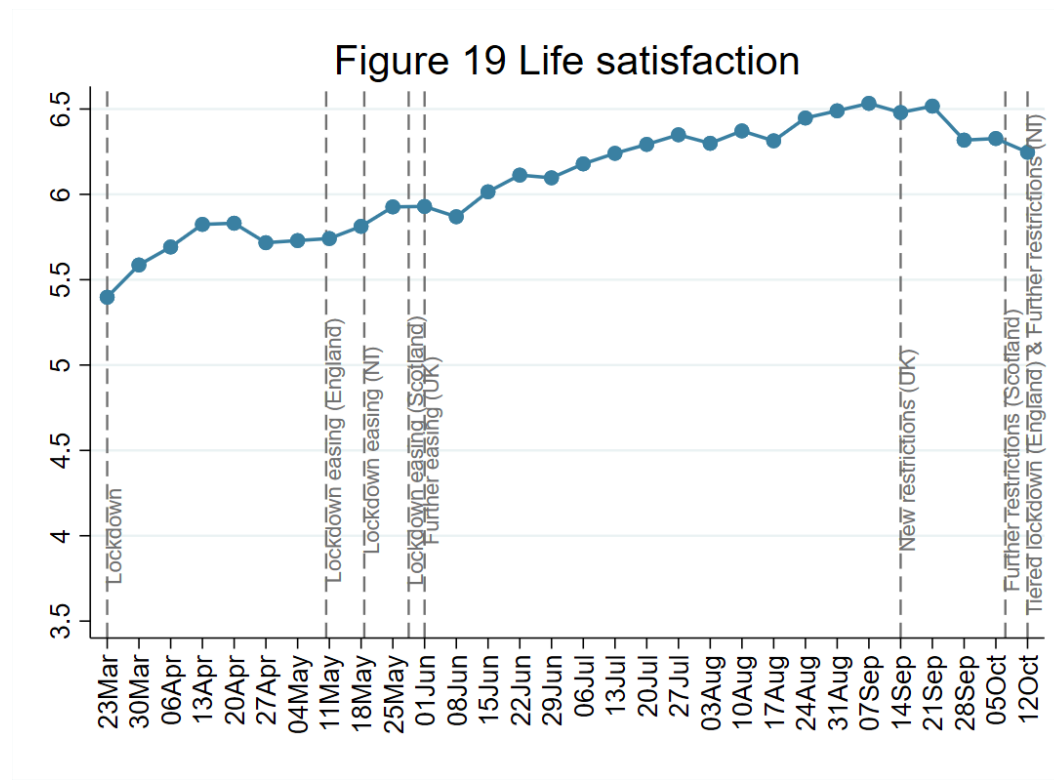


Figure 18h Abuse by living area



4. General well-being

4.1 Life satisfaction



FINDINGS

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

Life satisfaction has dropped further in the past month. This decrease appears to have occurred across all age groups, although adults under the age of 60 have lowest levels of life satisfaction. It is also lower in people living alone, people with lower household income, people with a diagnosed mental health condition, and people living in urban areas. It is similar across UK nations and amongst key workers.

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

⁴ Layard R, Clark A, De Neve J-E, Krekel C, Fancourt D, Hey N, et al. When to release the lockdown: A wellbeing framework for analysing costs and benefits. Centre for Economic Performance, London School of Economics; 2020 Apr. Report No.: 49.

Figure 20a Life satisfaction by age groups

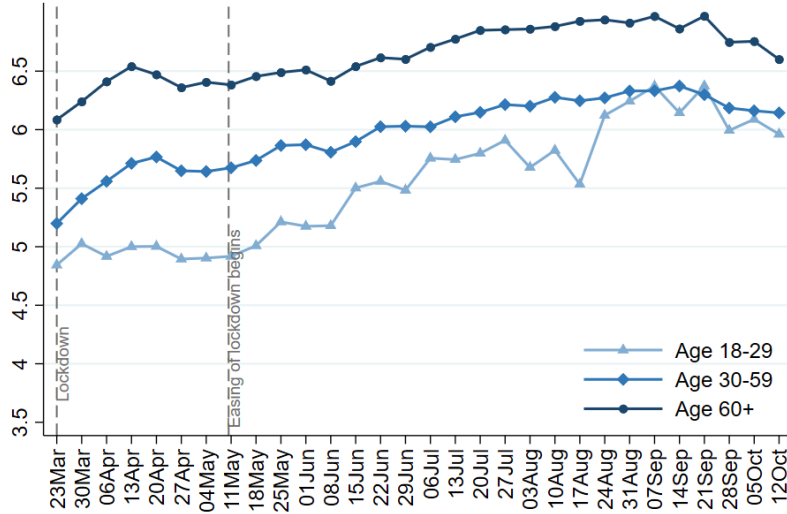


Figure 20b Life satisfaction by living arrangement

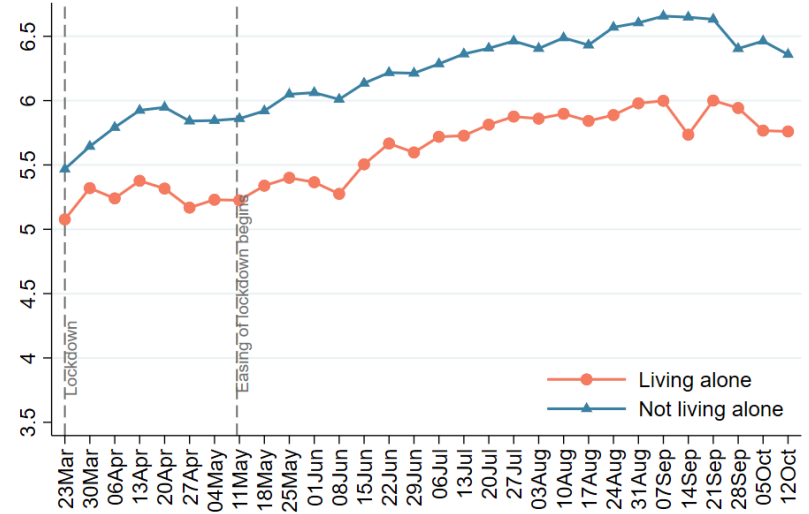


Figure 20c Life satisfaction by household income

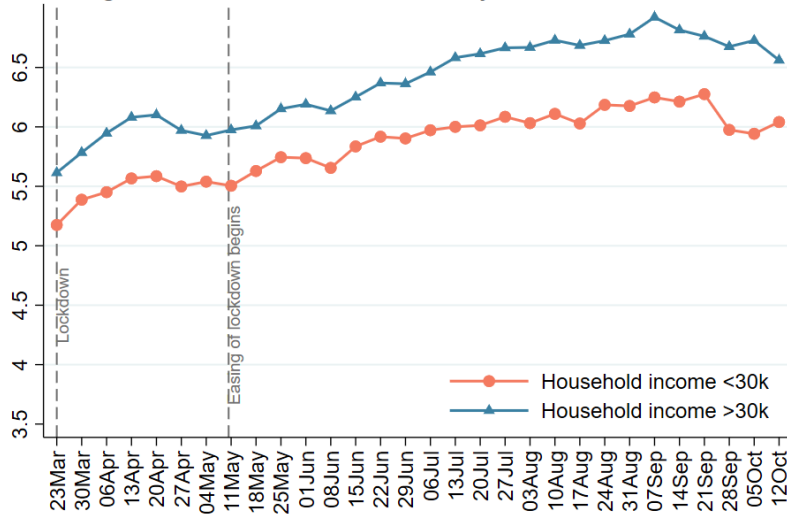


Figure 20d Life satisfaction by mental health diagnosis

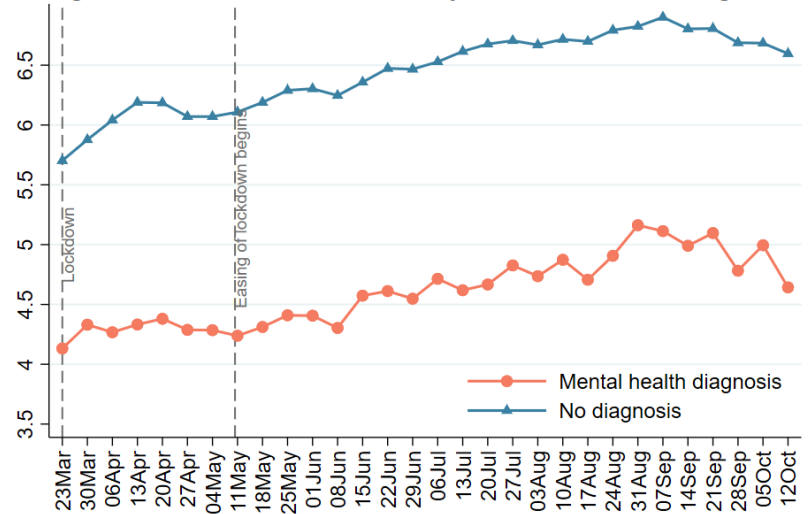


Figure 20e Life satisfaction by nations

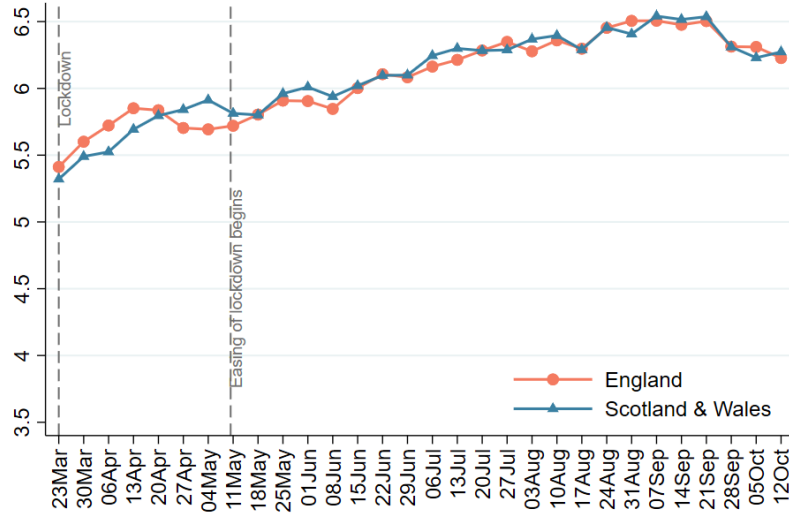


Figure 20f Life satisfaction by keyworker status

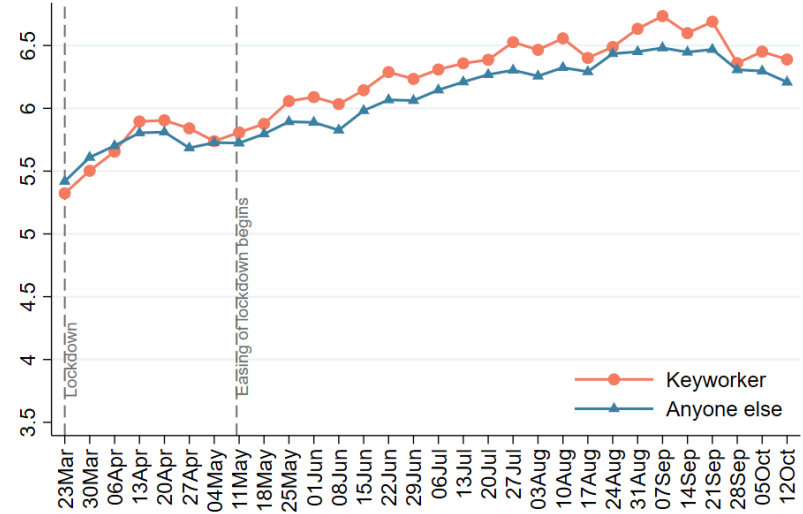


Figure 20g Life satisfaction by living with children

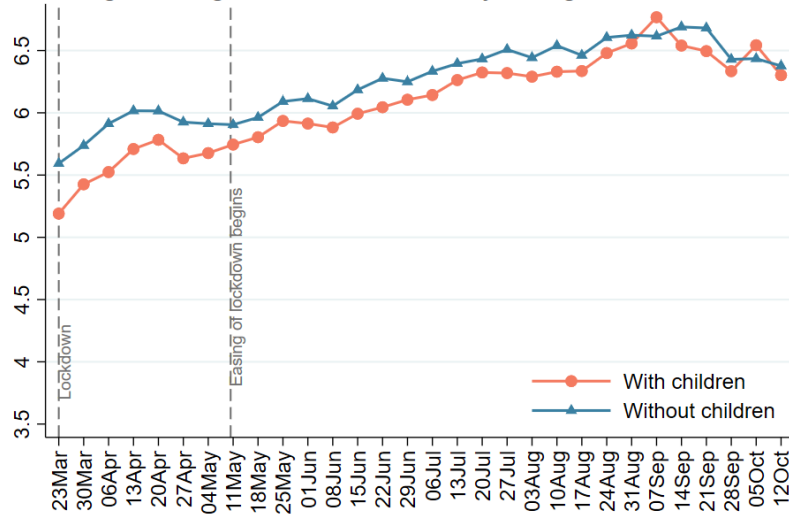
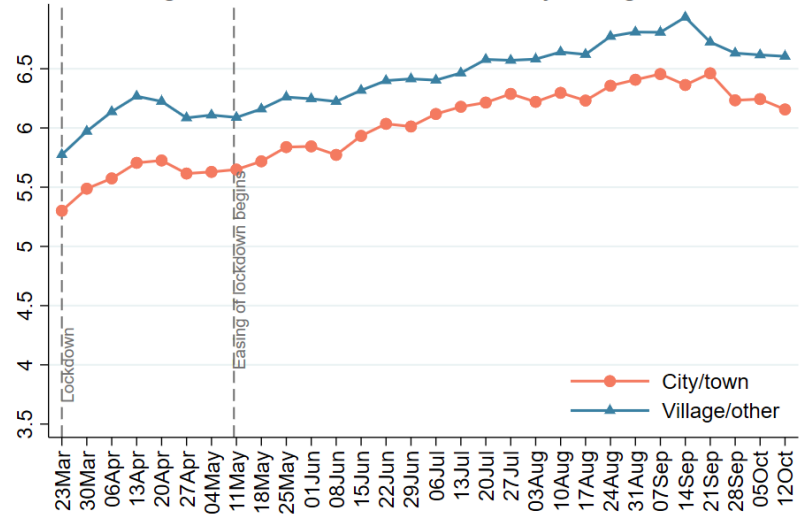
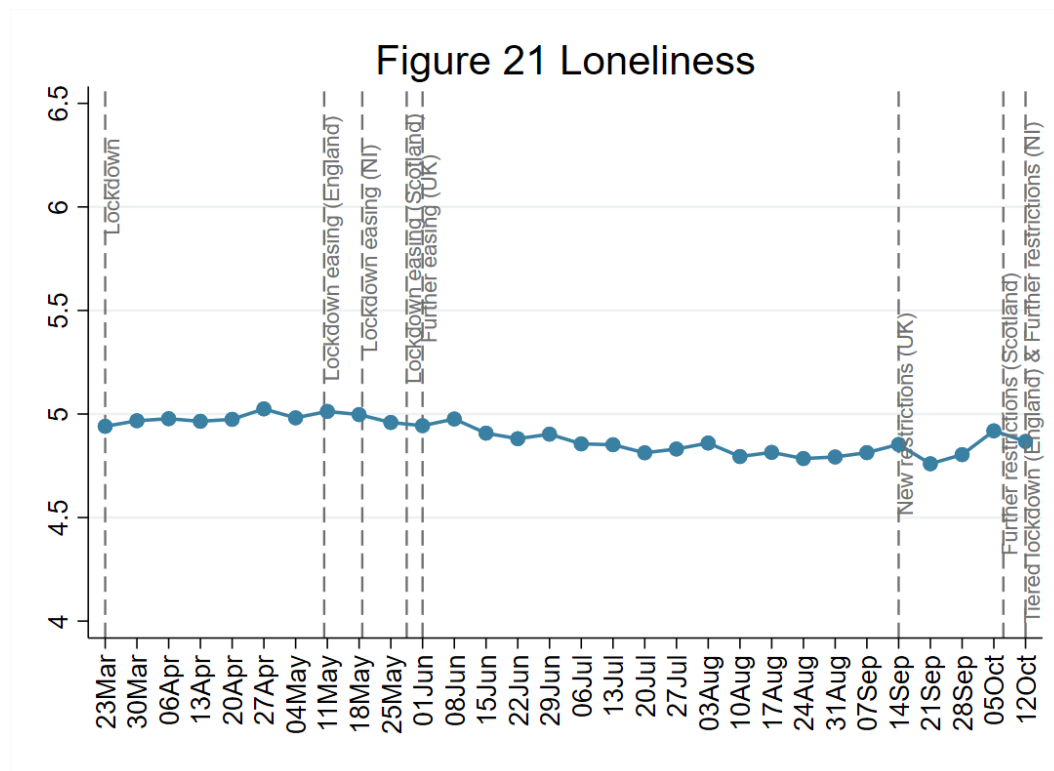


Figure 20h Life satisfaction by living area



4.2 Loneliness



FINDINGS

Respondents were asked about levels of loneliness using the 3-item UCLA-3 loneliness, a short form of the Revised UCLA Loneliness Scale (UCLA-R). Each item is rated with a 3-point rating scale, ranging from “never” to “always”, with higher scores indicating greater loneliness.

Loneliness levels have been relatively stable in the past fortnight. They 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

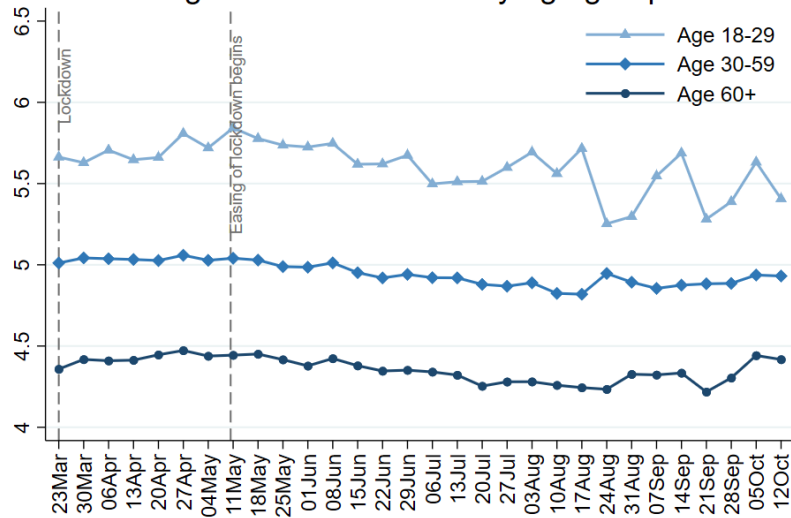


Figure 22b Loneliness by living arrangement

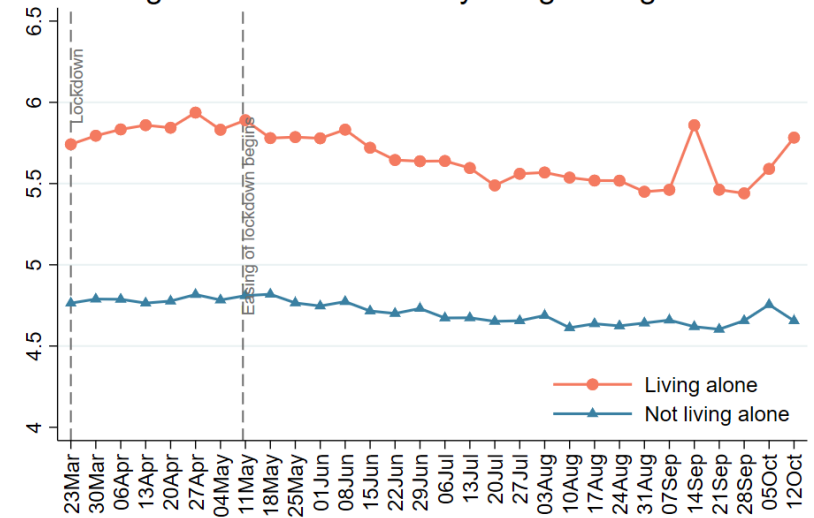


Figure 22c Loneliness by household income

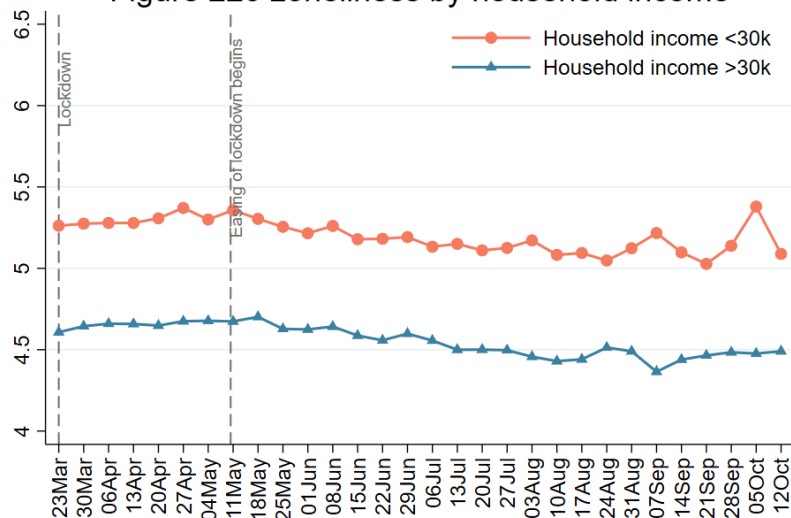


Figure 22d Loneliness by mental health diagnosis

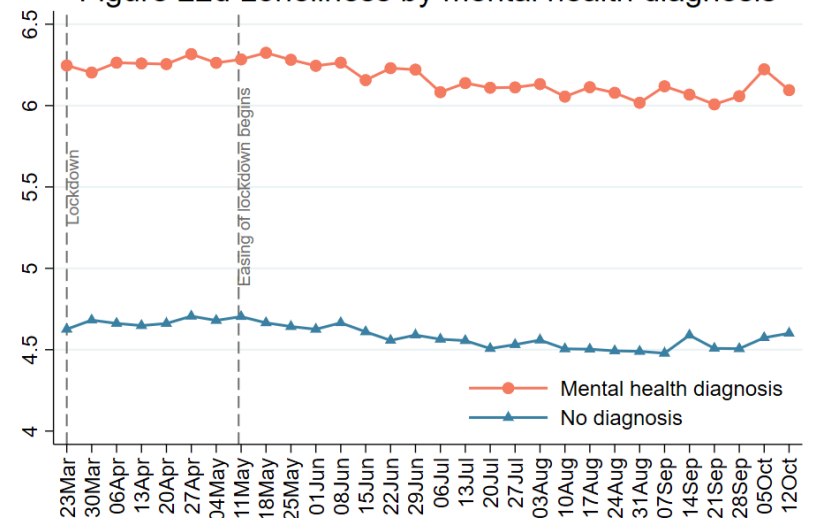


Figure 22e Loneliness by nations

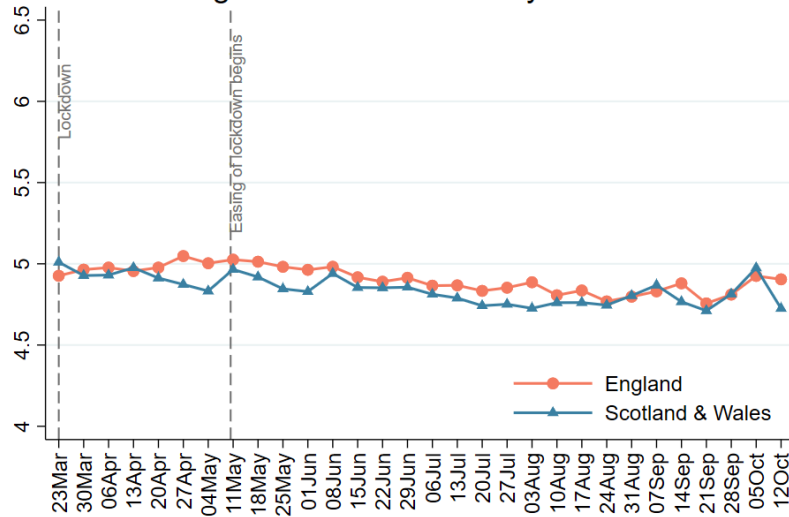


Figure 22f Loneliness by keyworder status

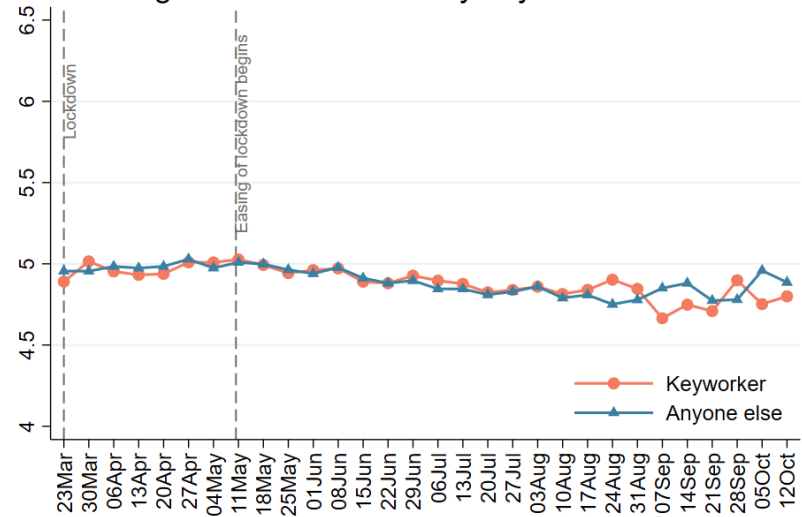


Figure 22g Loneliness by living with children

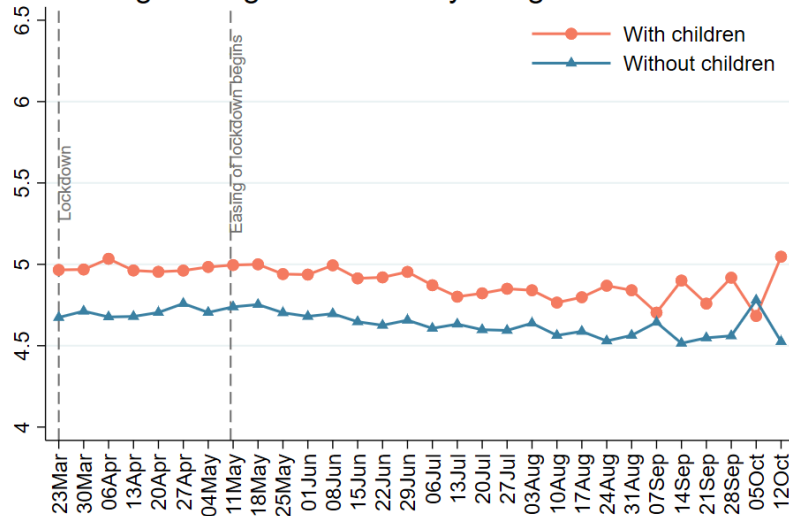
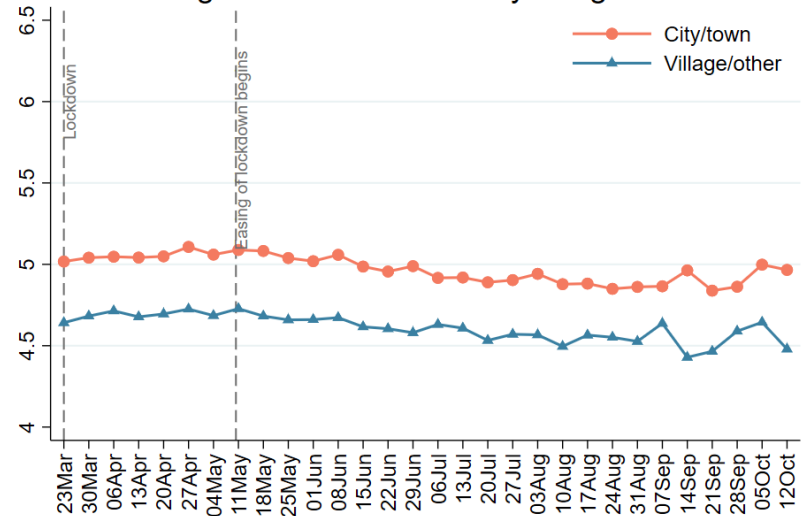
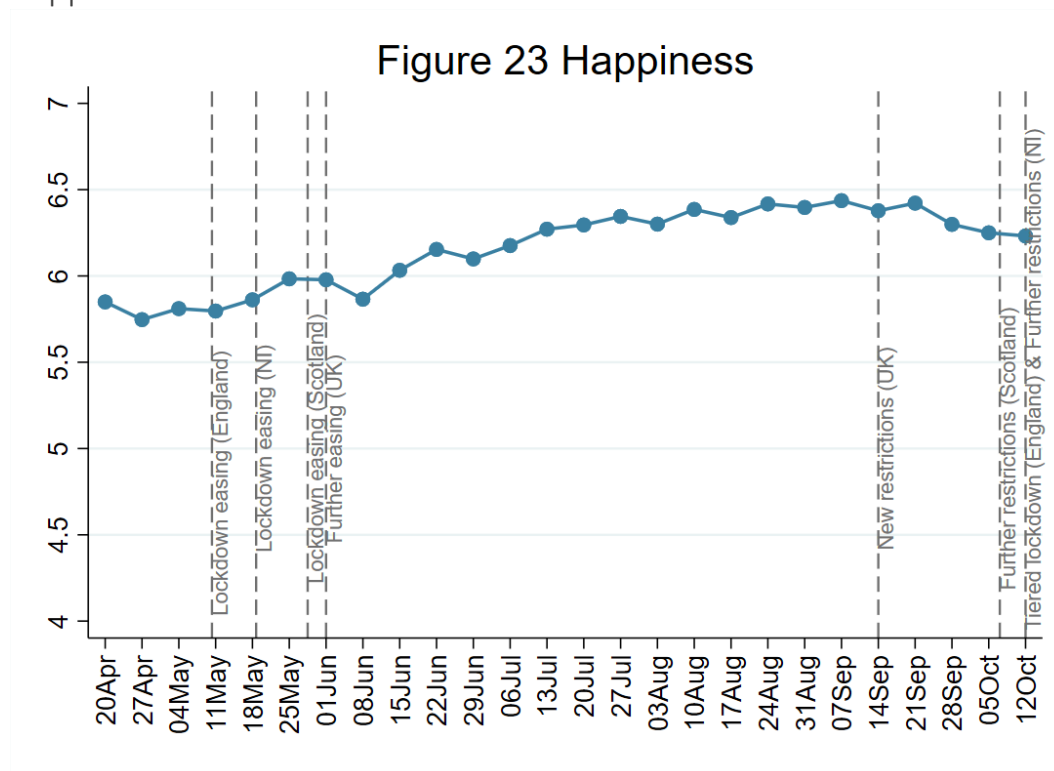


Figure 22h Loneliness by living area



4.3 Happiness



FINDINGS

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

Happiness levels have decreased in the past few weeks, particularly amongst older adults (although they remain higher in this age group compared to younger adults). Happiness levels are also lower amongst 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

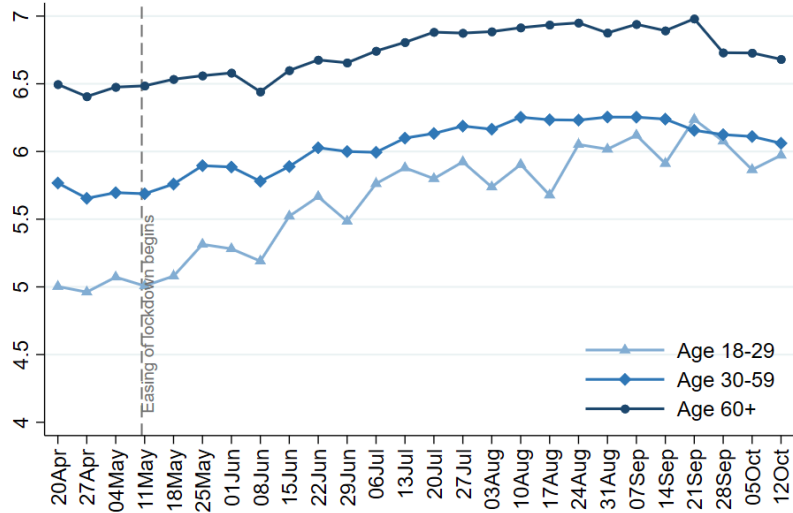


Figure 24b Happiness by living arrangement

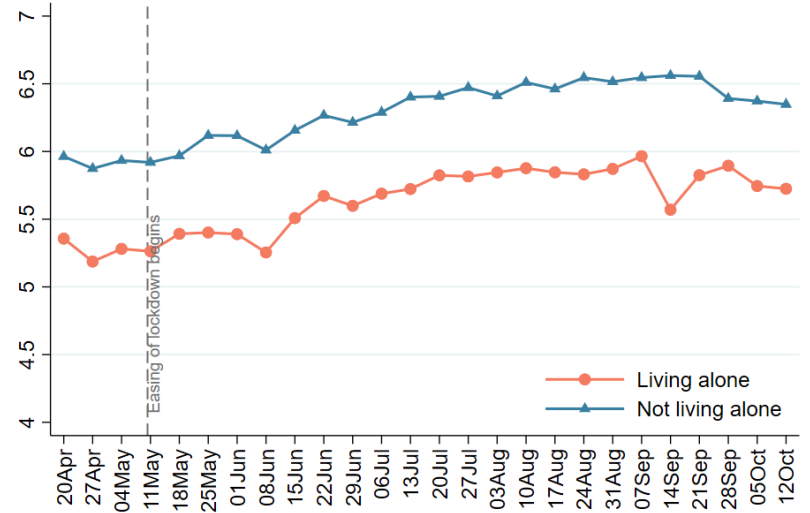


Figure 24c Happiness by household income

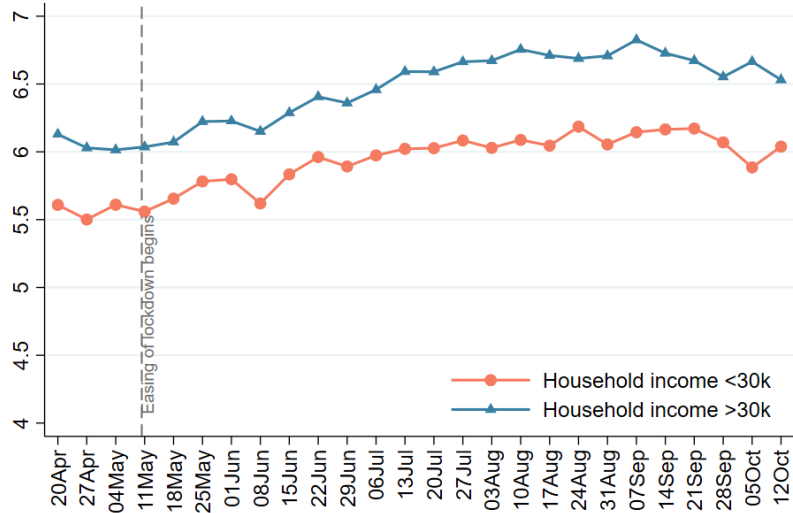


Figure 24d Happiness by mental health

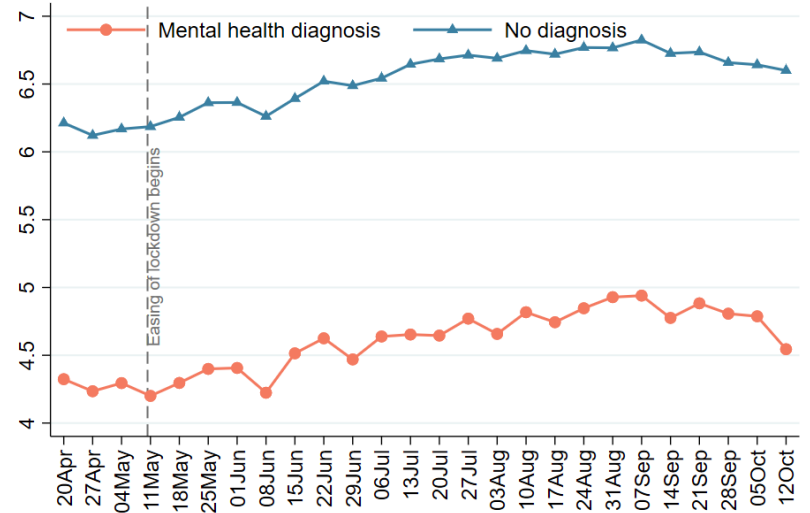


Figure 24e Happiness by nations

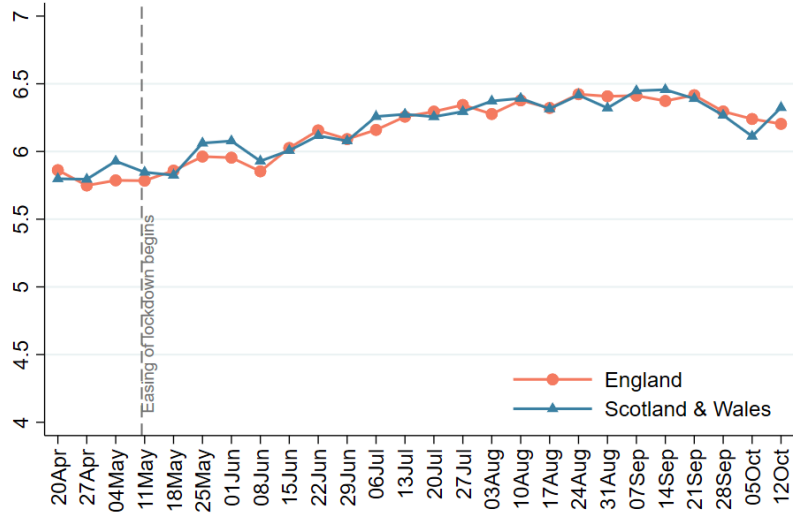


Figure 24f Happiness by keyworker status

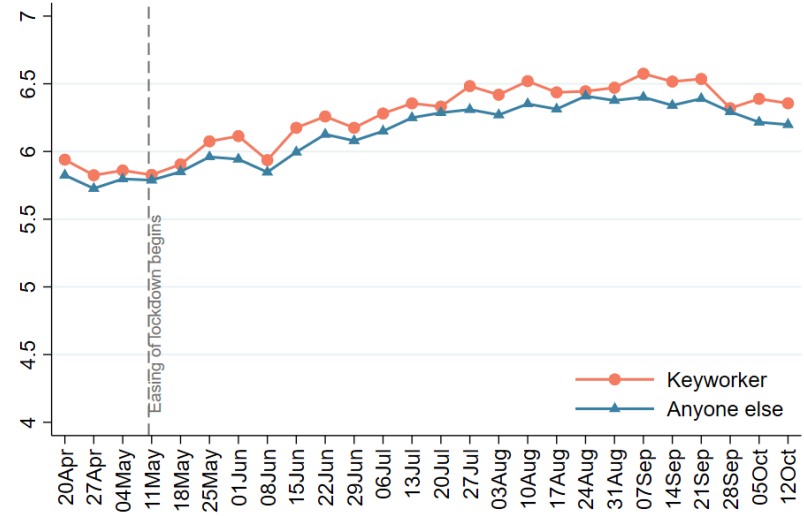


Figure 24g Happiness by living with children

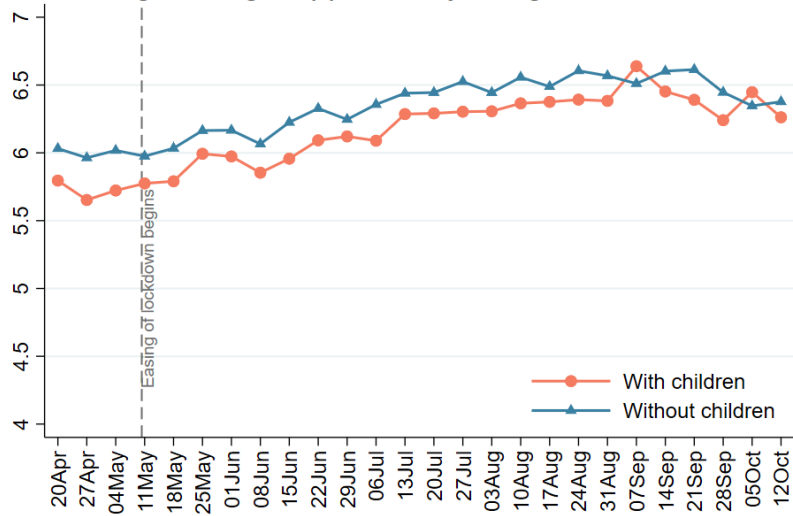
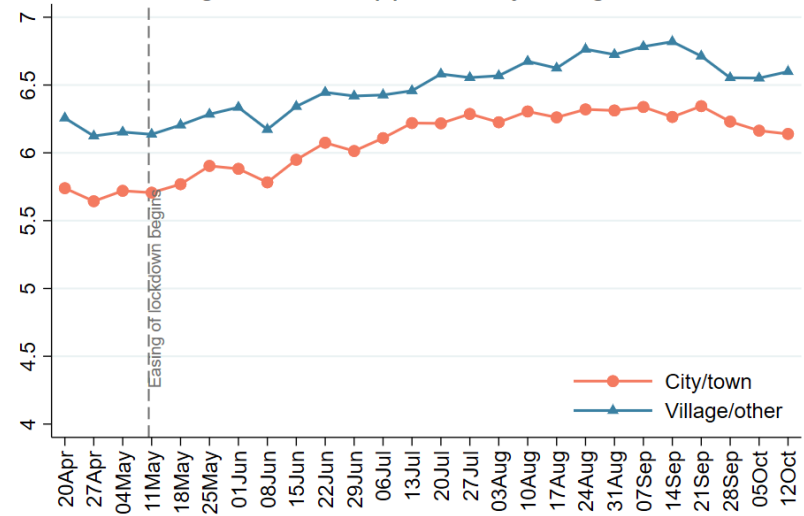
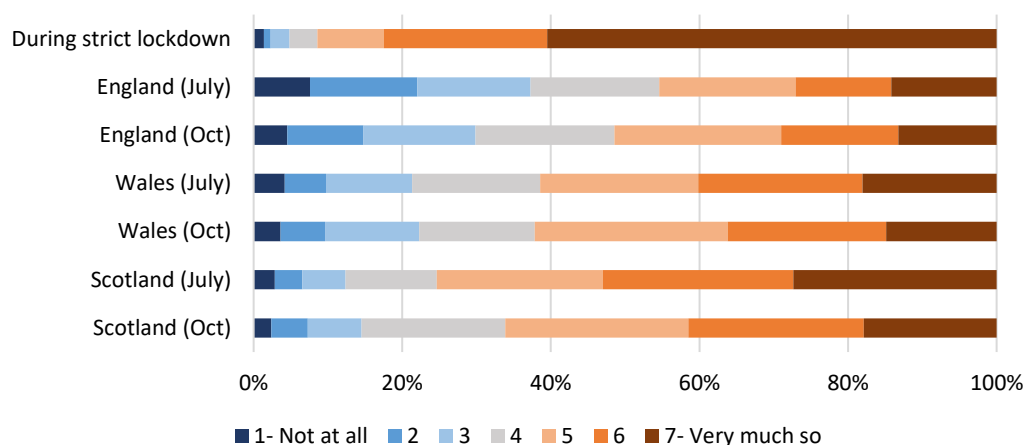


Figure 24h Happiness by living area



5. Understanding of rules

Figure 25 Understanding of rules (Strict lockdown vs July vs October)



FINDINGS

Respondents were asked how much they feel they understood the rules brought in by the government during (a) the 'full' or 'strict' lockdown period, (b) as summer lockdown easing was announced, and (c) as new autumn lockdown restrictions were brought in. Responses ranged from 1 (not at all) to 7 (very much so), with scores above 4 indicating broad understanding and below 4 implying poor understanding. Participants were asked to respond about the government in their own country (so if they live in a devolved nation, they were asked to answer on their devolved government).

During strict lockdown (when the same rules were applied across the UK), levels of understanding were reported by individuals to be very high, with 9 in 10 people saying they understood the rules and 6 in 10 people saying they had a very high level of understanding. However, there was much poorer comprehension of the rules after lockdown easing began. As the rules for lockdown easing were different in devolved nations, we present here the findings for England, Wales and Scotland separately⁵.

In England, only half of adults (51%) now report that they feel they understand the rules. This is a slight improvement on understanding of the rules in July. But only 13% feel they fully understand the rules. In Wales, comprehension of the rules has stayed constant, with around 3 in 5 people saying they understand them and 15% feeling they understand them completely. In Scotland, understanding of the rules is highest but it has decreased since the summer, with just 2 in 3 feeling they understand them (down from 75%) and only 18% feeling they fully understand them.

Comprehension of the rules is currently lowest amongst younger adults in all nations. Just 1 in 20 adults aged under 30 currently report completely understanding the rules in England or Wales, compared to 1 in 6 in Scotland. This compares to around 1 in 7 adults over the age of 30 in England and 1 in 6 in Wales and Scotland. This could possibly reflect difficulties in applying the rules to more complex life scenarios amongst younger adults, or may be reflective of the differential amounts of time spent following the news on Covid-19 amongst different age groups. Across all nations, understanding of the rules is lowest amongst adults with higher educational qualifications. This could reflect greater scrutiny of the consistency and applicability of the rules.

⁵ The sample size for Northern Ireland was not large enough for a reliable calculation but the data from NI are being used in other analyses.

Figure 26a Understanding of rules (young adults aged 18-29)

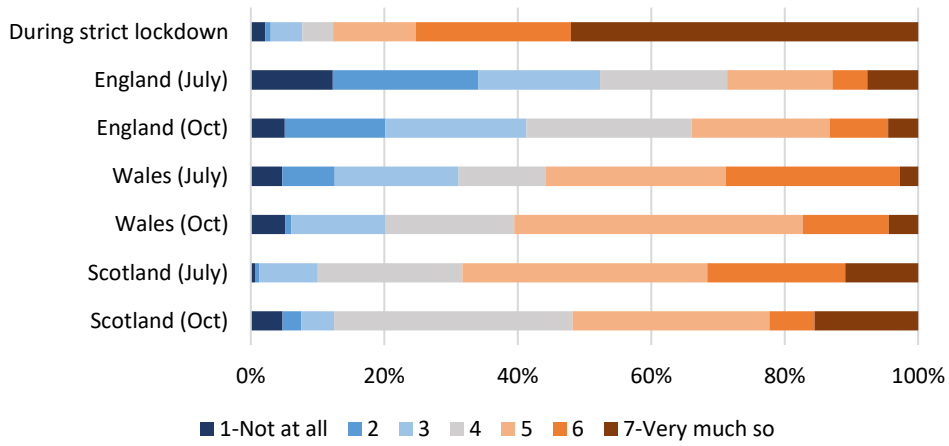


Figure 26b Understanding of rules (adults aged 30-59)

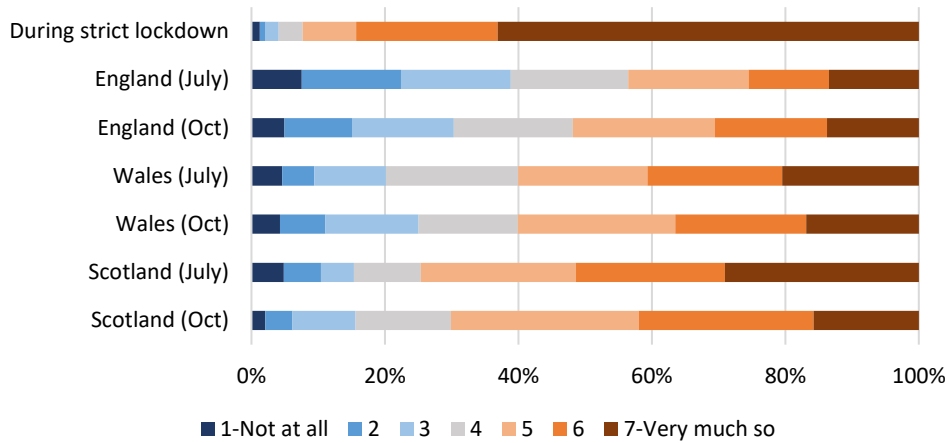


Figure 26c Understanding of rules (older adults aged 60+)

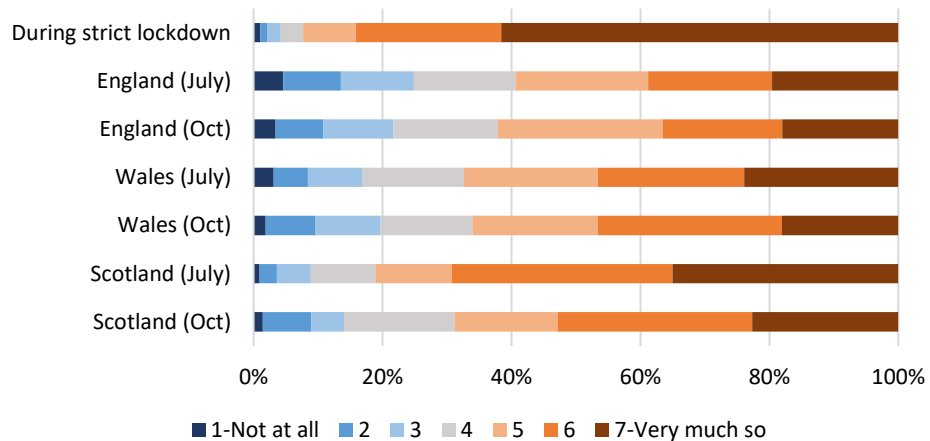


Figure 26d Understanding of rules (education level=GCSE or below)

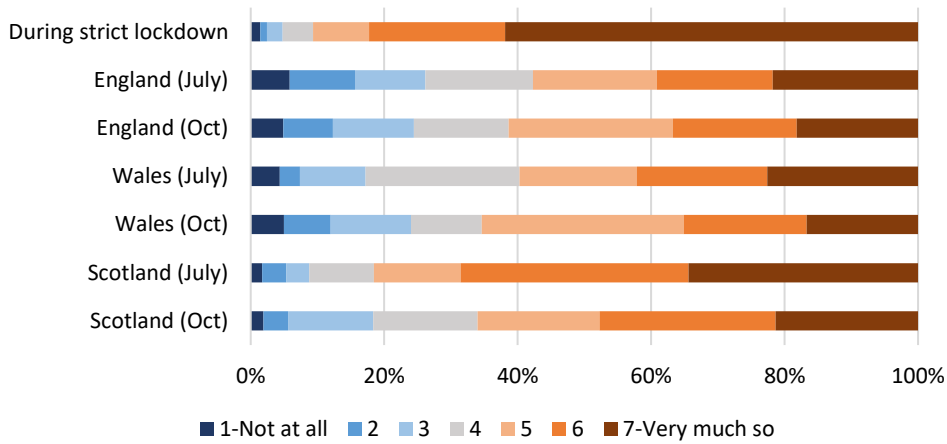


Figure 26e Understanding of rules (education level=A-levels or equivalent)

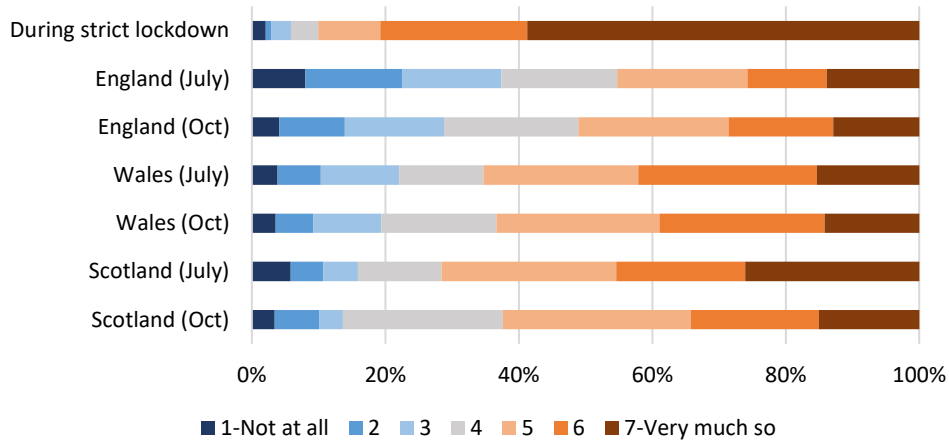
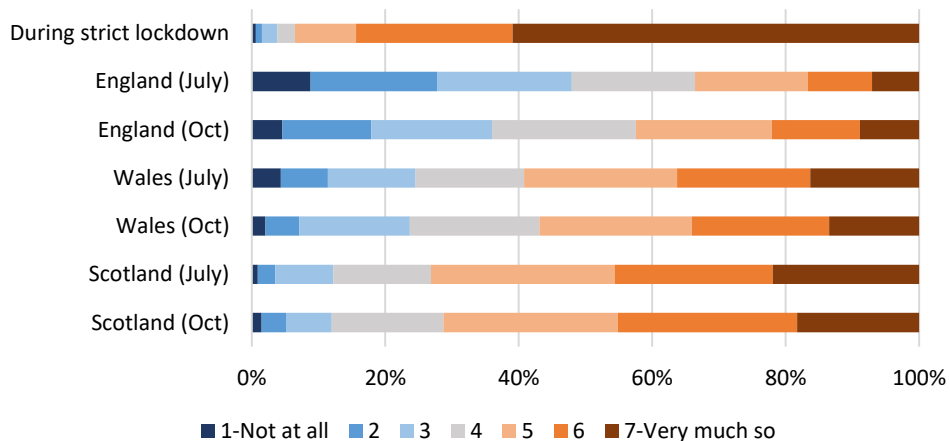


Figure 26f Understanding of rules (education level=Degree or above)



6. Sense of control

Figure 27a Sense of control in life aspects in July

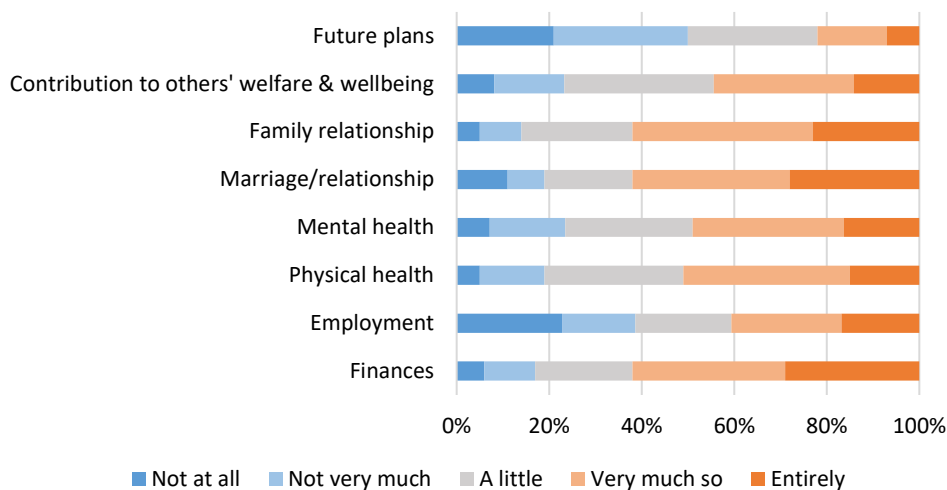
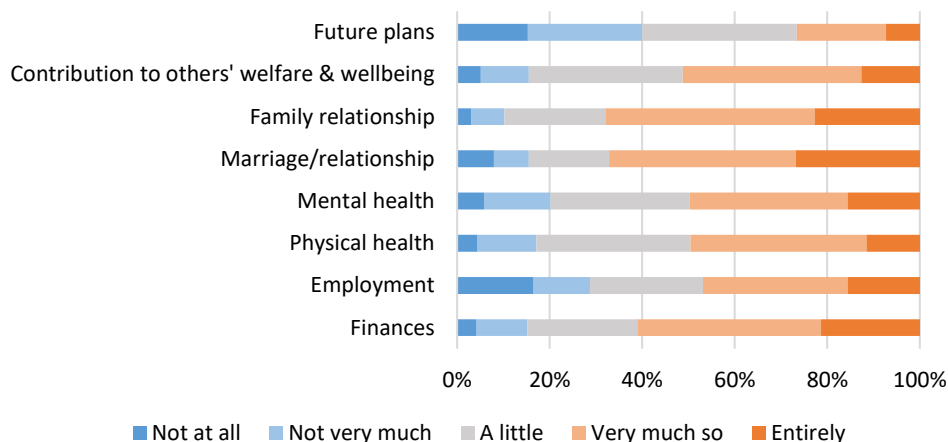


Figure 27b Sense of control in life aspects in October



FINDINGS

In the week of 1st May to 7th May, respondents were asked about how ‘in control’ they felt about various domains of their lives. Each item is rated with a 5-point rating scale, ranging from “not at all” to “entirely”, with higher scores indicating a greater sense of control.

People are feeling marginally more in control of some aspects of their lives since the summer. For example, 40% of respondents do not currently feel in control of future plans (a slight improvement on 50% in July), while 30% do not feel in control of their employment (down from 40%). People are also feeling slightly more in control of their relationships with friends and family, with 2 in 3 people feeling in control (up from just over 3 in 5 in the summer). However, people are feeling equally out of control of their mental and physical health, with 1 in 2 people reporting that they either do not feel in control of their mental health or only feel a little in control. Similarly, there has been no improvement in the sense of control that people feel over their finances with 2 in 5 people not feeling properly in control financially. When comparing across age groups, younger adults still report feeling less in control across all domains.

Figure 28a Sense of control in finances by age groups in July

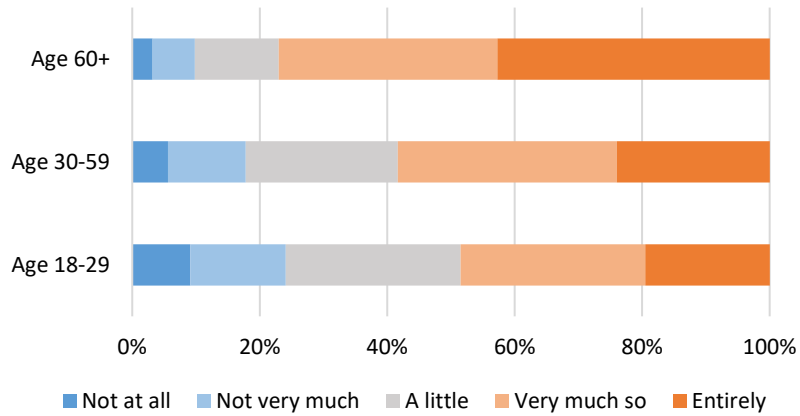


Figure 28b Sense of control in employment by age groups in July

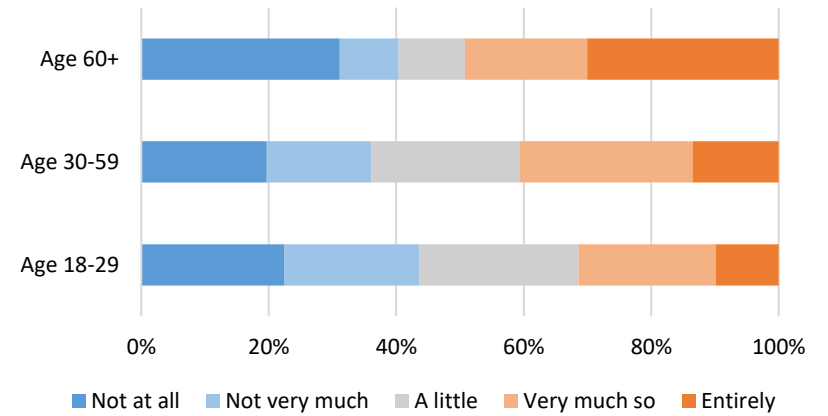


Figure 28c Sense of control in physical health by age groups in July

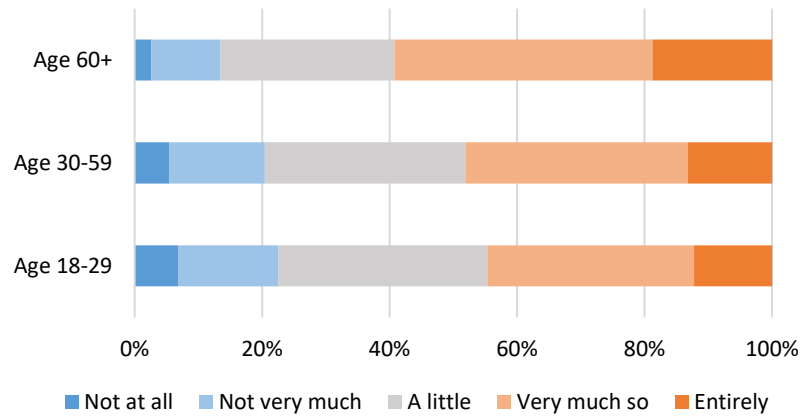


Figure 28d Sense of control in mental health by age groups in July

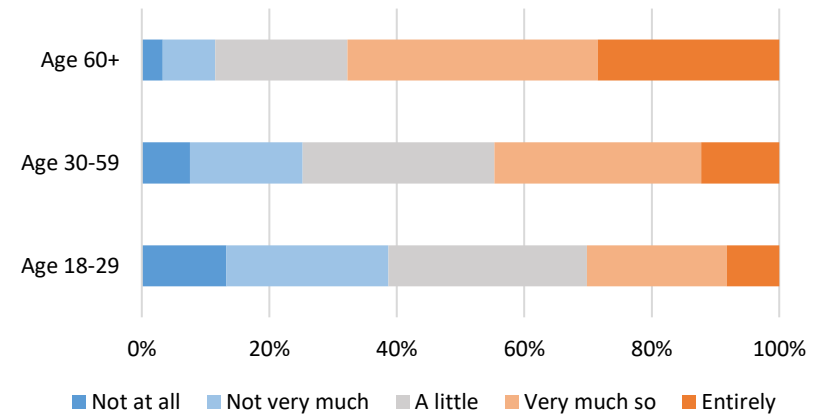


Figure 28e Sense of control in marriage/relationship by age groups in July

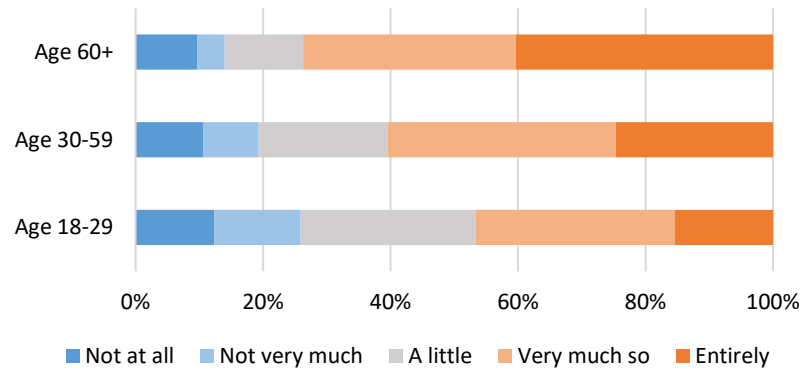


Figure 28f Sense of control in family relationship by age groups in July

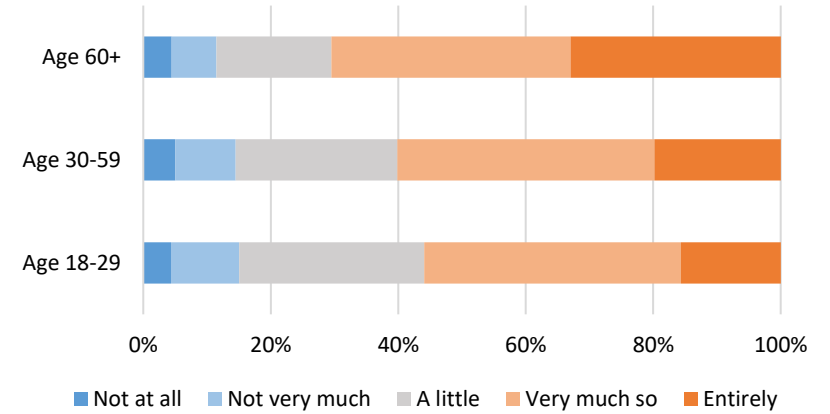


Figure 28g Sense of control in others' welfare wellbeing by age groups in July

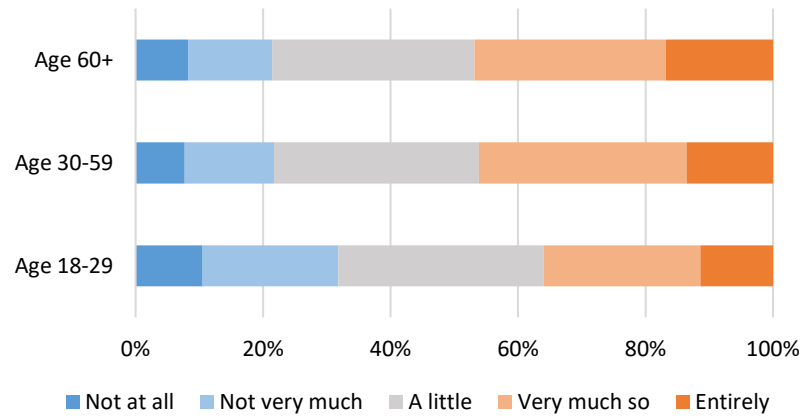


Figure 28h Sense of control in future plans by age groups in July

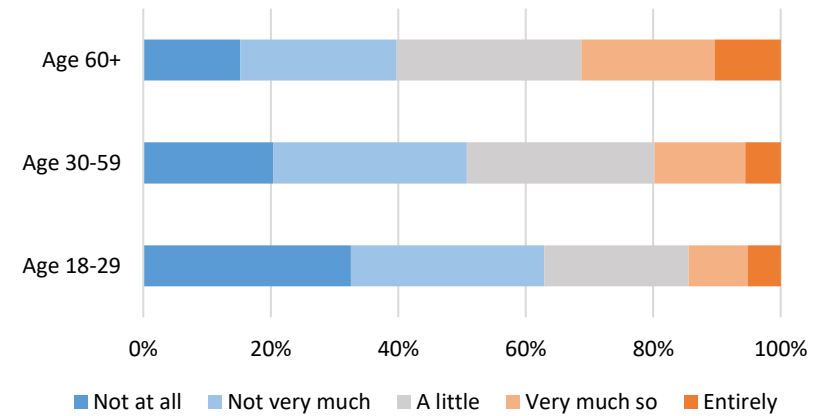


Figure 28i Sense of control in finances by age groups in October

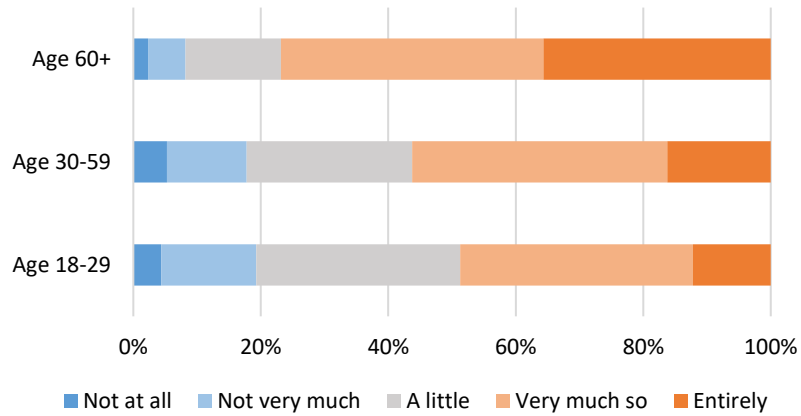


Figure 28j Sense of control in employment by age groups in October

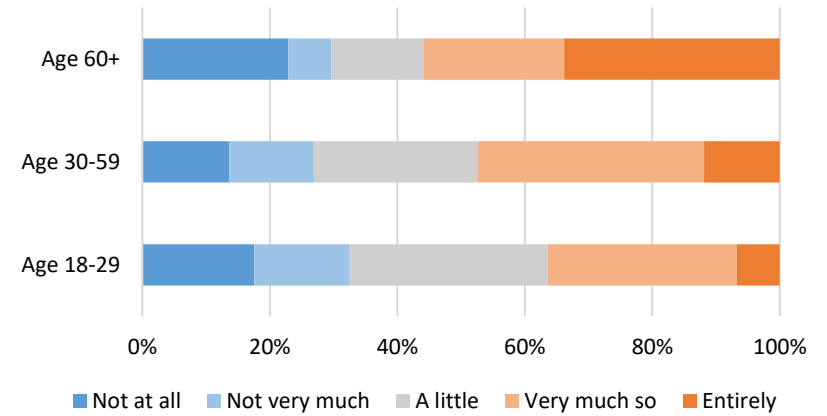


Figure 28k Sense of control in physical health by age groups in October

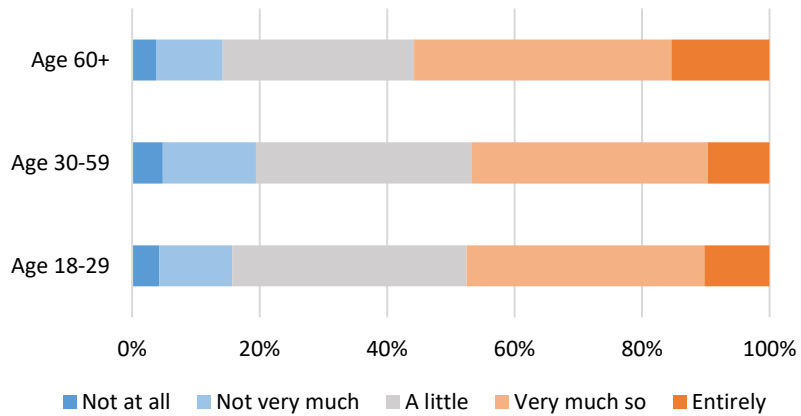


Figure 28l Sense of control in mental health by age groups in October

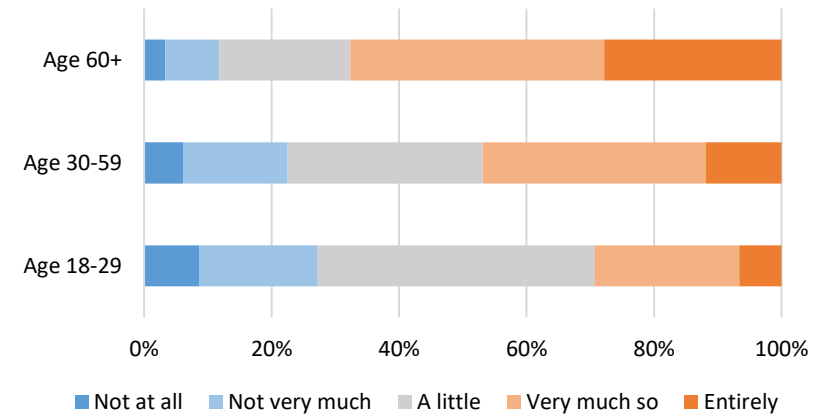


Figure 28m Sense of control in marriage/relationship by age groups in October

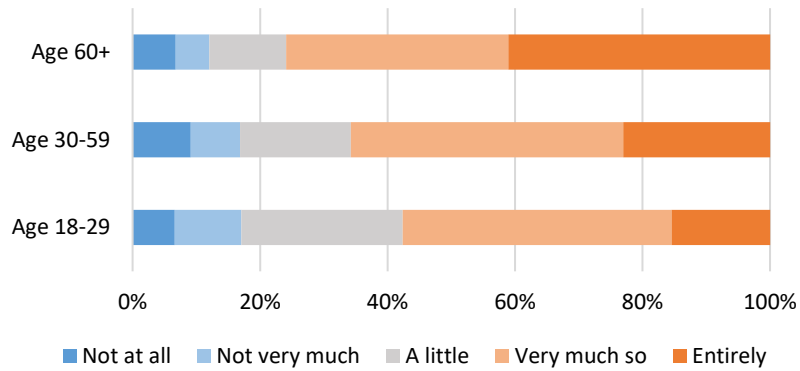


Figure 28n Sense of control in family relationship by age groups in October

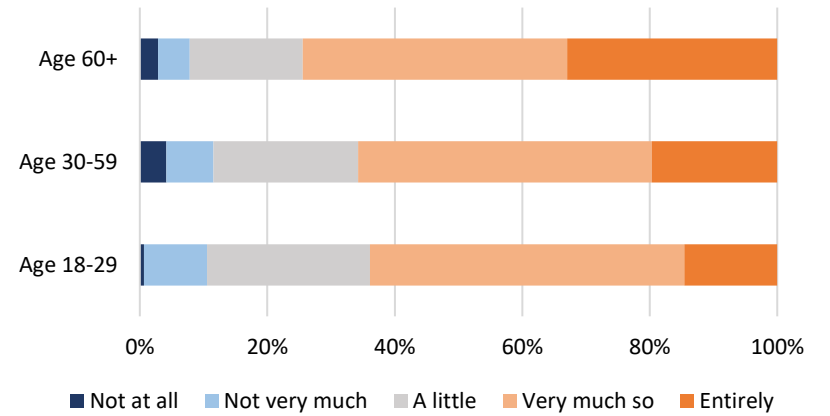


Figure 28o Sense of control in others' welfare and wellbeing by age groups in October

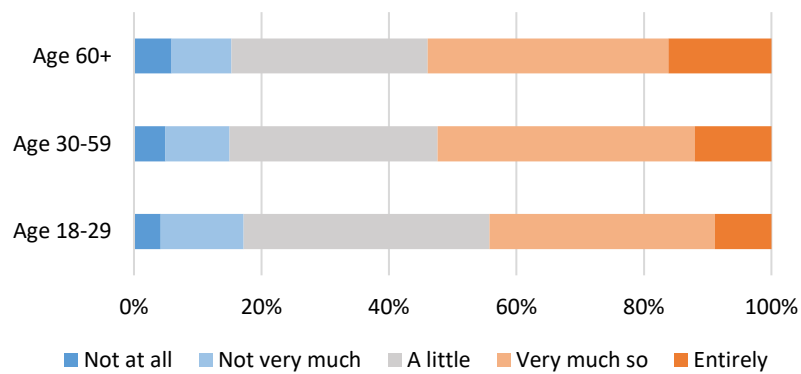
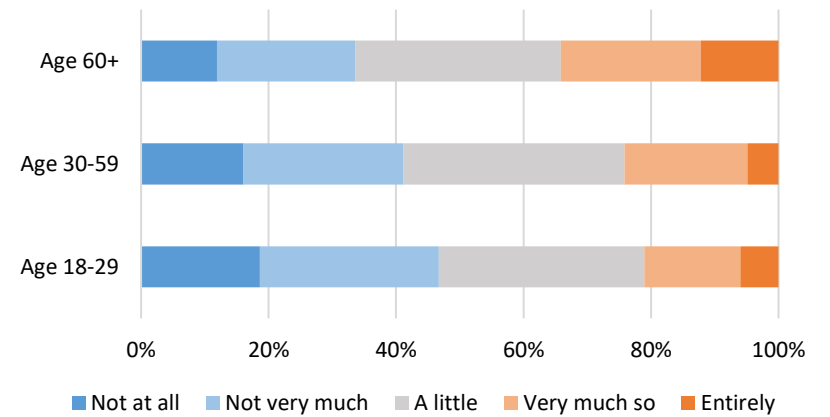


Figure 28p Sense of control in future plans by age groups in October



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 18th October (the latest data available). Aiming at a representative sample of the population, we weighted the data for each day to the proportions of gender, age, ethnicity, education and country of living obtained from the Office for National Statistics (ONS, 2018). Where results for subgroups show volatility, this could be a product of the sample size being smaller so caution in interpreting these results is encouraged.

The study is focusing specifically on the following questions:

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

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

Demographics of respondents included in this report

Table: Demographics of observations from participants in the pooled raw data (unweighted; **data are weighted for analyses**)
For full demographics weighted to population proportions, see the User Guide at www.covidsocialstudy.org/results

	Number of observations	%		Number of observations	%
Age			Any diagnosed mental health conditions		
18-29	44,861	6.09	No	612,056	83.0
30-59	409,965	55.6	Yes	125,012	17.0
60+	282,242	38.3	Keyworker		
UK nations			No	581,953	79.0
England	595,650	81.6	Yes	155,115	21.0
Wales	88,027	12.1	Living with children		
Scotland	46,189	6.33	No (excluding those who live alone)	416,567	71.4
Living arrangement			Yes	167,020	28.6
Not living alone	583,587	79.2	Living area		
Living alone	153,481	20.8	Village/hamlet/isolated dwelling	183,140	24.9
Annual household income			City/large town/small town	553,928	75.2
>30k	397,816	59.8			
<30k	266,963	40.2			
Education levels					
GCSE or below	103,271	14.0			
A-levels of equivalent	127,565	17.3			
Degree or above	506,232	68.7			