



Covid-19 Social Study

Results Release 1

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Executive summary

Background

This report provides cross-sectional data from Week 1 of the Covid-19 Social Study run by University College London: a panel study of over 40,000 participants focusing on the psychological and social experiences of adults living in the UK during the Covid-19 pandemic.

In this FIRST report, we focus on two questions:

1. How does public understanding and response to Covid-19 vary by socio-demographic factors?
2. What are the factors worrying individuals and how do these vary by socio-demographic factors?

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. Full methods and demographics for the sample included in this report are reported in the Appendix. The study is still recruiting.

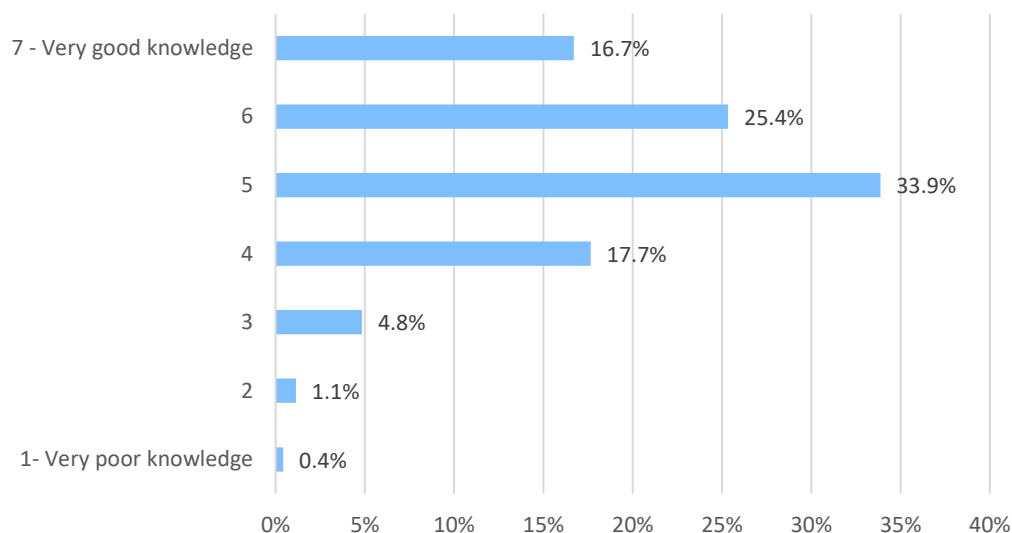
Findings

- **Self-rated knowledge** about Covid-19 is generally high amongst the study sample. However, younger adults (18-30) report less good self-rated knowledge.
- There is evidence of a socio-economic gradient in self-rated knowledge, with individuals with lower household income and living in over-crowded households reporting less good knowledge.
- A large majority of the sample report **following government recommendations** to a moderate or substantial degree. However, adults aged 18-30 are showing marginally less adherence.
- There is evidence of a socio-economic gradient in adherence to government recommendations, with individuals with lower household income and living in over-crowded households reporting less good adherence.
- **Confidence in the government** to manage this pandemic effectively is mixed, with higher ratings amongst older adults (especially aged 60+).
- Individuals with mental health conditions are showing marked less confidence in government.
- Confidence in **accessing essentials** (such as food, medicines and electricity) is mixed.
- There is evidence of a social gradient in confidence about accessing essentials, with individuals with lower household income and living in over-crowded households showing less confidence.
- Individuals with physical and (in particular) mental health conditions are particularly worried about not being able to access essentials.
- Key workers, younger adults, those living in over-crowded households, and individuals with health conditions (especially mental health conditions) are reporting more daily **stressors**.
- Concern for family and friends and getting food are ranking as the most prevalent stressors (reported by over half of our sample); more prevalent than catching or becoming seriously ill from Covid-19.
- Types of stressors are varying substantially by age and existing mental and physical health conditions, and key workers are substantially more worried about work than non-key workers.
- Amongst **major stressors**, women and younger adults are reporting more major stressors, as are key workers, people living in over-crowded houses, people of lower income, and people with physical and (in particular) mental health conditions.
- Just under a quarter of our sample is substantially worried about getting seriously ill from Covid-19 and fewer than 1 in 5 are substantially worried about catching it.
- For those over the age of 30, individual health relating to Covid-19 is a more prevalent serious worry than the health of family and friends. But this is the opposite for under 30s.

Understanding and response to Covid-19

1.1 Self-rated knowledge about Covid-19

Figure 1 Self-rated knowledge about Covid-19



Self-rated knowledge about Covid-19 is relatively high amongst our survey sample: 76% of people report feeling they have good or very knowledge about Covid-19 (scores in the top 3 categories), whereas less than 2% report feeling they have poor or very poor knowledge. These figures are not representative of the population, but analyses of the subgroups do show how self-rated knowledge varies by socio-demographic characteristics.

SUB-GROUP FINDINGS

Self-rated knowledge is reported to be higher amongst older adults. Of adults aged 30 and above, 77% place themselves in the top three categories (scores 5-7), compared to just 70% of adults aged 18-30 (Fig 2a). Women report better self-rated knowledge than men (77% scoring 5-7 compared to 74%) (Fig 2b). Respondents whose annual household income is higher than £30,000 report better knowledge (78% scoring 5-7) than those with lower household income (73% scoring 5-7) (Fig 2c). Those living in an overcrowded household (more than one person per bedroom or living space) have lower levels of self-rated knowledge (73% scoring 5-7) than those not living in an overcrowded household (77% scoring 5-7) (Fig 2d). Respondents who have long-term physical health conditions report only slightly greater levels of knowledge about Covid-19 (77% scoring 5-7) compared with healthy adults (75% scoring 5-7) (Fig 2e). Respondents who have diagnosed mental health conditions report lower levels of self-rated knowledge (75% scoring 5-7) than adults with good mental health (76% scoring 5-7) (Fig 2f). Respondents who identify as carers report having greater knowledge about Covid-19 (77% scoring 5-7) than those who are not carers (76% scoring 5-7) (Fig 2g).

Fig 2a Self-rated knowledge by age groups

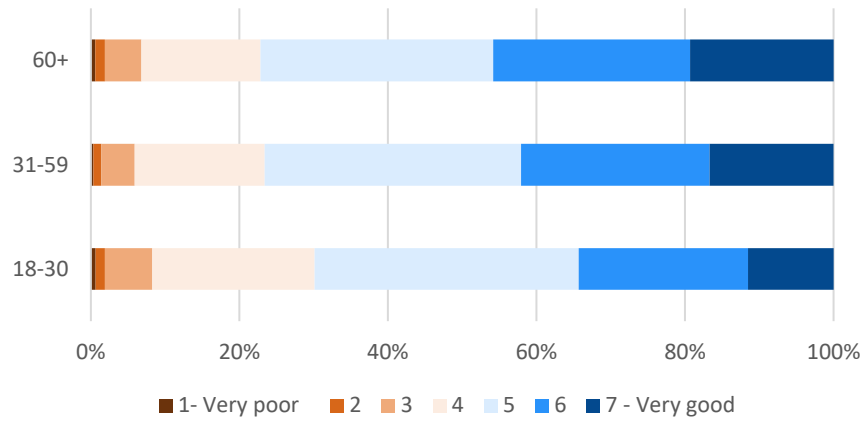


Fig 2b Self-rated knowledge by gender

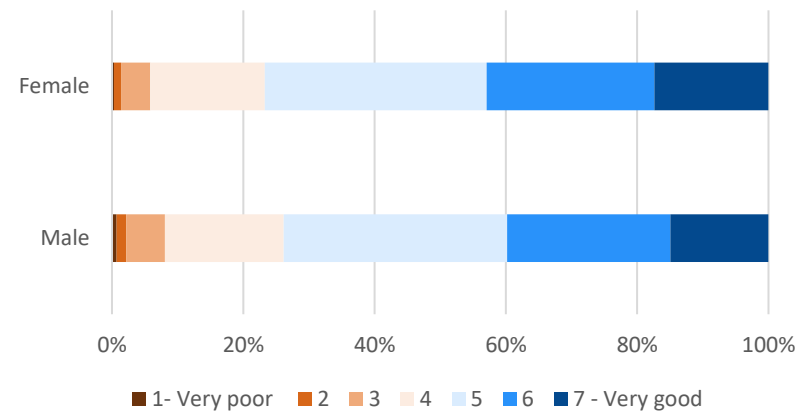


Figure 2c Self-rated knowledge by household income

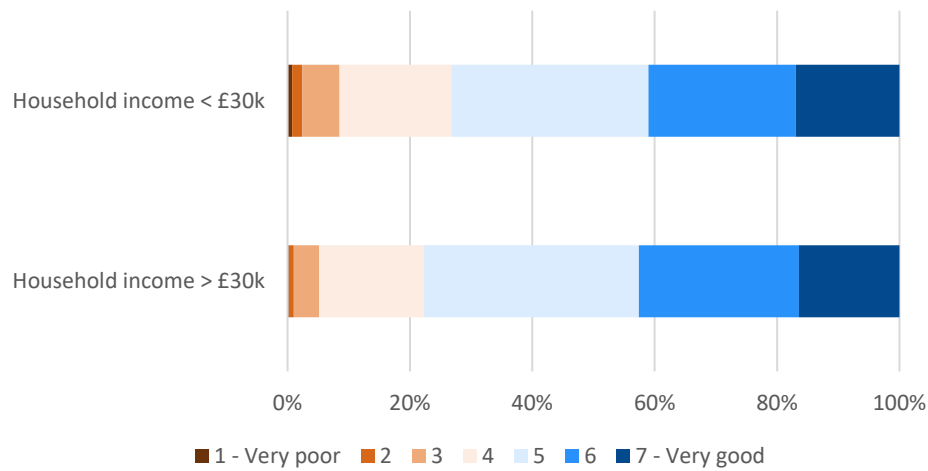


Fig 2d Self-rated knowledge by household overcrowding

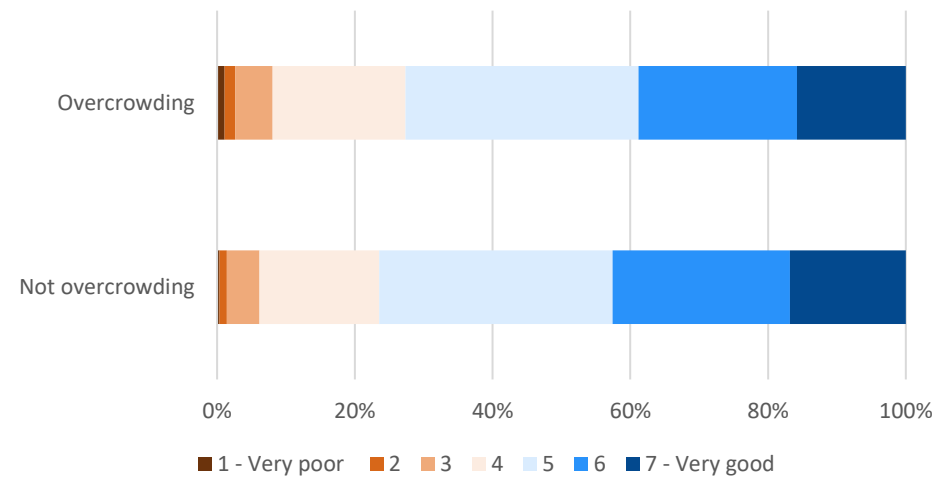


Figure 2e Self-rated knowledge by long-term physical health conditions

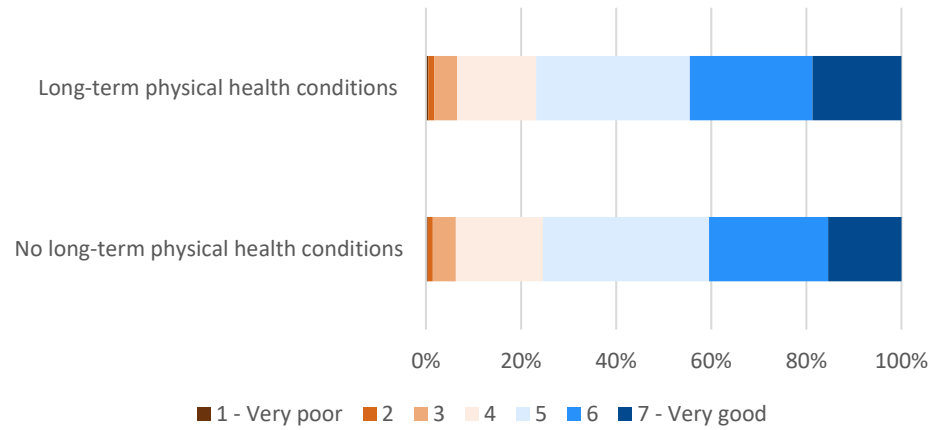


Figure 2f Self-rated knowledge by mental health conditions

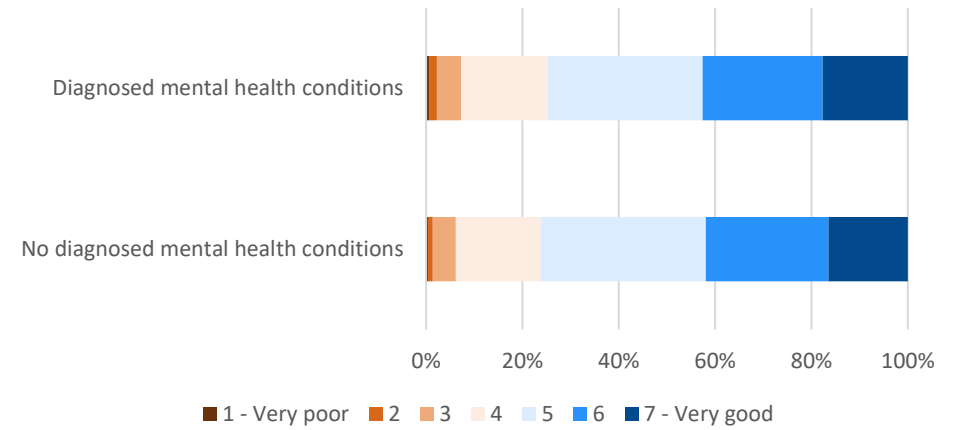
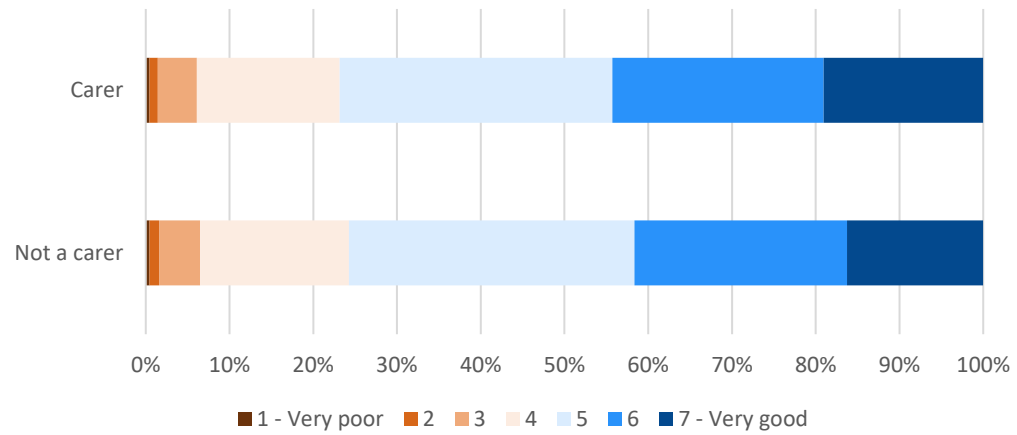
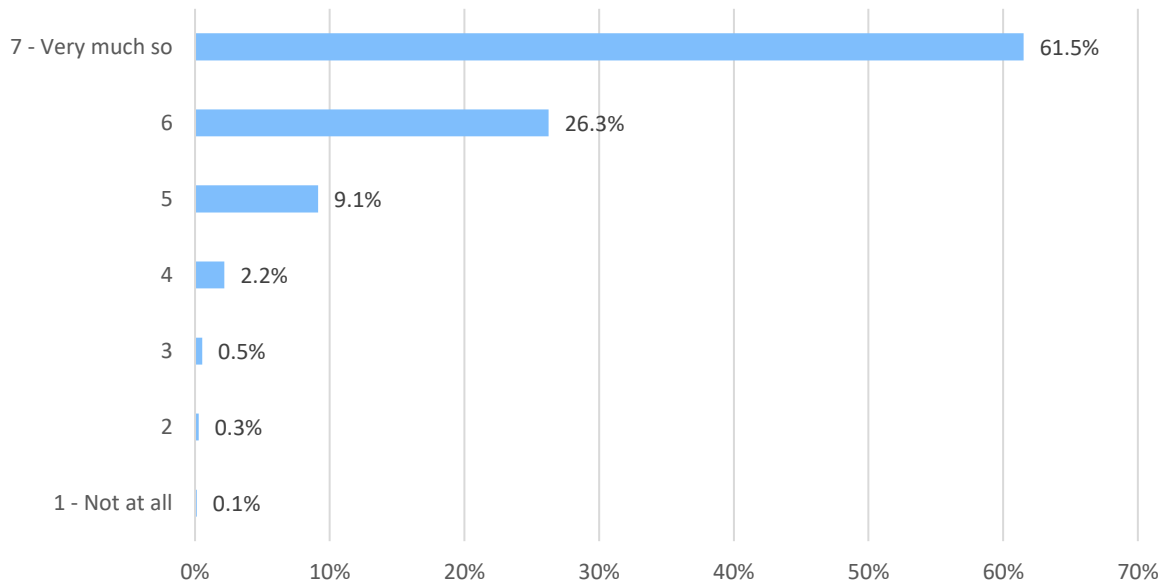


Figure 2g Self-rated knowledge by carer status



1.2 Following government recommendations

Figure 3 Following government recommendations



In our sample, 97% of the respondents report following the recommendations from authorities to prevent the spread of Covid-19 such as social distancing and social isolation (scores in the top 3 categories). Less than 1% report not or rarely following the recommendations (scores in the bottom 3 categories). These figures are not representative of the population, but analyses of the subgroups do show how adherence varies by socio-demographic characteristics.

SUB-GROUP FINDINGS

Respondents aged 30 or above report following the recommendations most, with 97% scoring in the top 3 categories (scores 5-7), compared to 95% of those aged 18-30 (Fig 4a). Women report following the recommendations more than men (98% scoring 5-7 compared with 95%) (Fig 4b). There is little difference in adherence by annual household income (Fig 4c). Those living in an overcrowded household (more than one person per bedroom or living space) report following recommendations less (95% scoring 5-7) than those not living in an overcrowded household (97% scoring 5-7) (Fig 4d). Physical and mental health conditions make little difference to adherence, although particularly strict levels of adherence are seen amongst respondents with long-term physical health conditions (Fig 4e & 4f). Respondents who identify as carers report similar adherence to recommendations to those who are not carers (97% scoring 5-7) (Fig 4g).

Figure 4a Following government recommendations by age groups

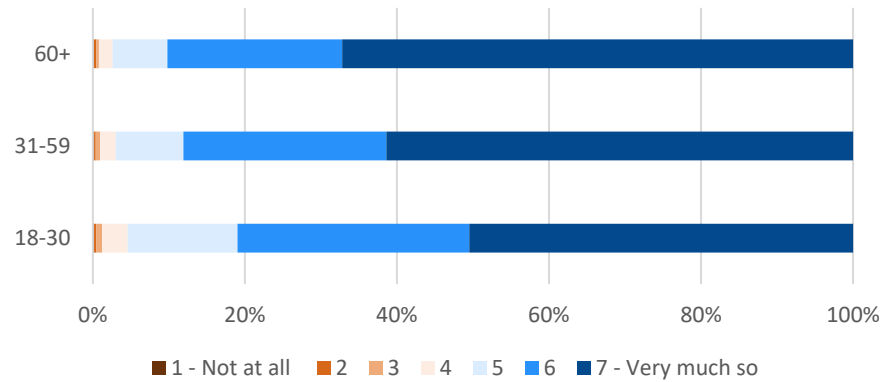


Figure 4b Following government recommendations by gender

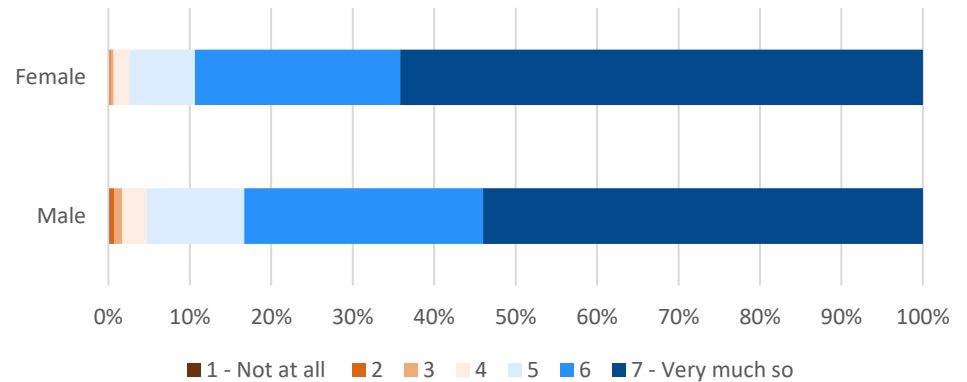


Figure 4c Following government recommendations by household income

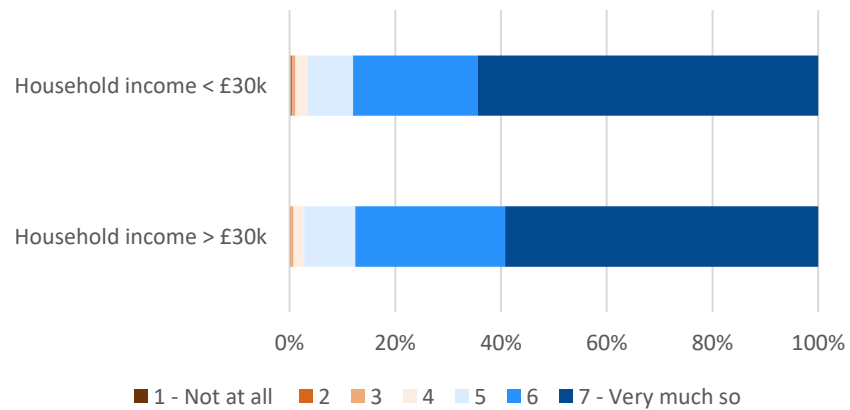


Figure 4d Following government recommendations by household overcrowding

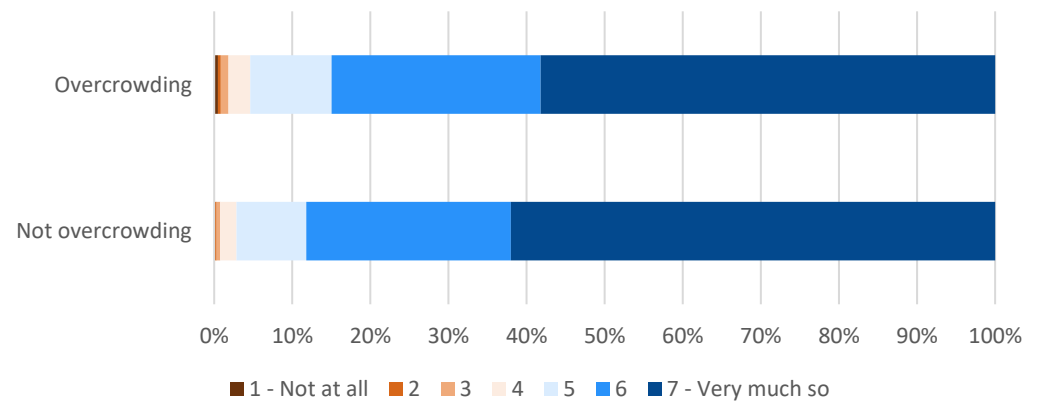


Figure 4e Following government recommendations by long-term physical health conditions

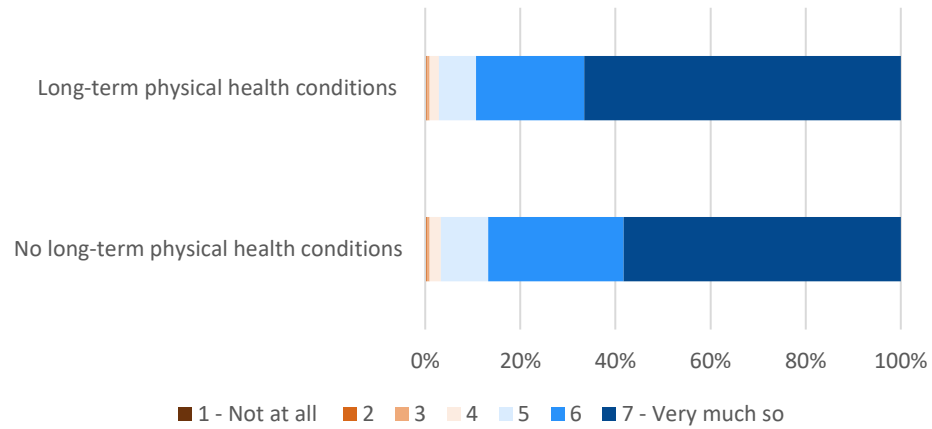


Figure 4f Following government recommendations by mental health conditions

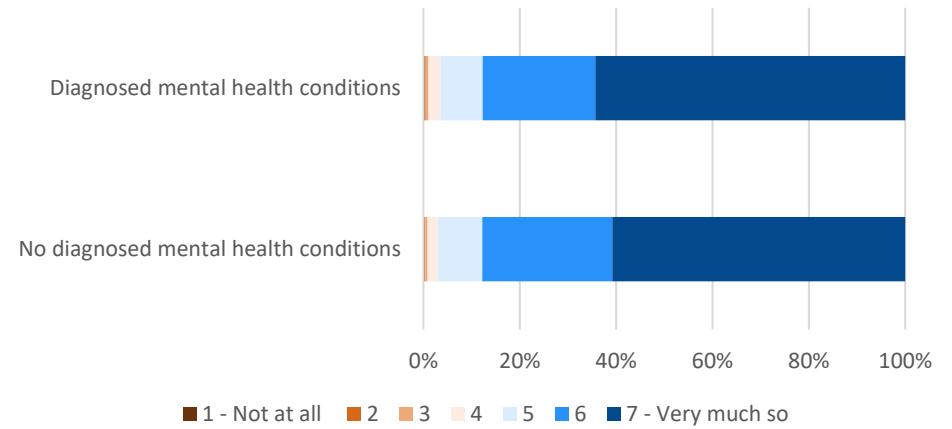
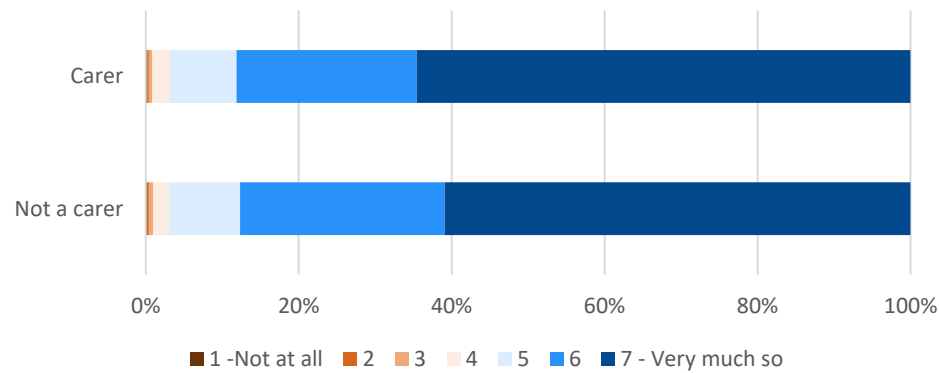
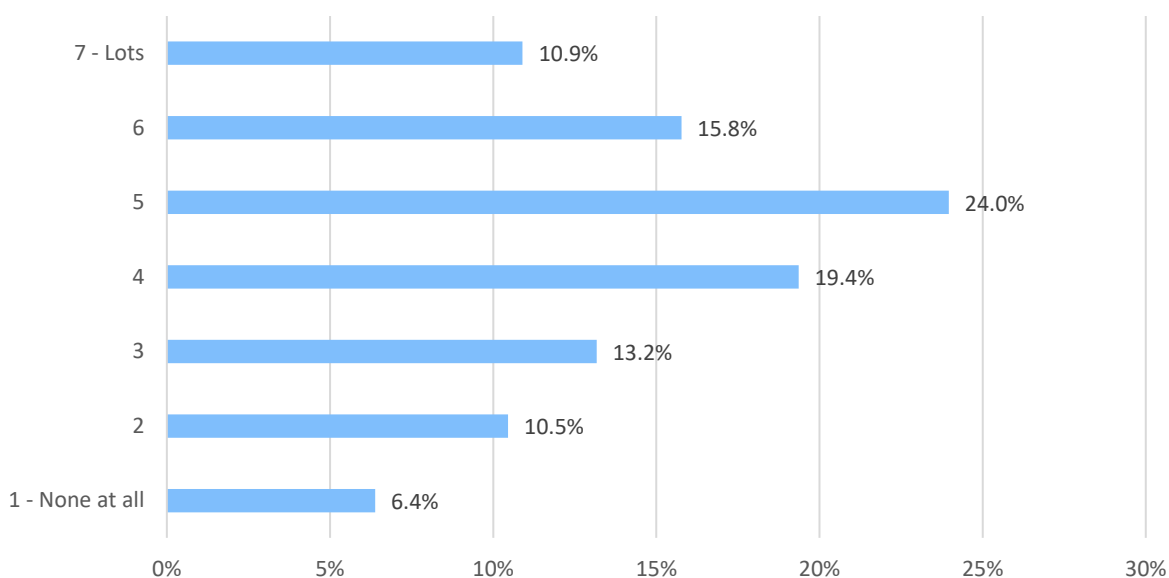


Figure 4g Following government recommendations by carer status



1.3 Confidence in government

Figure 5 Confidence in government



Participants were asked to rate their confidence in the government to handle the Covid-19 epidemic effectively. In our sample, 51% report of having high levels of confidence in the government (scoring in the top 3 categories, scores 5-7), whereas 30% place their confidence in government in the bottom three categories. These figures are not representative of the population, but analyses of the subgroups do show how confidence varies by socio-demographic characteristics.

SUB-GROUP FINDINGS

Confidence in government is reported to be higher amongst older adults. Of adults aged 60 and above, 62% place themselves in the top three categories (scores 5-7), compared to 49% of adults aged 31-59 and 36% of adults aged 18-30 (Fig 6a). Women and men report similar confidence in government (Fig 6b). Respondents whose annual household income is higher than £30,000 report lower confidence in the government (48% scoring 5-7) than those with lower household income (53% scoring 5-7) (Fig 6c). Those living in an overcrowded household (more than one person per bedroom or living space) have lower levels of confidence in government (42% scoring 5-7) than those not living in an overcrowded household (52% scoring 5-7) (Fig 6d). Respondents who have long-term physical health conditions report higher levels of confidence in government (53% scoring 5-7) compared with healthy adults (49% scoring 5-7) (Fig 6e). However, respondents who have diagnosed mental health conditions report lower confidence in government (44% scoring 5-7) than adults with good mental health (52% scoring 5-7) (Fig 6f). Respondents who identify as carers report greater confidence in government (55% scoring 5-7) than those who are not carers (50% scoring 5-7) (Fig 6g).

Figure 6a Confidence in government by age groups

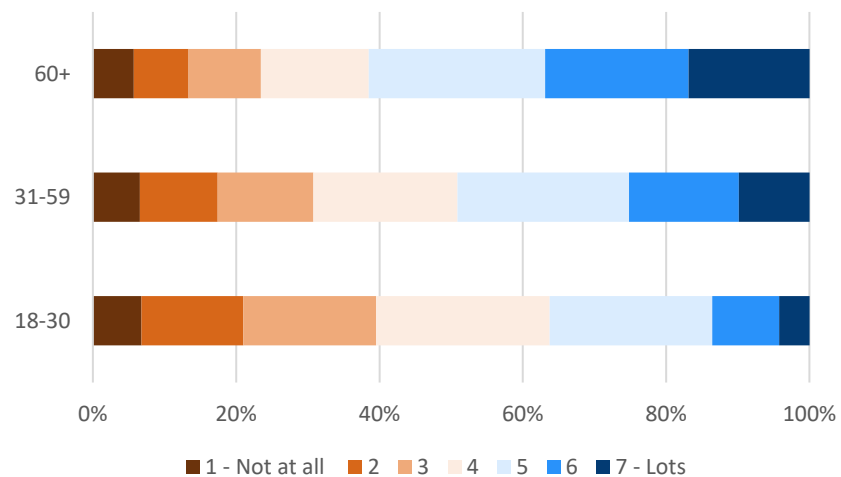


Figure 6b Confidence in government by gender

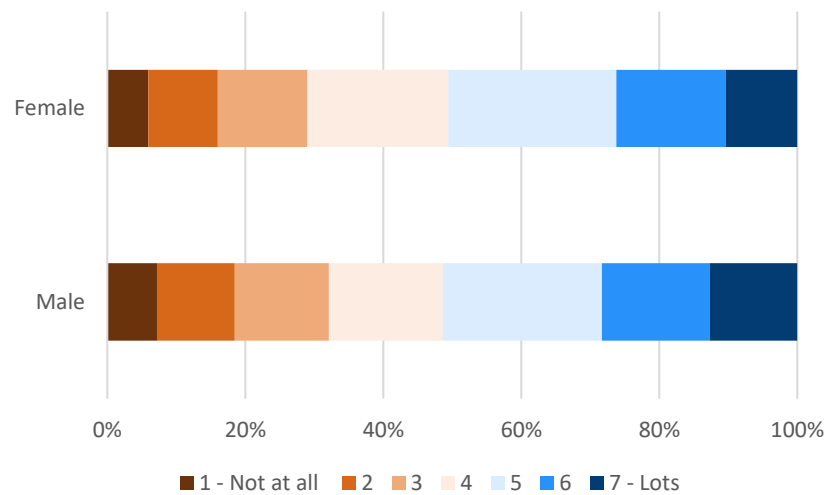


Figure 6c Confidence in government by household income

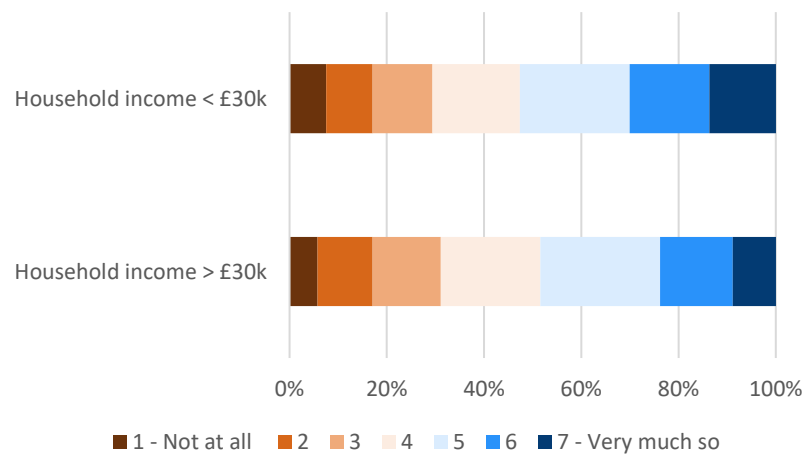


Figure 6d Confidence in government by household overcrowding

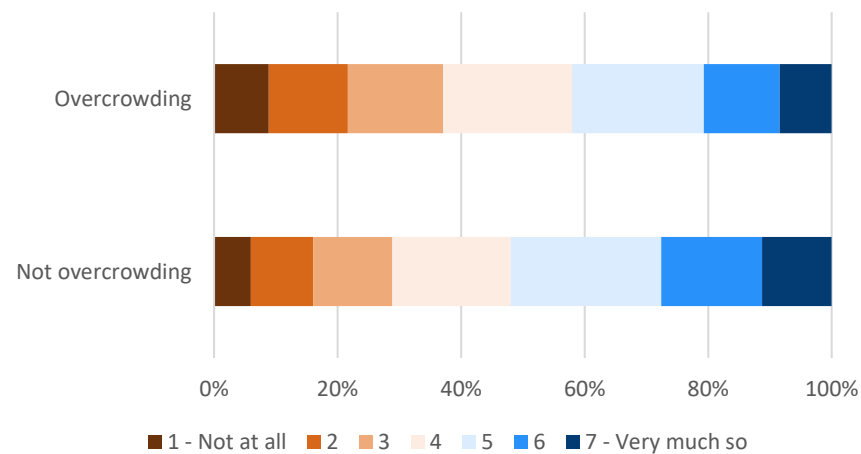


Figure 6e Confidence in government by long-term physical health conditions

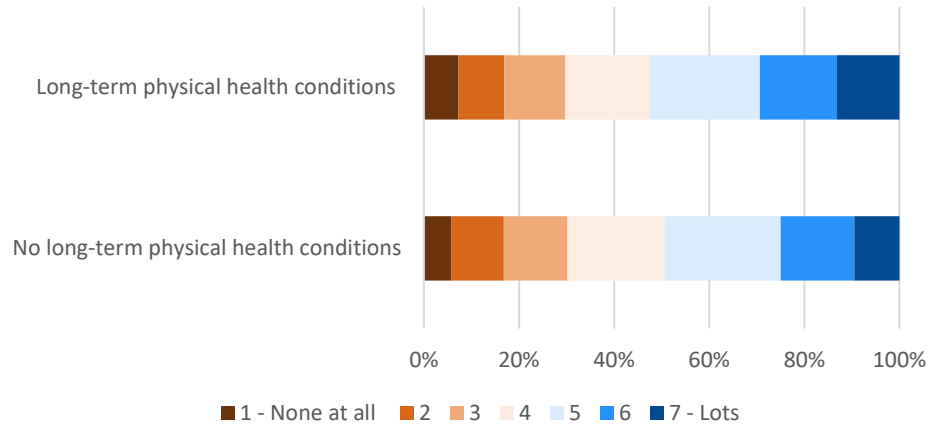


Figure 6f Confidence in government by mental health conditions

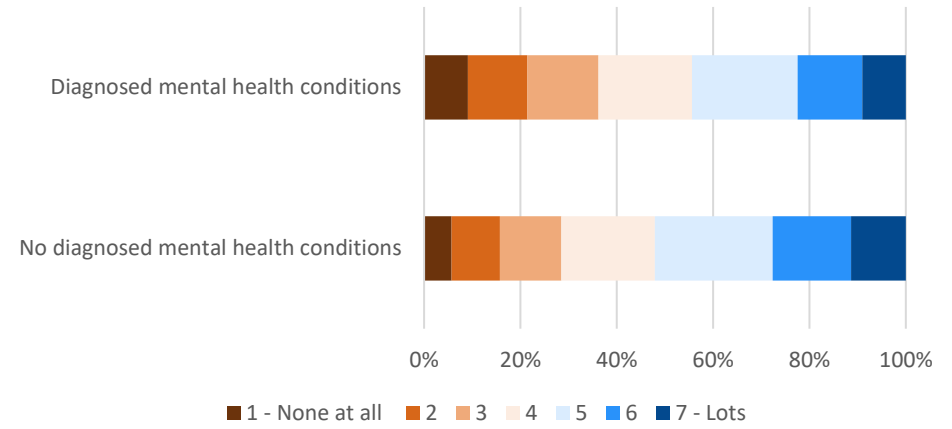
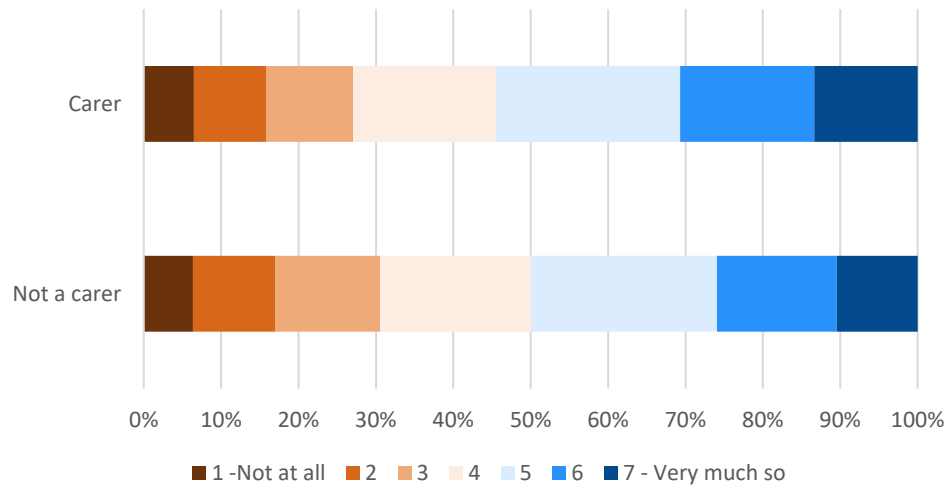


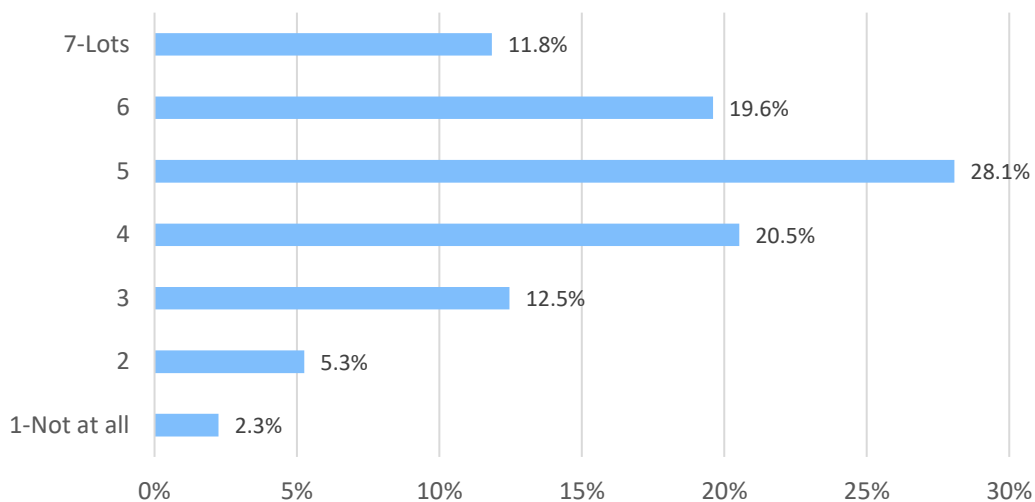
Figure 6g Confidence in government by carer status



Stressors relating to Covid-19

2.1 Confidence in accessing essentials

Figure 7: Confidence in accessing essentials



Participants were asked to rate their confidence in essentials (such as access to food, water, medicines, deliveries) being maintained during Covid-19. A total of 60% of people report confidence (the highest 3 categories, scores 5-7). However, 20% do not report confidence (score 1-3) in essentials being maintained (Fig 7). These figures are not representative of the population, but analyses of the subgroups do show how confidence varies by socio-demographic characteristics.

SUB-GROUP FINDINGS

There is little evidence that confidence in essentials differs by age, gender, and amongst those who are and are not caring for others (see Fig 8). However, confidence in accessing essentials is higher in participants from high-income households (60% scoring 5-7) compared to those in low-income households (56% scoring 5-7) (Fig 8c). Participants living in over-crowded households are also less confident in accessing essentials (54% scoring 5-7) compared to those in non-crowded households (60% scoring 5-7) (Fig 8d). Also, participants with long-term conditions, in particular those with mental health conditions, are less confident (49% scoring 5-7) than those with physical health conditions (56% scoring 5-7) and those without health conditions (63% scoring 5-7) (Fig 8e).

Figure 8a Confidence in essentials by age groups

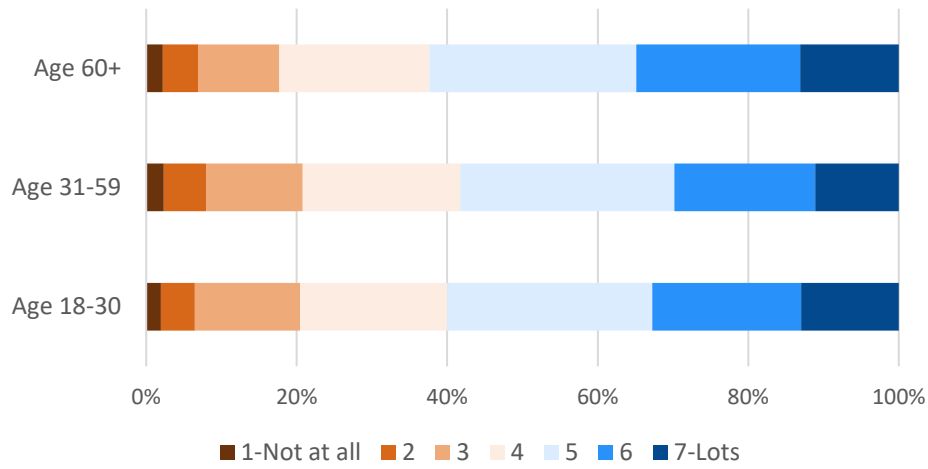


Figure 8b Confidence in essentials by gender

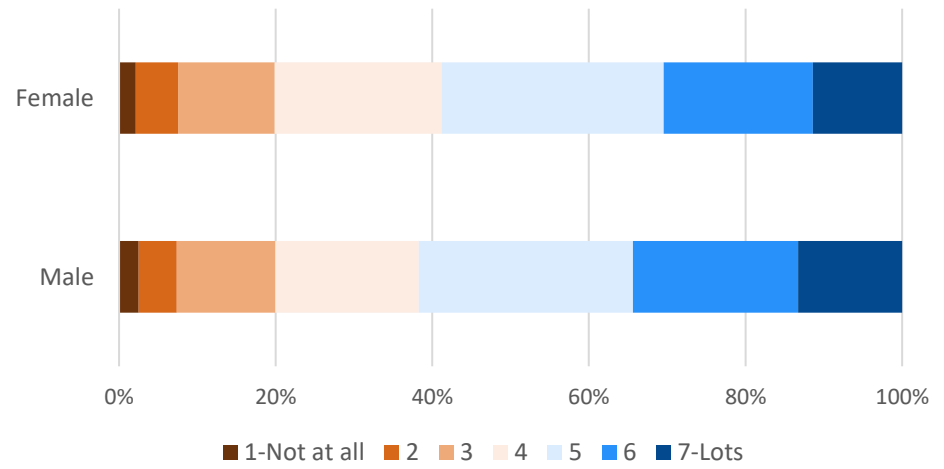


Figure 8c Confidence in essentials by household income

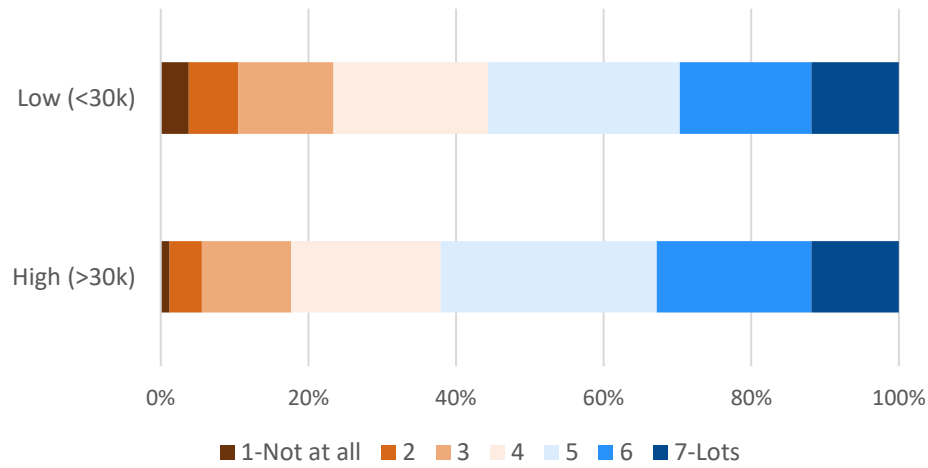


Figure 8d Confidence in essentials by household overcrowding

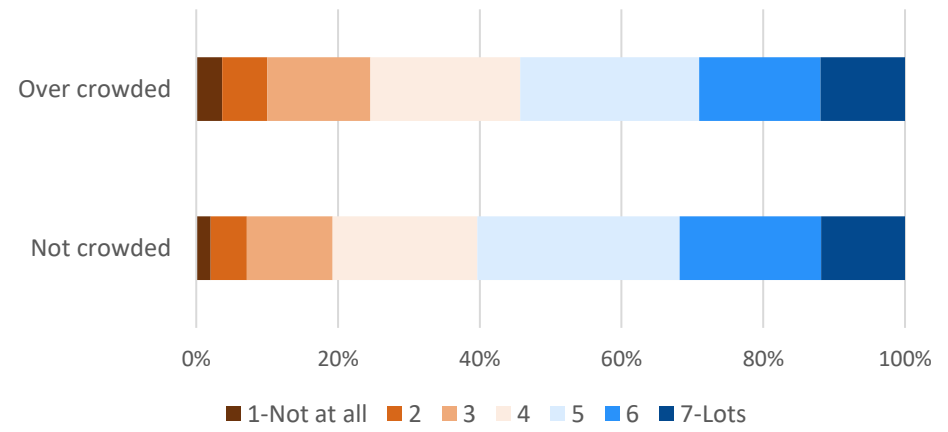


Figure 8e Confidence in essentials by health conditions

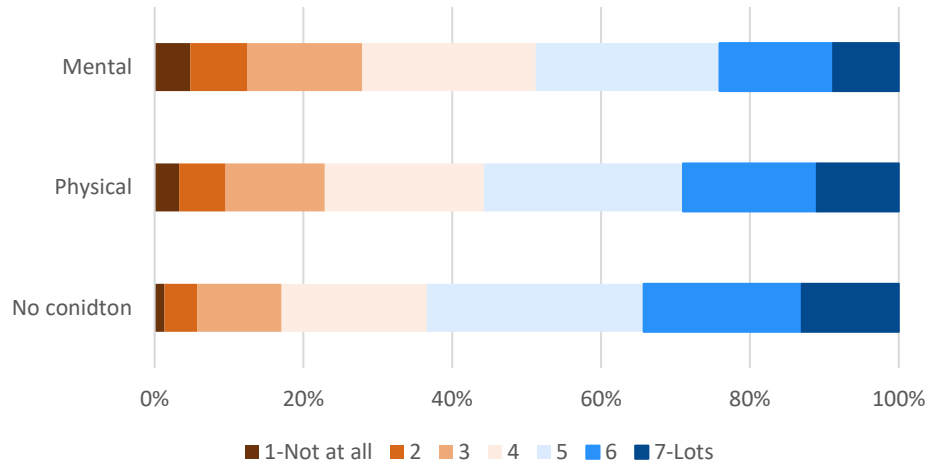
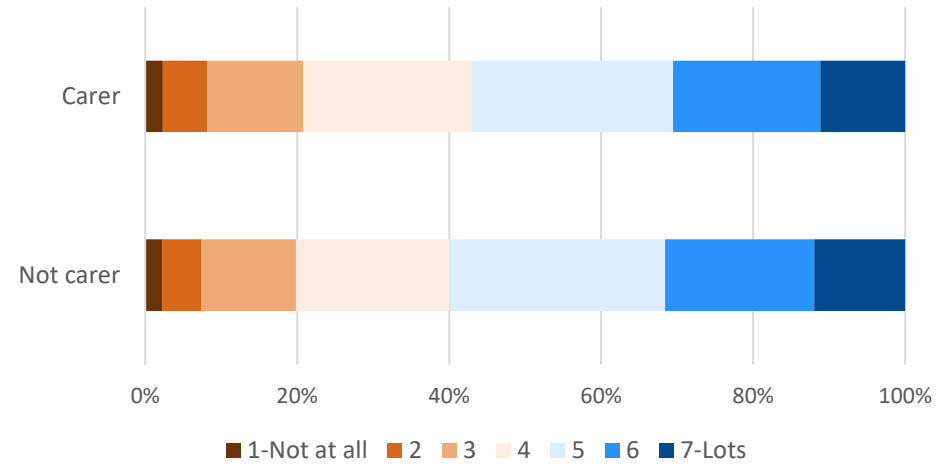
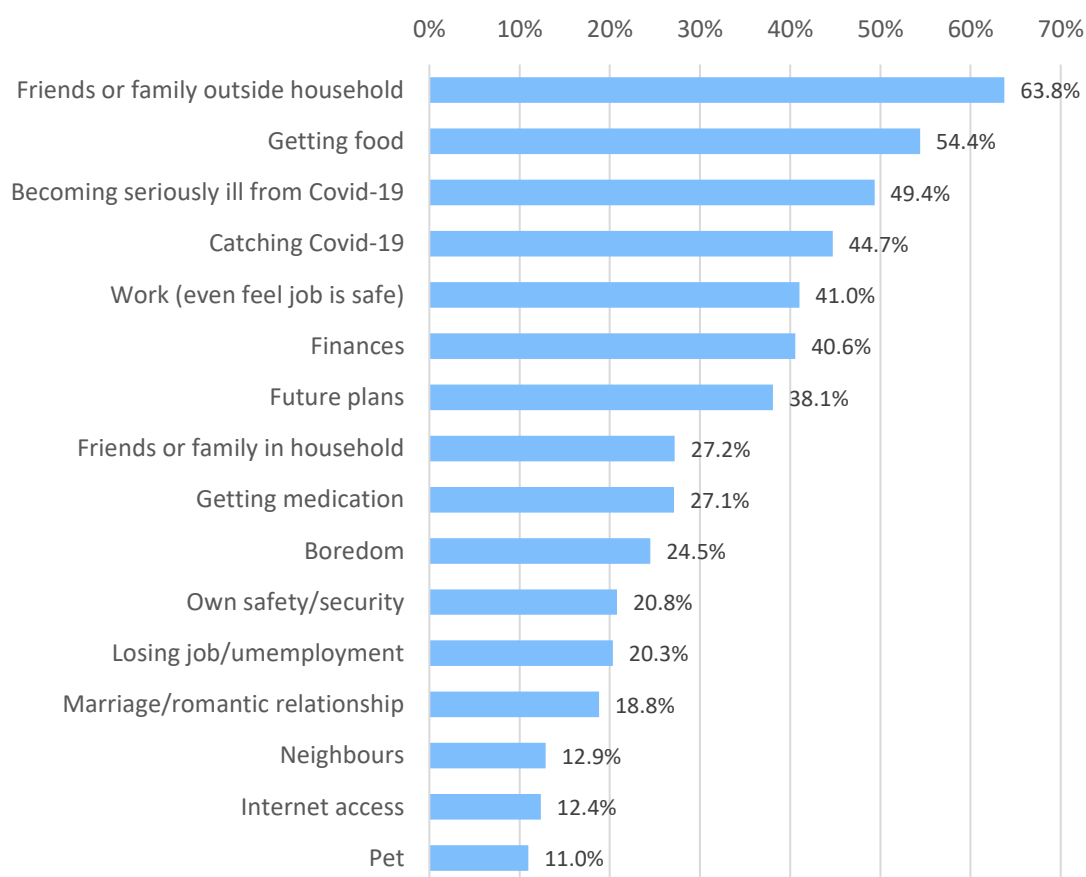


Figure 8f Confidence in essentials by carer status



2.2 Stress factors

Figure 9: Prevalence of stress factors



Participants were asked about stressors in their lives over the past week. The most common stressor reported is worrying about friends or family living outside the household (reported by 64% of participants), followed by getting food (54%). These rank above concerns directly related to Covid-19. Work (even if one's job is safe), finances, and future plans are also prevalent concerns (Fig 9).

SUB-GROUP FINDINGS

Women and younger adults are reporting more stressors, as are people living in over-crowded houses, and people with diagnosed mental health conditions (Fig 10). When considering specific stressors, for all groups the most prevalent factor is worrying about family and friends outside the household. Men and women align in also worrying about getting food, being seriously ill from Covid-19, catching Covid-19, finances, and work (Fig 11a). For younger adults, other prevalent worries are about future plans, work, and boredom, whilst for older adults, other prevalent worries are about food and getting seriously ill from Covid-19 (Fig 11b). More key workers are worried about work than non-key workers, but other stressors rank in a similar way between these two groups (Fig 11c). Individuals with low income are most commonly worried about finances (Fig 11d). Overcrowding does not much affect the prevalence of different stressors (Fig 11e); nor does caring (Fig 11f).

However, for individuals with physical and mental health conditions, worry about catching and getting seriously ill from Covid-19 is of higher prevalence than for healthy adults (Fig 11g).

Figure 10: Number of stressors by group

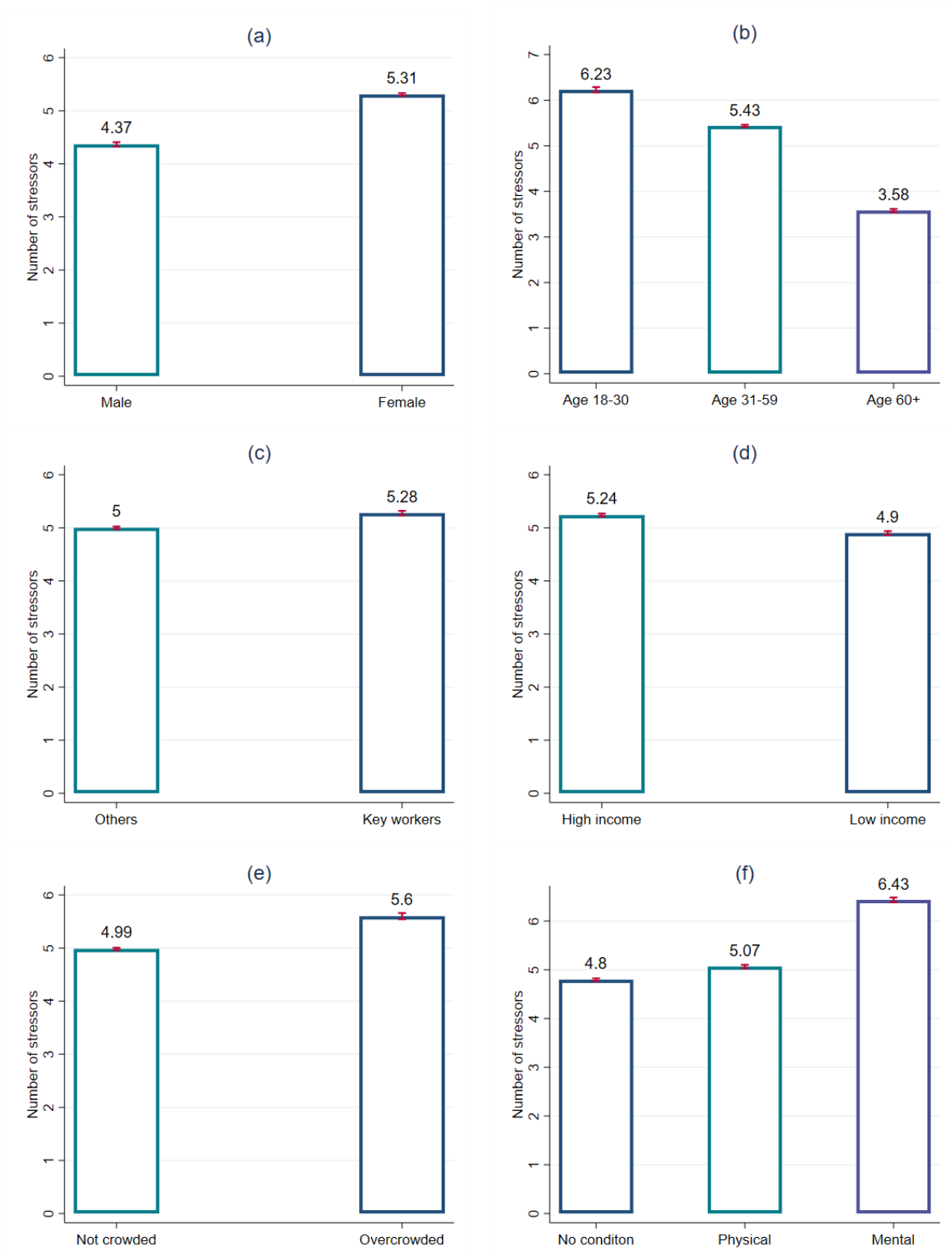
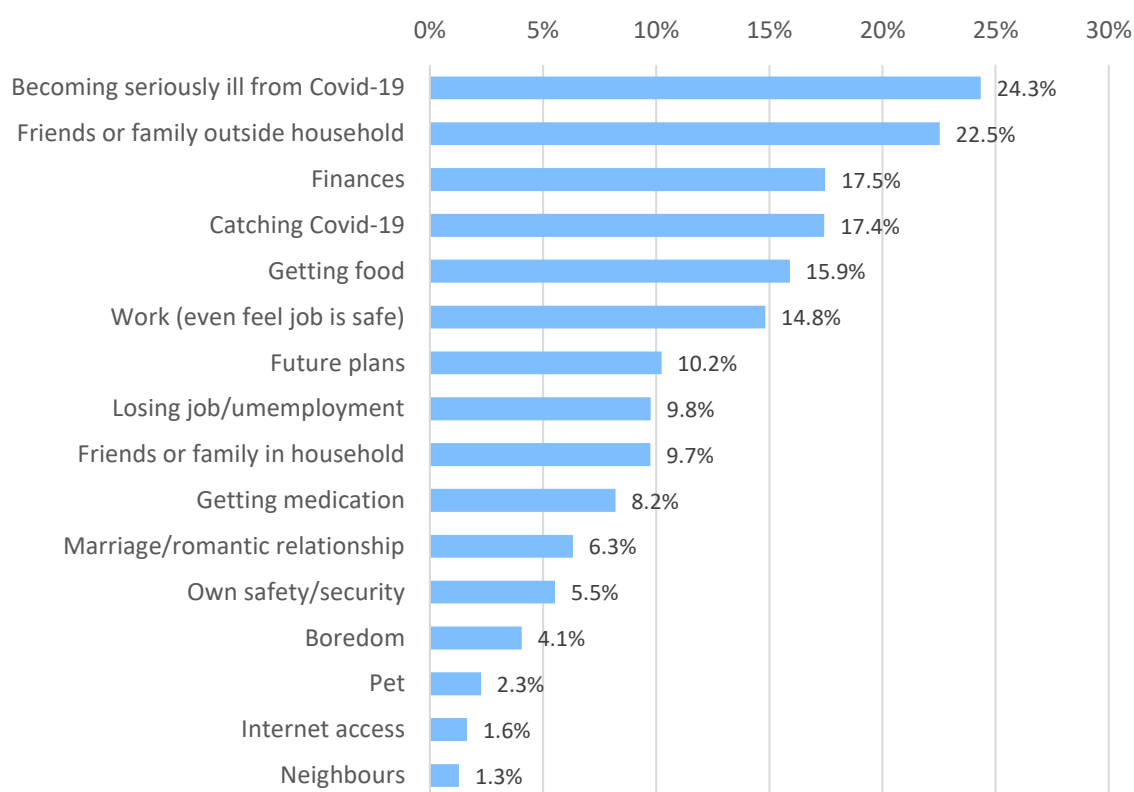




Figure 11 Prevalence of stress factors across groups

2.3 Major stress factors

Figure 12: Prevalence of major stress factors



Participants were also asked if the same list of things had caused **significant** stress over the past week (such as being on their mind constantly or keeping them awake at night). Becoming seriously ill from Covid-19 was the most common significant stress, followed by worries for friends and family living outside the household, finances, catching Covid-19, getting food, and work (Fig 12).

SUB-GROUP FINDINGS

Stressors causing major concern are reported most by women, younger adults, key workers, people of lower income, people living in over-crowded houses, and people with physical and mental health conditions (Fig 13). When considering specific stressors, one fifth of men and a quarter of women are concerned about getting seriously ill from Covid-19, while women are particularly worried about family and friends outside the household (26%), and men are more commonly concerned about finances (16%) (Fig 14a). Both show a similar low level of significant worry about catching Covid-19 (18% vs 14%). Adults aged 31-59 have the greatest proportion of people seriously worried about getting seriously ill from Covid-19 (26%) (Fig 14b). Worries about work and getting seriously ill from Covid-19 have a similar prevalence amongst people aged 18-30 (23% vs 24%), and family and friends are also a common major worry for this age group (27%). Key workers are more concerned about getting seriously ill from Covid-19 than non-key workers (27% vs 23%) and are much more commonly worried about work (26% vs 11%) (Fig 14c). Those with lower income are more worried

about finances than people with a higher income (24% vs 14%) and getting food (21% vs 13%) (Fig 14d). People with a mental health condition are more commonly worried about getting seriously ill from Covid-19 (37%) than people with a physical health condition (32%) and healthy adults (18%), as well as more worried about catching Covid-19 (Fig 14f). Those caring for others are especially worried about family and friends outside the household (33% vs 21%) (Fig 14g).

Figure 13: Number of major stressors by group

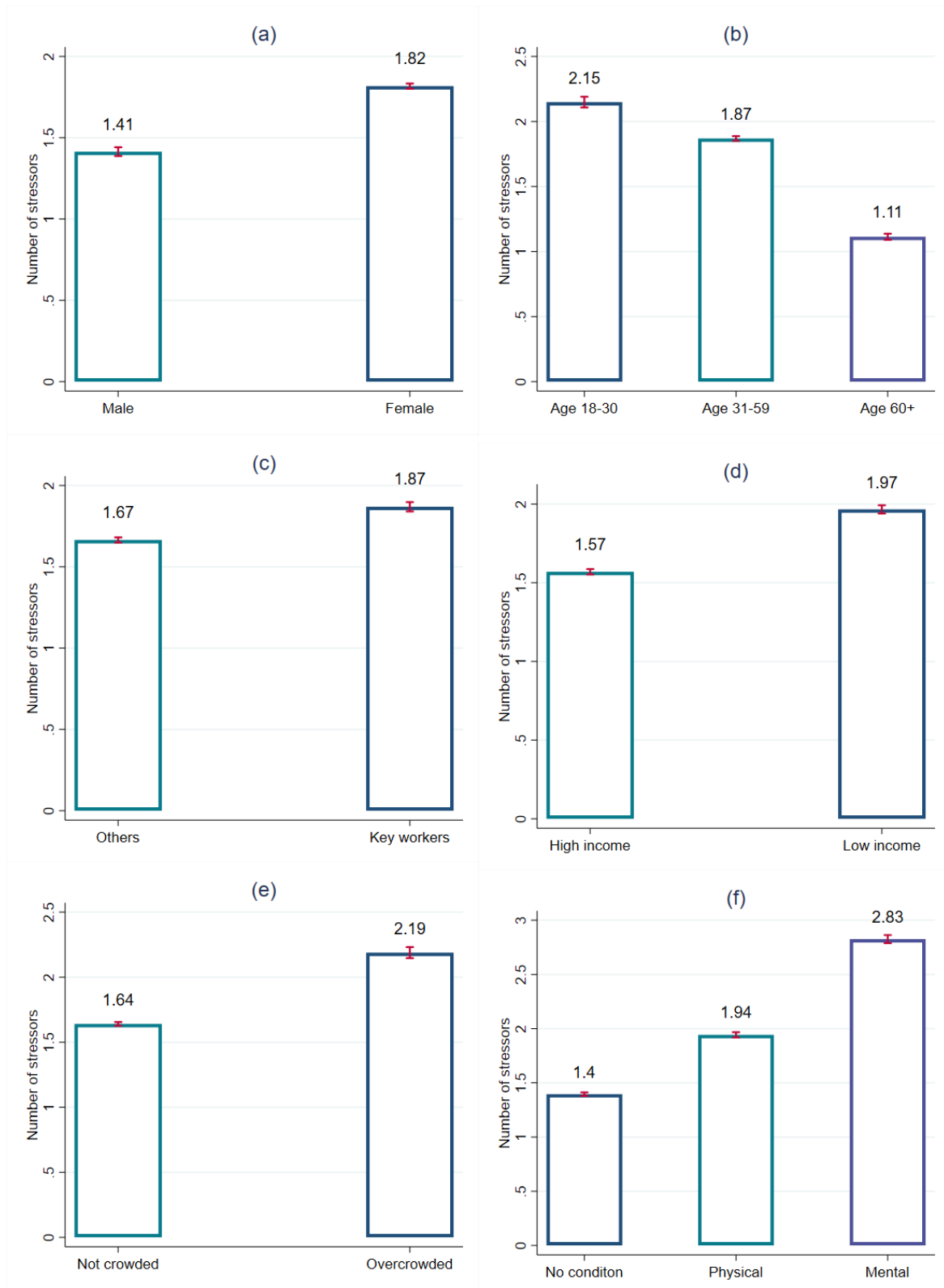




Figure 14 Prevalence of major stress factors across groups

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. To date, over 40,000 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 and through targeted advertising by online advertising companies offering pro-bono support to ensure this stratification, enabling meaningful subgroup analyses.

This report presents findings from the first cross-sectional data analysis. Subsequent reports will look at longitudinal questions, including:

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 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.covid19study.org

Demographics of participants included in this report

	Number of observations	%
Age		
18-30	3,050	11.9
31-59	15,896	62.2
60+	6,592	25.8
Gender		
Male	6,701	26.4
Female	18,730	73.7
Key worker		
No	23,789	79.1
Yes	6,727	20.9
Annual household income		
>30k	13,741	61.0
<30k	8,786	39.0
Living in an overcrowding household		
No	21,357	86.2
Yes	3,430	13.8
Any long-term health conditions		
No	18,669	62.1
Yes	11,392	37.9
Any physical long-term health conditions		
No	20,604	68.5
Yes	9,457	31.5
Any mental long-term health conditions		
No	25,371	84.4
Yes	4,690	15.6
Carer		
No	26,198	87.2
Yes	3,863	12.9