Covid-19 Social Study

Results Release 6

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Department of Behavioural Science & Health

28th April 2020

Nuffield Foundation

Table of Contents

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The project has also benefitted from funding from UK Research and Innovation and the Wellcome Trust. The researchers are grateful for the support of a number of organisations with their recruitment efforts including: the UKRI Mental Health Networks, Find Out Now, UCL BioResource, HealthWise Wales, SEO Works, FieldworkHub, and Optimal Workshop.

Executive summary

Background

This report provides data from Week 6 of the UK COVID-19 Social Study run by University College London: a panel study of over 80,000 respondents focusing on the psychological and social experiences of adults living in the UK during the Covid-19 pandemic.

In this SIXTH report, we focus on psychological responses to the first five weeks of government measures requiring people to stay at home. We present simple descriptive results on the experiences of adults in the UK who are not keyworkers and are therefore being asked to stay at home. 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 and physical abuse
4. Psychological and social wellbeing including life satisfaction and loneliness

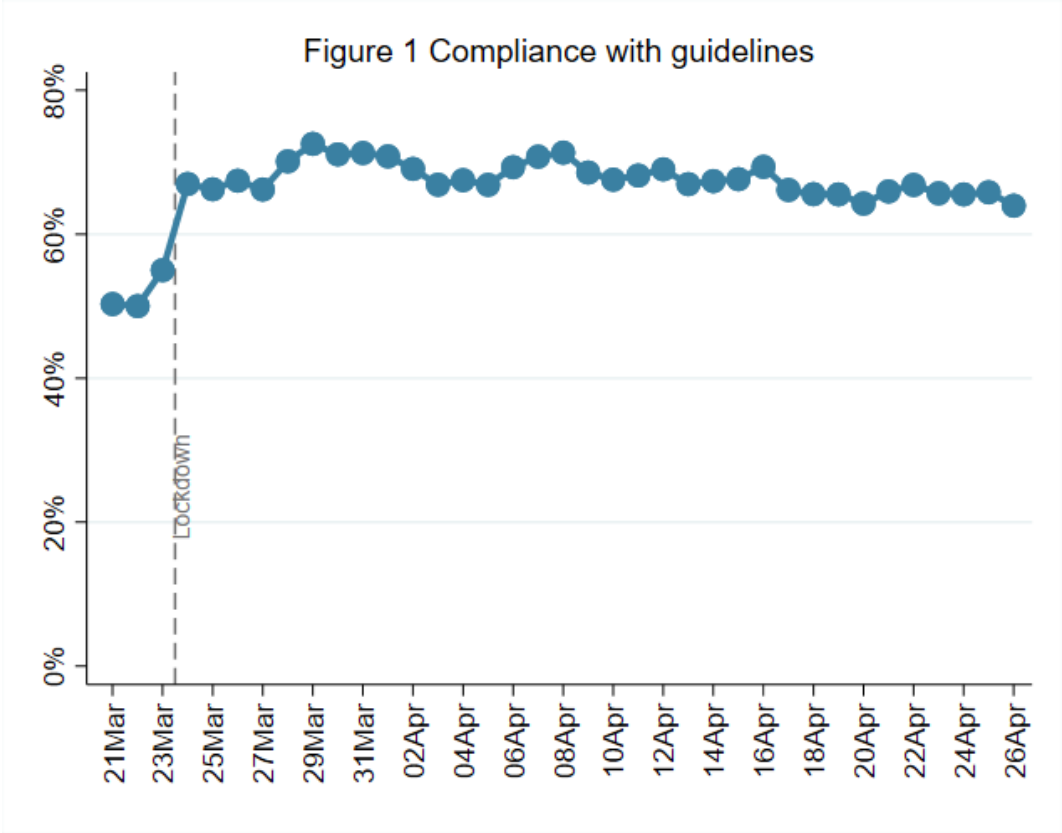
This study is not representative of the UK population but instead was designed to have good stratification across a wide range of socio-demographic factors enabling meaningful subgroup analyses to understand the experience of Covid-19 for different groups within society. Data are weighted using auxiliary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

Findings

- Compliance with government advice remains very high. Although there is little change in overall compliance levels, there is a slight decrease in 'complete' compliance, suggesting a small proportion of adults are only partially following the social distancing rules.
- Confidence in government remains relatively stable but has decreased slightly in the last 3 weeks.
- Depression and anxiety levels continue to decline slowly, but remain above average levels. Levels remain highest in individuals with existing mental health diagnoses.
- Stress relating to Covid-19 (both catching and becoming seriously ill from Covid-19) has continued to decrease.
- Only 1 in 20 people are now worried about access to food, but this figure rises to around 1 in 8 amongst people with a mental health condition and 1 in 12 for people with a low household income.
- Thoughts of death or self-harm remain relatively stable but are higher amongst younger people and those living alone, with low household income, and with a mental health condition.
- Self-harm and abuse remain relatively stable since lockdown began, but are reportedly higher amongst younger adults, and those living alone, with low household income, and with a mental health condition. Levels reported here are expected to be under-estimations of experiences.
- Wellbeing is still noticeably lower than usual levels but has continued to increase gradually.
- Loneliness levels continue to be stable since lockdown started, even amongst high-risk groups.
- Exercise levels have remained consistent since lockdown was announced, with 4 out of 5 adults reporting doing some form of physical activity in the home or outside of the home.
- 1 in 5 adults reported not having any face-to-face "in person" contact with others on the last weekday but 3 in 4 adults have been using phoning, video-calling or messaging to stay in touch with others for 30 minutes a day or more.

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). Figure 1 shows the percentage of people who followed the recommendations "completely" (with a score of 7). "Complete" compliance increased since lockdown was announced and has stayed high since, although there has been a slight decrease in the past 3 weeks. This has most clearly been seen in adults aged 30-59 (see Figs 2). It remains lower in younger adults (those aged 18-29) but still with little difference in compliance by living arrangement, household income, or mental health diagnosis.

However, it should be noted that these graphs show self-reported "complete" compliance: a perfect score of 7 out of 7. When we look at scores of 5-7 out of 7, it becomes clear that compliance overall is very high, with still over 98% of respondents scoring in this group. Less than 0.1% of respondents reported not complying at all with the guidelines.

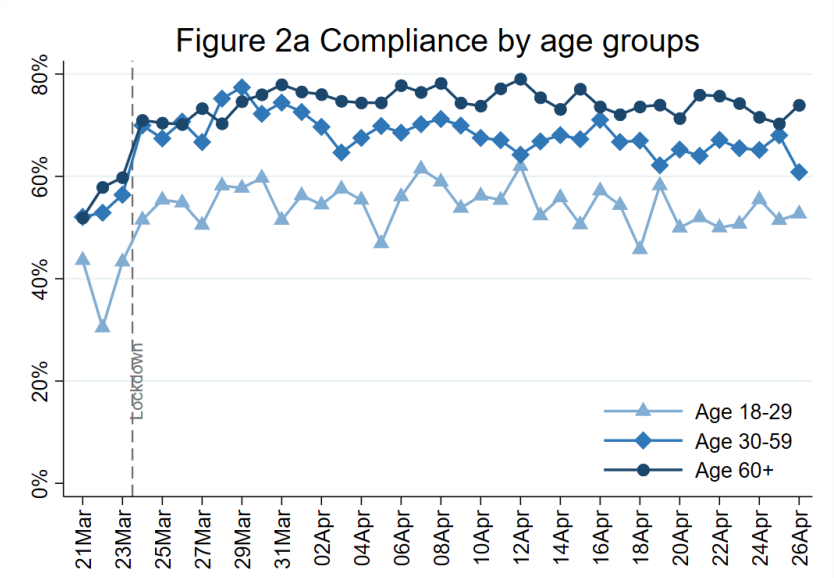


Figure 2a Compliance by age groups
80%
60%
40%
20%
0%
Lockdown
Age 18-29
Age 30-59
Age 60+
21Mar
23Mar
25Mar
27Mar
29Mar
31Mar
02Apr
04Apr
06Apr
08Apr
10Apr
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16Apr
18Apr
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24Apr
26Apr

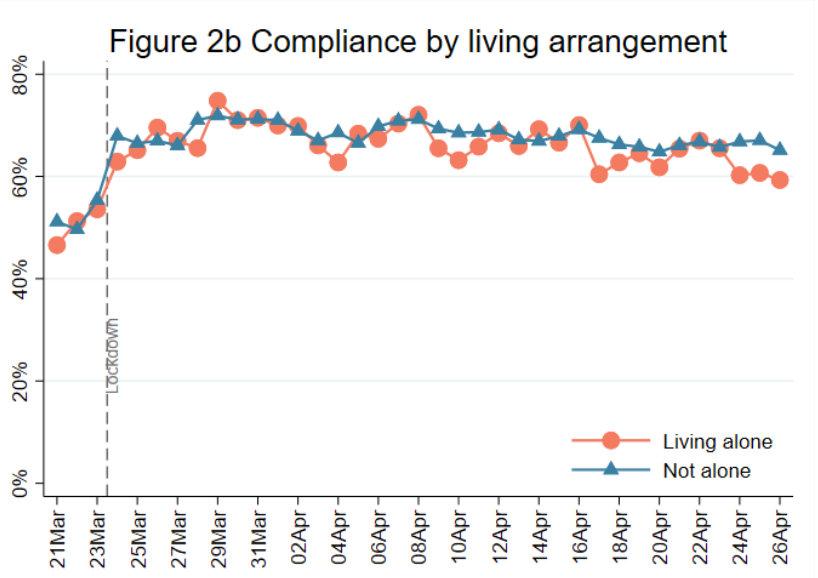
Figure 2b Compliance by living arrangement
80%
60%
40%
20%
0%
Lockdown
Living alone
Not alone
21Mar
23Mar
25Mar
27Mar
29Mar
31Mar
02Apr
04Apr
06Apr
08Apr
10Apr
12Apr
14Apr
16Apr
18Apr
20Apr
22Apr
24Apr
26Apr

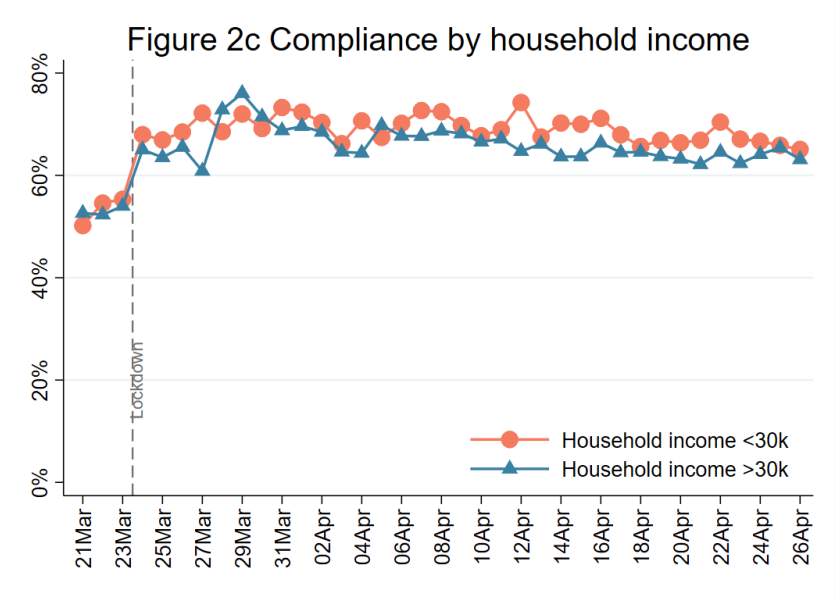
Figure 2c Compliance by household income
80%
60%
40%
20%
0%
Lockdown
Household income <30k
Household income >30k
21Mar
23Mar
25Mar
27Mar
29Mar
31Mar
02Apr
04Apr
06Apr
08Apr
10Apr
12Apr
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16Apr
18Apr
20Apr
22Apr
24Apr
26Apr

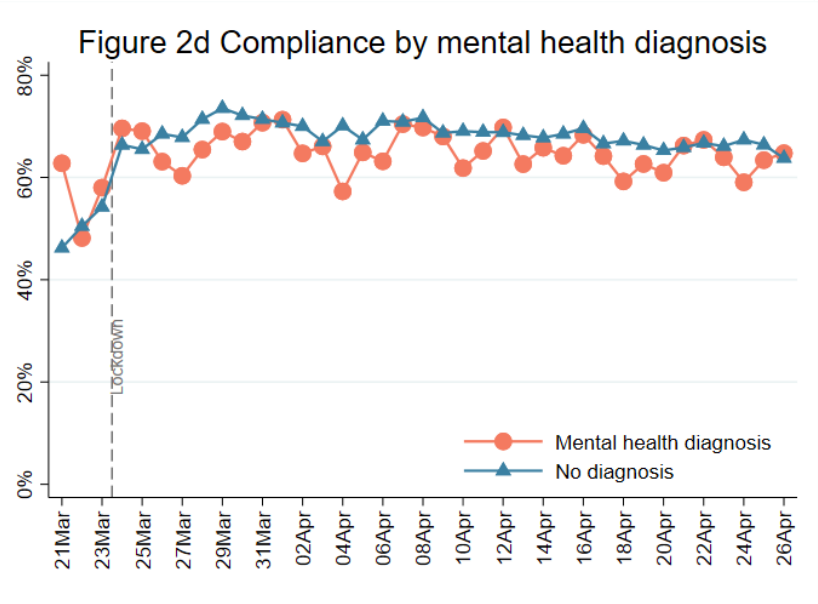
Figure 2d Compliance by mental health diagnosis
80%
60%
40%
20%
0%
Lockdown
Mental health diagnosis
No diagnosis
21Mar
23Mar
25Mar
27Mar
29Mar
31Mar
02Apr
04Apr
06Apr
08Apr
10Apr
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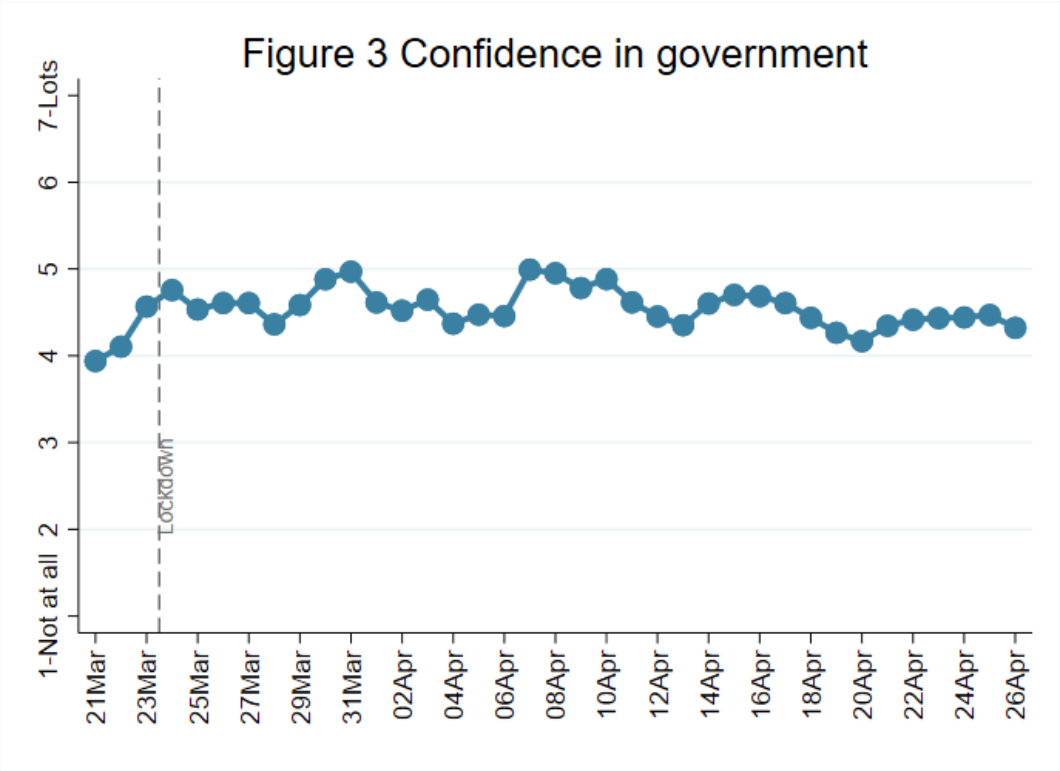
14Apr
16Apr
18Apr
20Apr
22Apr
24Apr
26Apr

1.2 Confidence in Government (England)



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). We restrict our analyses here to respondents living in England, although future analyses will be able to look at confidence in devolved nations.

Although confidence in government increased when lockdown was announced, it has been broadly stable since, but with some evidence of slight decreases in the last 3 weeks. Confidence is still showing patterning by age, with lowest confidence levels amongst younger adults. It also continues to be slightly lower overall in people with an existing diagnosed mental health condition. However, there still appears to be no difference by living arrangement or household income.

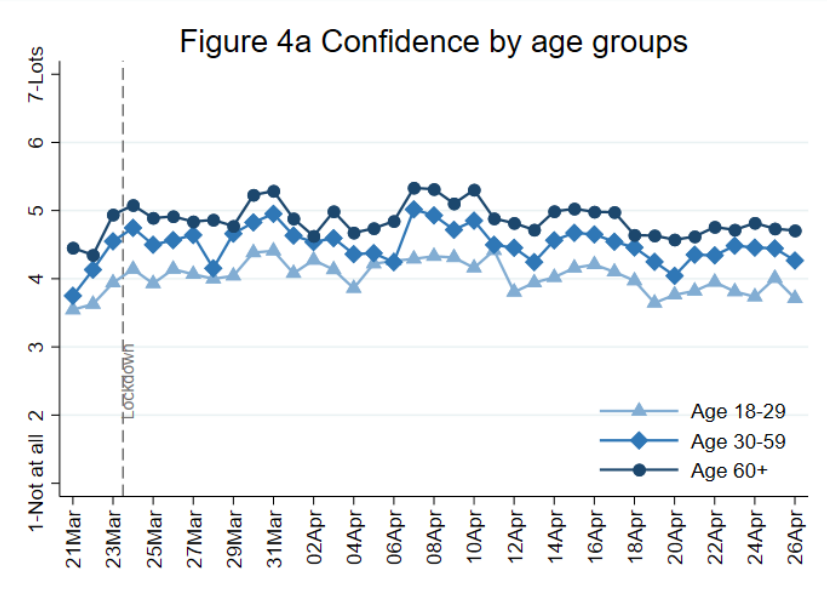


Figure 4a Confidence by age groups
1-Not at all
2
3
4
5
6
7-Lots
Lockdown
21Mar
23Mar
25Mar
27Mar
29Mar
31Mar
02Apr
04Apr
06Apr
08Apr
10Apr
12Apr
14Apr
16Apr
18Apr
20Apr
22Apr
24Apr
26Apr
Age 18-29
Age 30-59
Age 60+

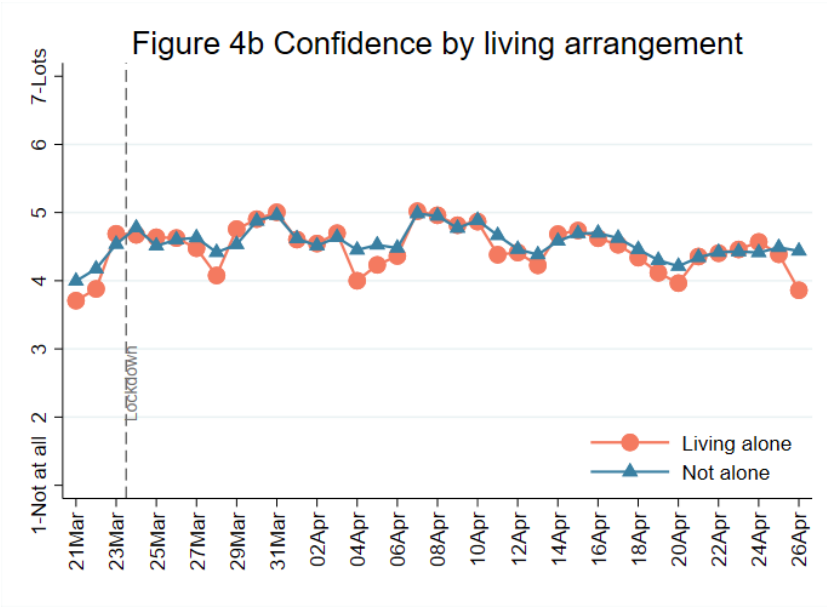


Figure 4b Confidence by living arrangement
1-Not at all
2
3
4
5
6
7-Lots
Lockdown
21Mar
23Mar
25Mar
27Mar
29Mar
31Mar
02Apr
04Apr
06Apr
08Apr
10Apr
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14Apr
16Apr
18Apr
20Apr
22Apr
24Apr
26Apr
Living alone
Not alone

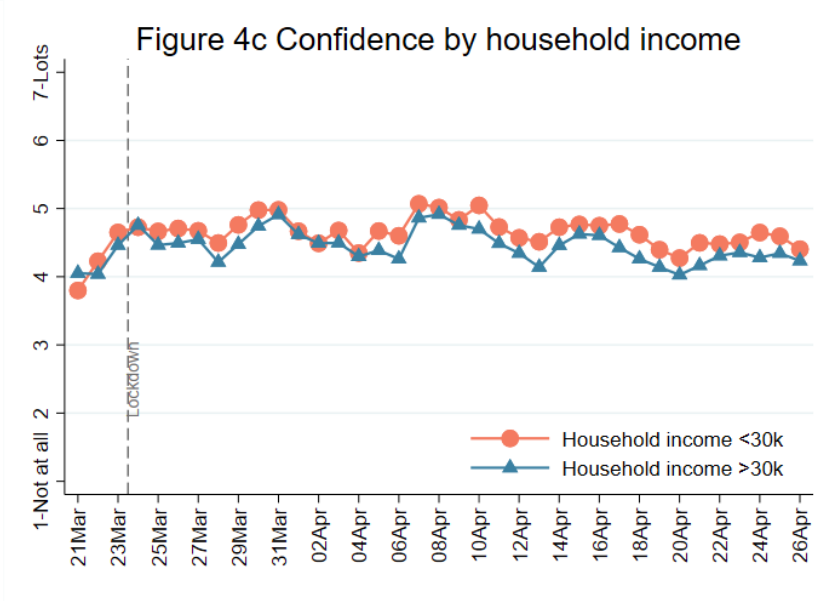
Figure 4c Confidence by household income
1-Not at all
2
3
4
5
6
7-Lots
Lockdown
21Mar
23Mar
25Mar
27Mar
29Mar
31Mar
02Apr
04Apr
06Apr
08Apr
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16Apr
18Apr
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22Apr
24Apr
26Apr
Household income <30k
Household income >30k

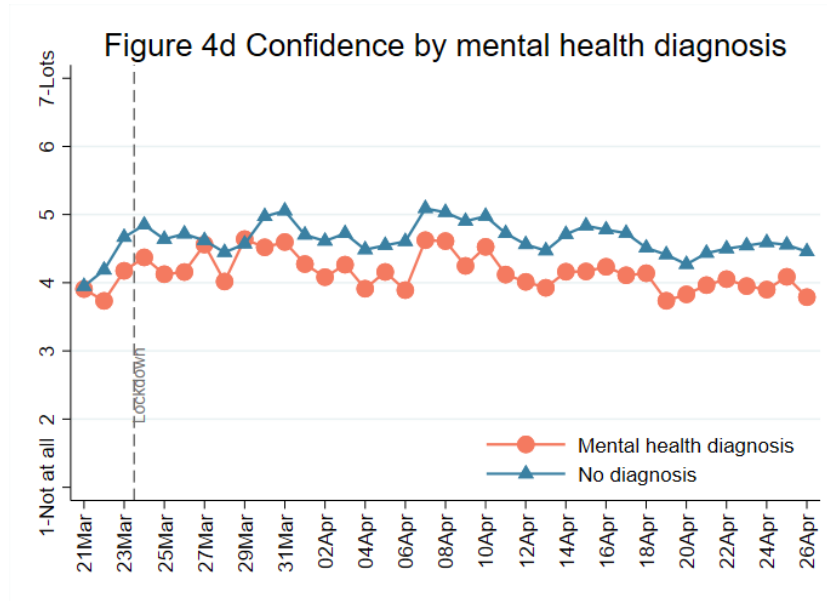
Figure 4d Confidence by mental health diagnosis
1-Not at all
2
3
4
5
6
7-Lots
Lockdown
21Mar
23Mar
25Mar
27Mar
29Mar
31Mar
02Apr
04Apr
06Apr
08Apr
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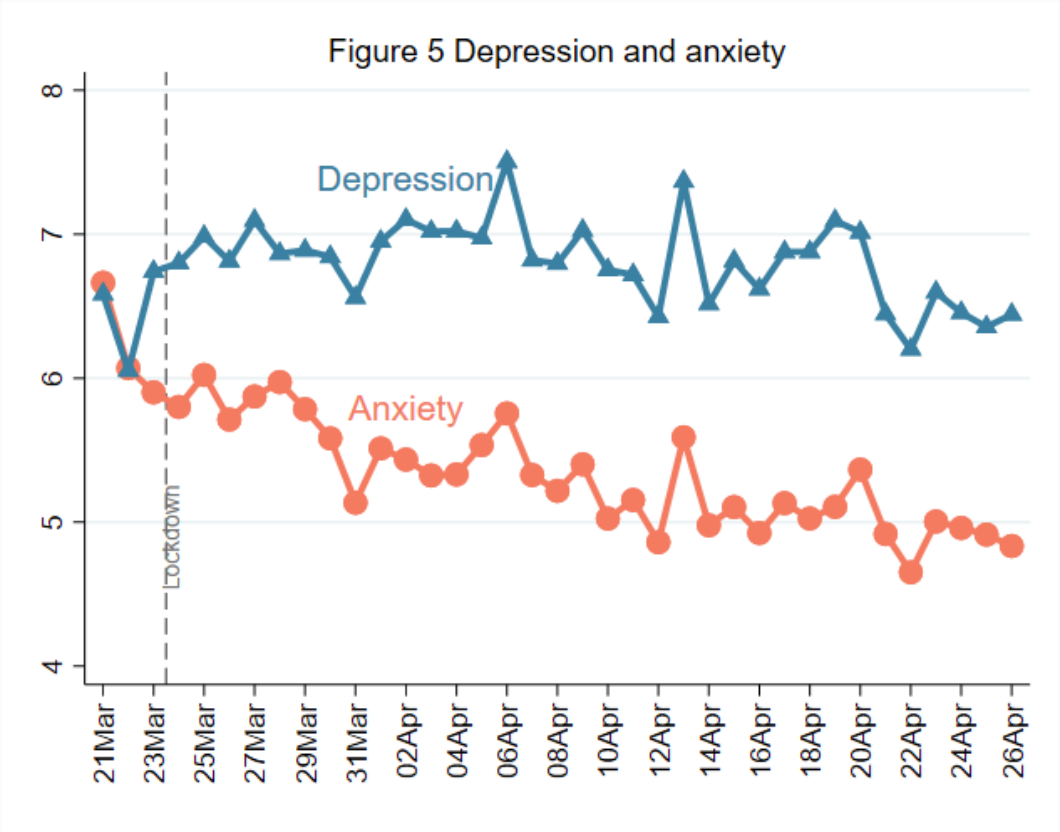
24Apr
26Apr
Mental health diagnosis
No diagnosis

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. There 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 both continued to show a slight decrease since lockdown came in (most clearly for anxiety). However, the levels overall are higher than usual reported averages (2.7-3.2 for anxiety and 2.7-3.7 for depression[1]). Both depression and anxiety levels have been higher in younger adults, those living alone, those with lower household income, and those with an existing mental health diagnosis.

[1] 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

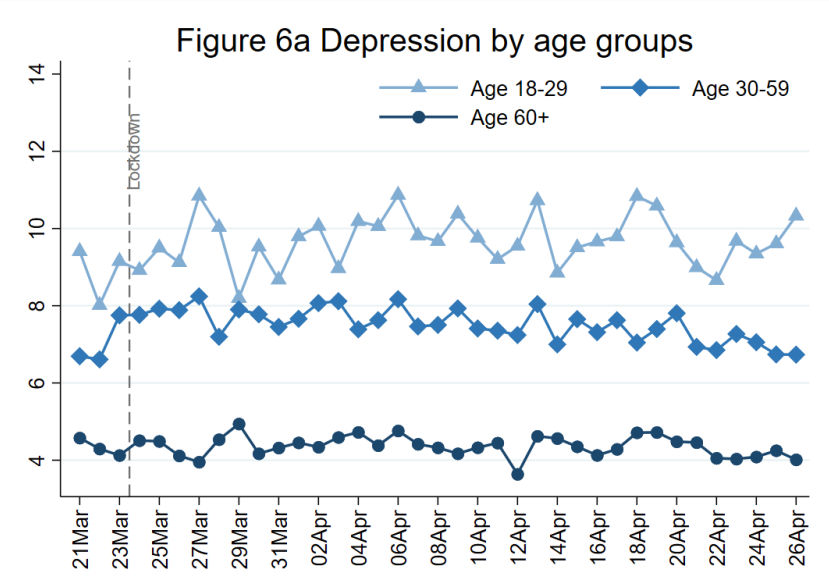


Figure 6a Depression by age groups
Age 18-29
Age 30-59
Age 60+
Lockdown
4
6
8
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21Mar
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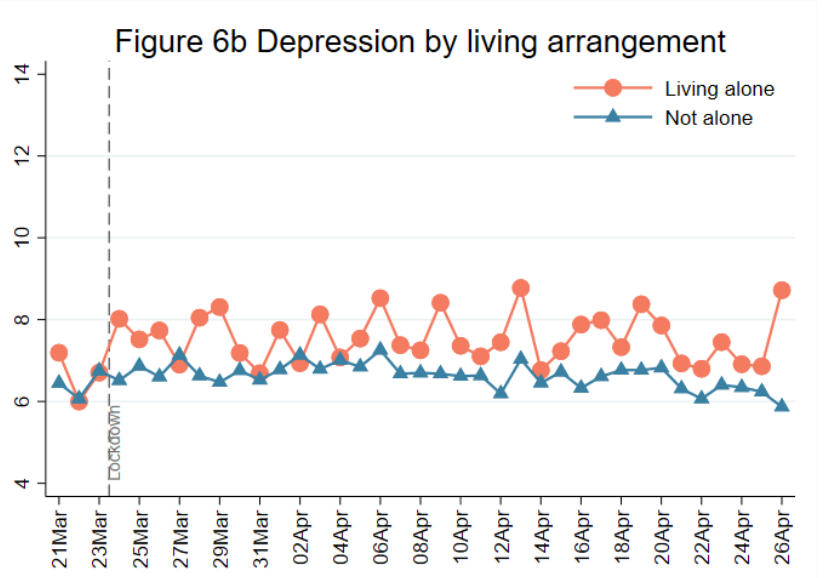
Figure 6b Depression by living arrangement
Living alone
Not alone
Lockdown
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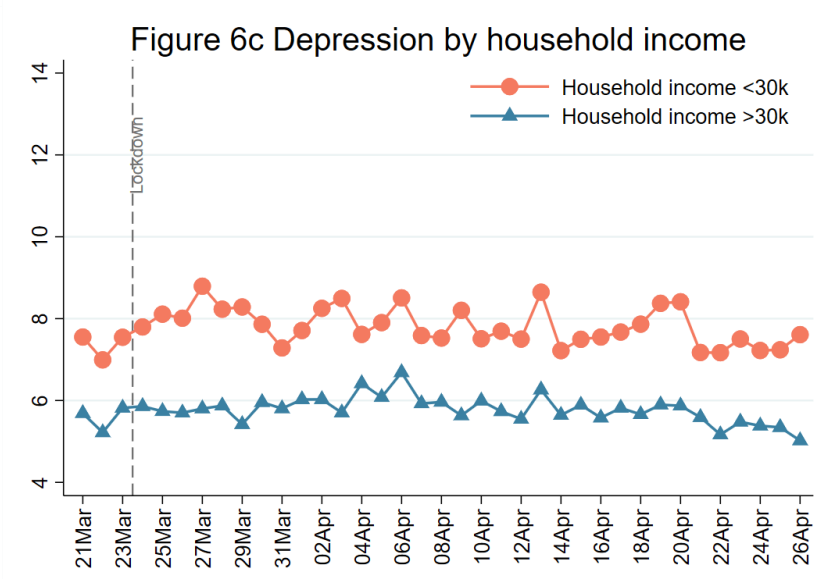
Figure 6c Depression by household income
Household income <30k
Household income >30k
Lockdown
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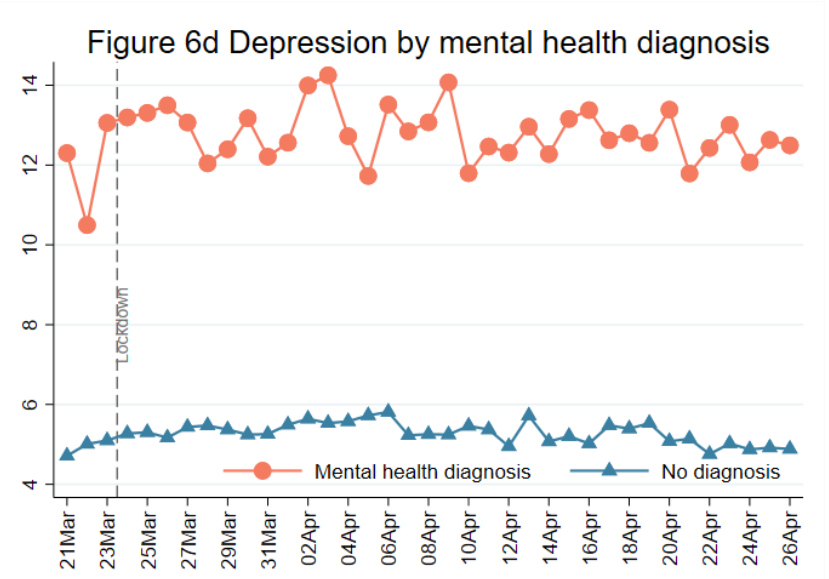
Figure 6d Depression by mental health diagnosis
Lockdown
Mental health diagnosis
No diagnosis
4
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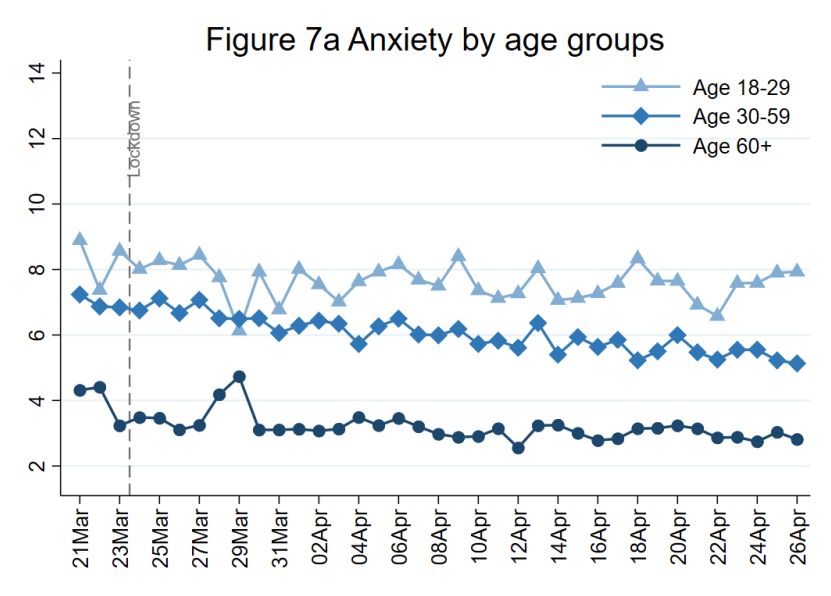
Figure 7a Anxiety by age groups
Age 18-29
Age 30-59
Age 60+
Lockdown
2
4
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21Mar
23Mar
25Mar
27Mar
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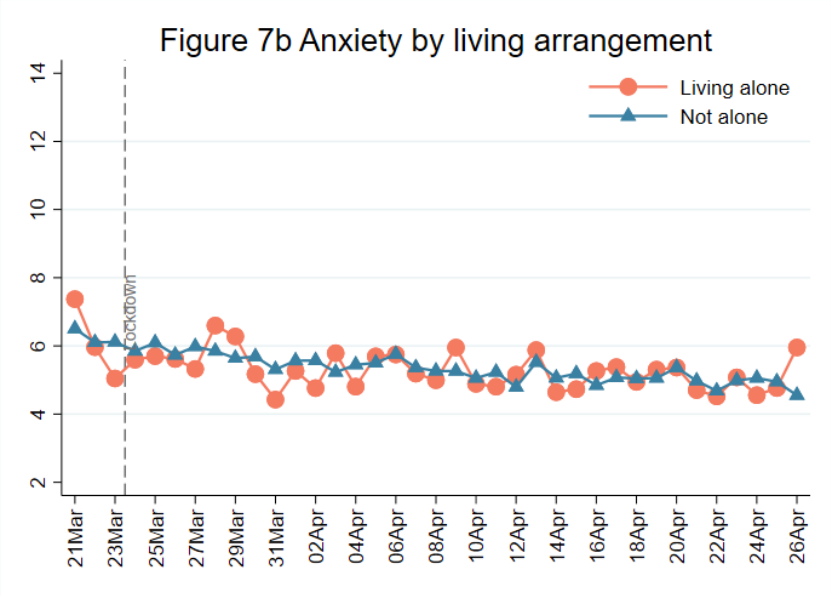
Figure 7b Anxiety by living arrangement
Living alone
Not alone
Lockdown
2
4
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8
10
12
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21Mar
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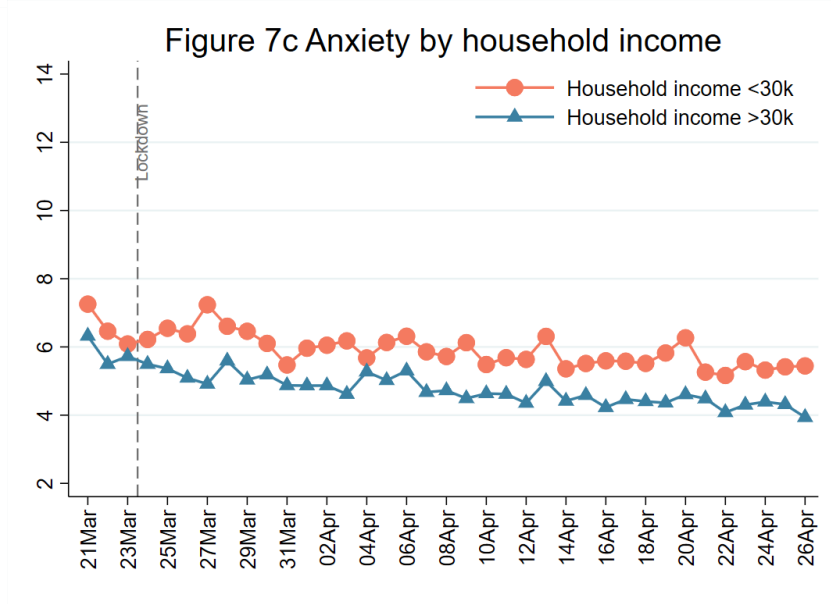
Figure 7c Anxiety by household income
Household income <30k
Household income >30k
Lockdown
2
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8
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25Mar
27Mar
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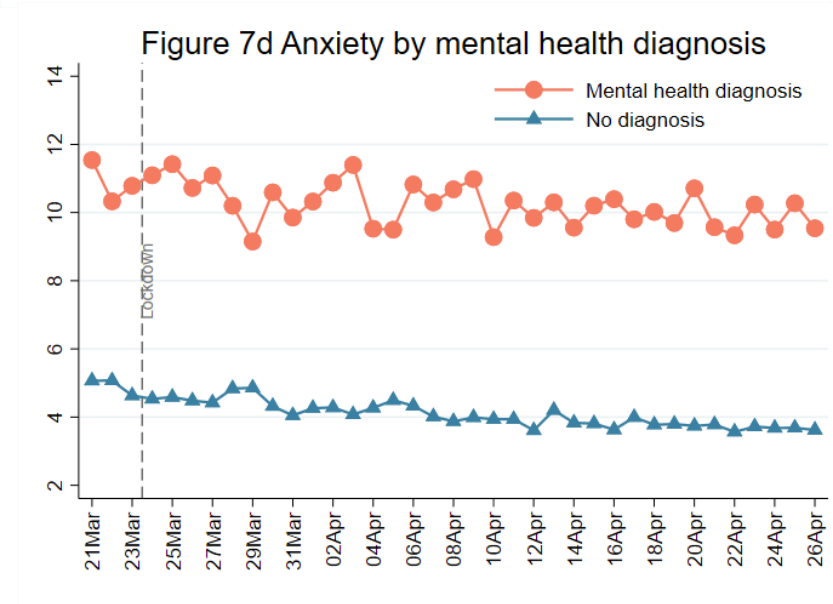
Figure 7d Anxiety by mental health diagnosis
Mental health diagnosis
No diagnosis
Lockdown
2
4
6
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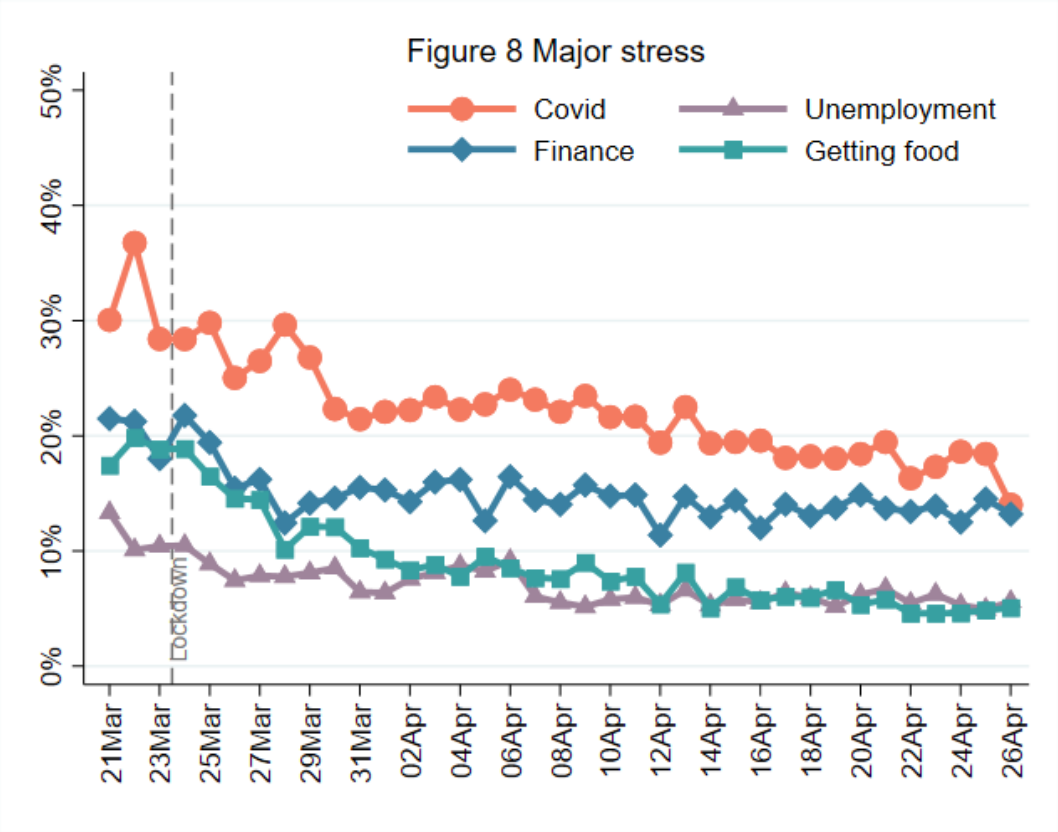
2.2 Stress



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 continued to decrease since lockdown began. But Covid-related stress is still being reported by a greater number of people than stresses relating to finance, unemployment, or accessing food. Stressors relating to food, finance and unemployment now appear to have stabilised.

The gap in levels of stress relating to Covid-19 between age groups has decreased, although there remain higher levels amongst those with lower household income and with existing mental health diagnoses. Stress relating to unemployment and finance has remained relatively stable over the past week, mostly affecting those below the age of 60. Financial stressors are also greater amongst people with lower household income and with existing mental health conditions. Stress relating to accessing food (food security) has stayed low over the past week, with only around 1 in 20 people now worried about it, although this rises to around 1 in 8 amongst people with a mental health condition and 1 in 12 for people with an annual household income lower than £30,000.

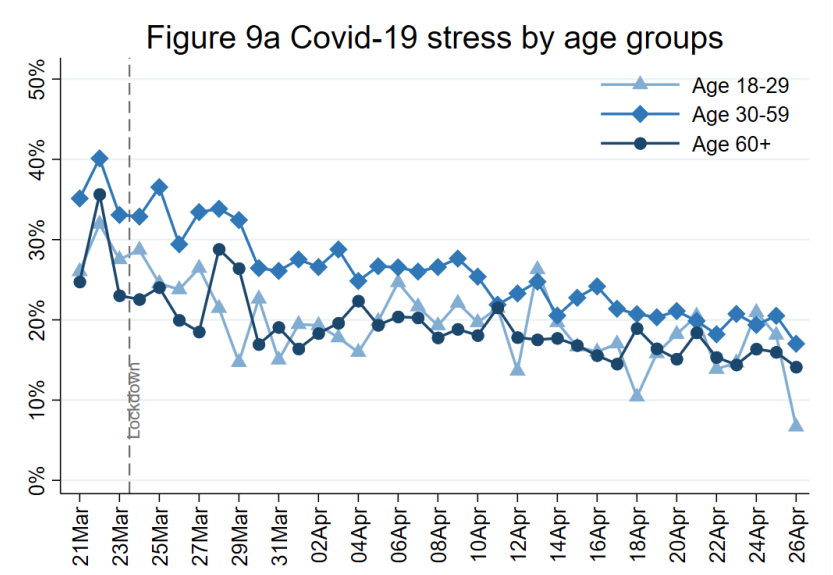


Figure 9a Covid-19 stress by age groups
Age 18-29
Age 30-59
Age 60+
Lockdown
0%
10%
20%
30%
40%
50%
21Mar
23Mar
25Mar
27Mar
29Mar
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02Apr
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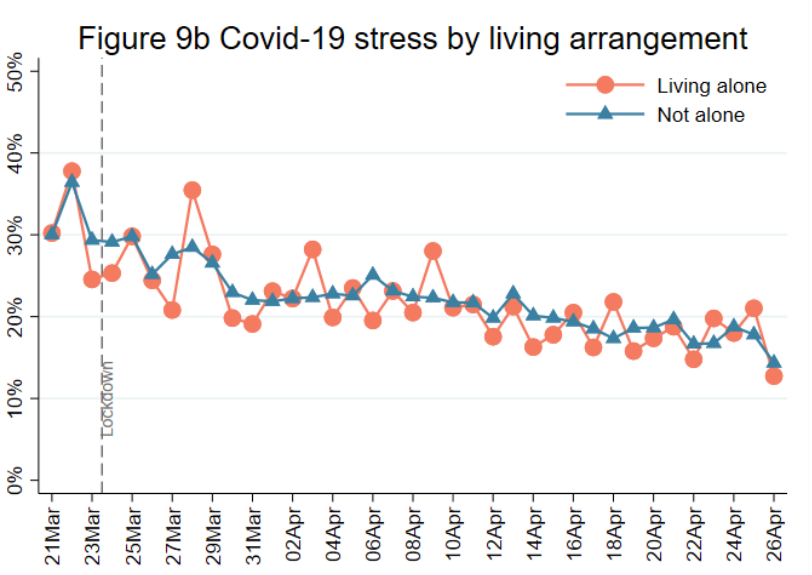
Figure 9b Covid-19 stress by living arrangement
Living alone
Not alone
Lockdown
0%
10%
20%
30%
40%
50%
21Mar
23Mar
25Mar
27Mar
29Mar
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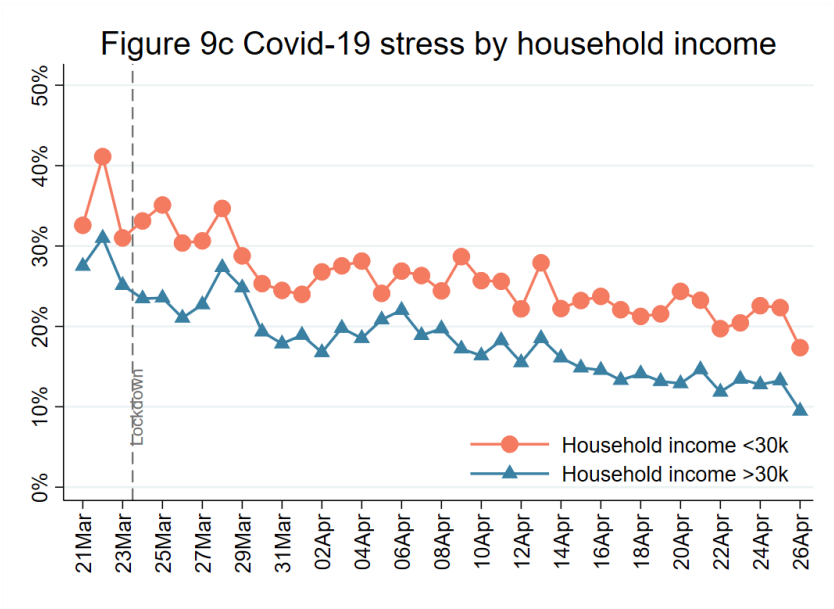
Figure 9c Covid-19 stress by household income
Household income <30k
Household income >30k
Lockdown
0%
10%
20%
30%
40%
50%
21Mar
23Mar
25Mar
27Mar
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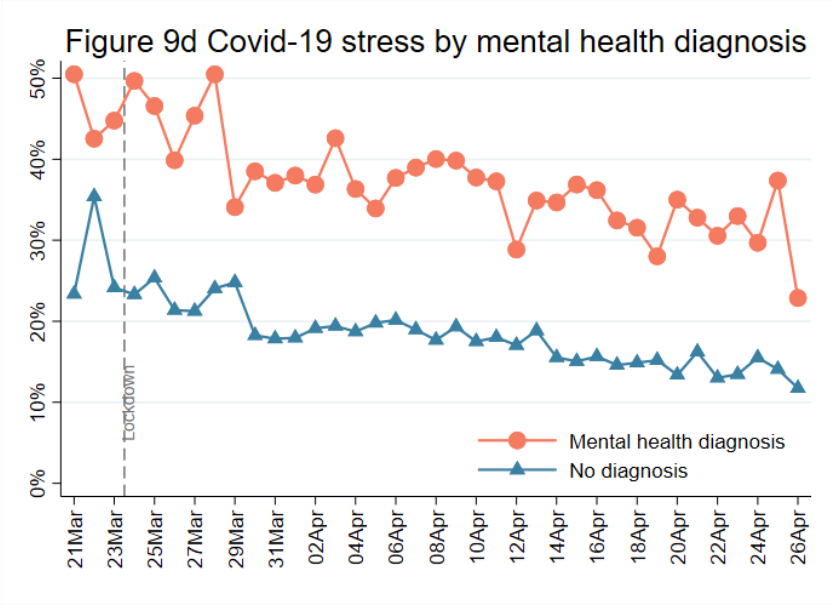
Figure 9d Covid-19 stress by mental health diagnosis
Mental health diagnosis
No diagnosis
Lockdown
0%
10%
20%
30%
40%
50%
21Mar
23Mar
25Mar
27Mar
29Mar
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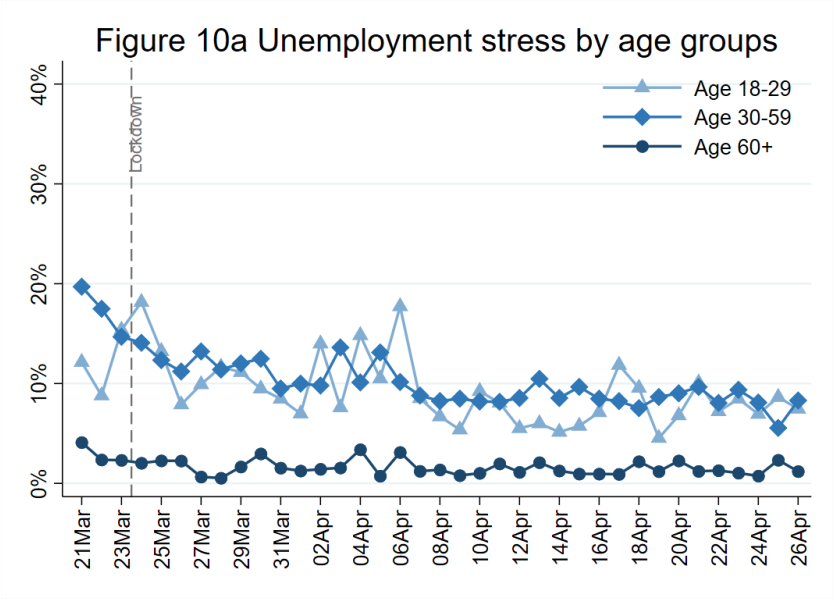
Figure 10a Unemployment stress by age groups
Age 18-29
Age 30-59
Age 60+
Lockdown
0%
10%
20%
30%
40%
21Mar
23Mar
25Mar
27Mar
29Mar
31Mar
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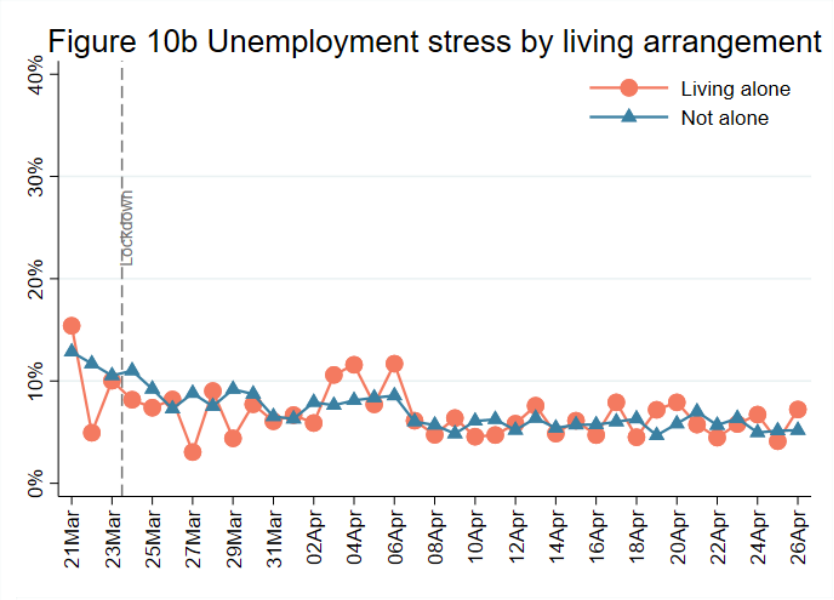
Figure 10b Unemployment stress by living arrangement
Living alone
Not alone
Lockdown
0%
10%
20%
30%
40%
21Mar
23Mar
25Mar
27Mar
29Mar
31Mar
02Apr
04Apr
06Apr
08Apr
10Apr
12Apr
14Apr
16Apr
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22Apr
24Apr
26Apr

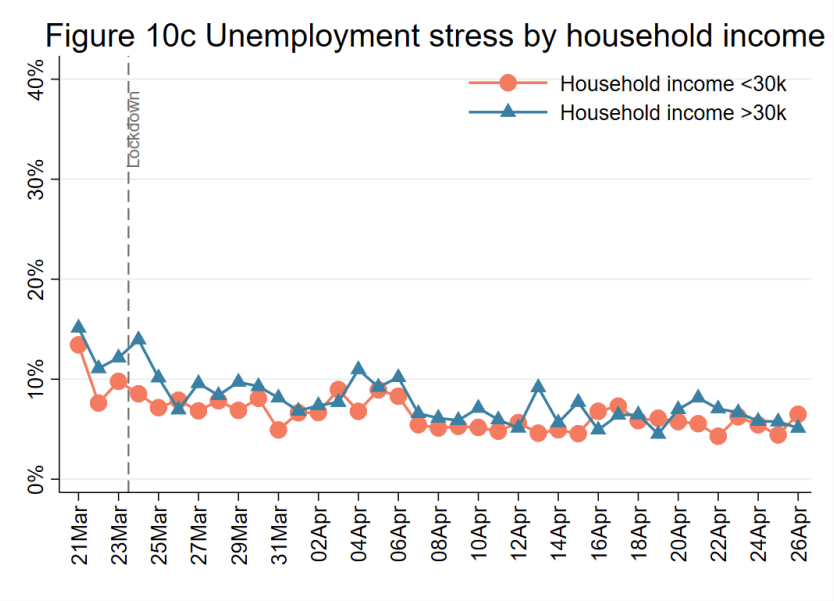


Figure 10c Unemployment stress by household income
Household income <30k
Household income >30k
Lockdown
0%
10%
20%
30%
40%
21Mar
23Mar
25Mar
27Mar
29Mar
31Mar
02Apr
04Apr
06Apr
08Apr
10Apr
12Apr
14Apr
16Apr
18Apr
20Apr
22Apr
24Apr
26Apr

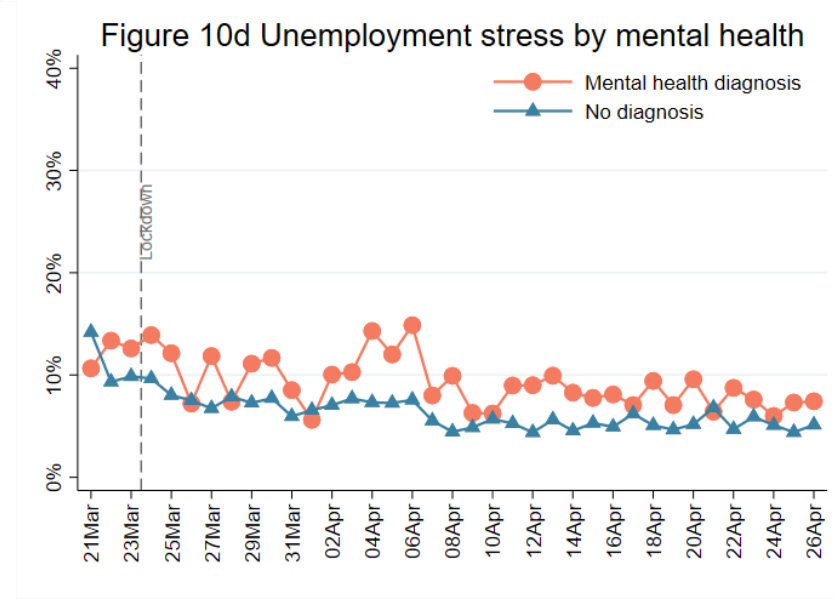


Figure 10d Unemployment stress by mental health
Mental health diagnosis
No diagnosis
Lockdown
0%
10%
20%
30%
40%
21Mar
23Mar
25Mar
27Mar
29Mar
31Mar
02Apr
04Apr
06Apr
08Apr
10Apr
12Apr
14Apr
16Apr
18Apr
20Apr
22Apr
24Apr
26Apr

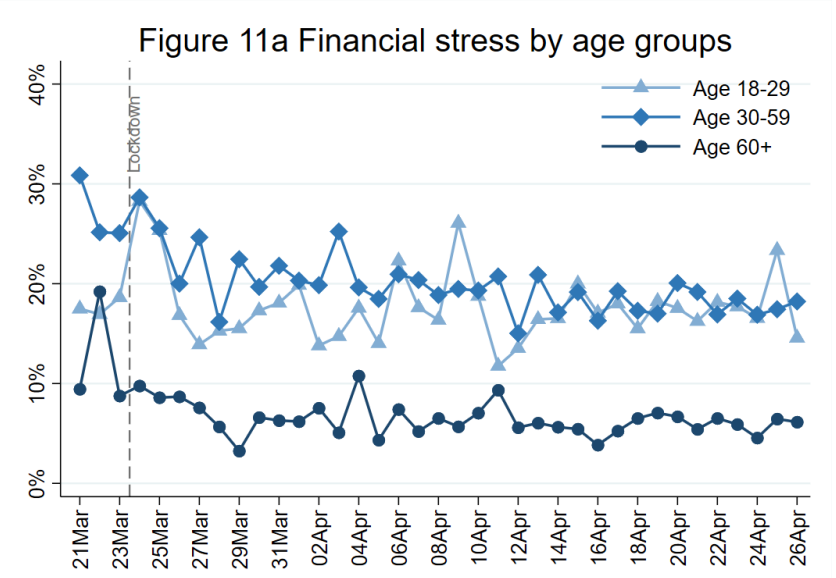


Figure 11a Financial stress by age groups
Age 18-29
Age 30-59
Age 60+
Lockdown
0%
10%
20%
30%
40%
21Mar
23Mar
25Mar
27Mar
29Mar
31Mar
02Apr
04Apr
06Apr
08Apr
10Apr
12Apr
14Apr
16Apr
18Apr
20Apr
22Apr
24Apr
26Apr

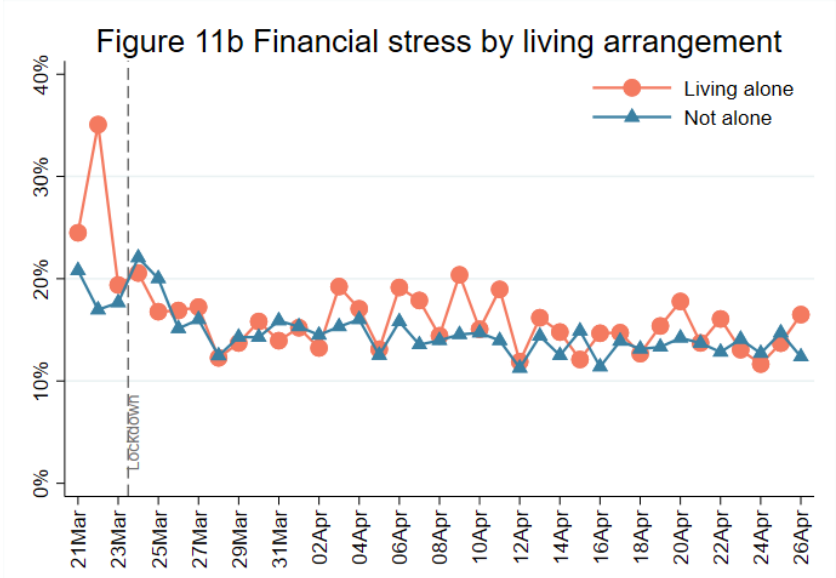


Figure 11b Financial stress by living arrangement
Living alone
Not alone
Lockdown
0%
10%
20%
30%
40%
21Mar
23Mar
25Mar
27Mar
29Mar
31Mar
02Apr
04Apr
06Apr
08Apr
10Apr
12Apr
14Apr
16Apr
18Apr
20Apr
22Apr
24Apr
26Apr

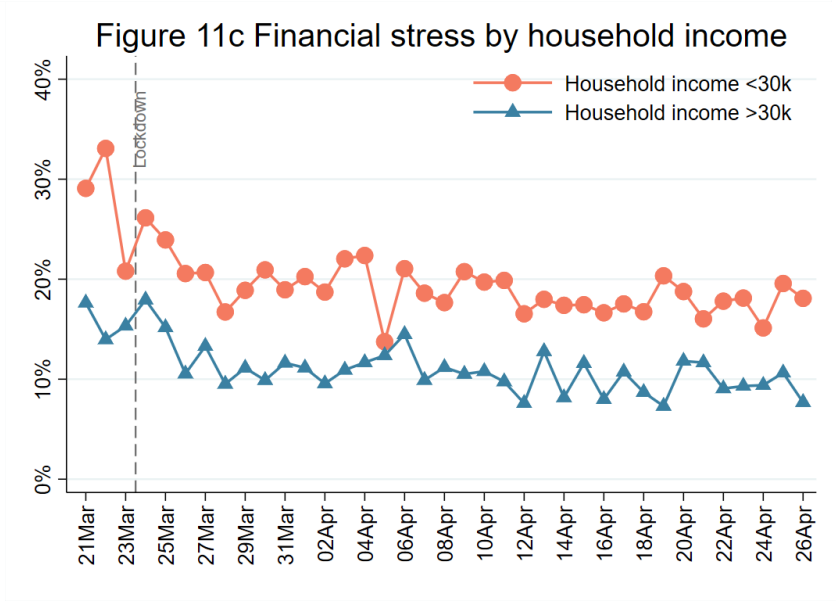


Figure 11c Financial stress by household income
Household income <30k
Household income >30k
Lockdown
0%
10%
20%
30%
40%
21Mar
23Mar
25Mar
27Mar
29Mar
31Mar
02Apr
04Apr
06Apr
08Apr
10Apr
12Apr
14Apr
16Apr
18Apr
20Apr
22Apr
24Apr
26Apr

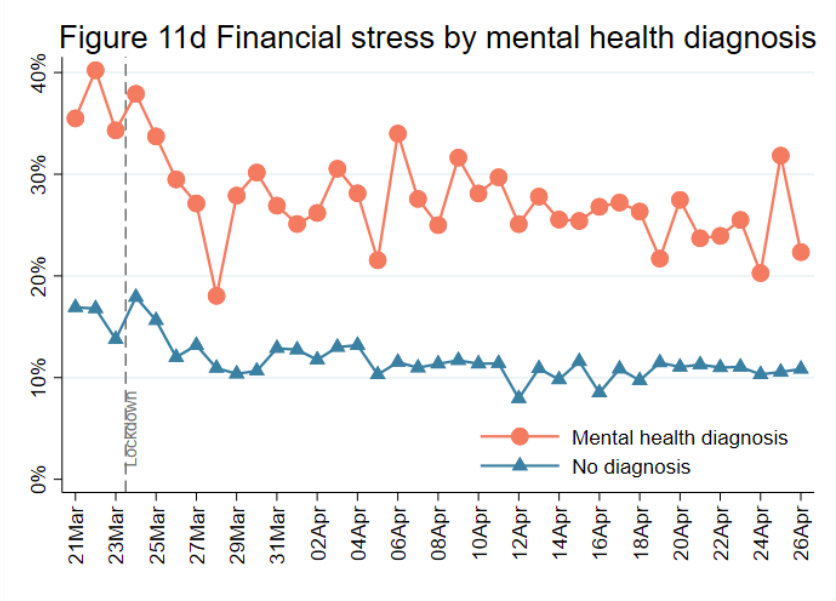


Figure 11d Financial stress by mental health diagnosis
Mental health diagnosis
No diagnosis
Lockdown
0%
10%
20%
30%
40%
21Mar
23Mar
25Mar
27Mar
29Mar
31Mar
02Apr
04Apr
06Apr
08Apr
10Apr
12Apr
14Apr
16Apr
18Apr
20Apr
22Apr
24Apr
26Apr

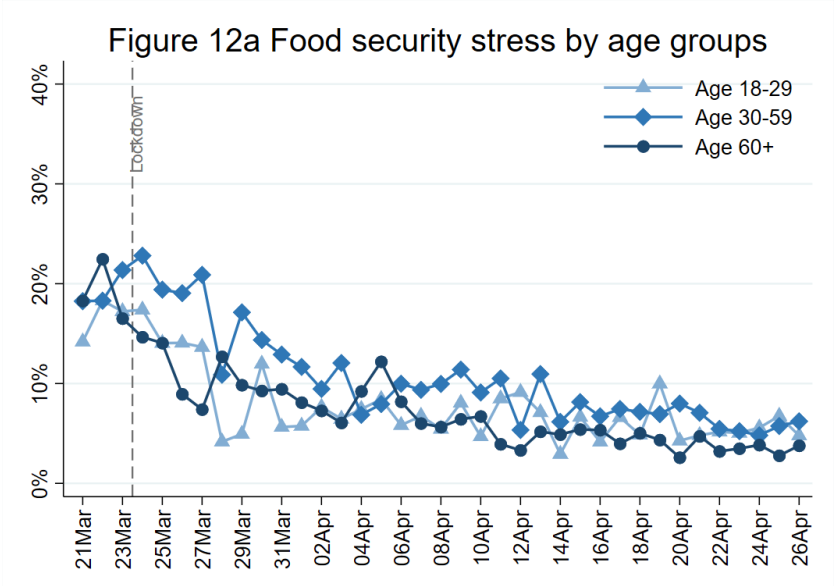


Figure 12a Food security stress by age groups
Age 18-29
Age 30-59
Age 60+
Lockdown
0%
10%
20%
30%
40%
21Mar
23Mar
25Mar
27Mar
29Mar
31Mar
02Apr
04Apr
06Apr
08Apr
10Apr
12Apr
14Apr
16Apr
18Apr
20Apr
22Apr
24Apr
26Apr

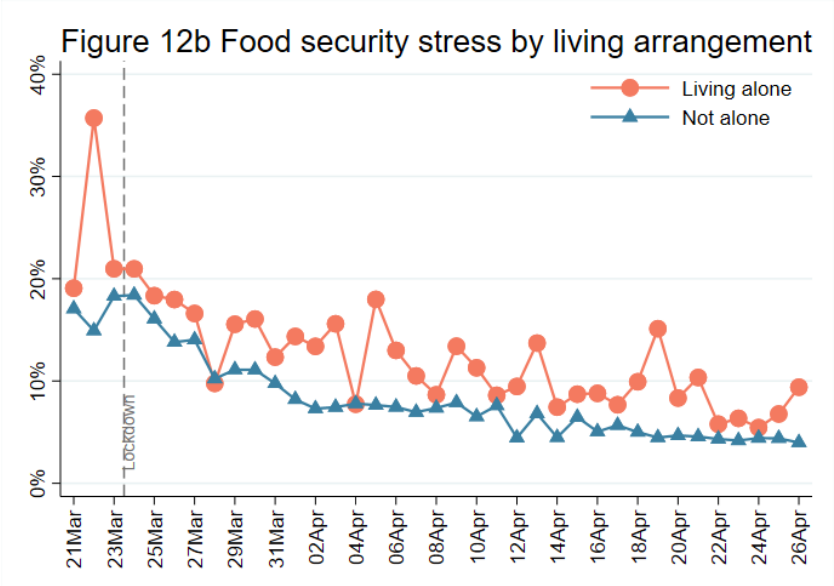


Figure 12b Food security stress by living arrangement
Living alone
Not alone
Lockdown
0%
10%
20%
30%
40%
21Mar
23Mar
25Mar
27Mar
29Mar
31Mar
02Apr
04Apr
06Apr
08Apr
10Apr
12Apr
14Apr
16Apr
18Apr
20Apr
22Apr
24Apr
26Apr

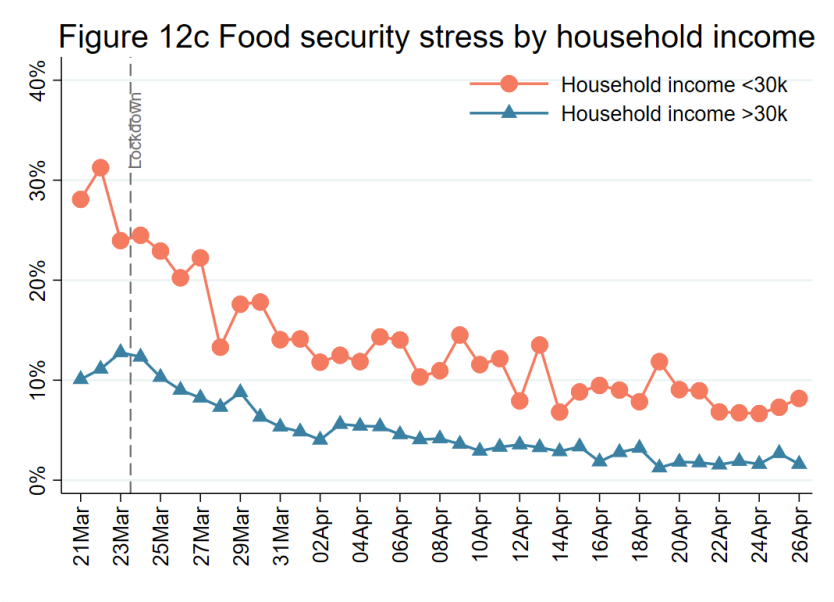


Figure 12c Food security stress by household income
Household income <30k
Household income >30k
Lockdown
0%
10%
20%
30%
40%
21Mar
23Mar
25Mar
27Mar
29Mar
31Mar
02Apr
04Apr
06Apr
08Apr
10Apr
12Apr
14Apr
16Apr
18Apr
20Apr
22Apr
24Apr
26Apr

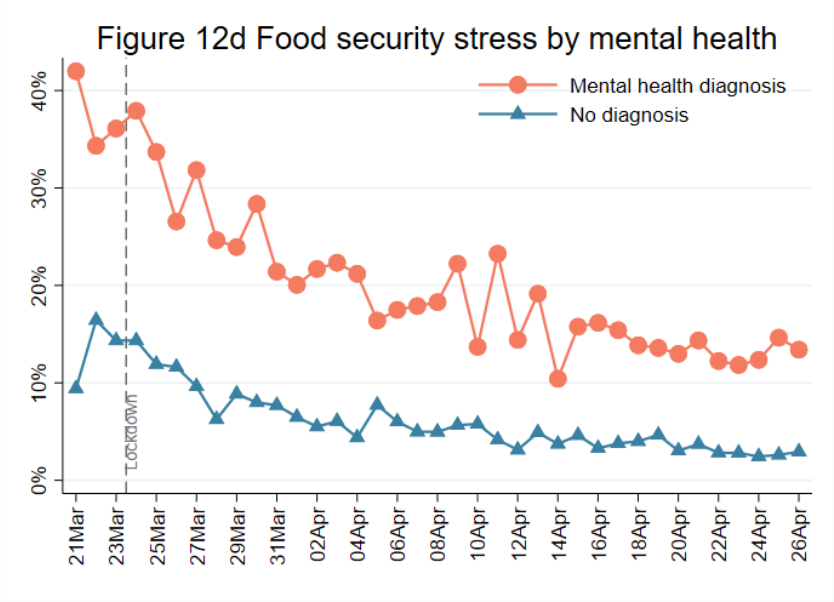
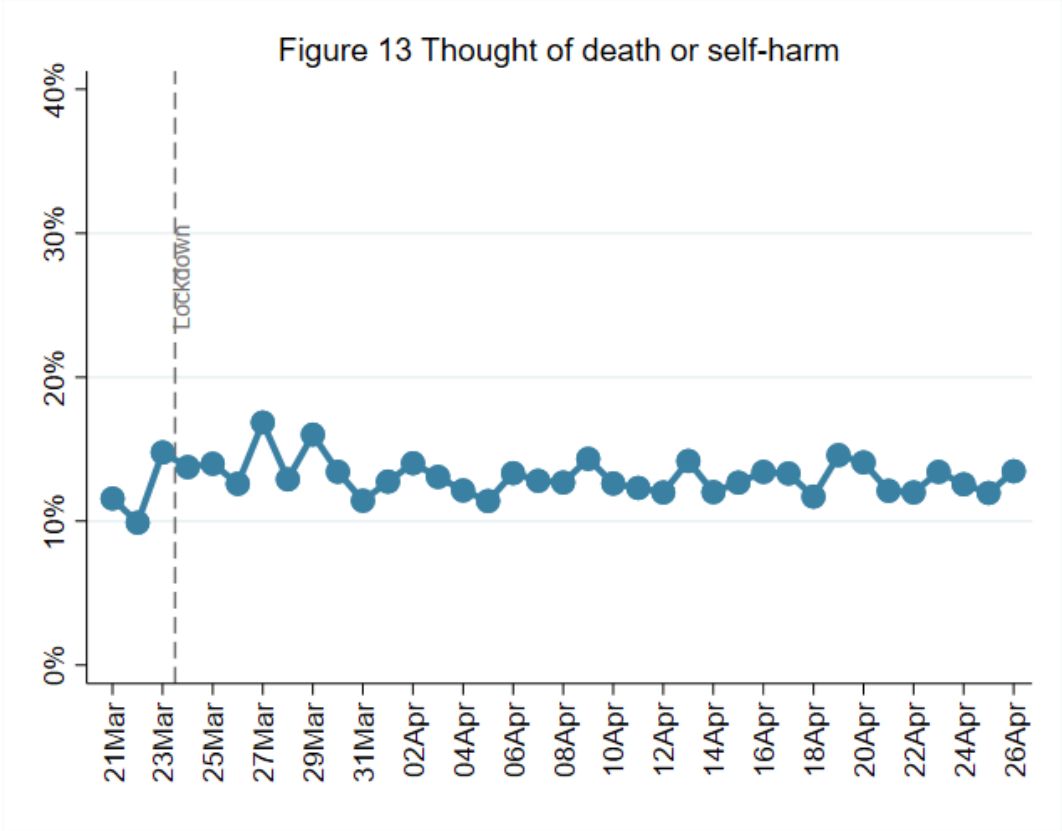


Figure 12d Food security stress by mental health
Mental health diagnosis
No diagnosis
Lockdown
0%
10%
20%
30%
40%
21Mar
23Mar
25Mar
27Mar
29Mar
31Mar
02Apr
04Apr
06Apr
08Apr
10Apr
12Apr
14Apr
16Apr
18Apr
20Apr
22Apr
24Apr
26Apr

3. Self-harm and abuse

3.1 Thought of death or self-harm

Figure 13 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 living alone, those with a lower household income, and people with a diagnosed mental health condition. Reporting of thoughts of death and self-harm have also been more volatile amongst these groups.

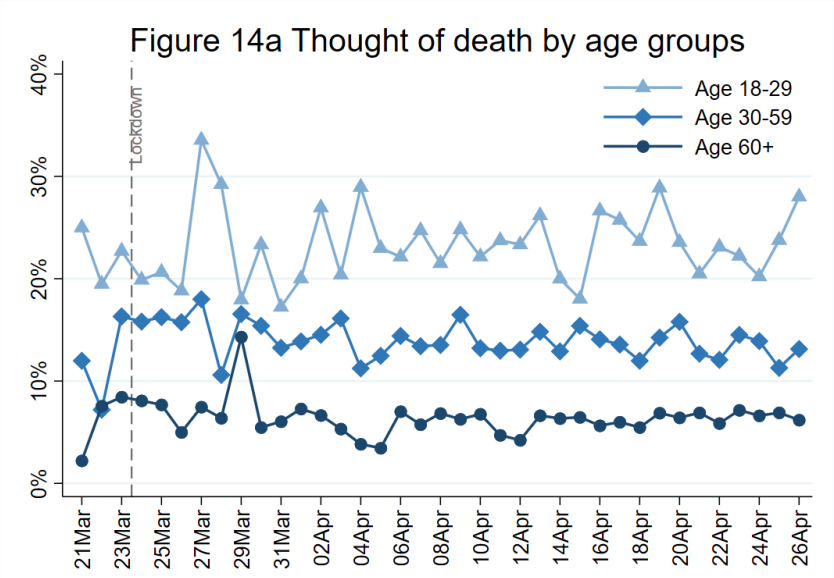


Figure 14a Thought of death by age groups
Age 18-29
Age 30-59
Age 60+
Lockdown
0%
10%
20%
30%
40%
21Mar
23Mar
25Mar
27Mar
29Mar
31Mar
02Apr
04Apr
06Apr
08Apr
10Apr
12Apr
14Apr
16Apr
18Apr
20Apr
22Apr
24Apr
26Apr

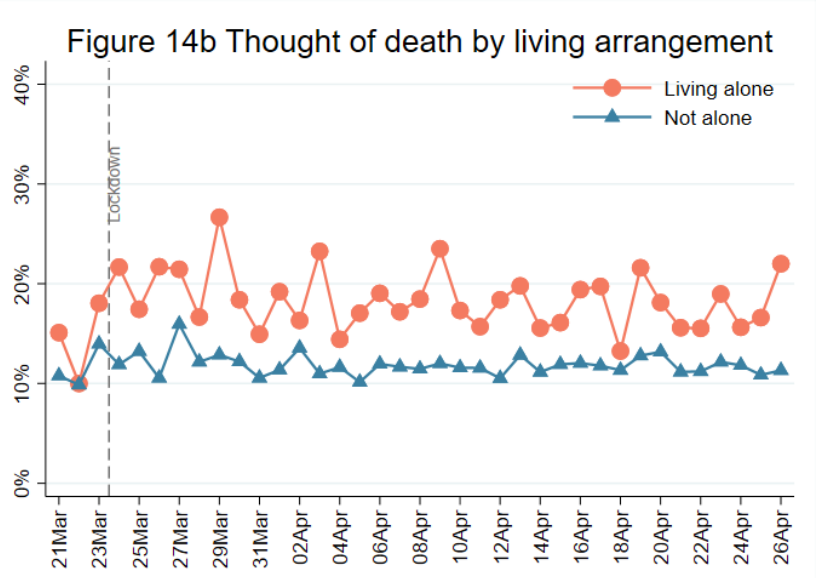


Figure 14b Thought of death by living arrangement
Living alone
Not alone
Lockdown
0%
10%
20%
30%
40%
21Mar
23Mar
25Mar
27Mar
29Mar
31Mar
02Apr
04Apr
06Apr
08Apr
10Apr
12Apr
14Apr
16Apr
18Apr
20Apr
22Apr
24Apr
26Apr

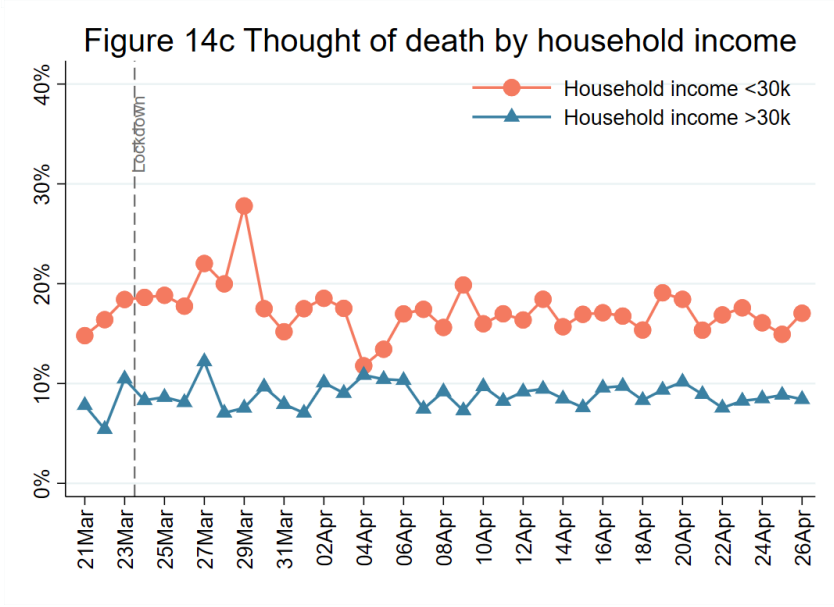


Figure 14c Thought of death by household income
Household income <30k
Household income >30k
Lockdown
0%
10%
20%
30%
40%
21Mar
23Mar
25Mar
27Mar
29Mar
31Mar
02Apr
04Apr
06Apr
08Apr
10Apr
12Apr
14Apr
16Apr
18Apr
20Apr
22Apr
24Apr
26Apr

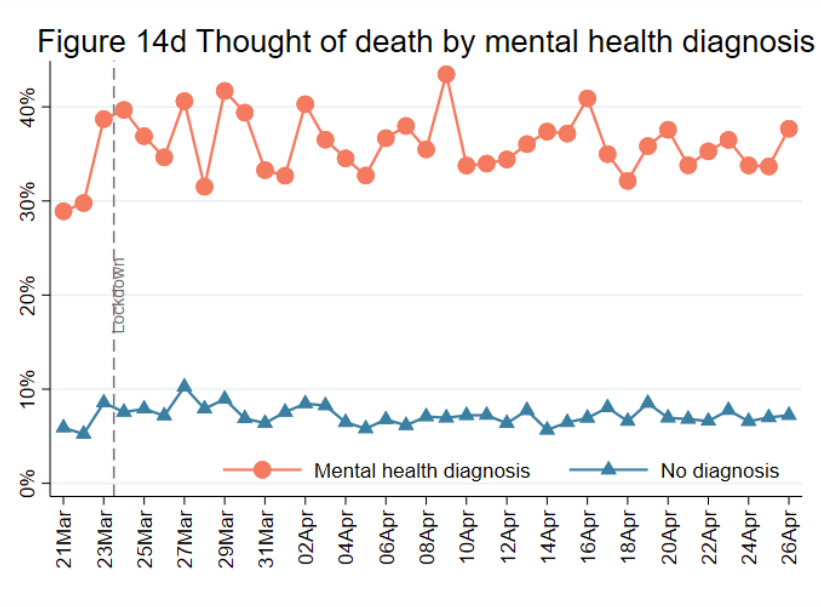
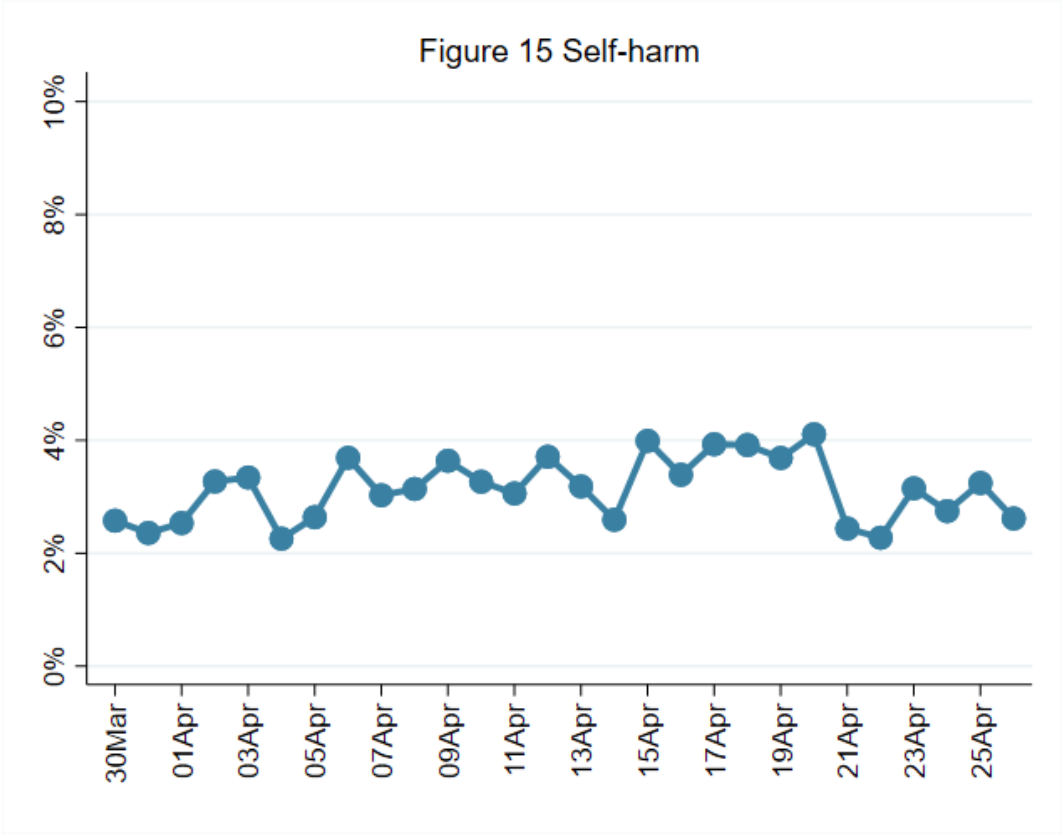


Figure 14d Thought of death by mental health diagnosis
Mental health diagnosis
No diagnosis
Lockdown
0%
10%
20%
30%
40%
21Mar
23Mar
25Mar
27Mar
29Mar
31Mar
02Apr
04Apr
06Apr
08Apr
10Apr
12Apr
14Apr
16Apr
18Apr
20Apr
22Apr
24Apr
26Apr

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 been reported to be higher amongst younger adults, those living alone, those with lower household income, and those with a diagnosed mental health condition. It should be noted that not all people who self-harm will necessarily report it, so these levels are anticipated to be an under-estimation of actual levels.

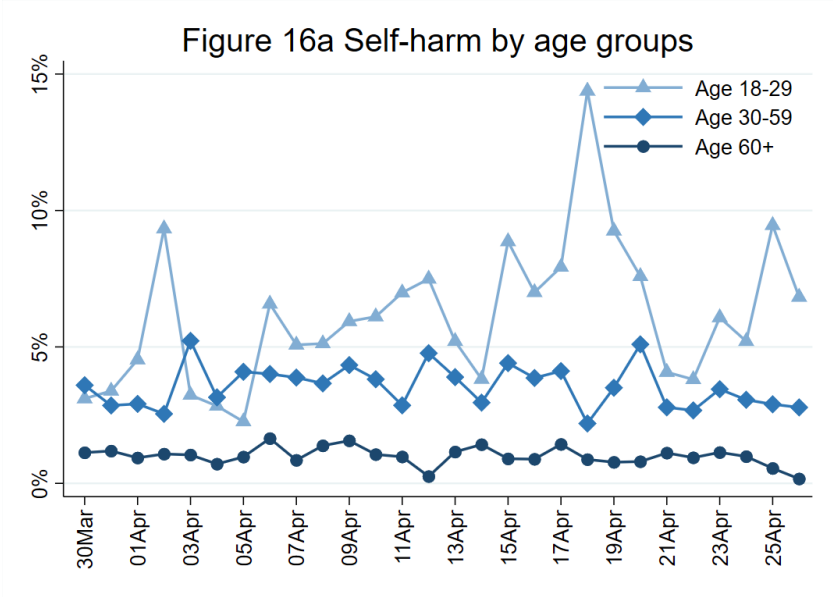


Figure 16a Self-harm by age groups
Age 18-29
Age 30-59
Age 60+
15%
10%
5%
0%
30Mar
01Apr
03Apr
05Apr
07Apr
09Apr
11Apr
13Apr
15Apr
17Apr
19Apr
21Apr
23Apr
25Apr

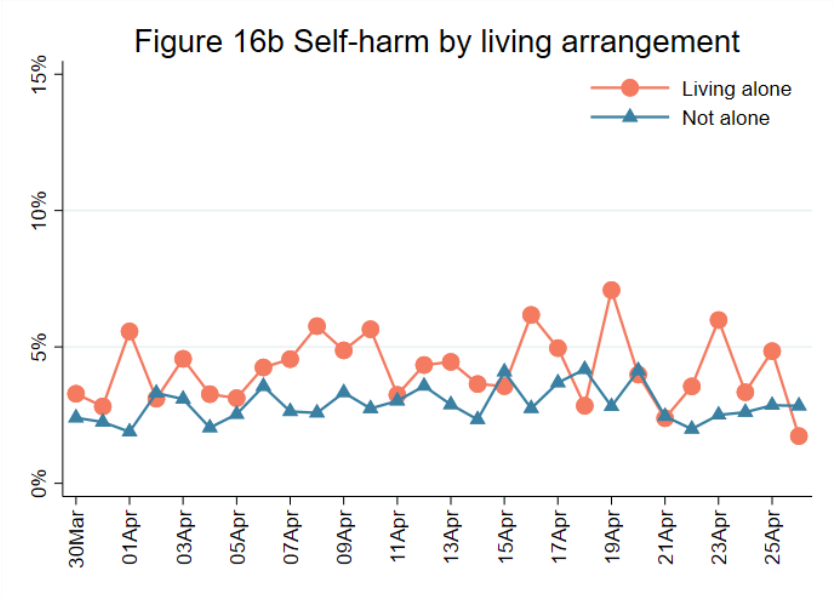


Figure 16b Self-harm by living arrangement
Living alone
Not alone
15%
10%
5%
0%
30Mar
01Apr
03Apr
05Apr
07Apr
09Apr
11Apr
13Apr
15Apr
17Apr
19Apr
21Apr
23Apr
25Apr

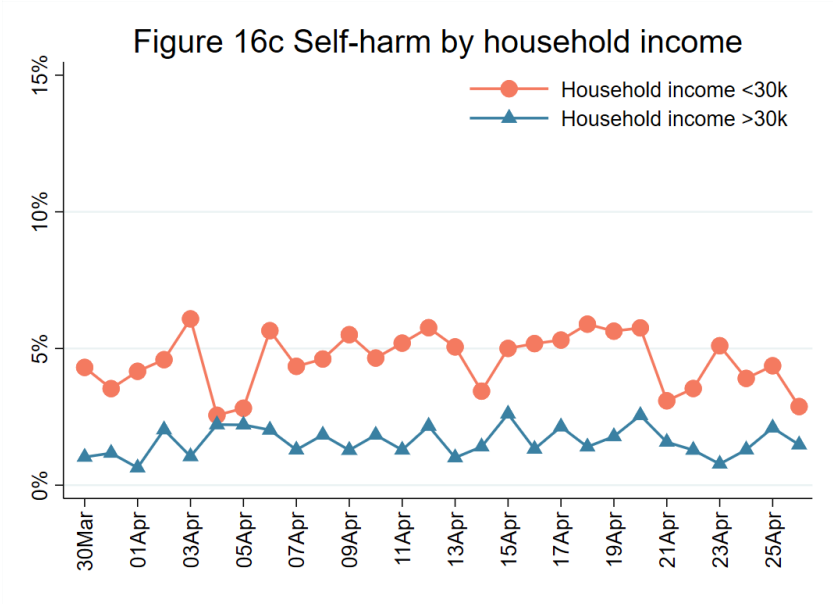


Figure 16c Self-harm by household income
Household income <30k
Household income >30k
15%
10%
5%
0%
30Mar
01Apr
03Apr
05Apr
07Apr
09Apr
11Apr
13Apr
15Apr
17Apr
19Apr
21Apr
23Apr
25Apr

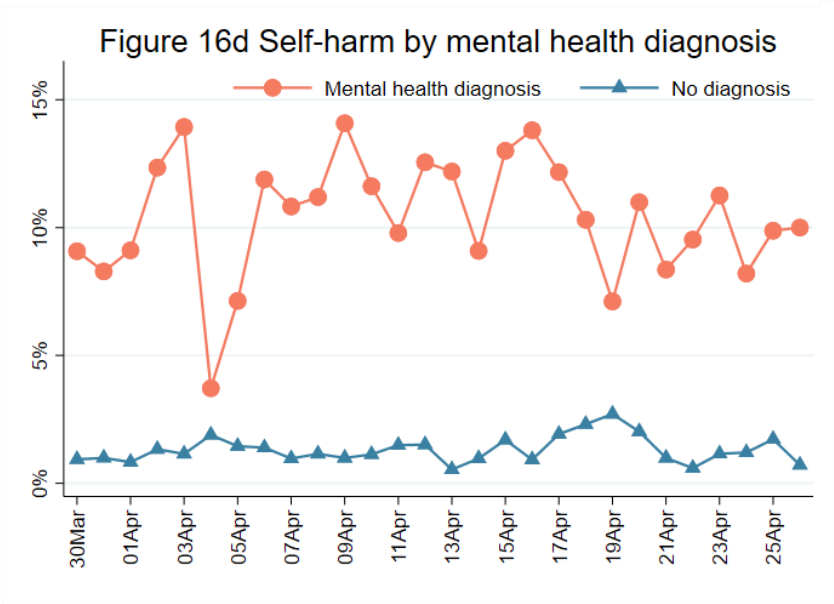
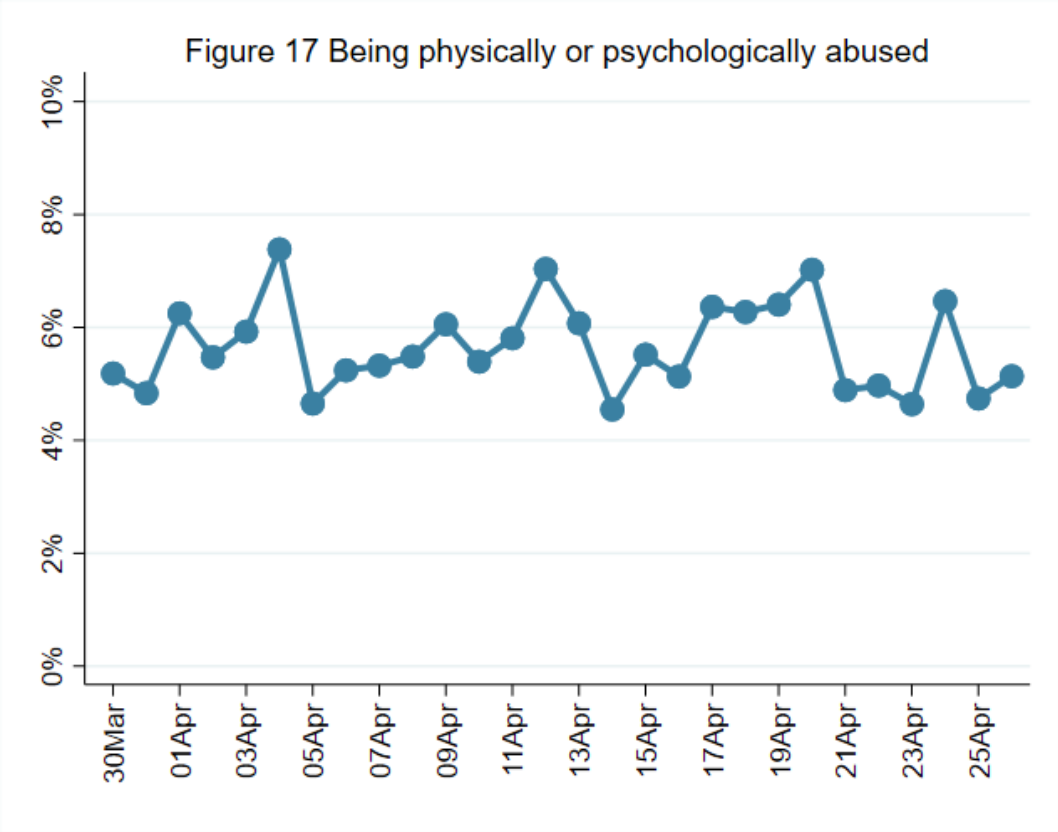


Figure 16d Self-harm by mental health diagnosis
Mental health diagnosis
No diagnosis
15%
10%
5%
0%
30Mar
01Apr
03Apr
05Apr
07Apr
09Apr
11Apr
13Apr
15Apr
17Apr
19Apr
21Apr
23Apr
25Apr

#

3.2 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. Some people living alone are still reporting abuse, which could refer to physical abuse by people visiting them in their homes, or psychological abuse through other modes of contact. 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.

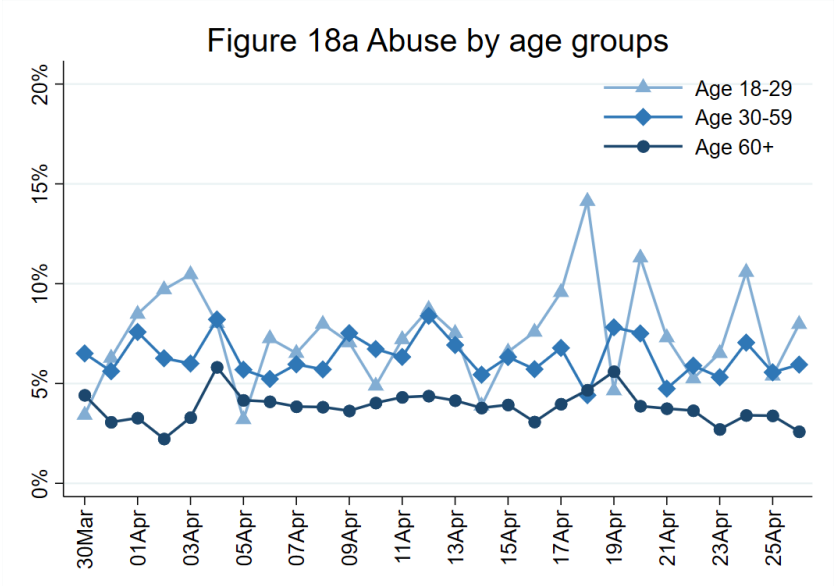


Figure 18a Abuse by age groups
Age 18-29
Age 30-59
Age 60+
0%
5%
10%
15%
20%
30Mar
01Apr
03Apr
05Apr
07Apr
09Apr
11Apr
13Apr
15Apr
17Apr
19Apr
21Apr
23Apr
25Apr

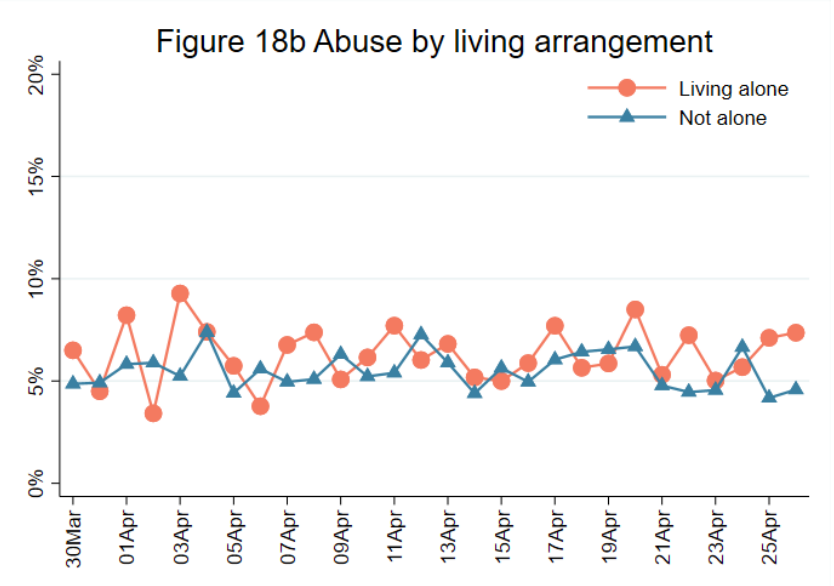


Figure 18b Abuse by living arrangement
Living alone
Not alone
0%
5%
10%
15%
20%
30Mar
01Apr
03Apr
05Apr
07Apr
09Apr
11Apr
13Apr
15Apr
17Apr
19Apr
21Apr
23Apr
25Apr

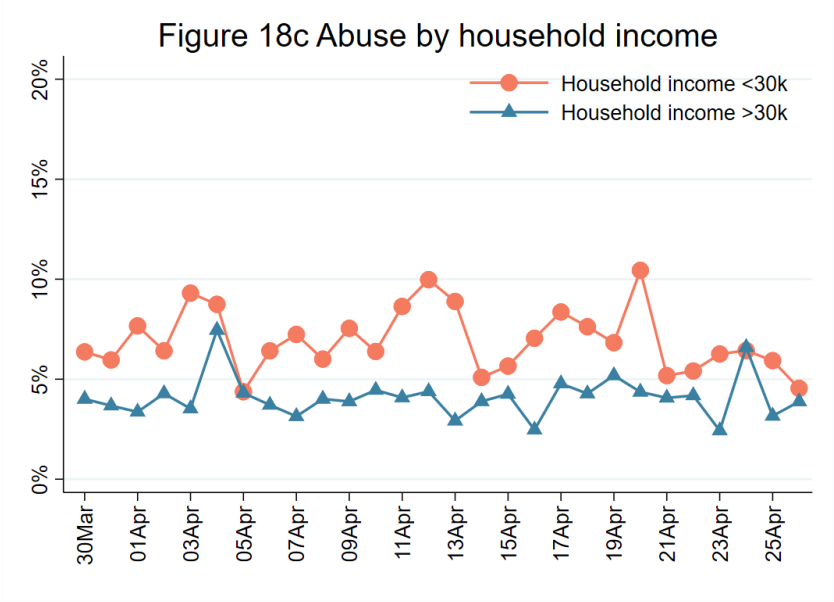


Figure 18c Abuse by household income
Household income <30k
Household income >30k
0%
5%
10%
15%
20%
30Mar
01Apr
03Apr
05Apr
07Apr
09Apr
11Apr
13Apr
15Apr
17Apr
19Apr
21Apr
23Apr
25Apr

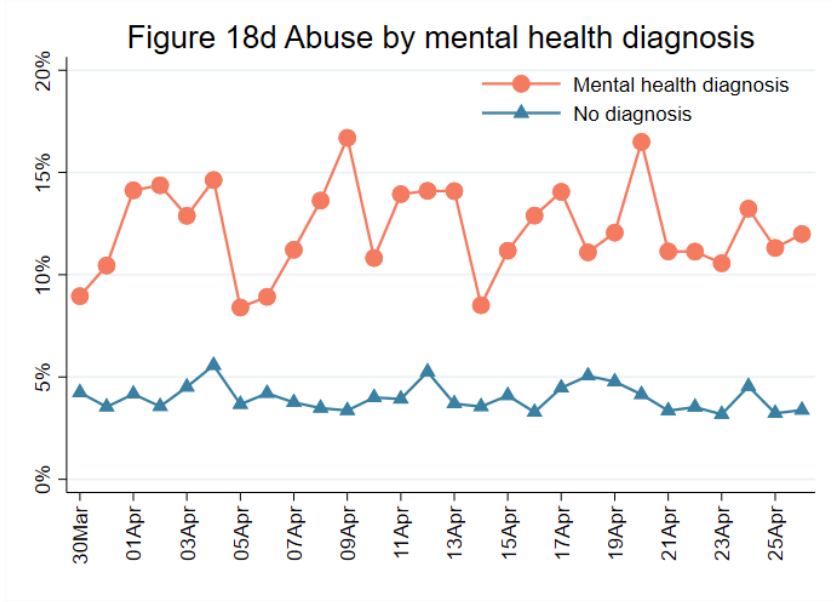
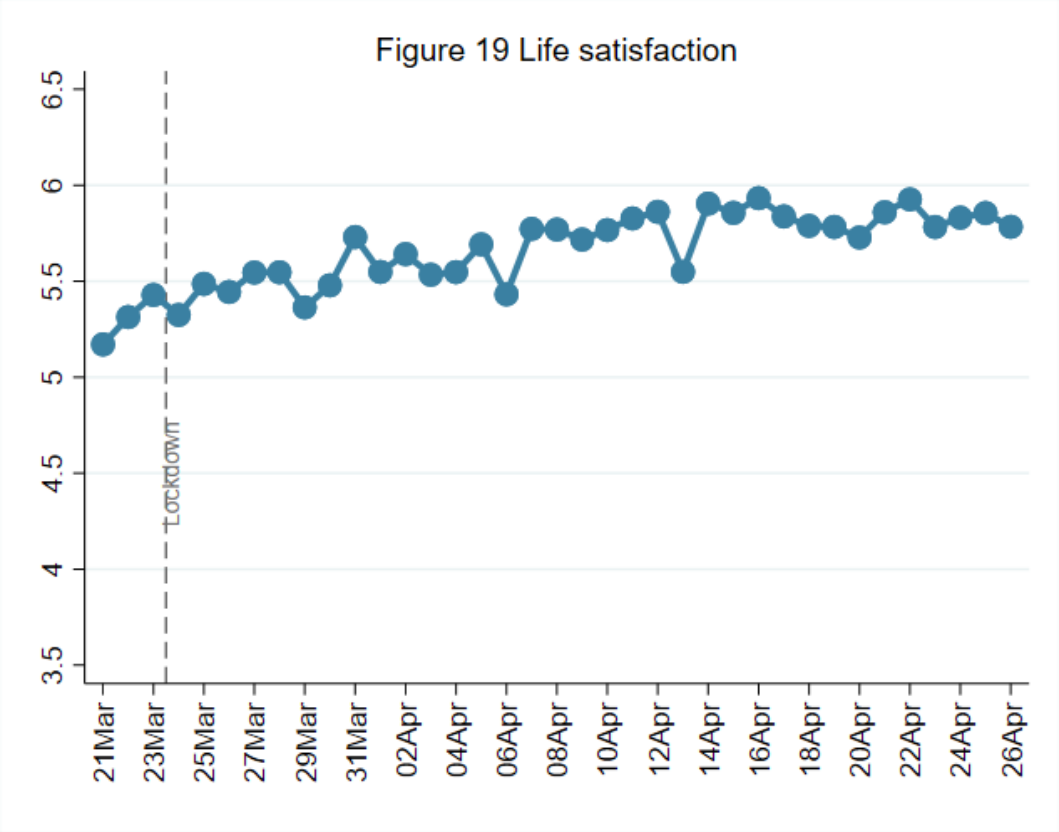


Figure 18d Abuse by mental health diagnosis
Mental health diagnosis
No diagnosis
0%
5%
10%
15%
20%
30Mar
01Apr
03Apr
05Apr
07Apr
09Apr
11Apr
13Apr
15Apr
17Apr
19Apr
21Apr
23Apr
25Apr

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 is still noticeably lower than for the past 12 months (where usual averages are around 7.7), and wellbeing more generally appears to have decreased substantially in the weeks preceding lockdown [2], but in our sample life satisfaction has continued to increase gradually. It remains more volatile amongst younger adults (those aged 18-29) and people living alone. There is less evidence of an improvement amongst adults aged 18-29 or amongst individuals with a diagnosed mental health condition.

[2] 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

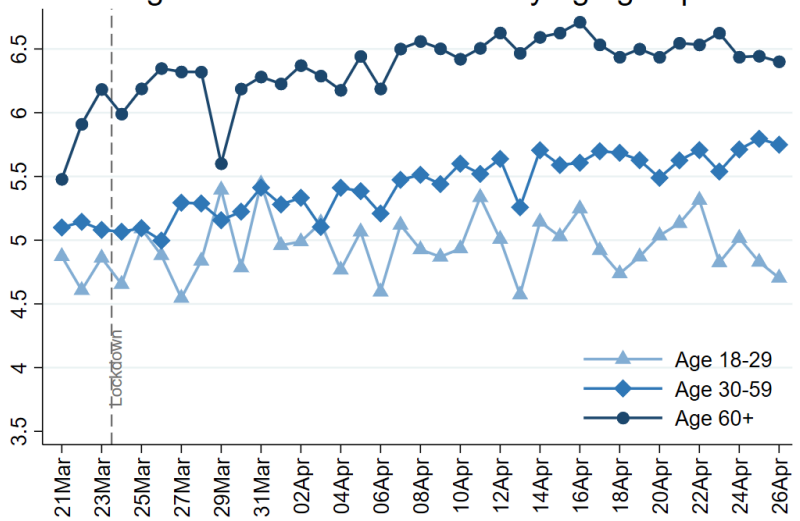


Figure 20b Life satisfaction by living arrangement

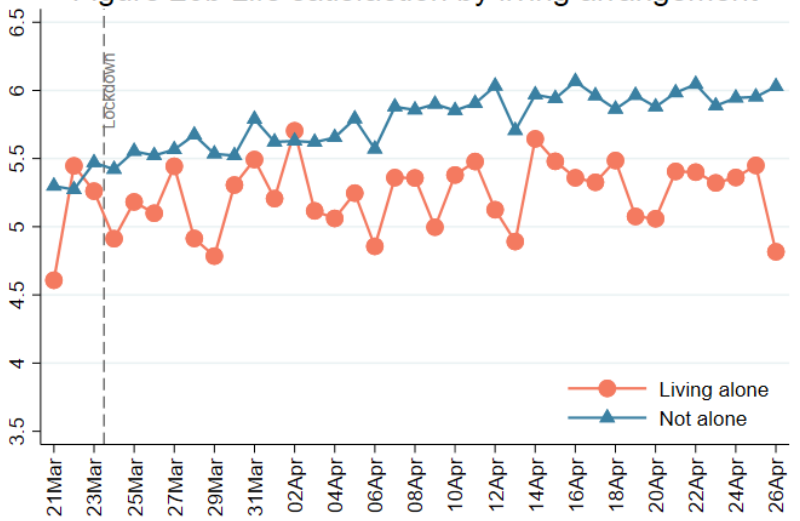


Figure 20c Life satisfaction by household income

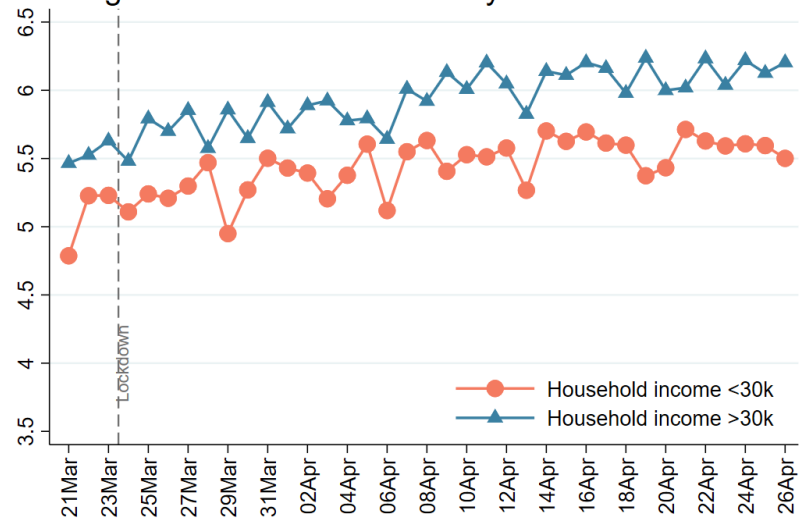
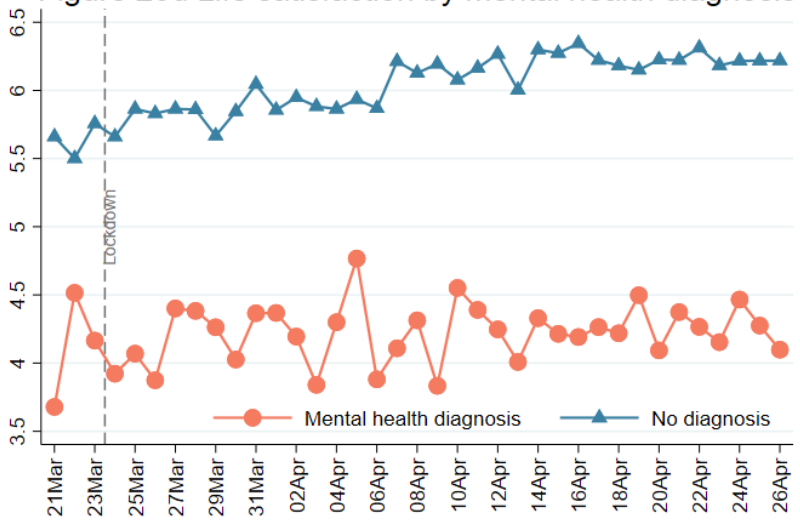
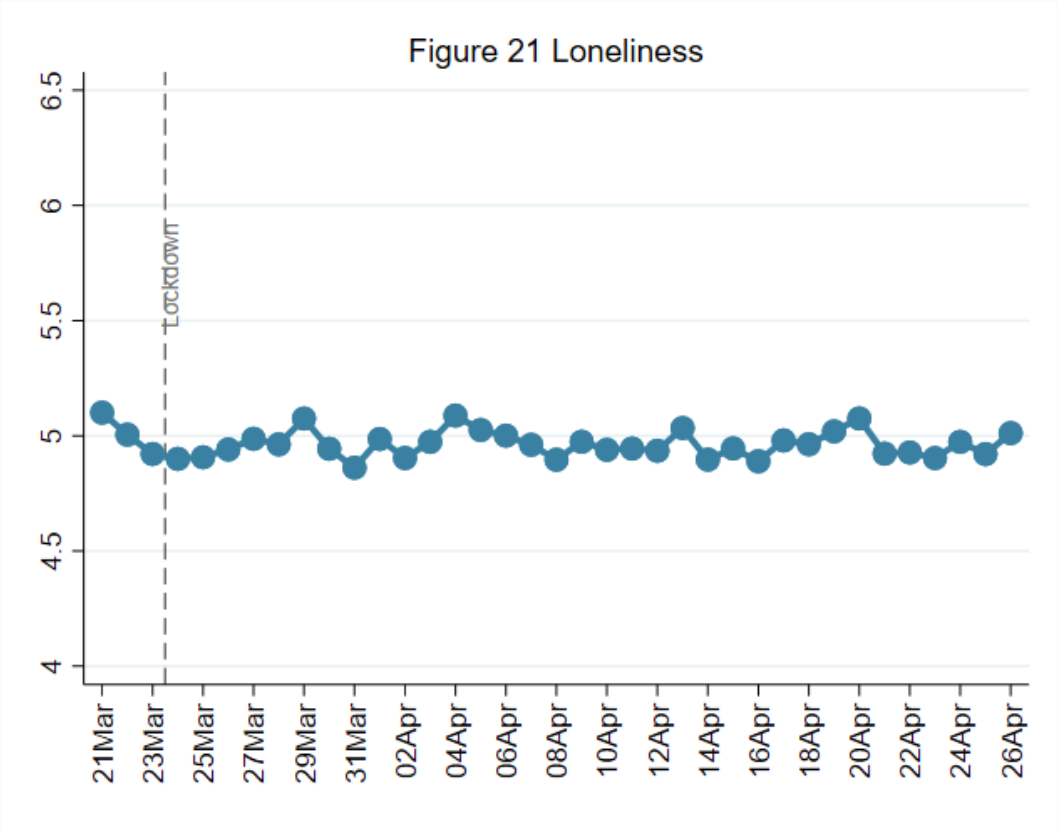


Figure 20d Life satisfaction by mental health diagnosis



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 living alone, those with lower household income levels, and those with an existing diagnosed mental health condition.

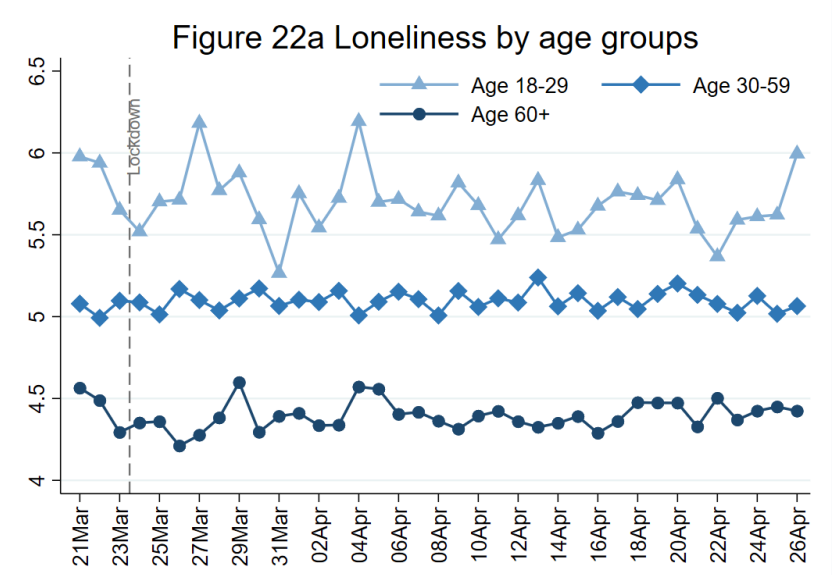


Figure 22a Loneliness by age groups
Age 18-29
Age 30-59
Age 60+
Lockdown
6.5
6
5.5
5
4.5
4
21Mar
23Mar
25Mar
27Mar
29Mar
31Mar
02Apr
04Apr
06Apr
08Apr
10Apr
12Apr
14Apr
16Apr
18Apr
20Apr
22Apr
24Apr
26Apr

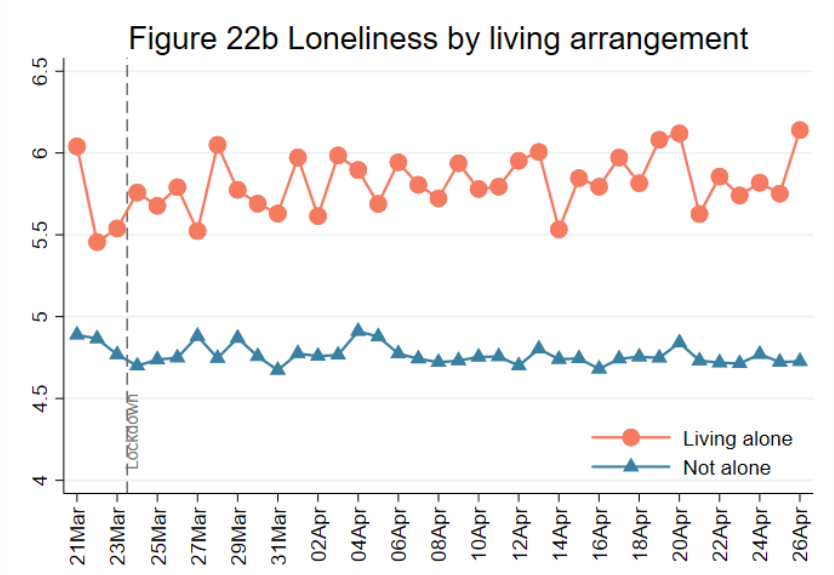


Figure 22b Loneliness by living arrangement
Lockdown
Living alone
Not alone
6.5
6
5.5
5
4.5
4
21Mar
23Mar
25Mar
27Mar
29Mar
31Mar
02Apr
04Apr
06Apr
08Apr
10Apr
12Apr
14Apr
16Apr
18Apr
20Apr
22Apr
24Apr
26Apr

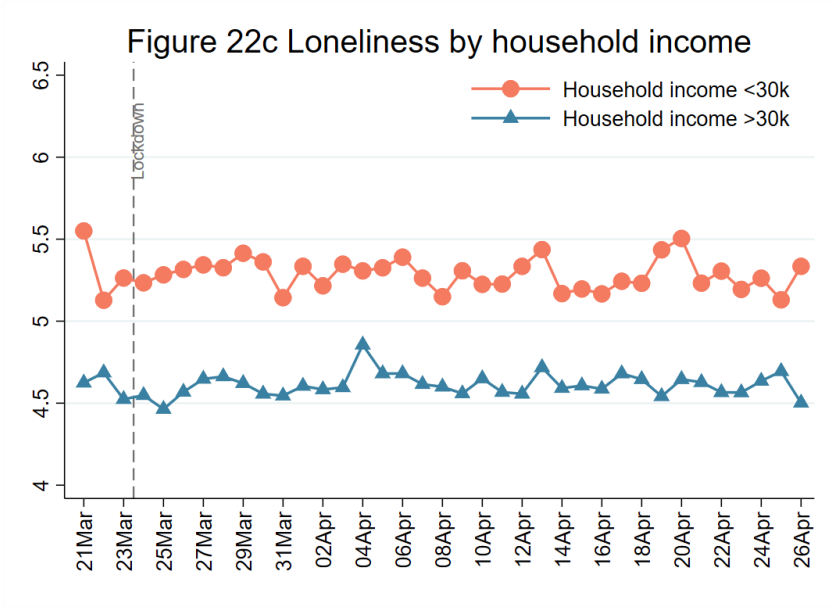


Figure 22c Loneliness by household income
Household income <30k
Household income >30k
Lockdown
6.5
6
5.5
5
4.5
4
21Mar
23Mar
25Mar
27Mar
29Mar
31Mar
02Apr
04Apr
06Apr
08Apr
10Apr
12Apr
14Apr
16Apr
18Apr
20Apr
22Apr
24Apr
26Apr

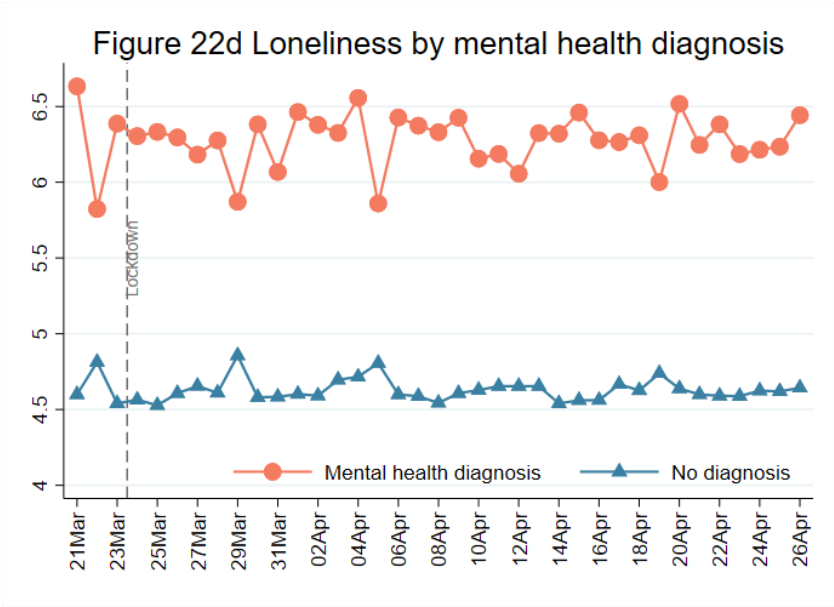


Figure 22d Loneliness by mental health diagnosis
Lockdown
Mental health diagnosis
No diagnosis
6.5
6
5.5
5
4.5
4
21Mar
23Mar
25Mar
27Mar
29Mar
31Mar
02Apr
04Apr
06Apr
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10Apr
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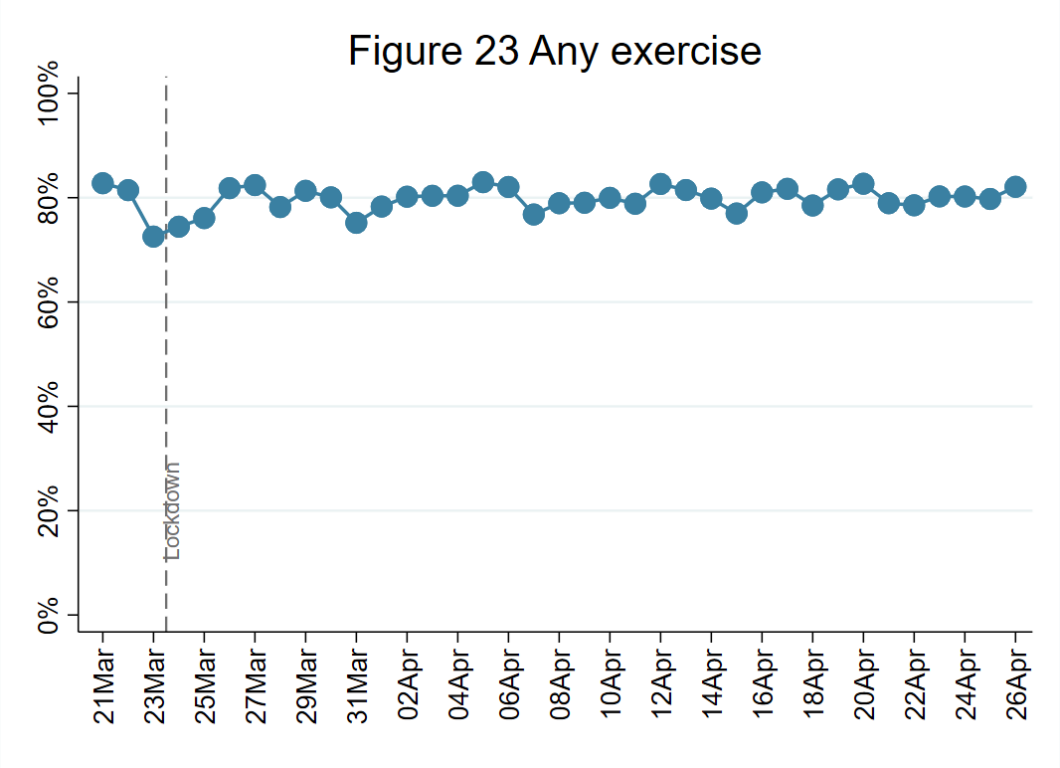
16Apr
18Apr
20Apr
22Apr
24Apr
26Apr

5. Behaviours

5.1 Exercise



FINDINGS

We asked respondents to focus on the last weekday and to report whether or not they had (i) engaged in moderate or high intensity activity, such as running, cycling or swimming, (ii) gone for walks or other gentle physical activity, or (iii) exercised in their own home, such as doing yoga, weights or other indoor exercise. We combined responses from the three items to identify individuals who had done no exercise at all. As responses focused on the last weekday, we do not have a complete picture of physical activity across the whole week, so these results present just a snapshot of activity.

Exercise levels have remained consistent since lockdown was announced, with 4 out of 5 adults reporting doing some form of physical activity. There has been little difference in activity levels by age, although people living alone, with low household incomes, and with an existing mental health diagnosis have reported doing less exercise.

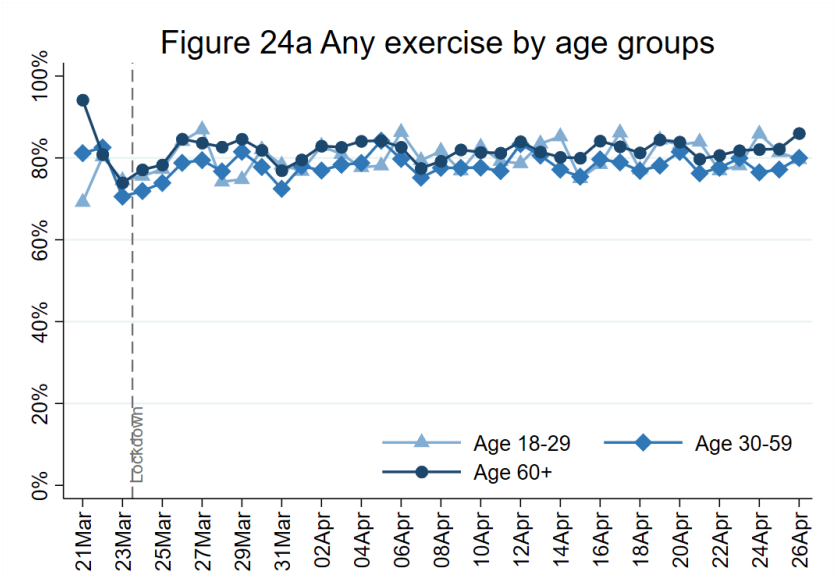


Figure 24a Any exercise by age groups
0%
20%
40%
60%
80%
100%
Lockdown
Age 18-29
Age 30-59
Age 60+
21Mar
23Mar
25Mar
27Mar
29Mar
31Mar
02Apr
04Apr
06Apr
08Apr
10Apr
12Apr
14Apr
16Apr
18Apr
20Apr
22Apr
24Apr
26Apr

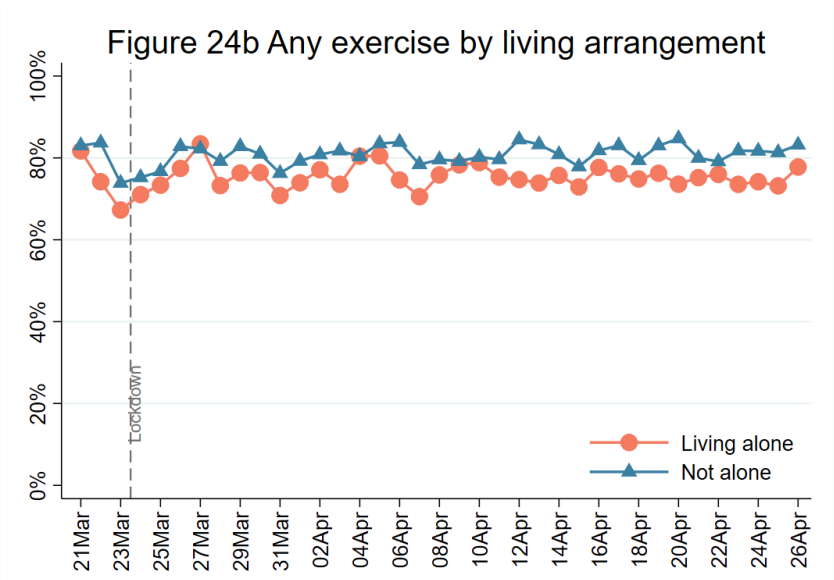


Figure 24b Any exercise by living arrangement
0%
20%
40%
60%
80%
100%
Lockdown
Living alone
Not alone
21Mar
23Mar
25Mar
27Mar
29Mar
31Mar
02Apr
04Apr
06Apr
08Apr
10Apr
12Apr
14Apr
16Apr
18Apr
20Apr
22Apr
24Apr
26Apr

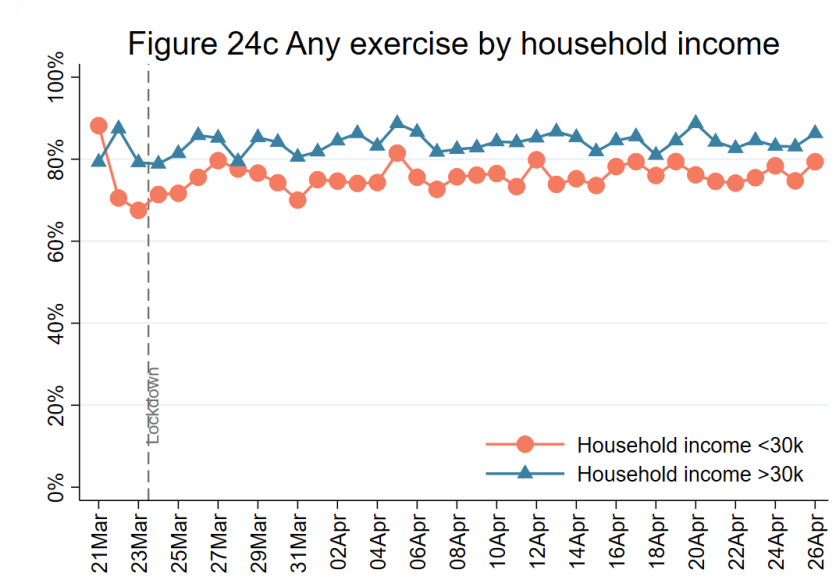


Figure 24c Any exercise by household income
0%
20%
40%
60%
80%
100%
Lockdown
Household income <30k
Household income >30k
21Mar
23Mar
25Mar
27Mar
29Mar
31Mar
02Apr
04Apr
06Apr
08Apr
10Apr
12Apr
14Apr
16Apr
18Apr
20Apr
22Apr
24Apr
26Apr

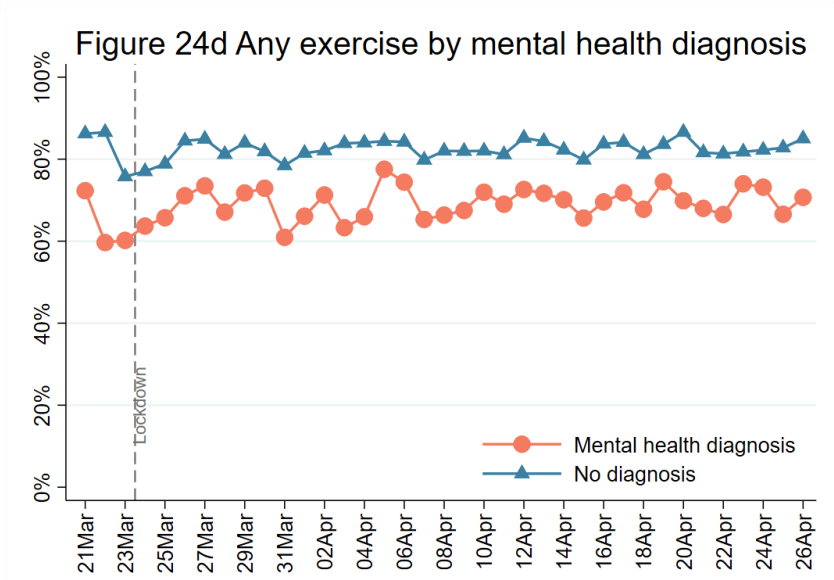
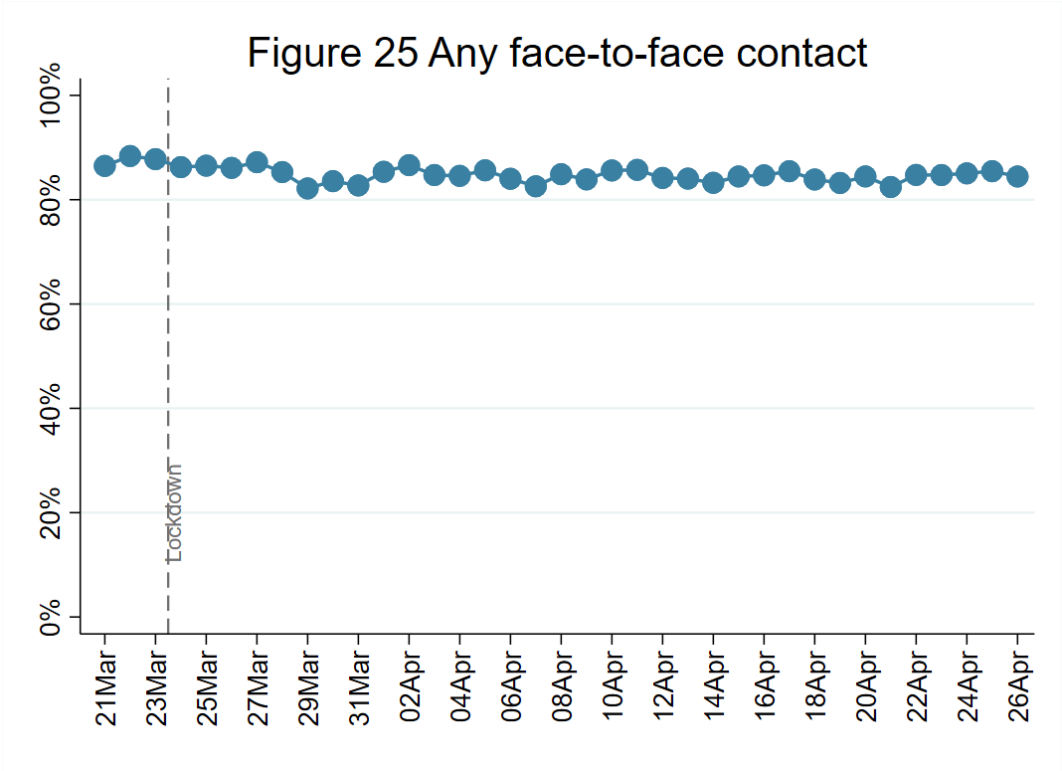


Figure 24d Any exercise by mental health diagnosis
0%
20%
40%
60%
80%
100%
Lockdown
Mental health diagnosis
No diagnosis
21Mar
23Mar
25Mar
27Mar
29Mar
31Mar
02Apr
04Apr
06Apr
08Apr
10Apr
12Apr
14Apr
16Apr
18Apr
20Apr
22Apr
24Apr
26Apr

5.2 Face-to-face contact



FINDINGS

We asked respondents about face-to-face (in person) contact with others, including (i) going out of the house to meet friends, neighbours or family, (ii) receiving visits from friends, neighbours, family or carers, or (iii) living with somebody else. We combined responses from the three items to identify individuals who had had no face-to-face contact. Participants answered by focusing on the last weekday, so we do not have a complete picture of face-to-face contact across the whole week. Therefore, these results present just a snapshot of activity.

Around 1 in 5 adults reported not having any face-to-face contact with others on the weekday assessed. This was more common amongst older adults, and those with low household income [3]. Naturally, it was not reported for people living with others. Patterns remain stable since lockdown was announced, suggesting that face-to-face contact has not declined in this period.

[3] NB the tables below still show the entire sample, including those living alone.

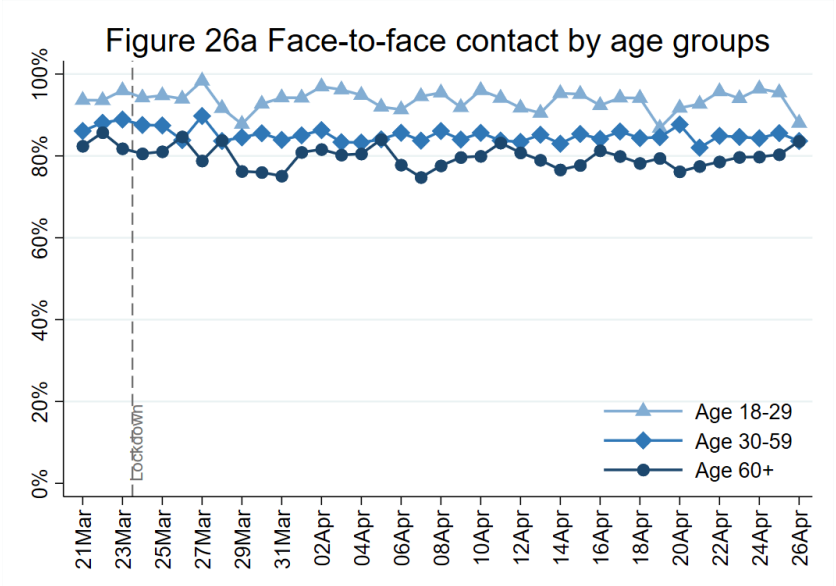


Figure 26a Face-to-face contact by age groups
0%
20%
40%
60%
80%
100%
Lockdown
Age 18-29
Age 30-59
Age 60+
21Mar
23Mar
25Mar
27Mar
29Mar
31Mar
02Apr
04Apr
06Apr
08Apr
10Apr
12Apr
14Apr
16Apr
18Apr
20Apr
22Apr
24Apr
26Apr

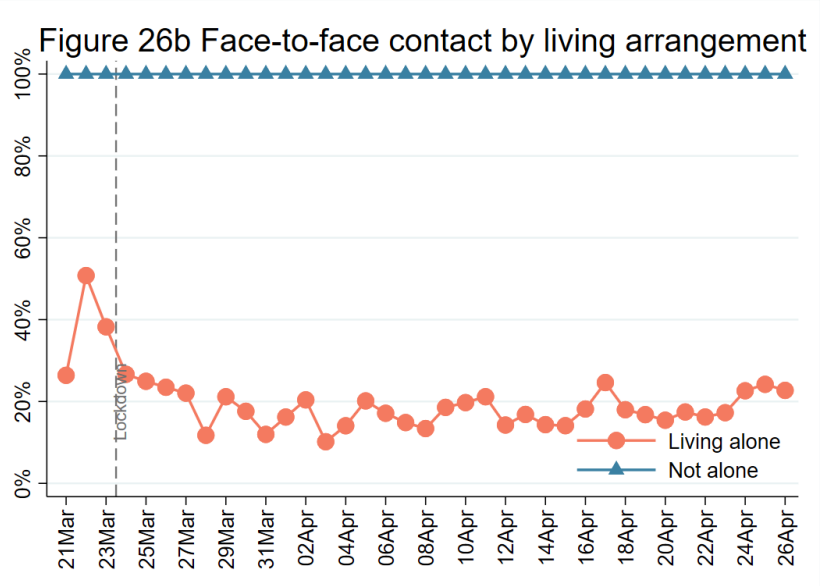


Figure 26b Face-to-face contact by living arrangement
0%
20%
40%
60%
80%
100%
Lockdown
Living alone
Not alone
21Mar
23Mar
25Mar
27Mar
29Mar
31Mar
02Apr
04Apr
06Apr
08Apr
10Apr
12Apr
14Apr
16Apr
18Apr
20Apr
22Apr
24Apr
26Apr

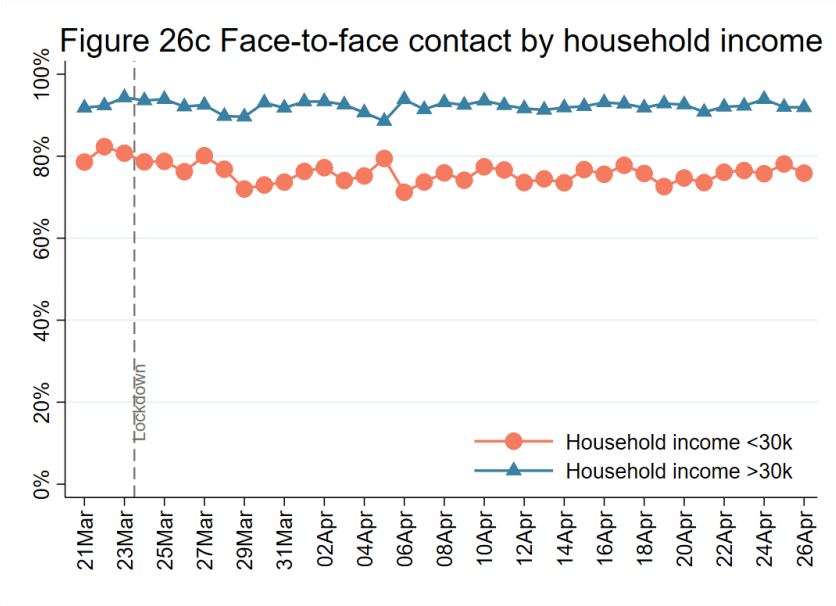


Figure 26c Face-to-face contact by household income
0%
20%
40%
60%
80%
100%
Lockdown
Household income <30k
Household income >30k
21Mar
23Mar
25Mar
27Mar
29Mar
31Mar
02Apr
04Apr
06Apr
08Apr
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12Apr
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16Apr
18Apr
20Apr
22Apr
24Apr
26Apr

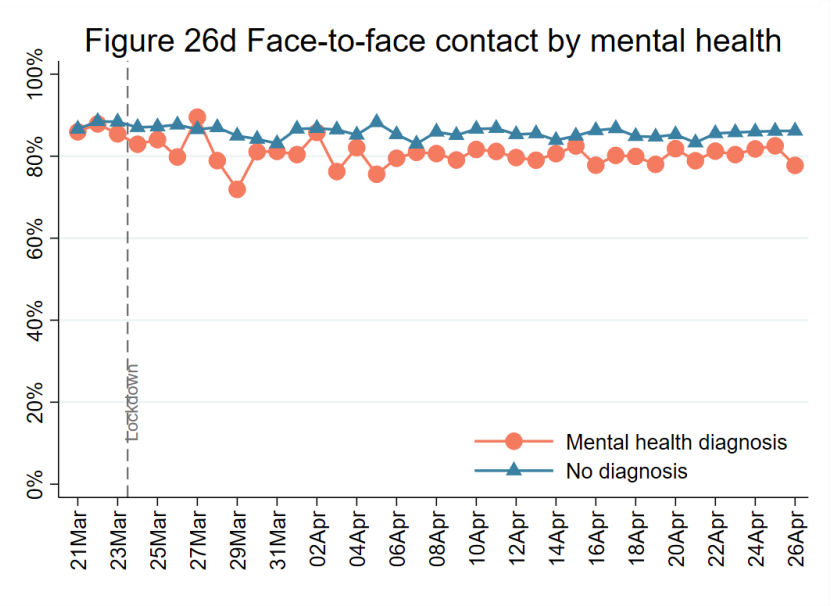
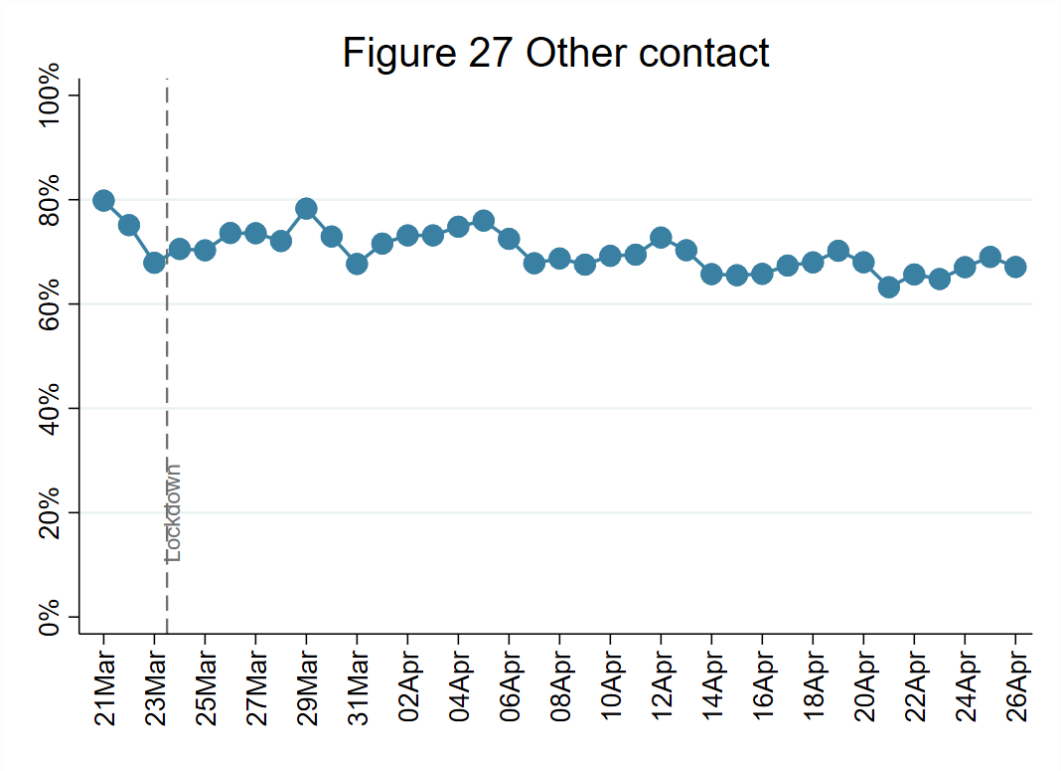


Figure 26d Face-to-face contact by mental health
0%
20%
40%
60%
80%
100%
Lockdown
Mental health diagnosis
No diagnosis
21Mar
23Mar
25Mar
27Mar
29Mar
31Mar
02Apr
04Apr
06Apr
08Apr
10Apr
12Apr
14Apr
16Apr
18Apr
20Apr
22Apr
24Apr
26Apr

5.3 Other contact



FINDINGS

We asked respondents whether they have been phoning or video-talking with friends or family or messaging friends or family, e.g. via WhatsApp, text, email, or other messaging service. Contact for work purposes was not included. We only counted activity that was for 30 minutes or more a day in order to identify more engaged communication. Participants answered by focusing on the last weekday, so we do not have a complete picture of phoning/messaging behaviours across the whole week. Therefore, these results present just a snapshot of activity.

Around 3 in 4 adults have been using phoning, video-calling or messaging to stay in touch with others for 30 minutes a day or more. This type of communication has been highest in adults aged 18-29 but has not varied much by living arrangement, household income, or mental health diagnosis. There have been slight decreases in such communication over the past month.

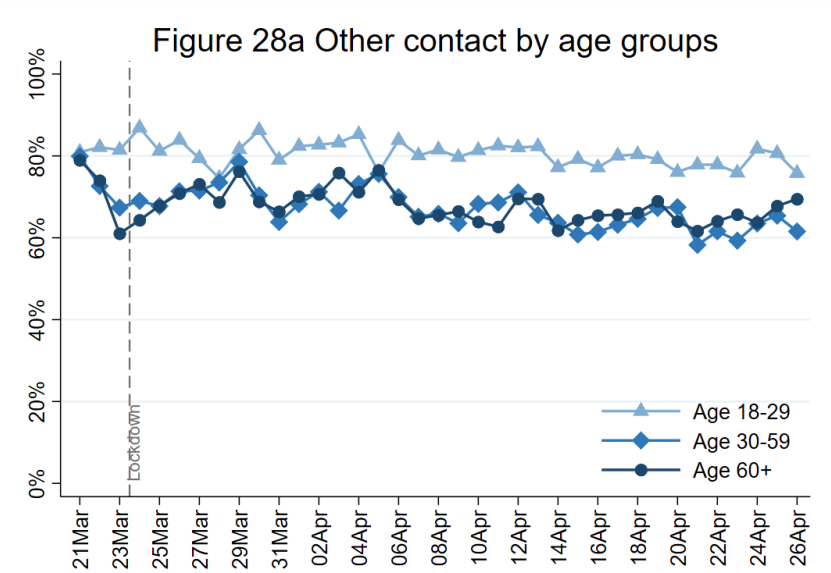


Figure 28a Other contact by age groups
0%
20%
40%
60%
80%
100%
Lockdown
Age 18-29
Age 30-59
Age 60+
21Mar
23Mar
25Mar
27Mar
29Mar
31Mar
02Apr
04Apr
06Apr
08Apr
10Apr
12Apr
14Apr
16Apr
18Apr
20Apr
22Apr
24Apr
26Apr

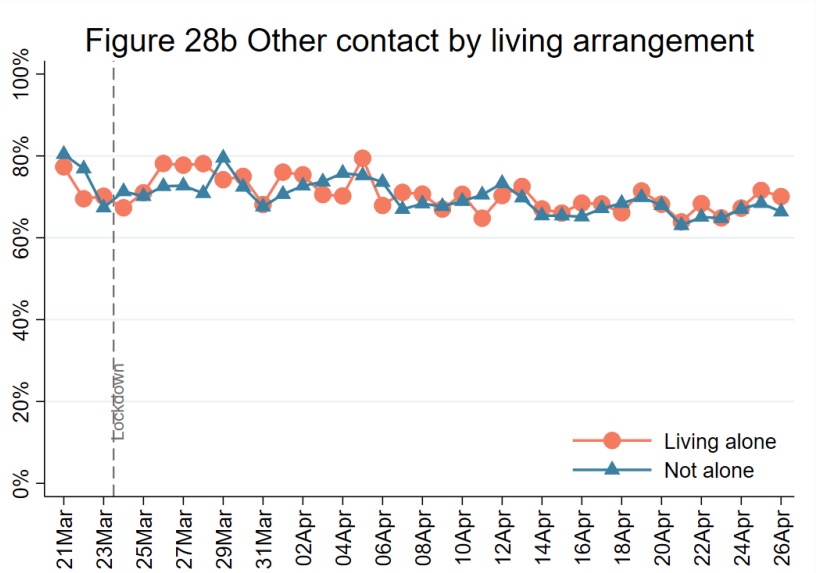


Figure 28b Other contact by living arrangement
0%
20%
40%
60%
80%
100%
Lockdown
Living alone
Not alone
21Mar
23Mar
25Mar
27Mar
29Mar
31Mar
02Apr
04Apr
06Apr
08Apr
10Apr
12Apr
14Apr
16Apr
18Apr
20Apr
22Apr
24Apr
26Apr

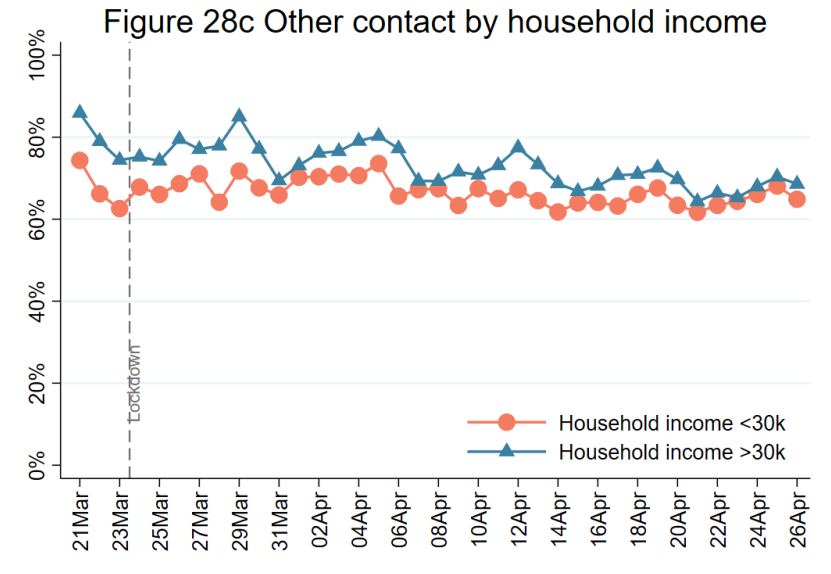


Figure 28c Other contact by household income
0%
20%
40%
60%
80%
100%
Lockdown
Household income <30k
Household income >30k
21Mar
23Mar
25Mar
27Mar
29Mar
31Mar
02Apr
04Apr
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26Apr

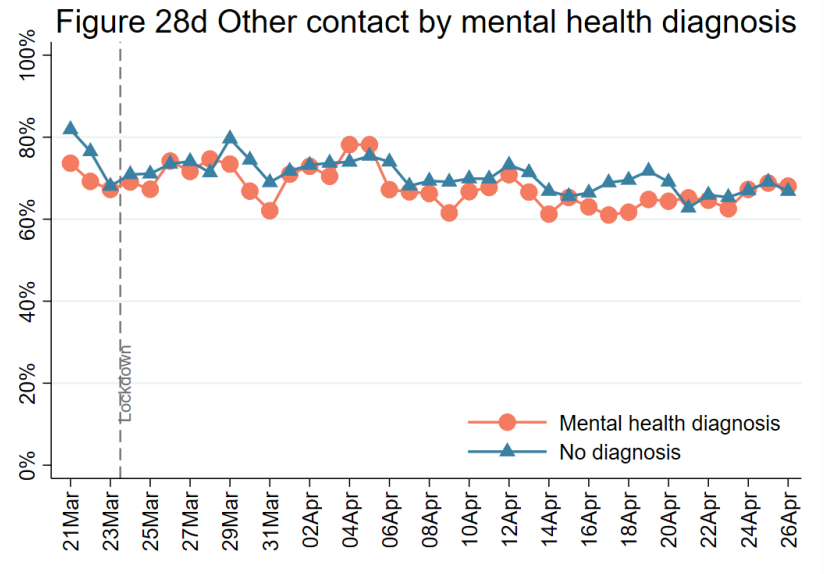
Figure 28d Other contact by mental health diagnosis
0%
20%
40%
60%
80%
100%
Lockdown
Mental health diagnosis
No diagnosis
21Mar
23Mar
25Mar
27Mar
29Mar
31Mar
02Apr
04Apr
06Apr
08Apr
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Appendix

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 80,000 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 does not aim to be representative of the UK population, but instead 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 who were not designated as keyworkers and who therefore are requested to stay at home by the government. We used new cross-sectional data from individuals as they entered the study and also included weekly longitudinal data as participants received their routine follow-up. In this report, we treated the data as repeated cross-sectional data collected daily from the 21st of March to the 26th of April (the latest data available). Aiming at a representative sample of the population for each sub-dataset, 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).

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.MARCHNetwork.org/research**

Demographics of respondents included in this report

NB In this report, we only included respondents who were not keyworkers.

Table A1 Demographics of observations from participants in the pooled raw data (unweighted)

	Number of observations	%
Age		
18-29	11,491	8.4
30-59	75,767	55.4
60+	49,421	36.2
Gender		
Men	37,010	27.2
Women	99,001	72.8
Living alone		
No	109,183	79.9
Yes	27,496	20.1
Annual household income		
>30k	72,053	58.6
<30k	50,937	41.4
Any diagnosed mental health conditions		
No	111,447	81.5
Yes	25,232	18.5