# Covid-19 Social Study

## Results Release 12

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# Executive summary

## Background

This report provides data from Week 12 of the UK COVID-19 Social Study run by University College London: a panel study of over 90,000 respondents focusing on the psychological and social experiences of adults living in the UK during the Covid-19 pandemic.

In this TWELFTH report, we focus on psychological responses to the first eleven weeks of government measures requiring people to stay at home (21/03-07/06). 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 and loneliness
5.   ***New in this report*** happiness and stress about boredom, future plans, and Covid-19

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

## Findings

- Worries about catching Covid-19 have decreased across lockdown and have stayed relatively low even as lockdown measures have eased. Fewer than 40% of people are now worried about catching the virus (down from 50% when lockdown came in) and only 15% of people are seriously worried (down from 30% when lockdown came in).
- Even though the chance of becoming seriously ill from Covid-19 is much lower amongst younger adults, there is little evidence of differences in stress levels across different age groups, potentially as younger people are more worried about spreading the virus to others who are older or vulnerable.
- Worries about boredom have decreased gradually as lockdown easing has come in. They are still higher in younger adults, of whom around half have felt stressed by boredom compared to just 1/3 of adults aged 30-50 and only around 1 in 5 adults over the age of 60.
- Worries about future plans have stabilised since the easing of lockdown began. They too have been higher in adults under the age of 30, with three quarters worried about their future plans, compared to under half of adults aged 30-59 and a quarter of adults aged of 60.
- "Complete" compliance with government guidelines has decreased even further in the past week, and is only at 50% amongst all adults, and at only 30-40% amongst adults under the age of 30. However, "majority" compliance is still high, with 90% of adults over 30 and 80% of adults under 30 still reporting that they are largely adhering to the guidelines.
- The gap between confidence levels in the government in England and government in devolved nations to handle the pandemic well has widened further, with confidence levels in England substantially lower than in other nations.
- There are further indications that mental health is improving as lockdown eases. Depression and anxiety levels have been lower in the past week than in the previous 12 weeks of lockdown.
- Life satisfaction has been stable in the past week, as have levels of loneliness, thoughts of death or self-harm, experience of self-harm or abuse.
- Happiness levels have shown some modest improvement since lockdown easing began, but remain fairly similar across the past 8 weeks. Happiness levels have been higher across lockdown in older adults, those living with others, those with higher household income, those without any diagnosed mental health conditions, and in people living in rural areas.

# 1. Compliance and confidence

## 1.1 Compliance with guidelines



Figure 1 Compliance with guidelines
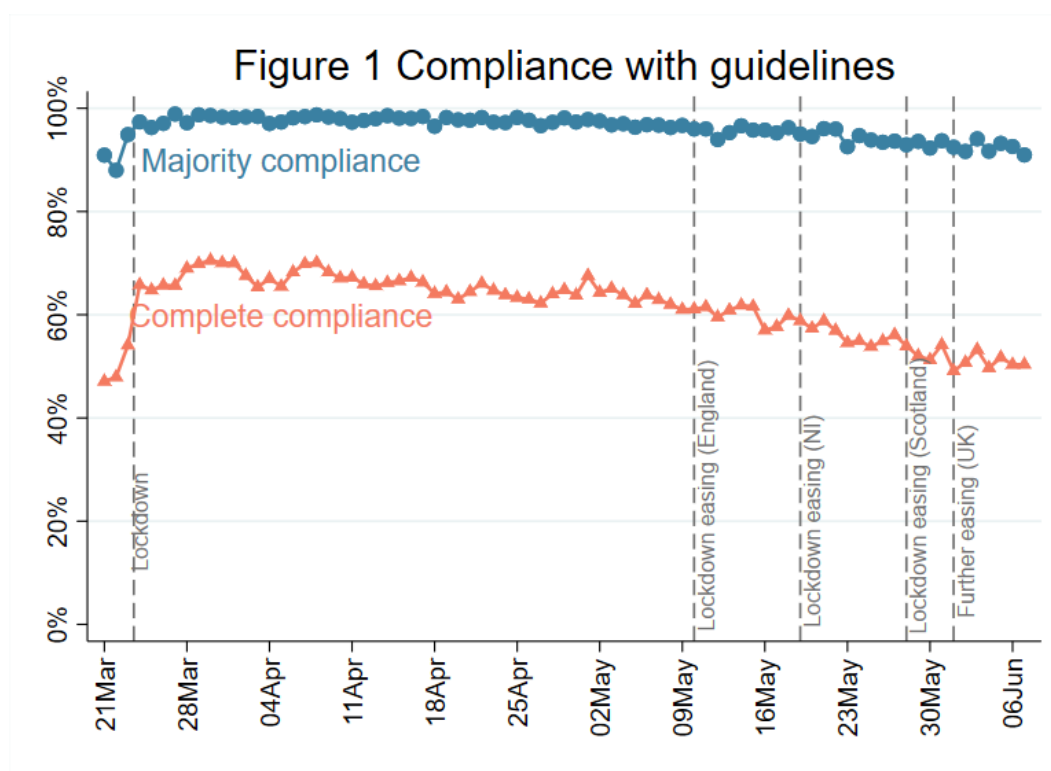
FINDINGS

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

"Complete" compliance has decreased even further in the past week, and is only at 50% now, but "majority" compliance is still high, with 90% of people showing that they were still largely adhering to the guidelines. Figures 2a-2h show "complete" compliance by demographic factors, while Figures 2i-2p show "majority" compliance by demographic factors.

Compliance remains lower in younger adults, at just 30-40% for "complete" compliance, and 80% for "majority" compliance. But for older adults, "complete" compliance is around 50-60% and "majority" compliance remains around 90%. For "majority" compliance, there is no other evidence of difference by socio-demographic factors, but for "complete" compliance, there has been a greater decrease and lower levels in people with higher household incomes, people in England (compared to Scotland or Wales) and people in cities.

Figure 2a Complete compliance by age groups
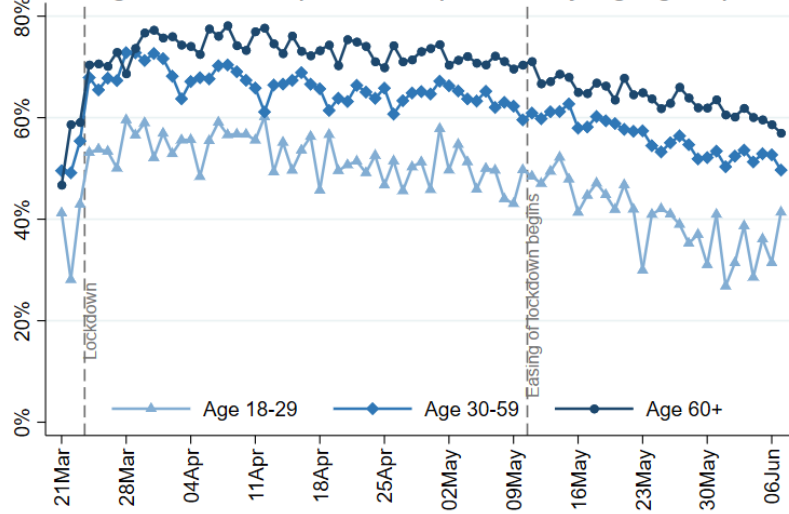
Figure 2b Complete compliance by living arrangement
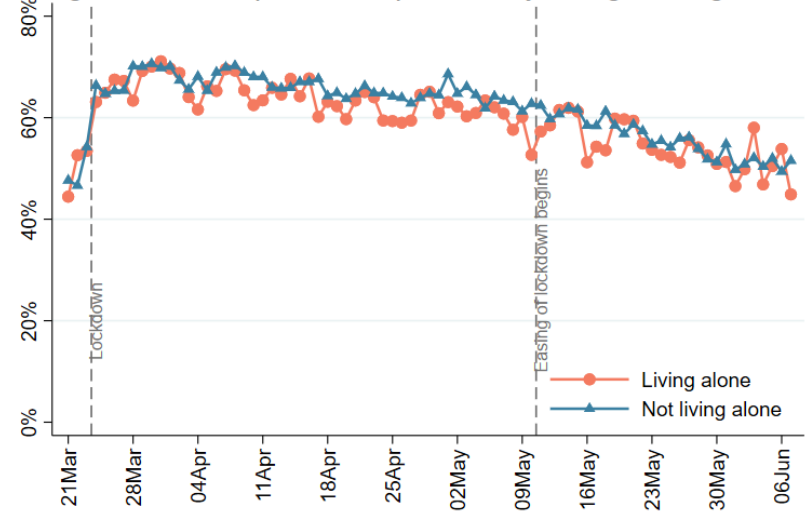
Figure 2c Complete compliance by household income
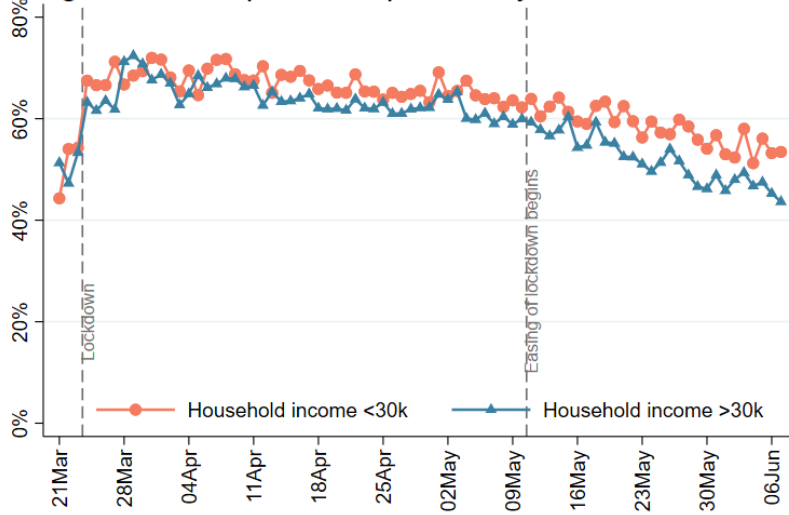
Figure 2d Complete compliance by mental health

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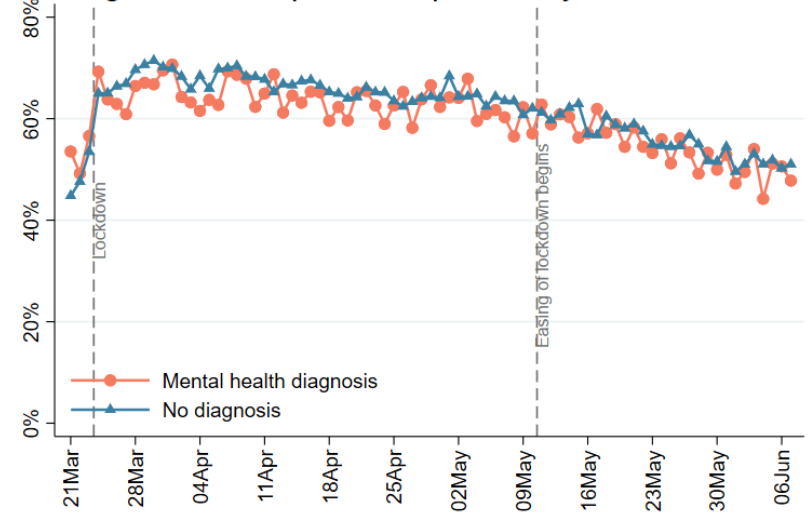
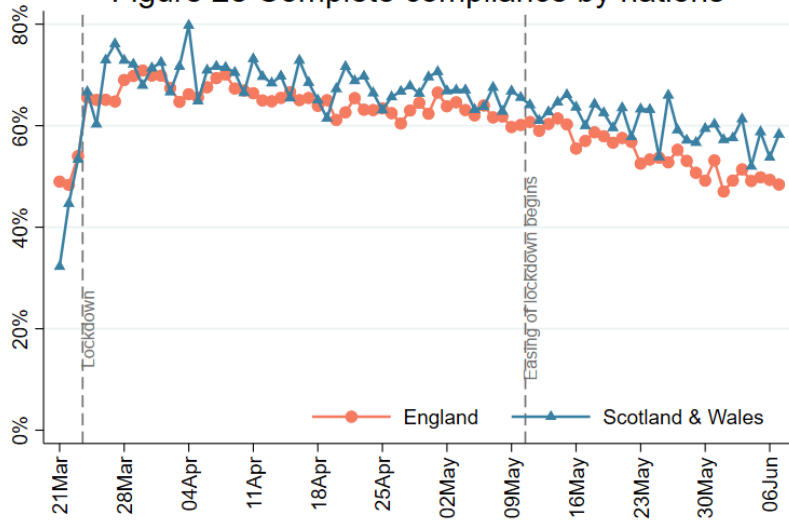Figure 2e Complete compliance by nations
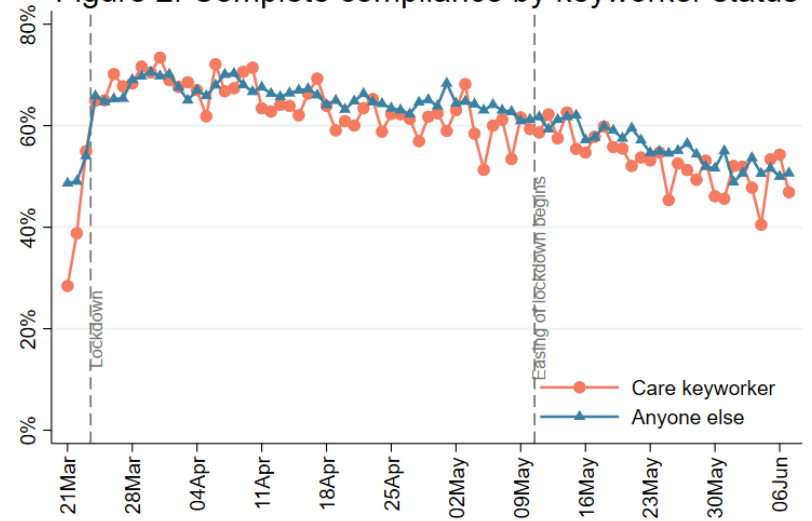
Figure 2f Complete compliance by keyworker status
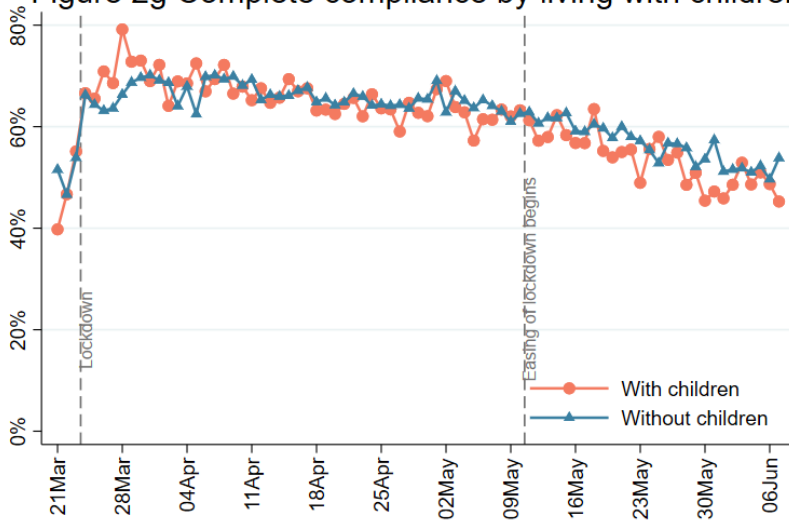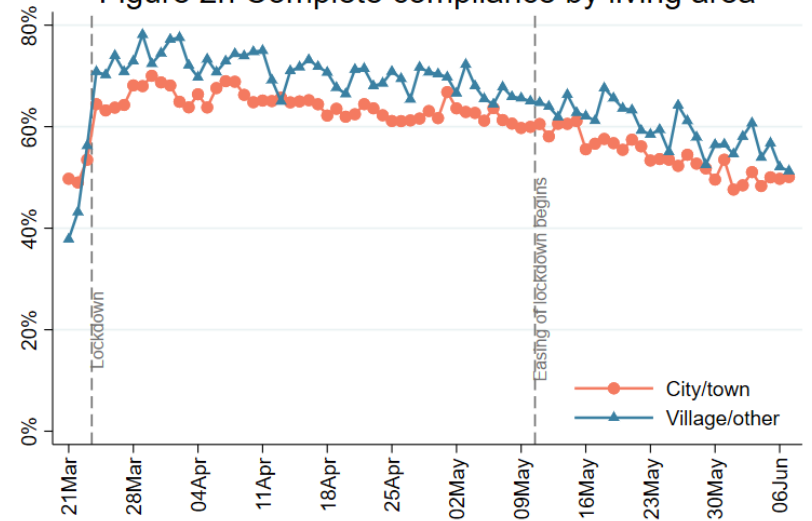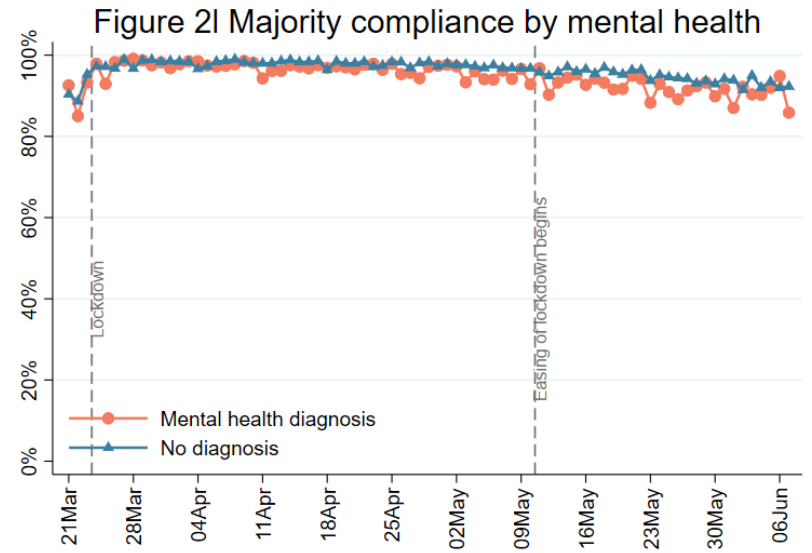
Figure 2g Complete compliance by living with children
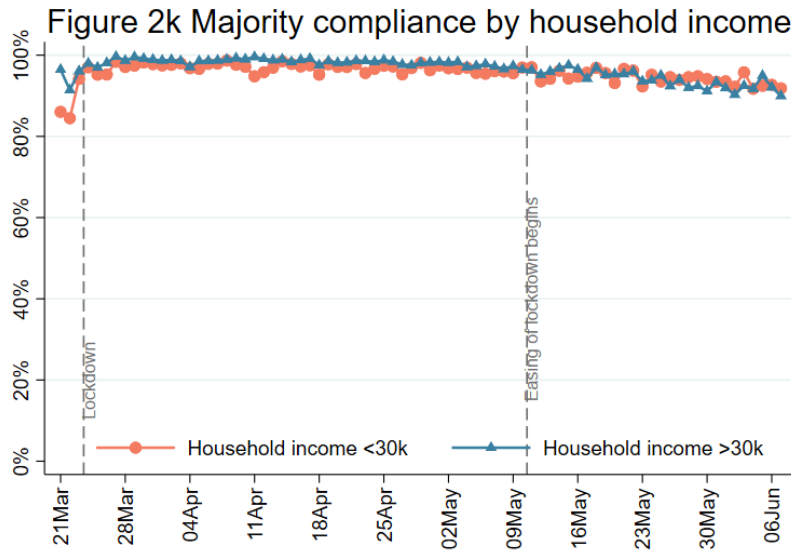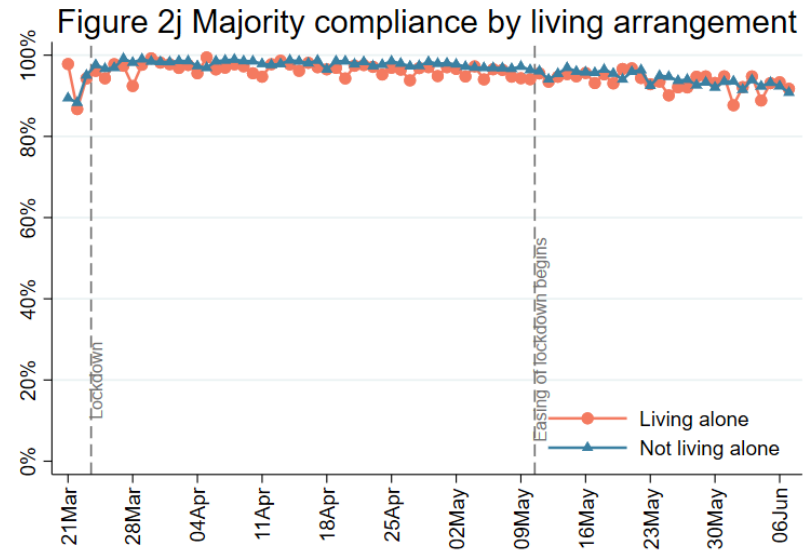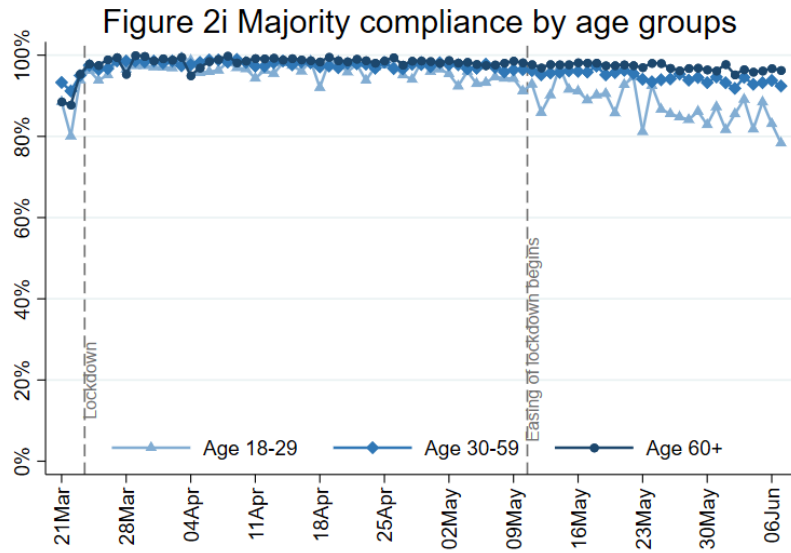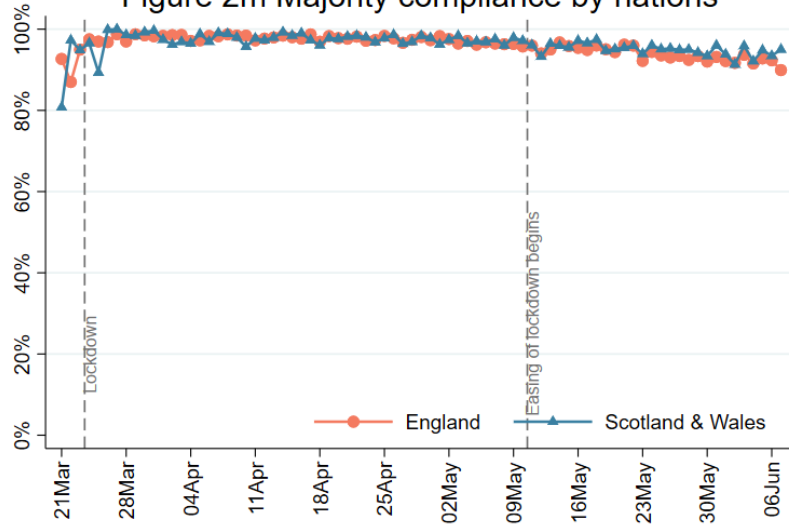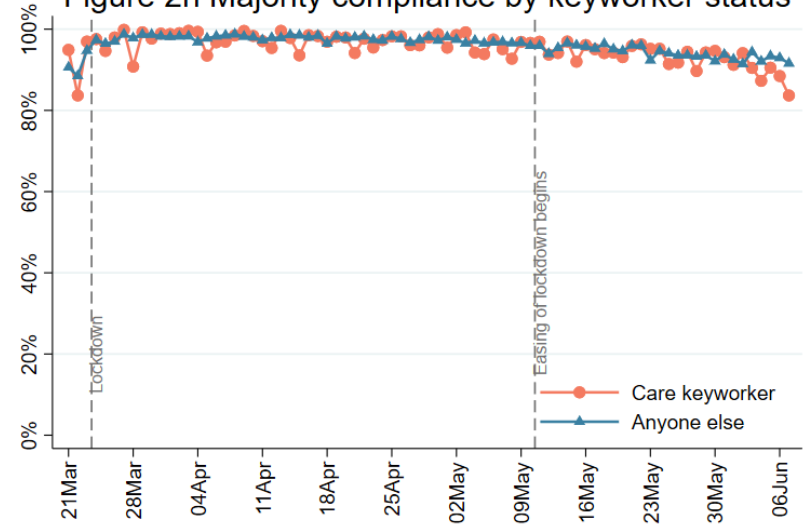
Figure 2h Complete compliance by living area

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

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Figure 2m Majority compliance by nations

Figure 2n Majority compliance by keyworker status

Figure 2o Majority compliance by living with children
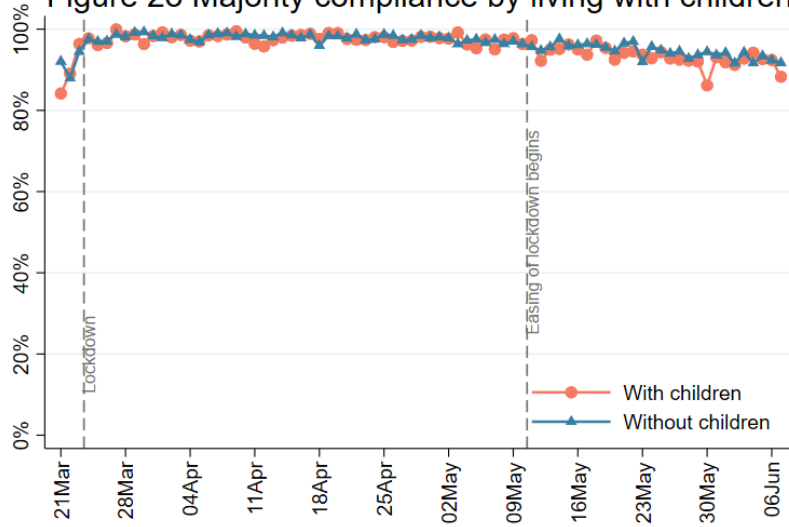
Figure 2p Majority compliance by living area

## 1.2 Confidence in Government
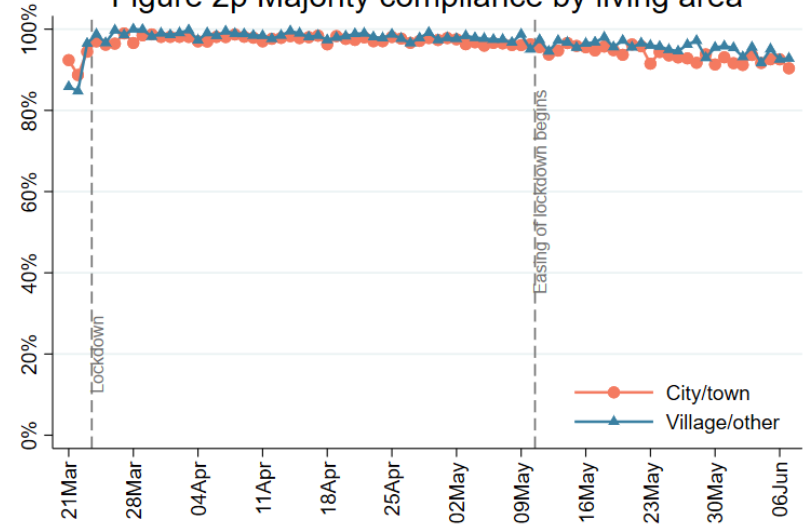


Figure 3 Confidence in government

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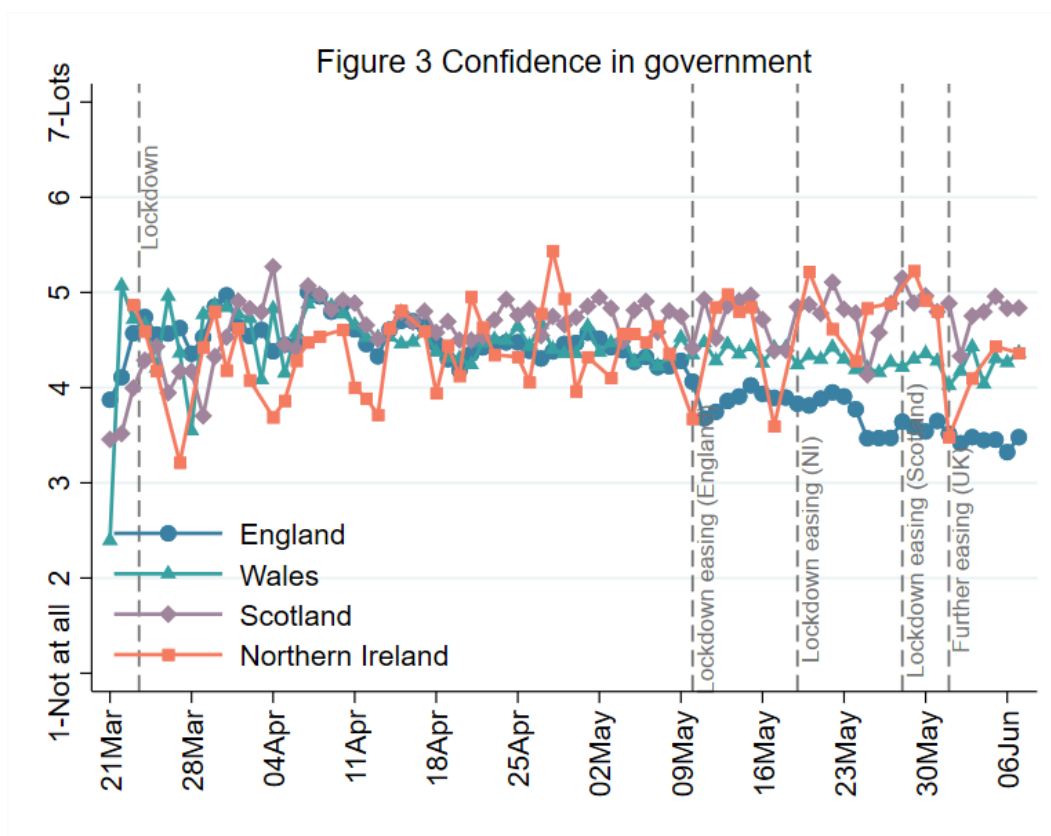
FINDINGS

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

Levels of confidence in the central government to handle the Covid-19 epidemic remain lower in England than in other nations, with this gap widening further in the past week.[1]

For subgroup analyses in Figures 4a-d and 4f-h, we restrict our results to respondents living in England in order to have sufficient sample sizes for meaningful subgroup analyses (future analyses will look at subgroups in devolved nations). In England, confidence in government has fallen most notably in younger adults, and is lowest in those under the age of 30. Confidence is also lower in urban areas and in people with a mental health diagnosis.

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

Figure 4a Confidence by age groups

Figure 4b Confidence by living arrangement

Figure 4c Confidence by household income

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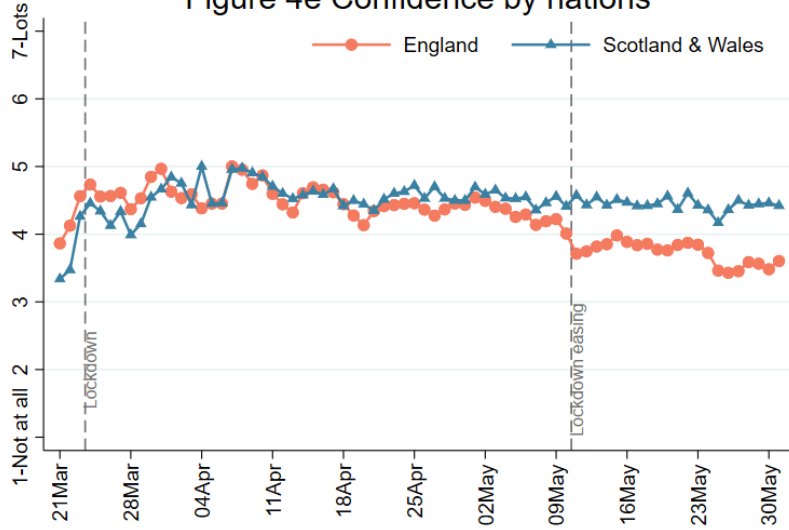
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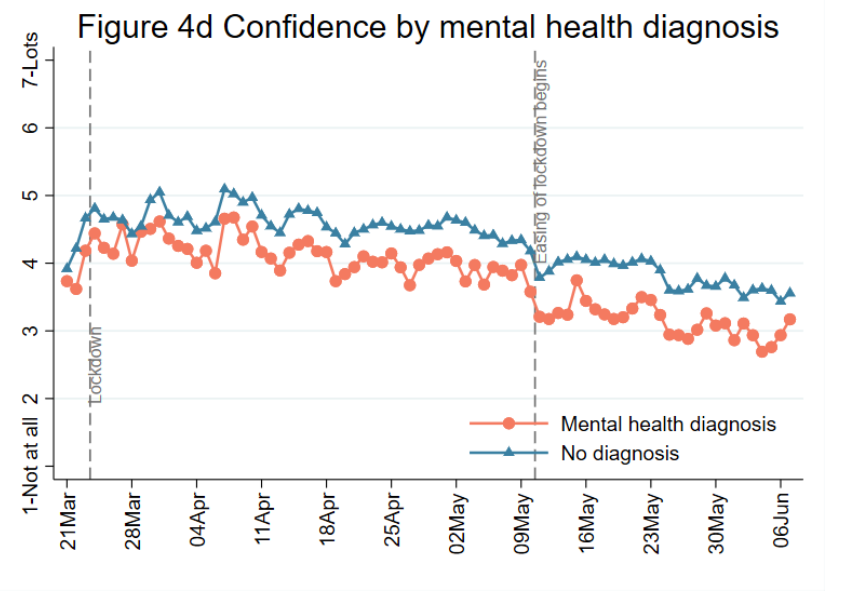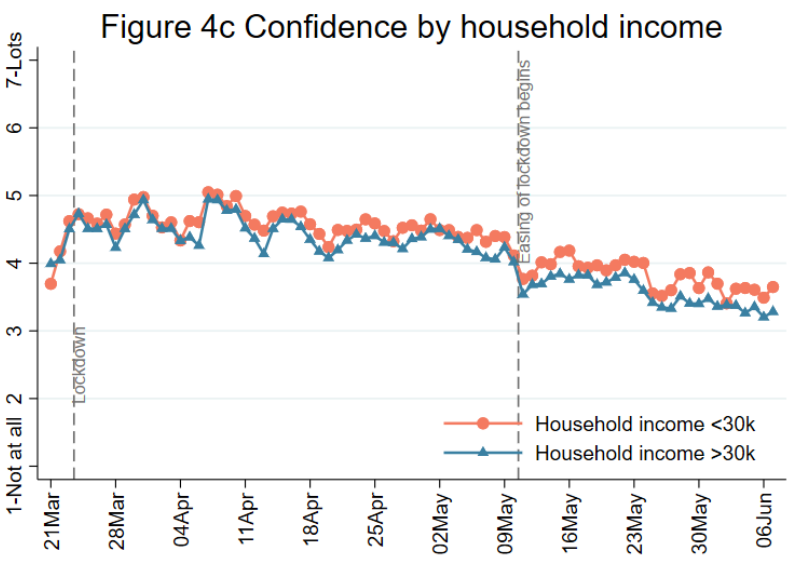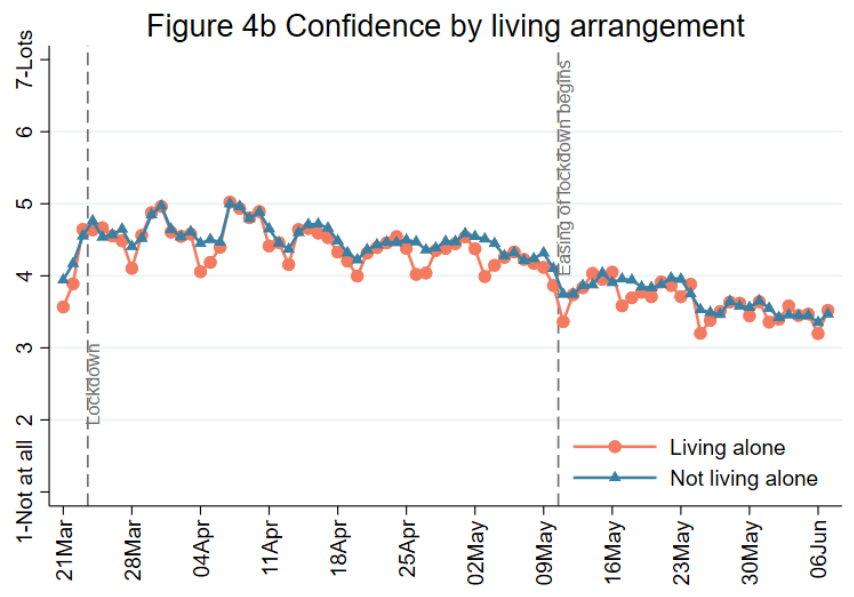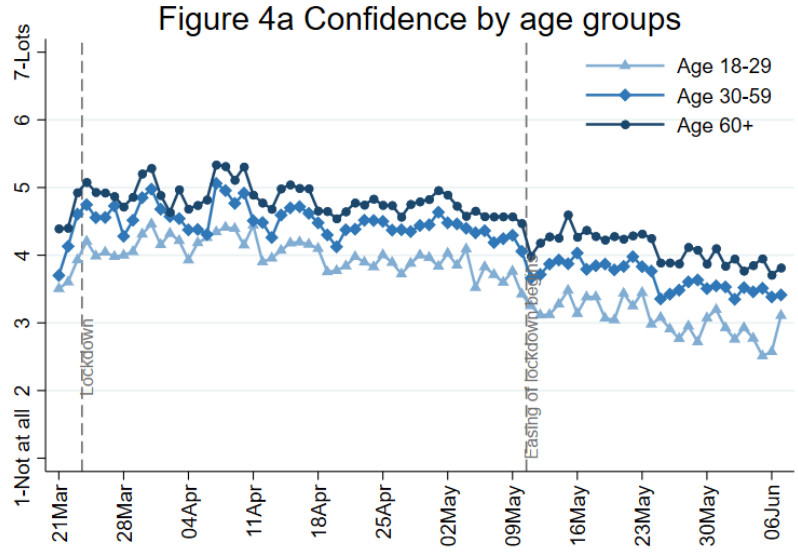
Figure 4e Confidence by nations

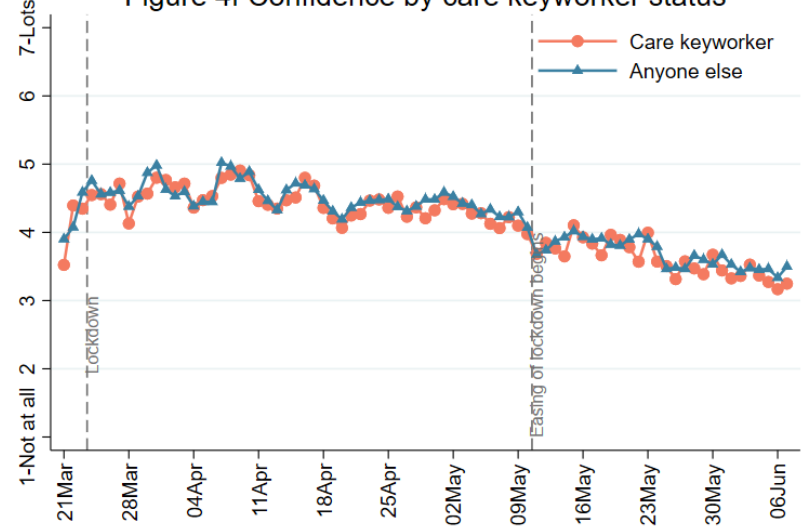Figure 4f Confidence by care keyworker status
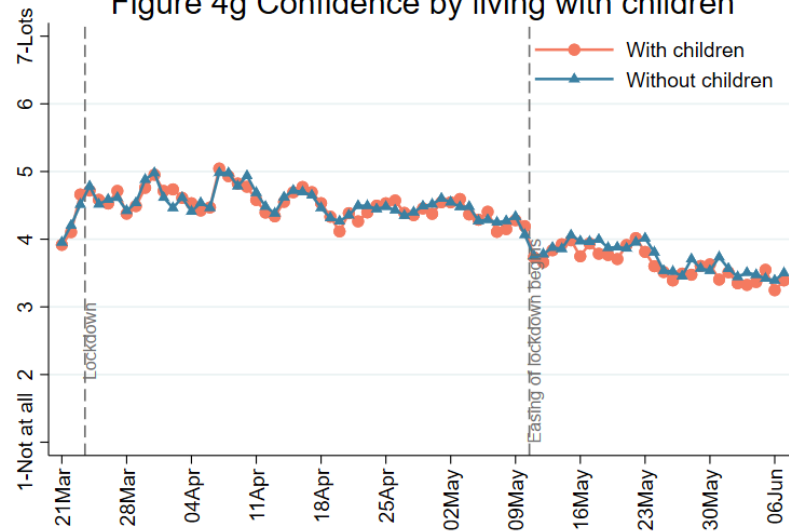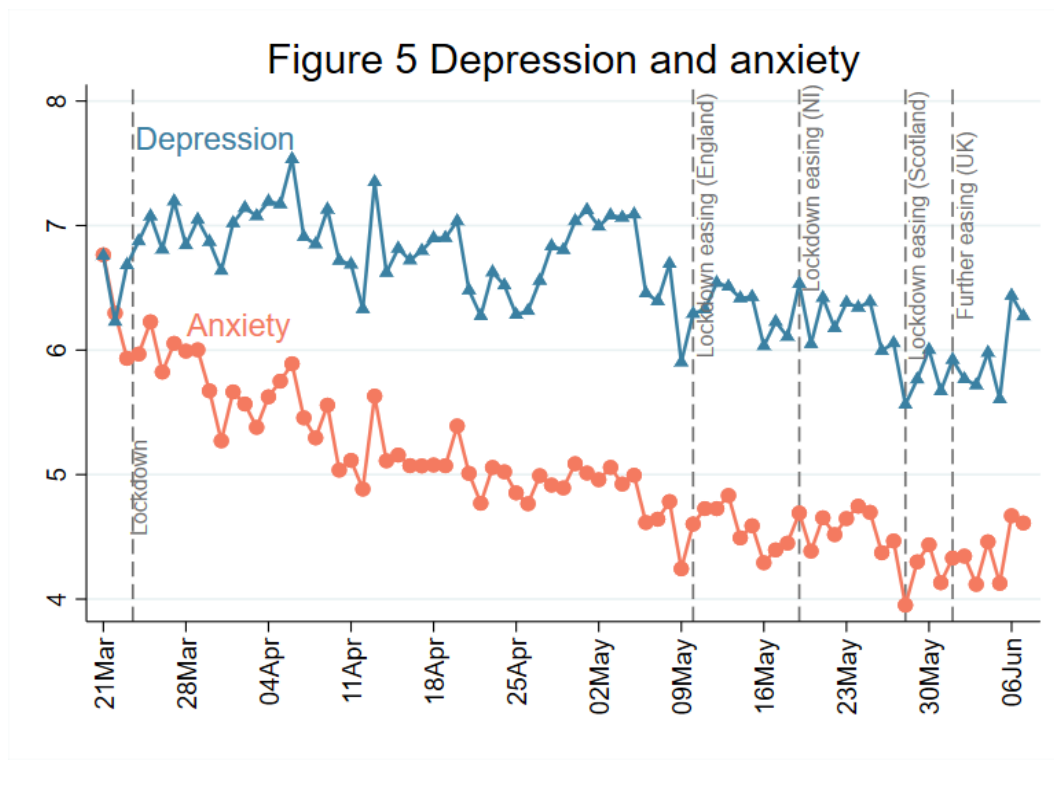
Figure 4g Confidence by living with children

Figure 4h Confidence by living area
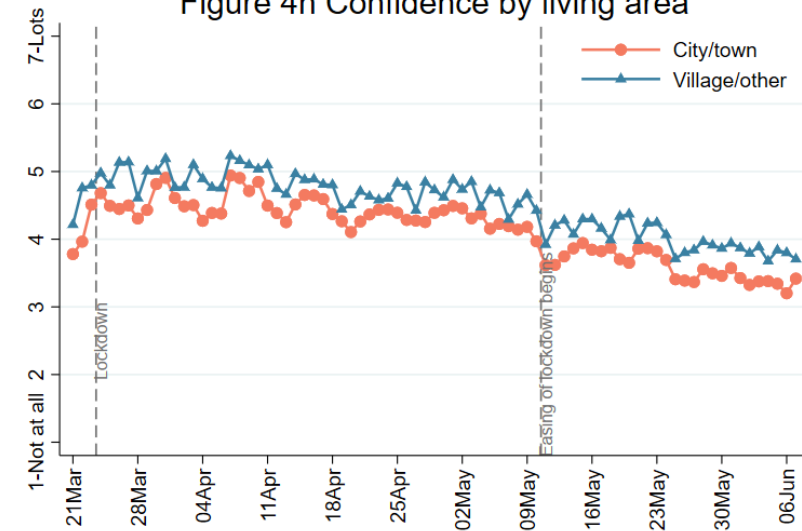
# 2. Mental Health

## 2.1 Depression and anxiety



Figure 5 Depression and anxiety

FINDINGS

Respondents were asked about depression levels during the past week using the Patient Health Questionnaire (PHQ-9) and anxiety using the Generalised Anxiety Disorder assessment (GAD-7); standard instruments for diagnosing depression and anxiety in primary care. These are 9 and 7 items respectively with 4-point responses ranging from "not at all" to "nearly every day", with higher overall scores indicating more symptoms. Scores of higher than 10 can indicate major depression or moderate anxiety.

In the past week, depression and anxiety levels have been lower again than at previous points in the lockdown, until the weekend, when levels increased, especially in younger adults. It remains to be seen if this was natural variation in the data of indicative or a new trend.

Although this study focuses on trajectories rather than prevalence, the levels overall are higher than usual reported averages using the same scales (2.7-3.2 for anxiety and 2.7-3.7 for depression[2]). Depression and anxiety are still highest in young people, those living alone, those with lower household income, people with a diagnosed mental illness, people living with children, and people living in urban areas.

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[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.
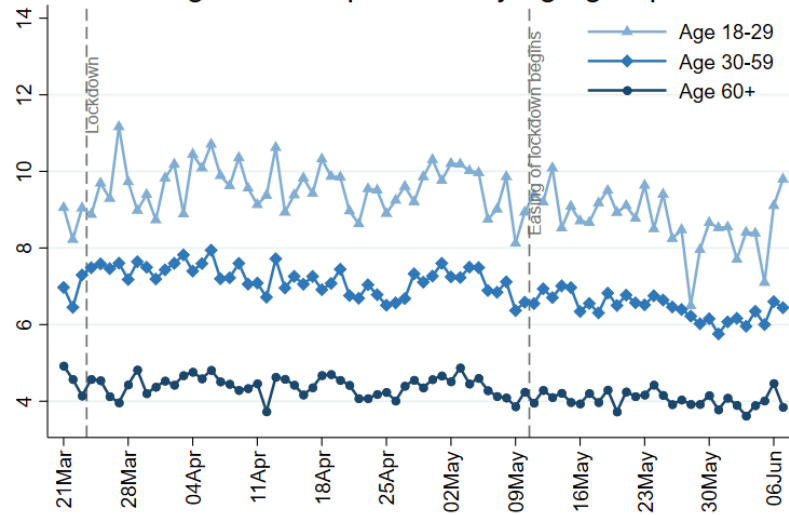
Figure 6a Depression by age groups

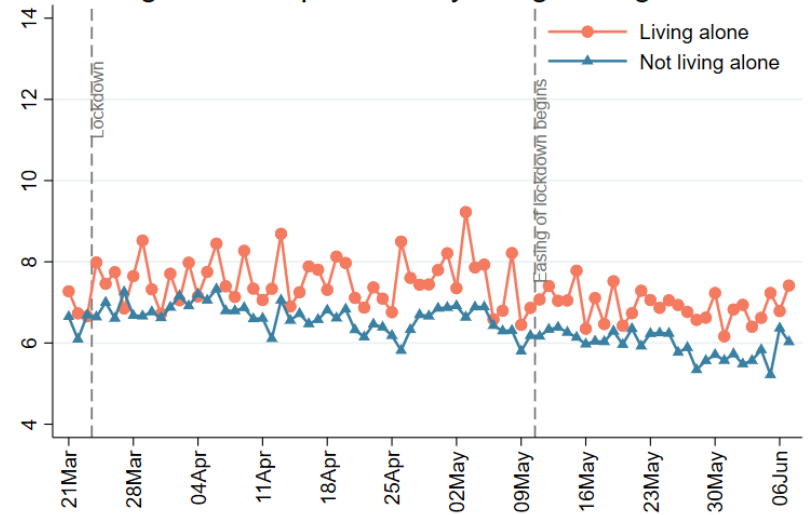Figure 6b Depression by living arrangement
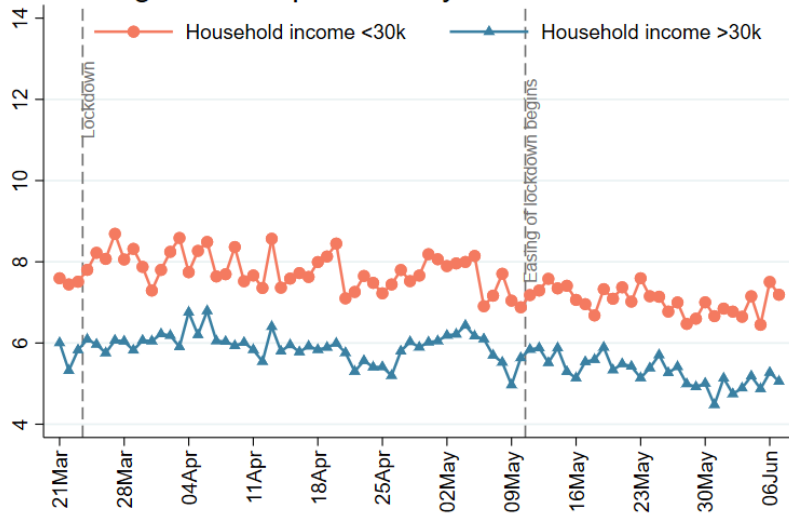
Figure 6c Depression by household income

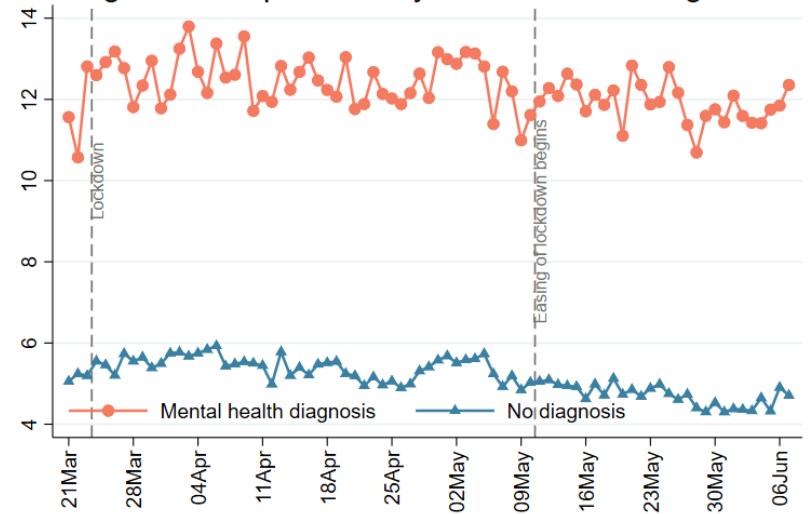Figure 6d Depression by mental health diagnosis
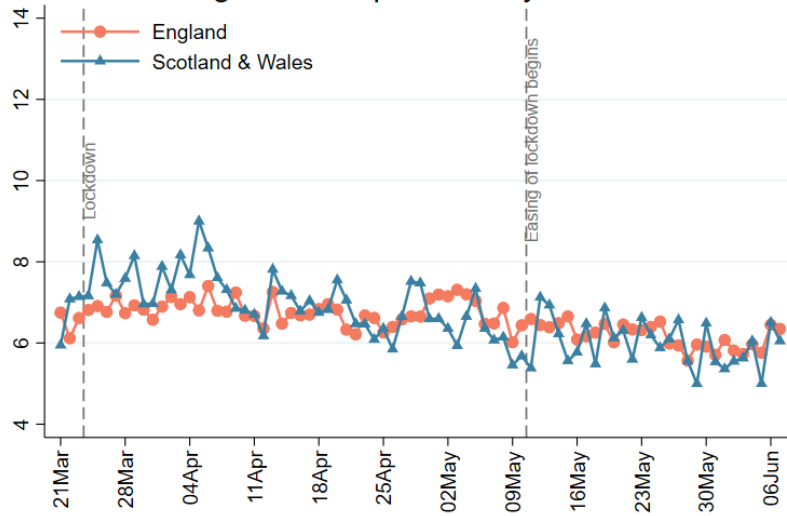
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Figure 6e Depression by nations

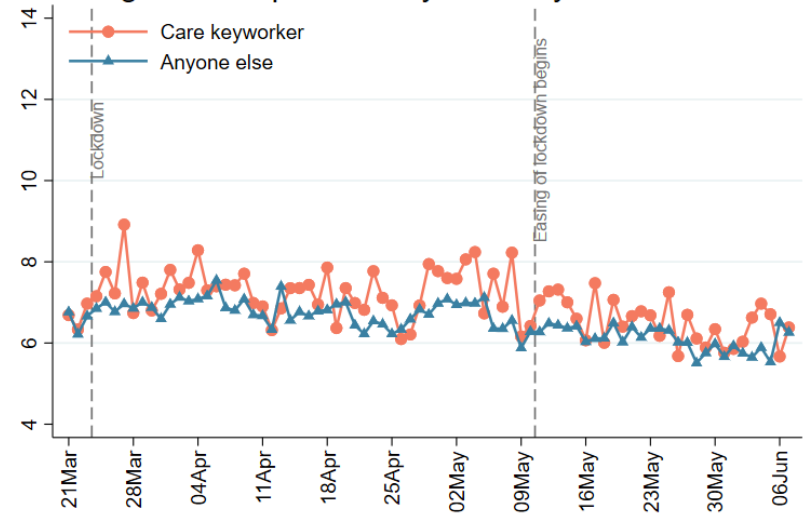Figure 6f Depression by care keyworker status
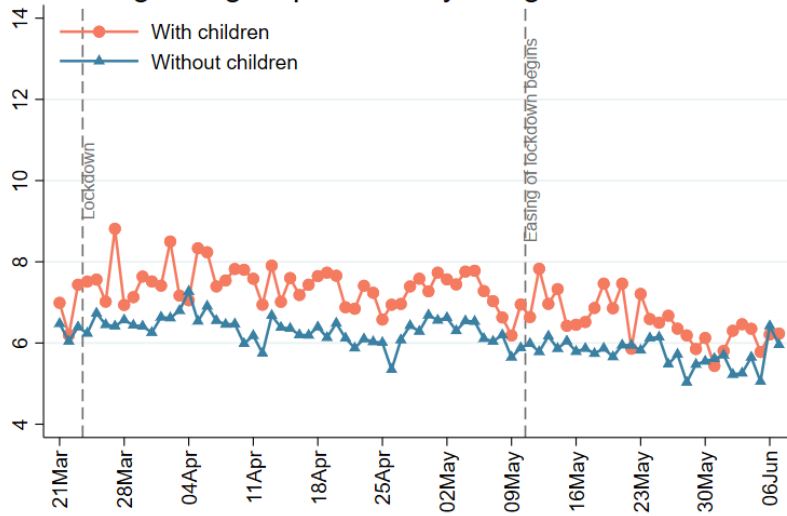
Figure 6g Depression by living with children
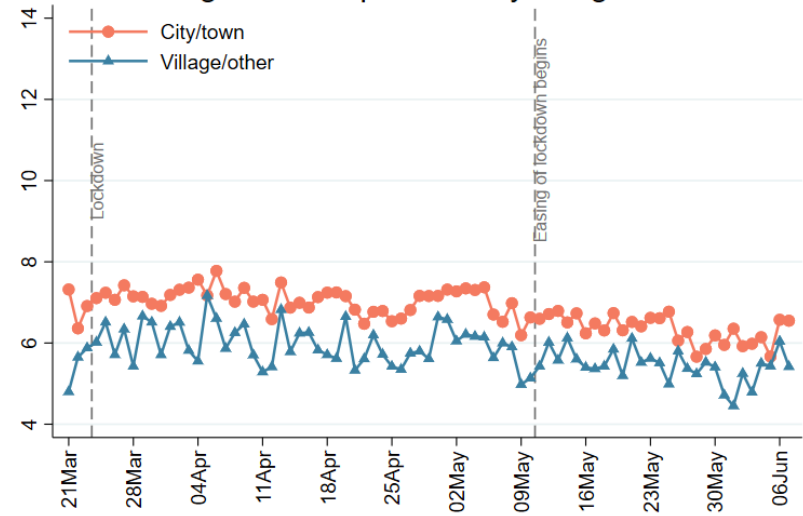
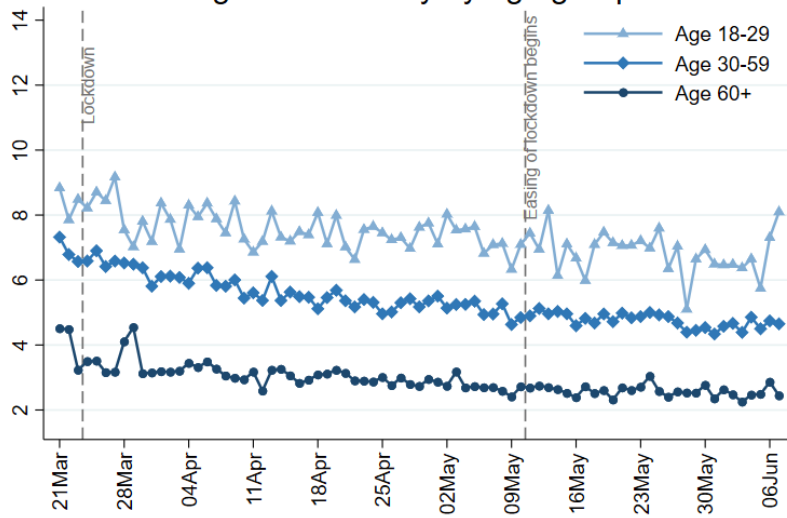Figure 6h Depression by living area

Figure 7a Anxiety by age groups

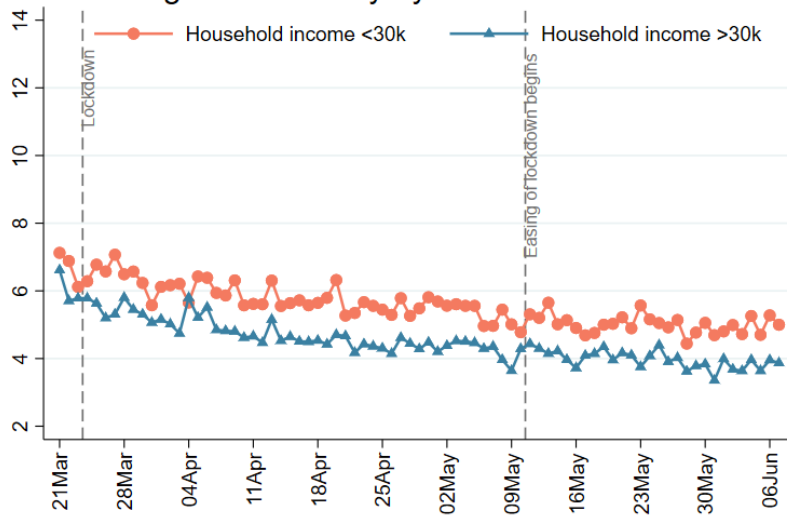Figure 7b Anxiety by living arrangement
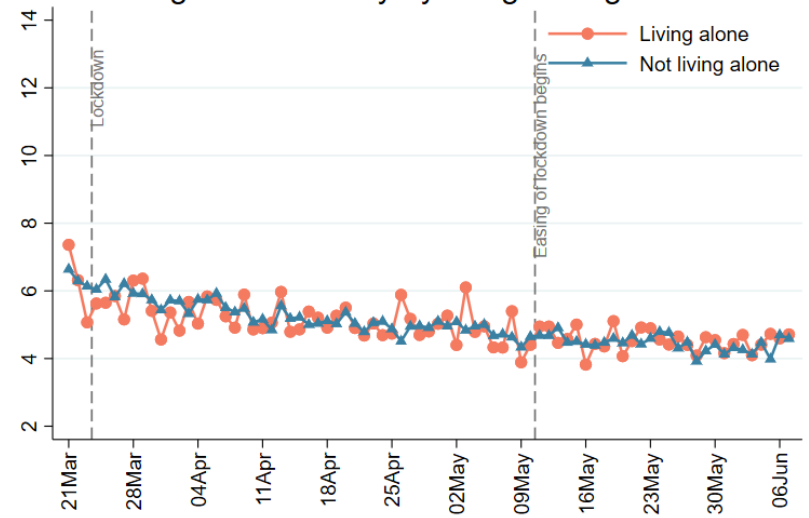
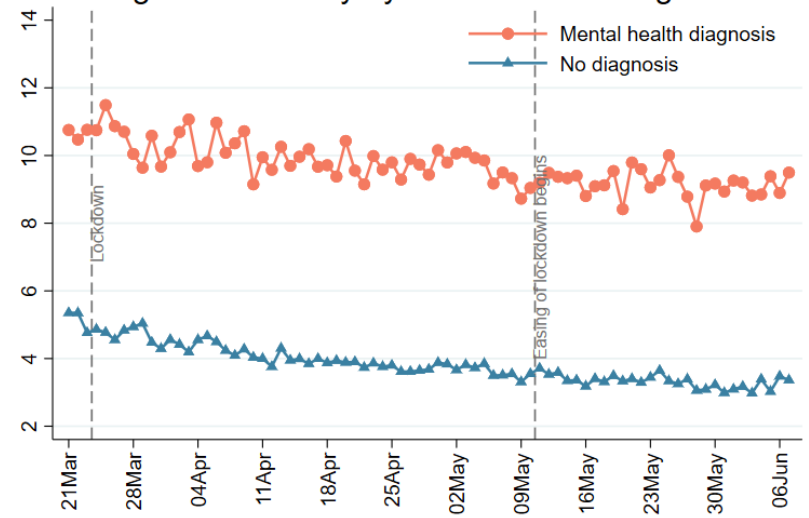Figure 7c Anxiety by household income

Figure 7d Anxiety by mental health diagnosis

Figure 7e Anxiety by nations
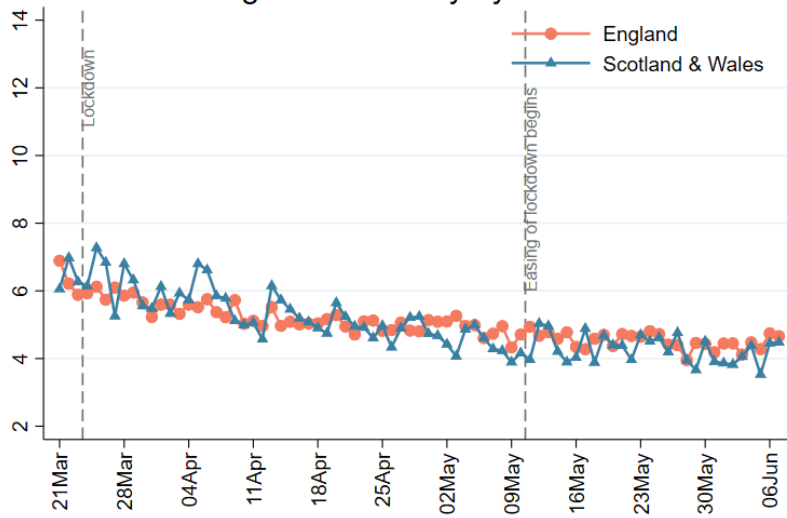
Figure 7f Anxiety by care keyworker status
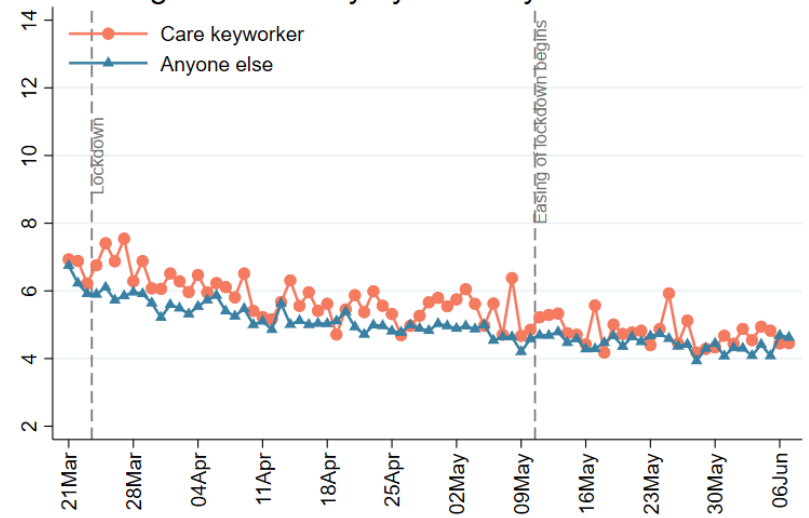
Figure 7g Anxiety by living with children
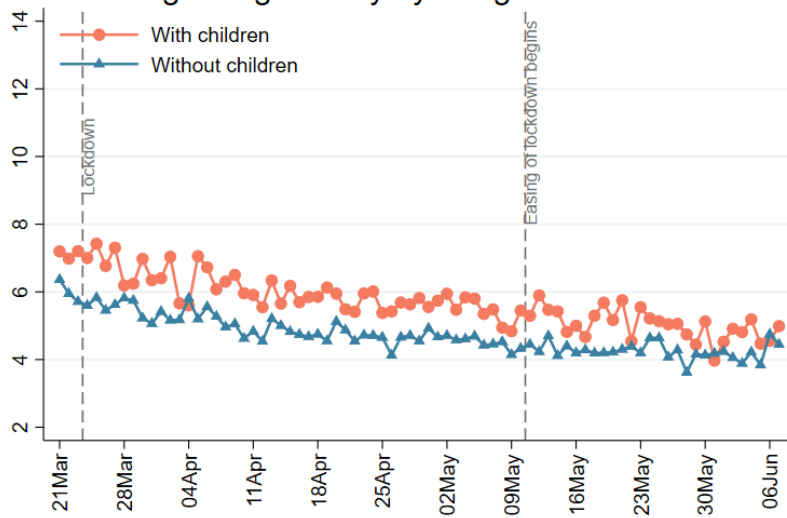
Figure 7h Anxiety by living area

## 2.2 Stress
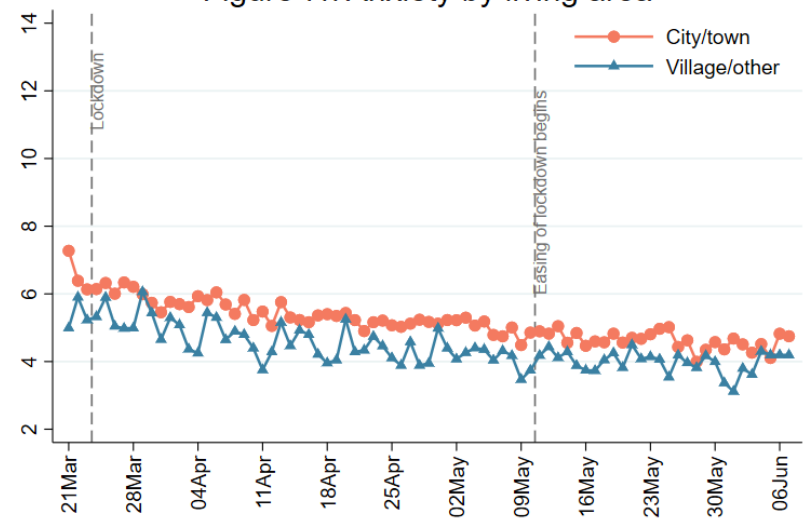


Figure 8 Major stress
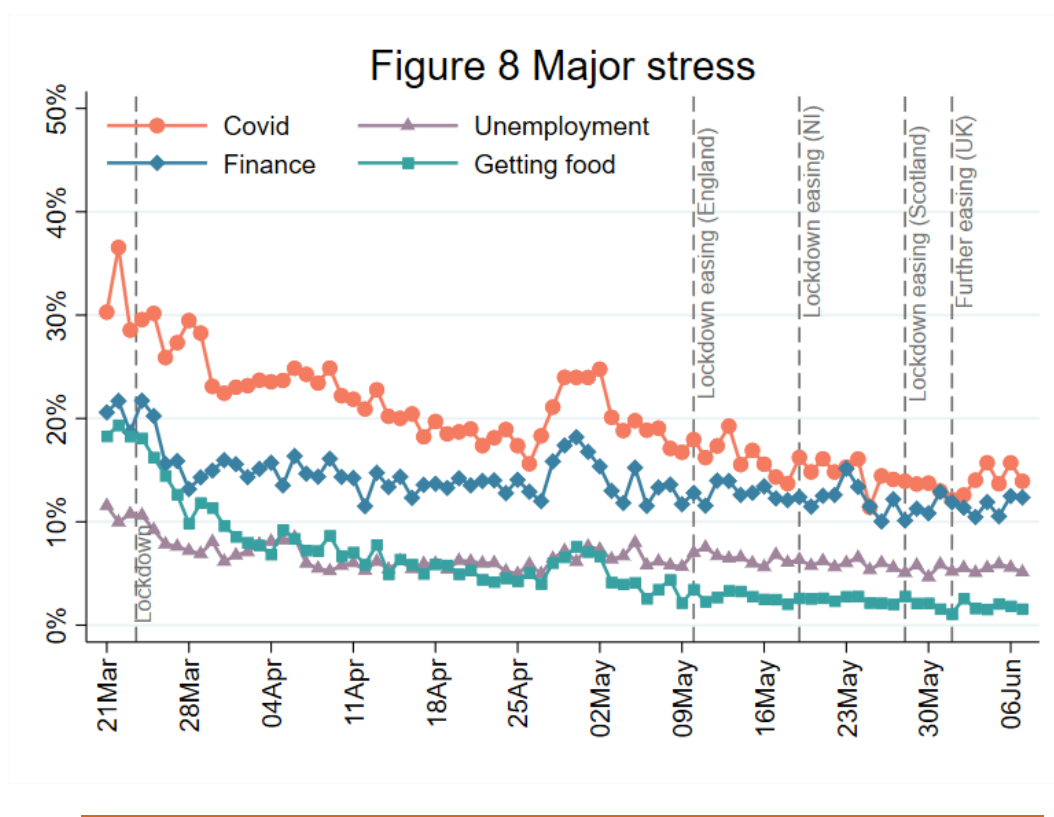
FINDINGS

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.

Major stress relating to Covid-19 (both catching Covid-19 and becoming seriously ill from Covid-19) has stayed relatively low in the past week, notably not showing much sign of increase despite lockdown easing. But it is still a major stress for around one in 6 people. In lieu of our usual Figure 9 graphs showing the breakdown of worries about Covid-19 by subgroups, we provide a separate section of this report (**section 5.2**) where we explore major and broader minor stress relating to catching vs becoming seriously ill from Covid-19.

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

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

Major stress relating to accessing food (food security) has decreased further in the past week, with only 1 in 30 people now worried about it.
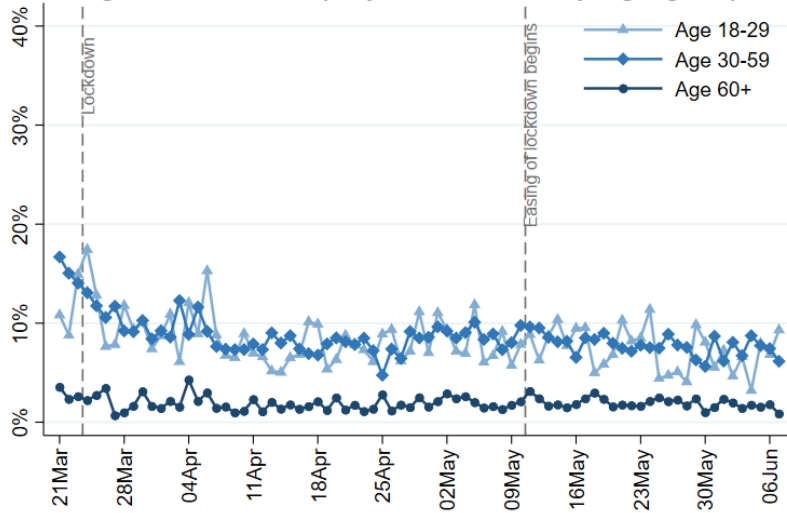
Figure 10a Unemployment stress by age groups

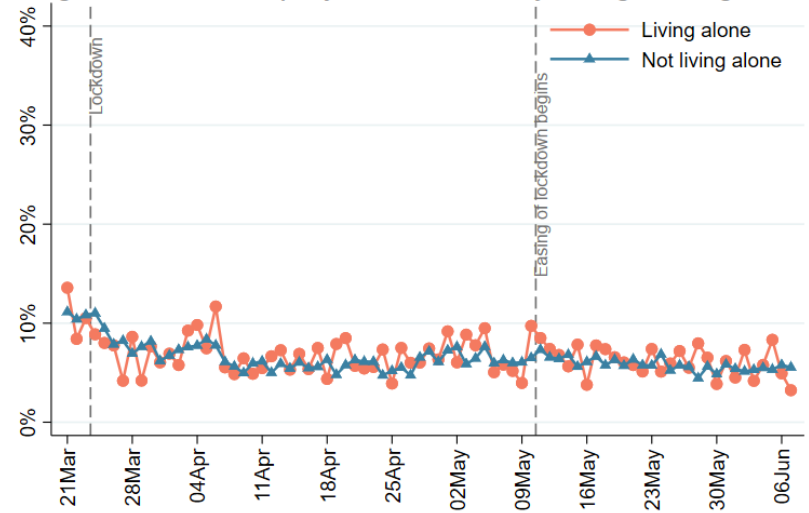Figure 10b Unemployment stress by living arrangement

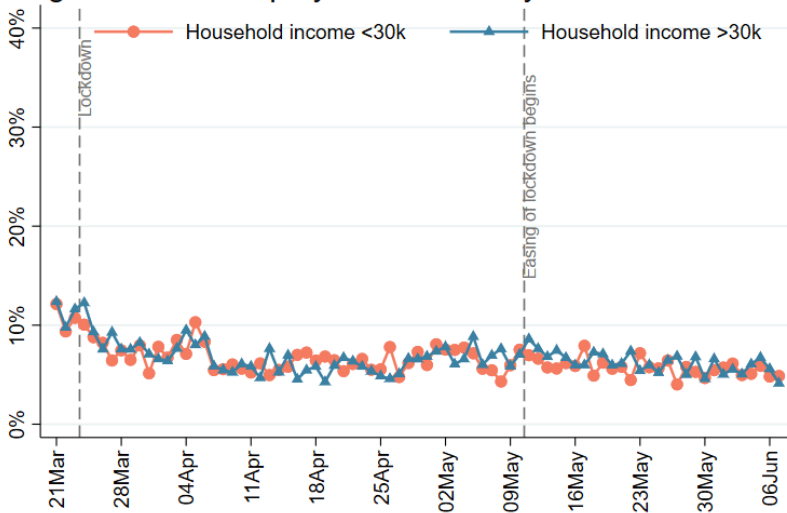Figure 10c Unemployment stress by household income

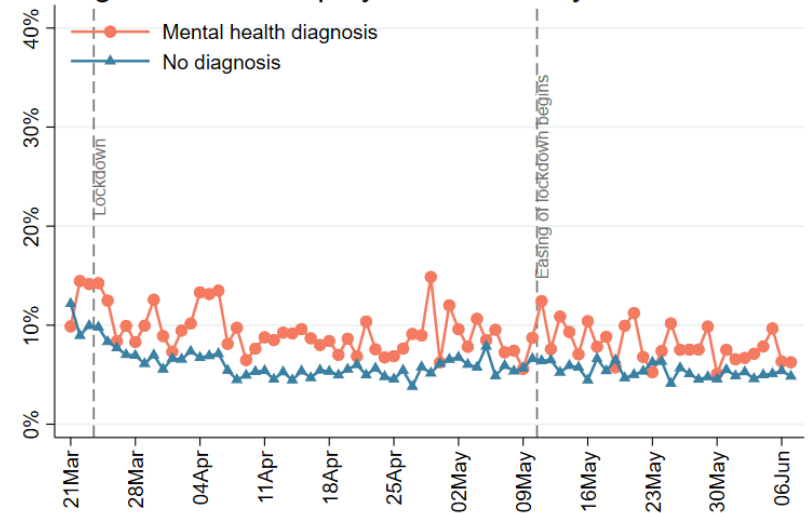Figure 10d Unemployment stress by mental health

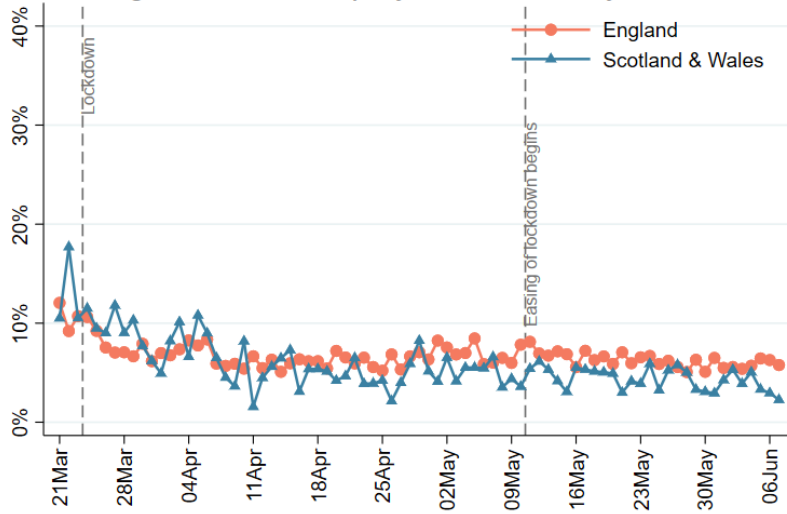17

Figure 10e Unemployment stress by nations
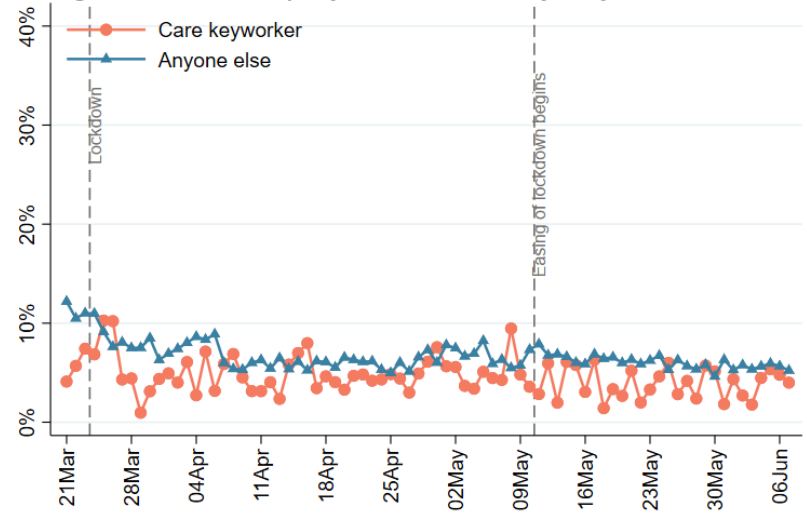
Figure 10f Unemployment stress by keyworker status
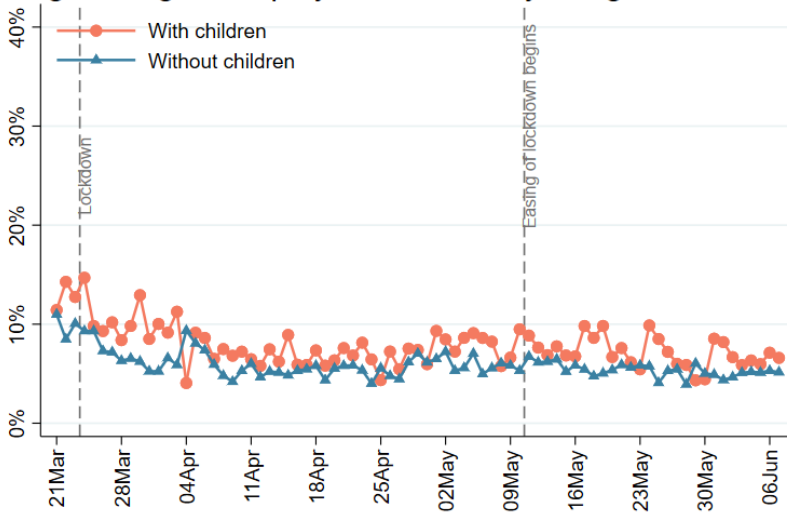
Figure 10g Unemployment stress by living with children
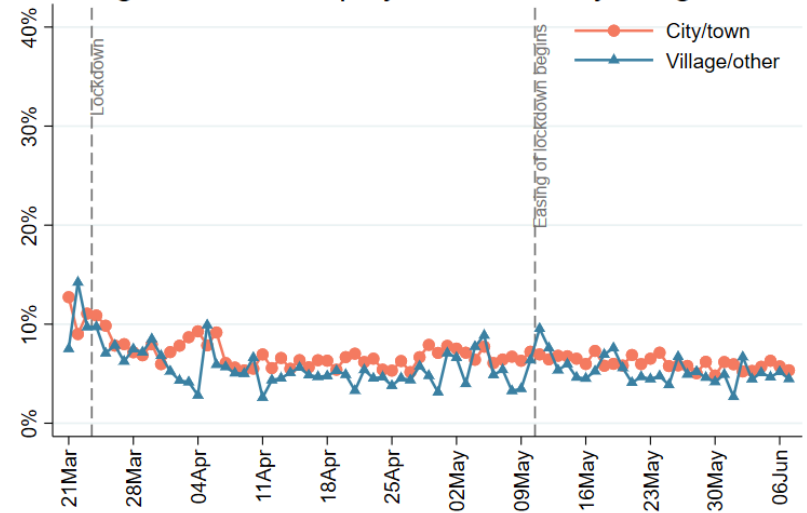
Figure 10h Unemployment stress by living area
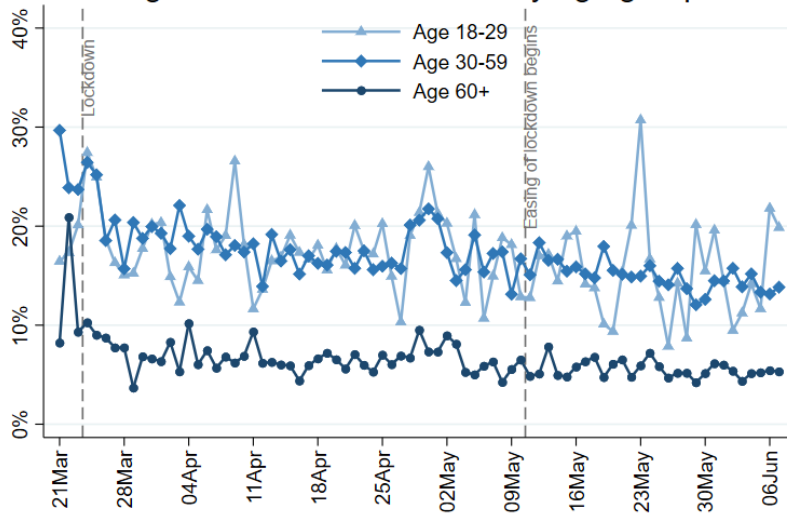
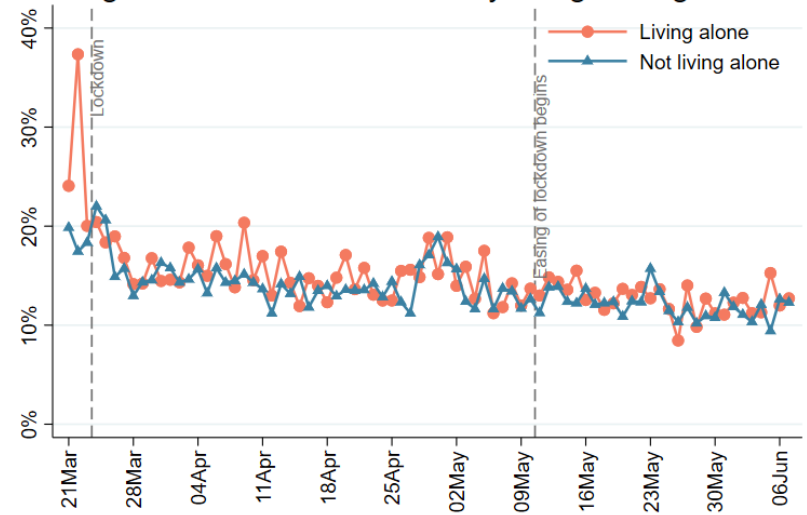Figure 11a Financial stress by age groups

Figure 11b Financial stress by living arrangement

Figure 11c Financial stress by household income
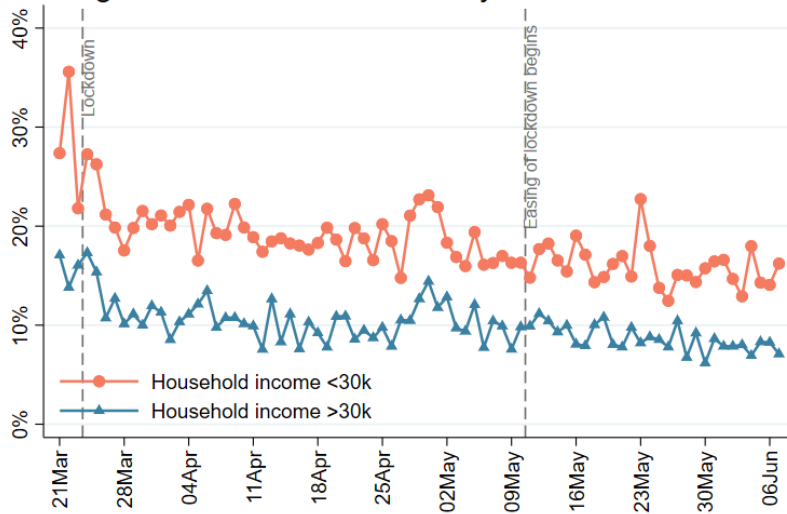
Figure 11d Financial stress by mental health diagnosis
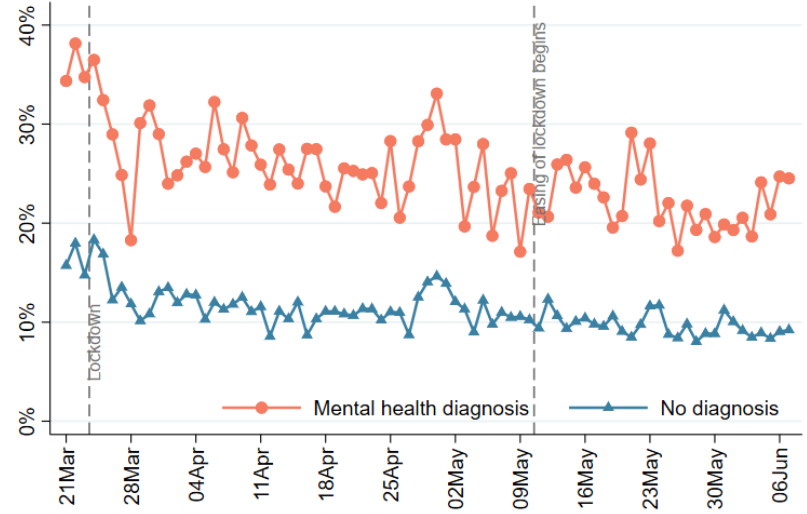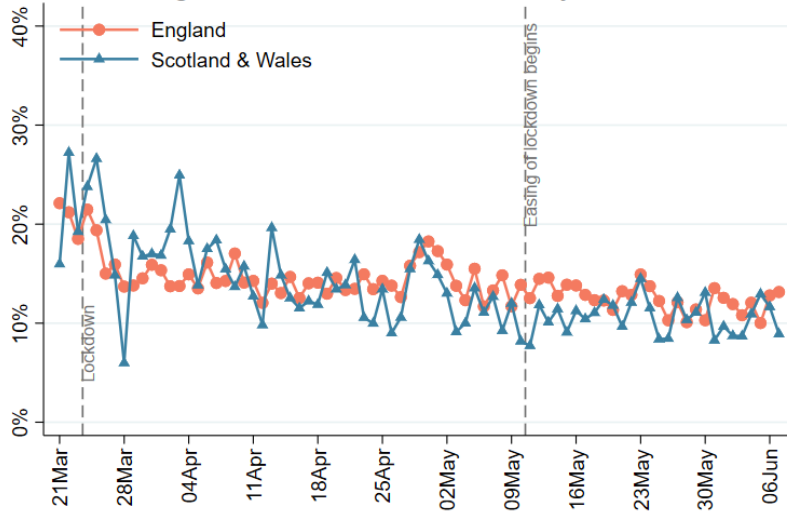
Figure 11e Financial stress by nations

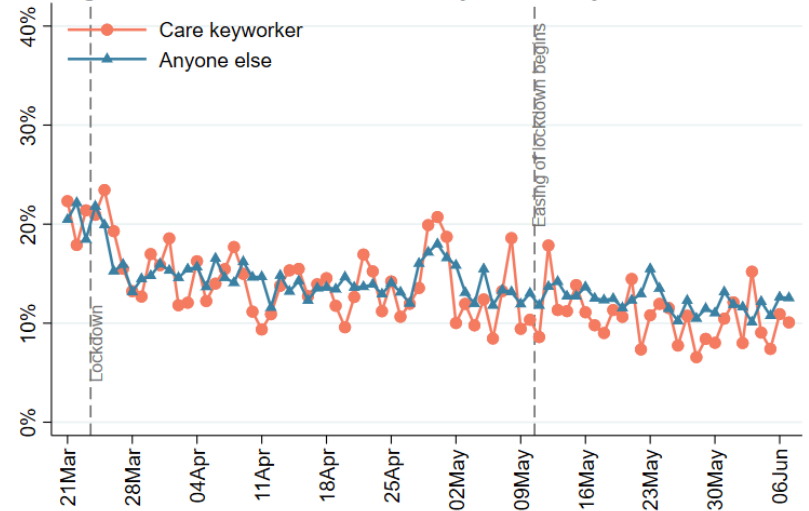Figure 11f Financial stress by care keyworker status
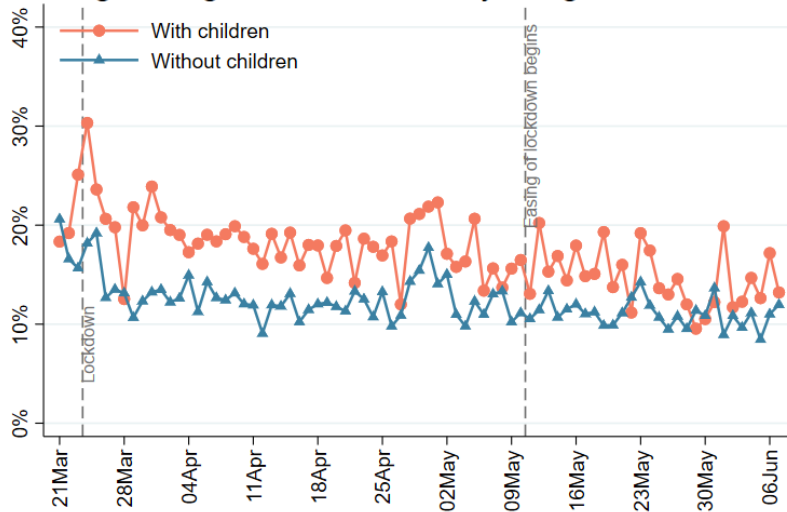
Figure 11g Financial stress by living with children

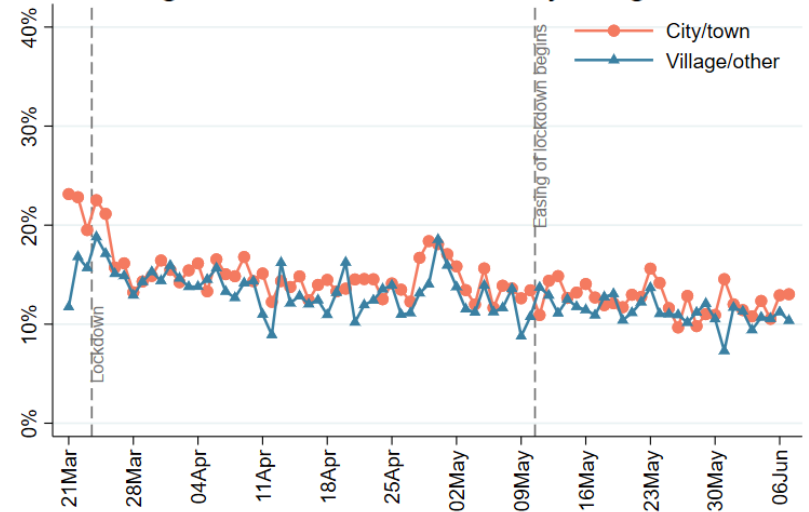Figure 11h Financial stress by living area
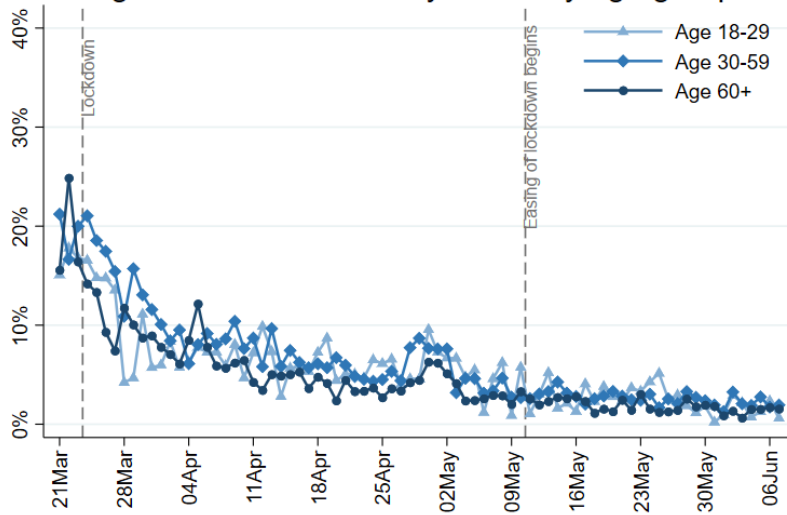
Figure 12a Food security stress by age groups

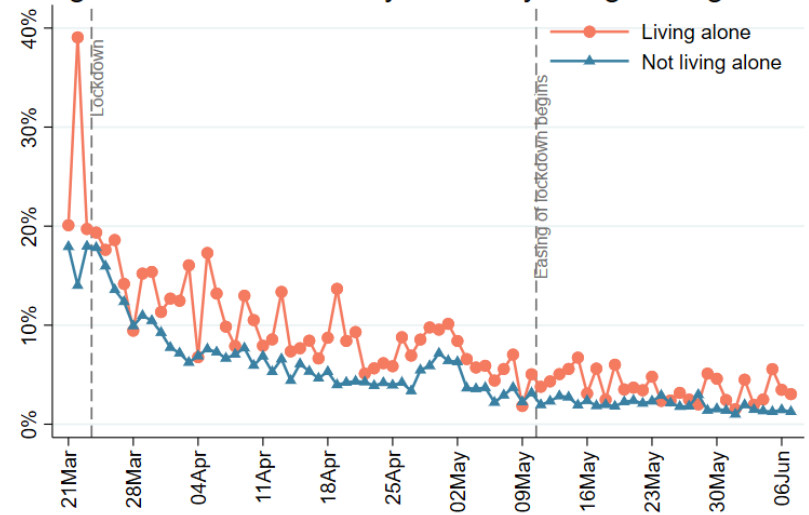Figure 12b Food security stress by living arrangement

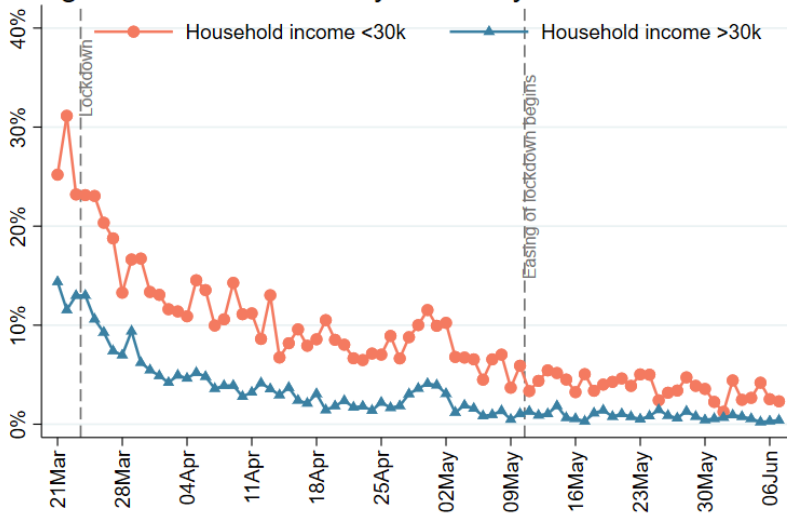Figure 12c Food security stress by household income

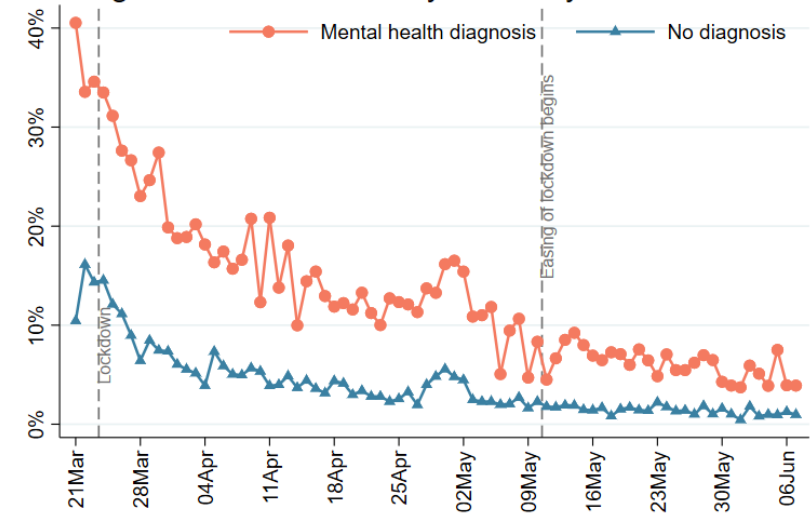Figure 12d Food security stress by mental health
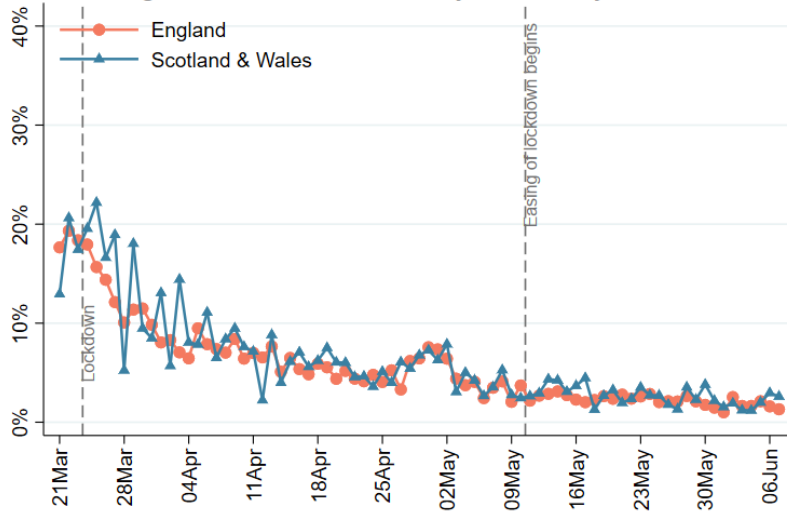
Figure 12e Food security stress by nations



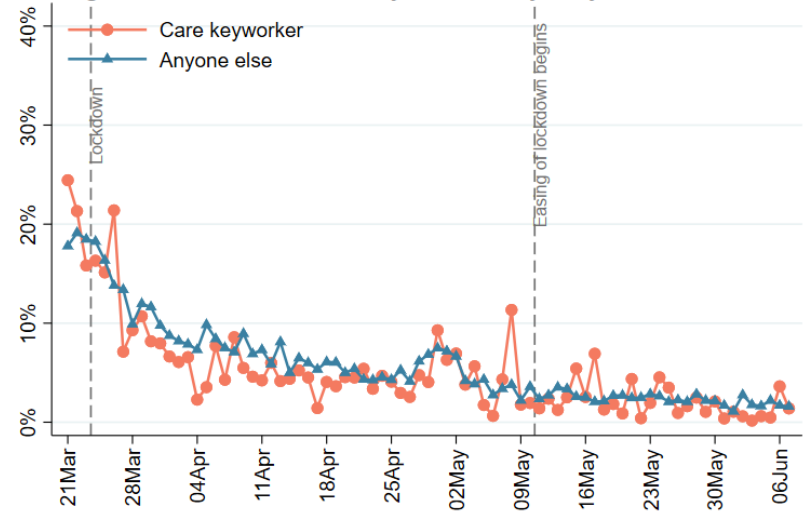Figure 12f Food security stress by keyworker status



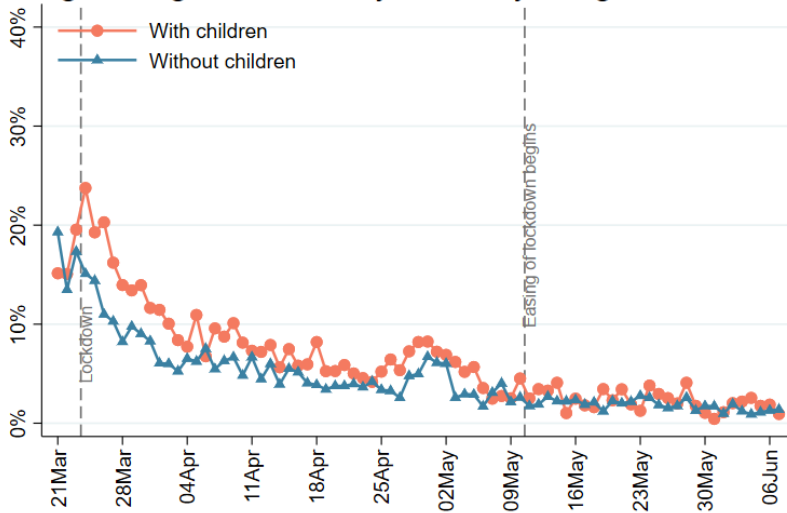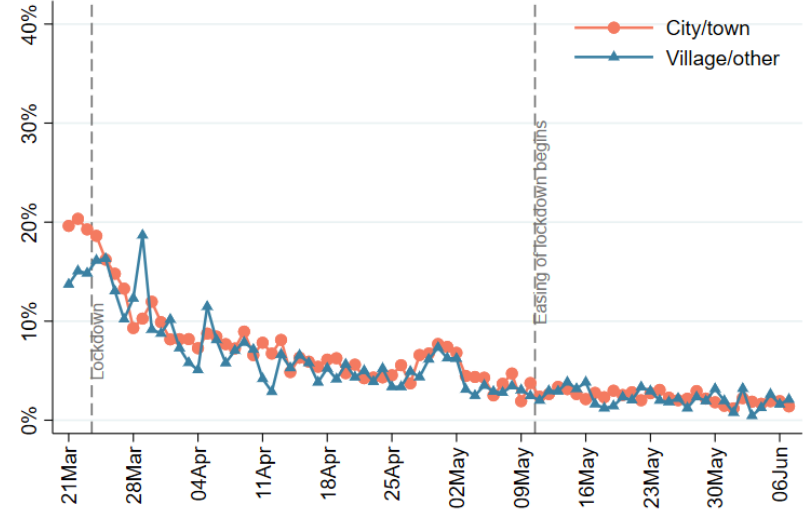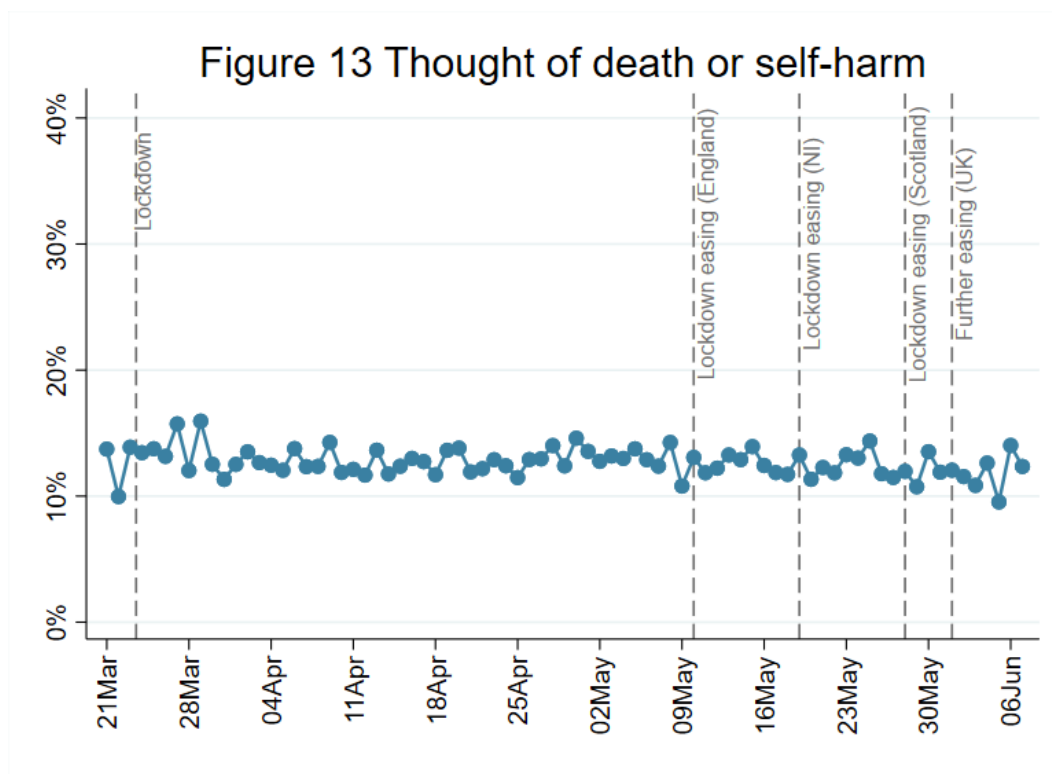Figure 12g Food security stress by living with children



Figure 12h Food security stress by living area

# 3. Self-harm and abuse

## 3.1 Thought of death or self-harm



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.

There continues to be no clear change in thoughts of death since the easing of lockdown was announced. Percentages of people having thoughts of death or self-harm have been relatively stable throughout the past 12 weeks. They remain higher amongst younger people, those with a lower household income, and people with a diagnosed mental health condition. They are also higher in people living alone and those living in urban areas.

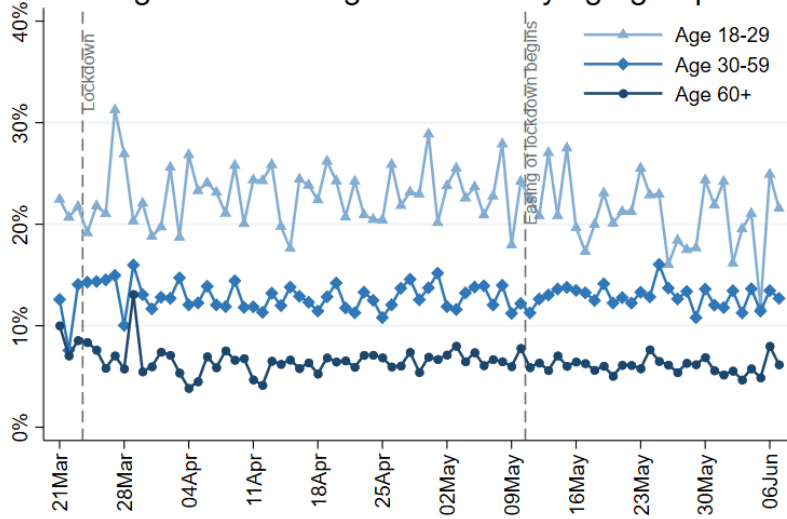Figure 14a Thought of death by age groups

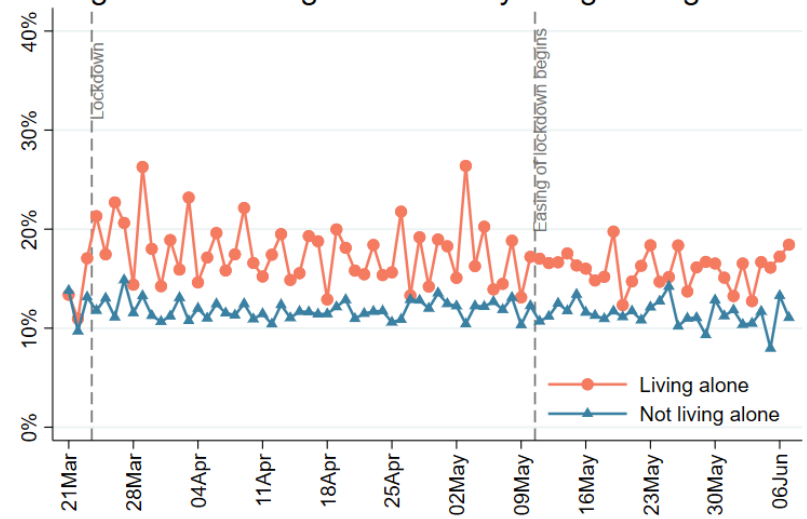Figure 14b Thought of death by living arrangement

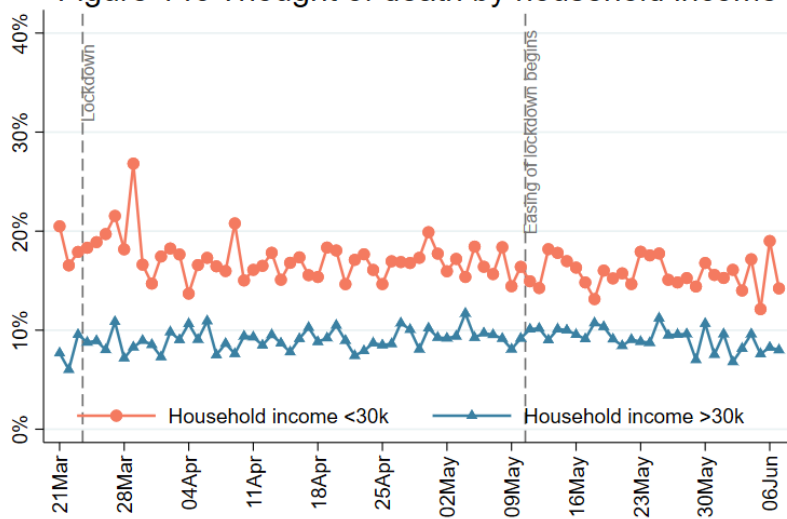Figure 14c Thought of death by household income

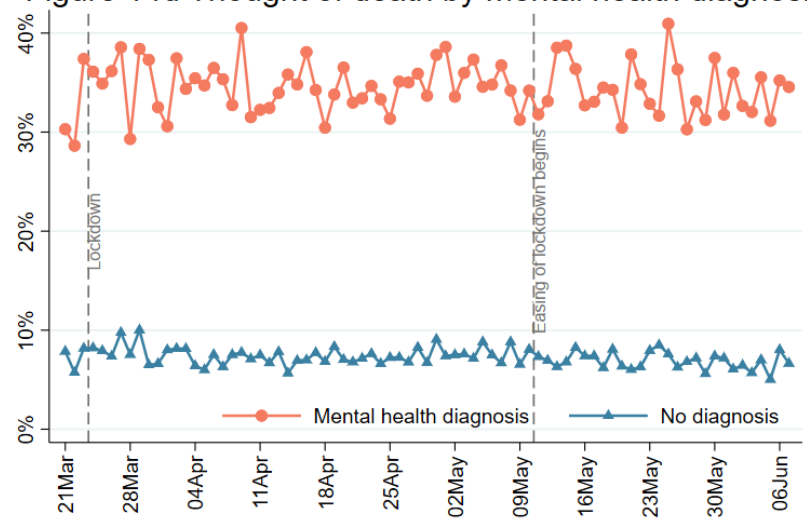Figure 14d Thought of death by mental health diagnosis

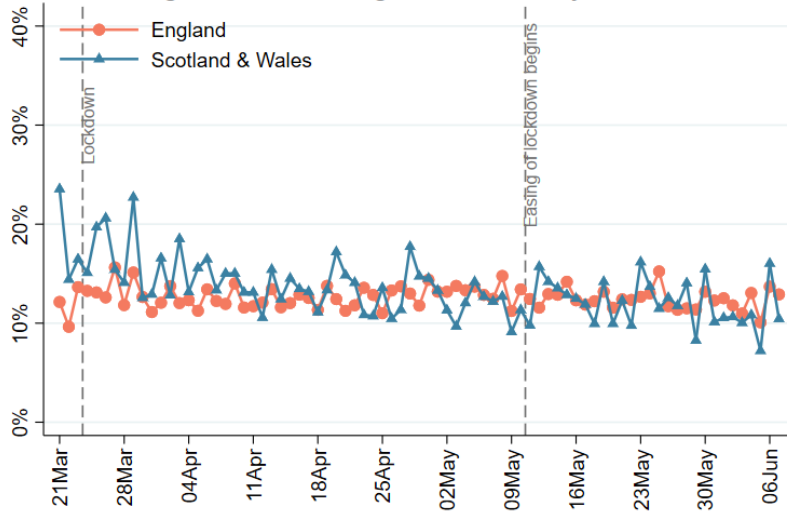Figure 14e Thought of death by nations
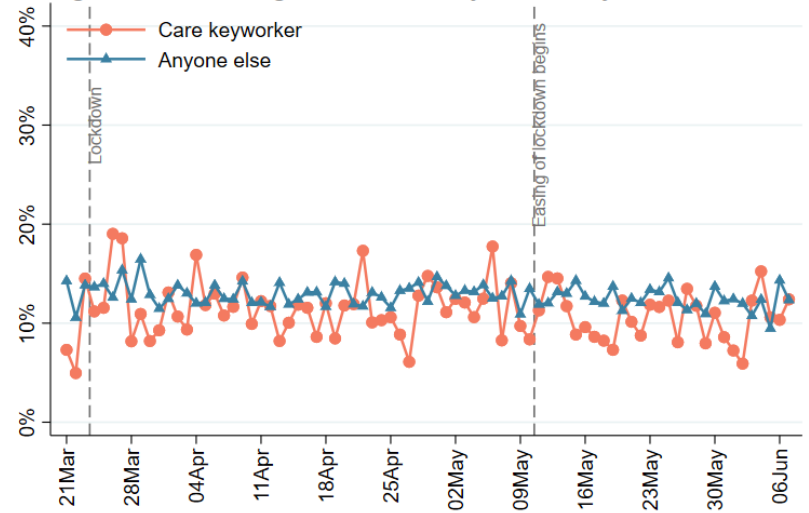
Figure 14f Thought of death by care keyworker status

Figure 14g Thought of death by living with children

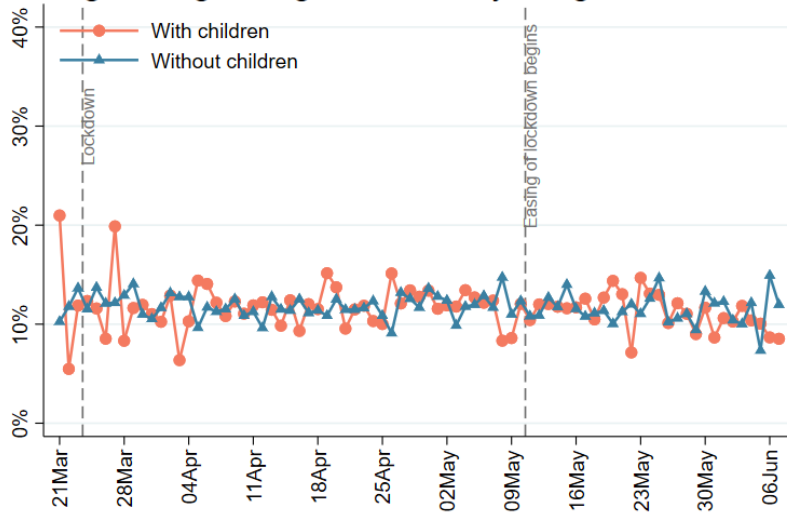Figure 14h Thought of death by living area

## 3.2 Self-harm



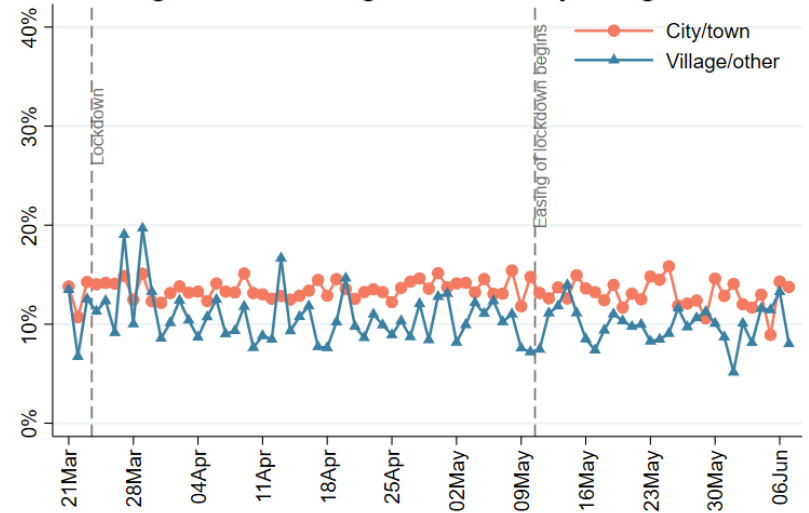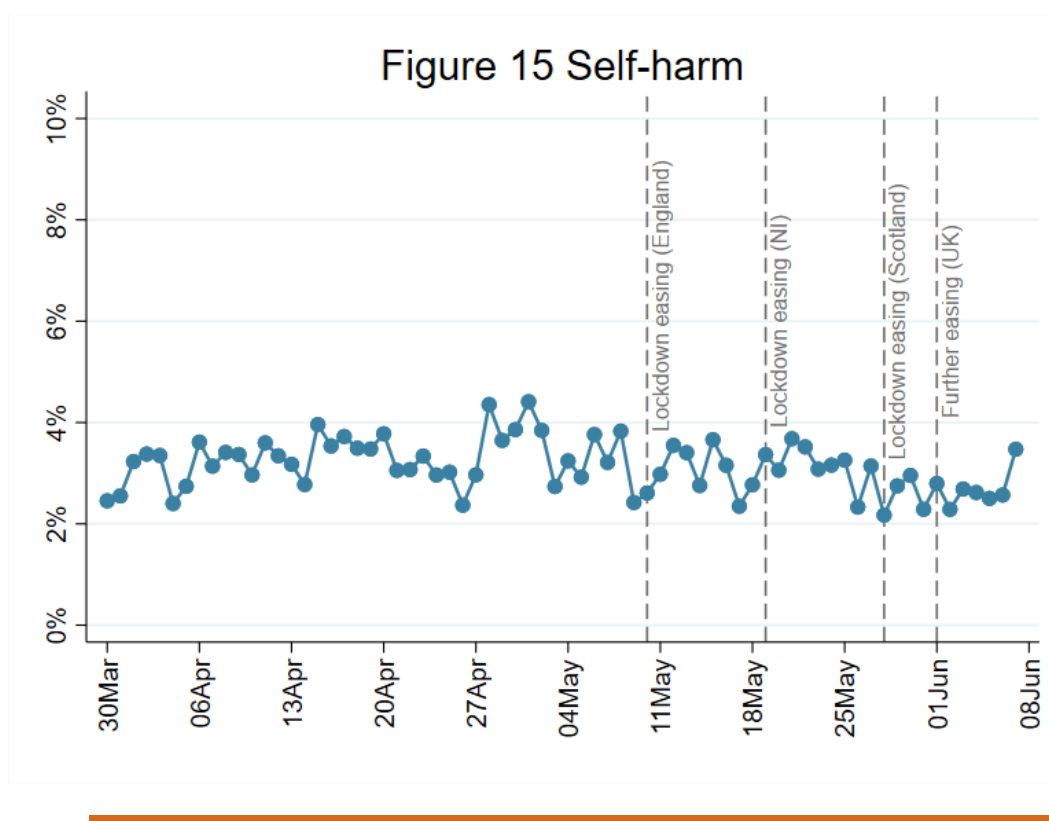Figure 15 Self-harm

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 remains relatively stable since the easing of lockdown was announced. There are indications of a spike over the last weekend but it remains to be seen if this is natural variation in the data or indicative of a new trend.

Consistently across lockdown, self-harm has been reported to be higher amongst younger adults, those with lower household income, and those with a diagnosed mental health condition. It is also slightly higher amongst people living in urban areas.

It should be noted that not all people who self-harm will necessarily report it, so these levels are anticipated to be an under-estimation of actual levels.
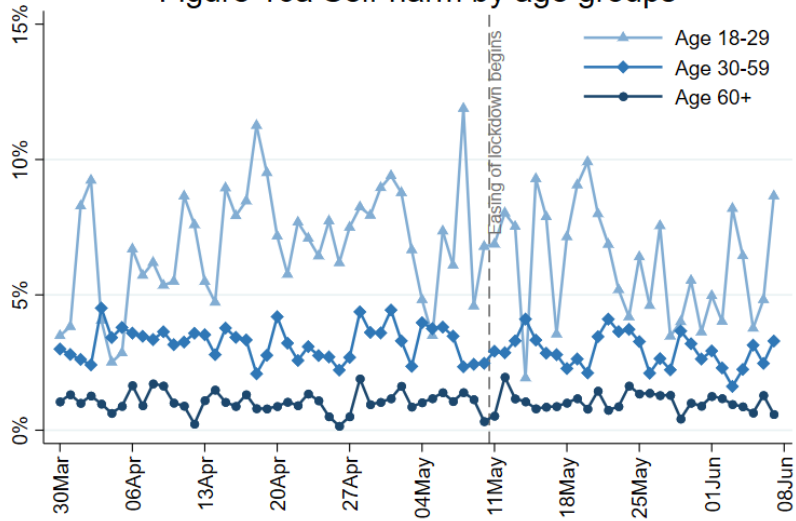
Figure 16a Self-harm by age groups

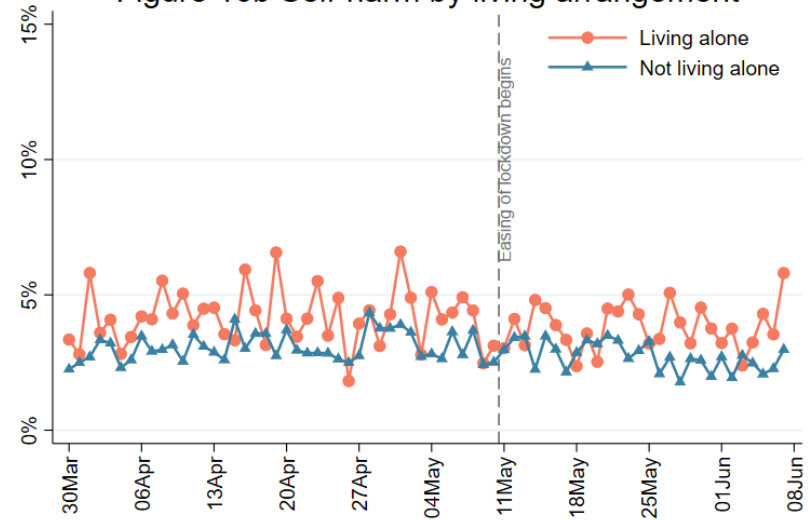Figure 16b Self-harm by living arrangement
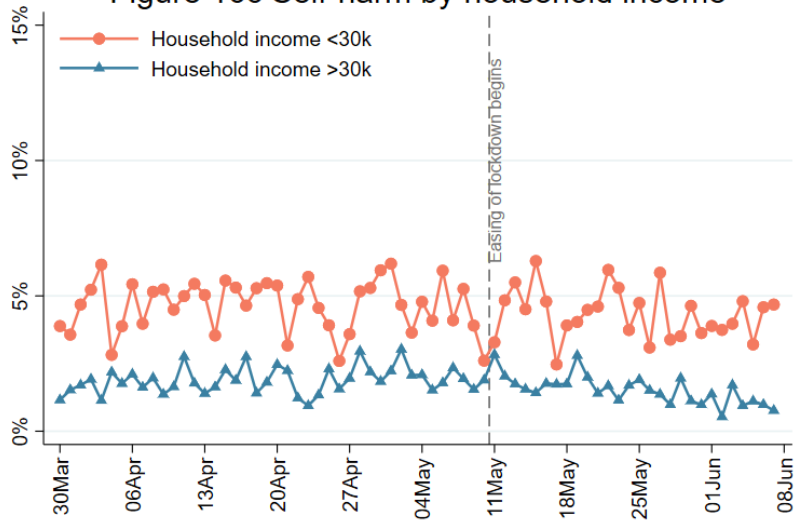
Figure 16c Self-harm by household income
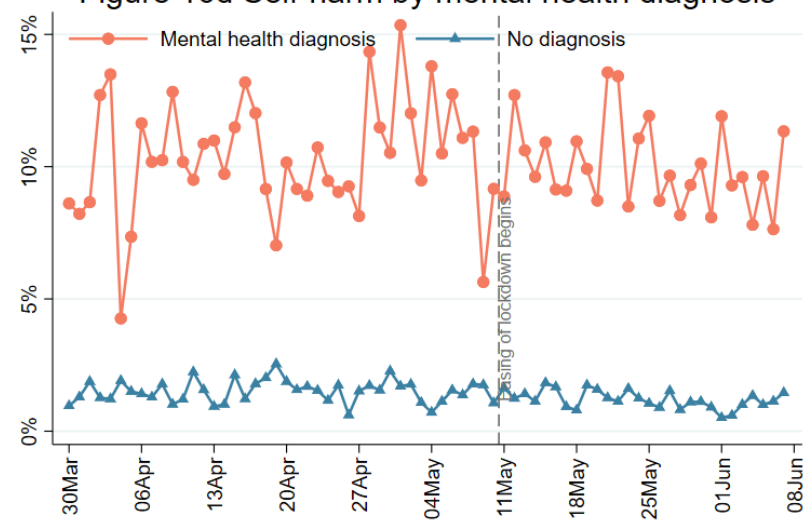
Figure 16d Self-harm by mental health diagnosis

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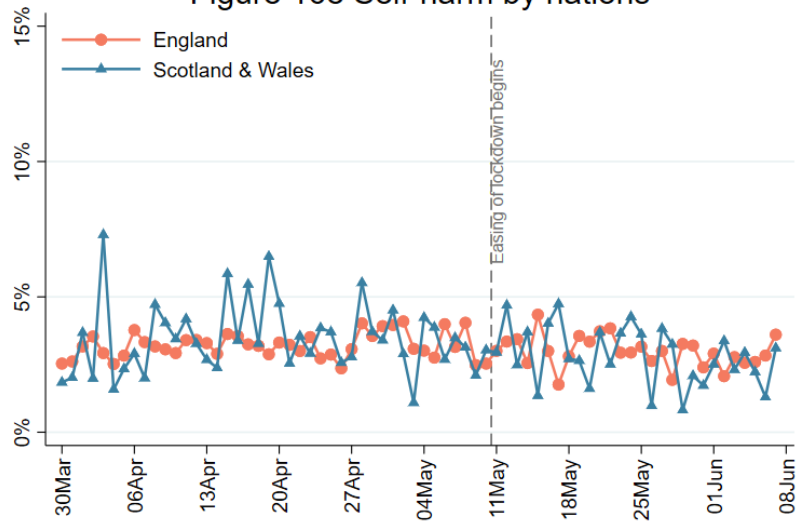Figure 16e Self-harm by nations

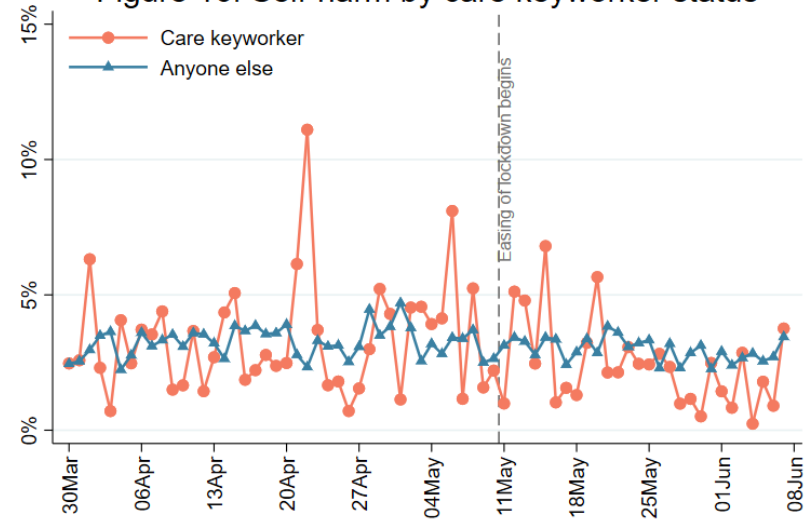Figure 16f Self-harm by care keyworker status
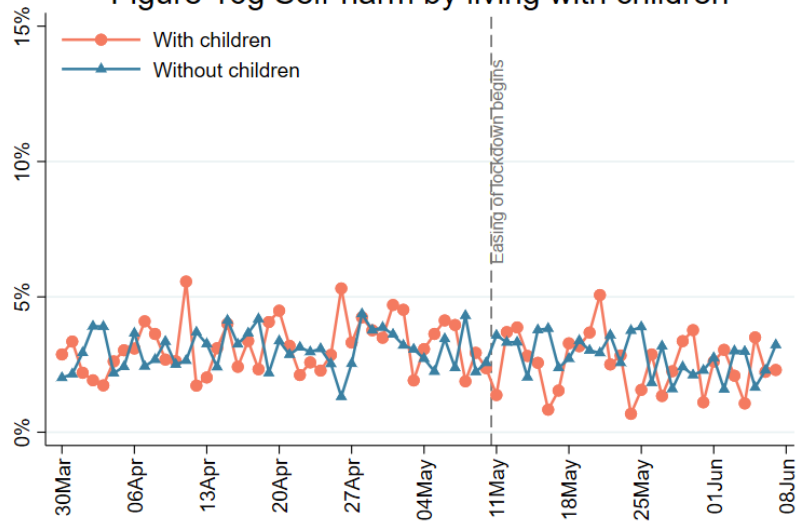
Figure 16g Self-harm by living with children

Figure 16h Self-harm by living area

## 3.3 Abuse



Figure 17 Being physically or psychologically abused
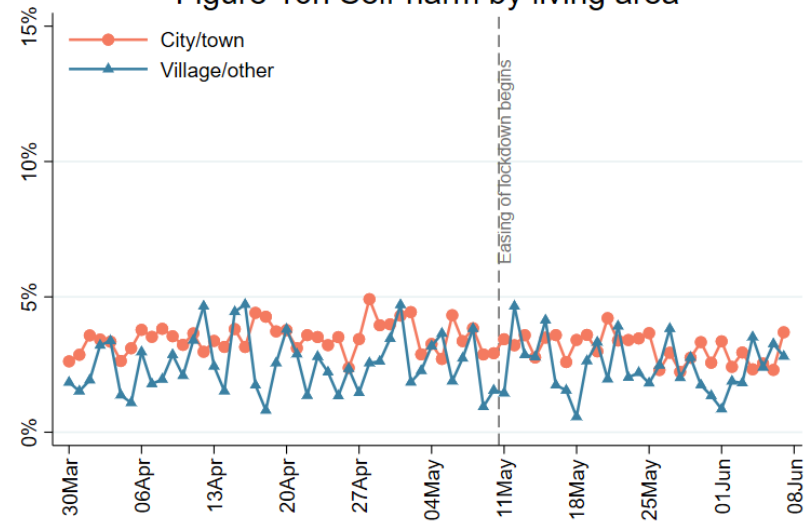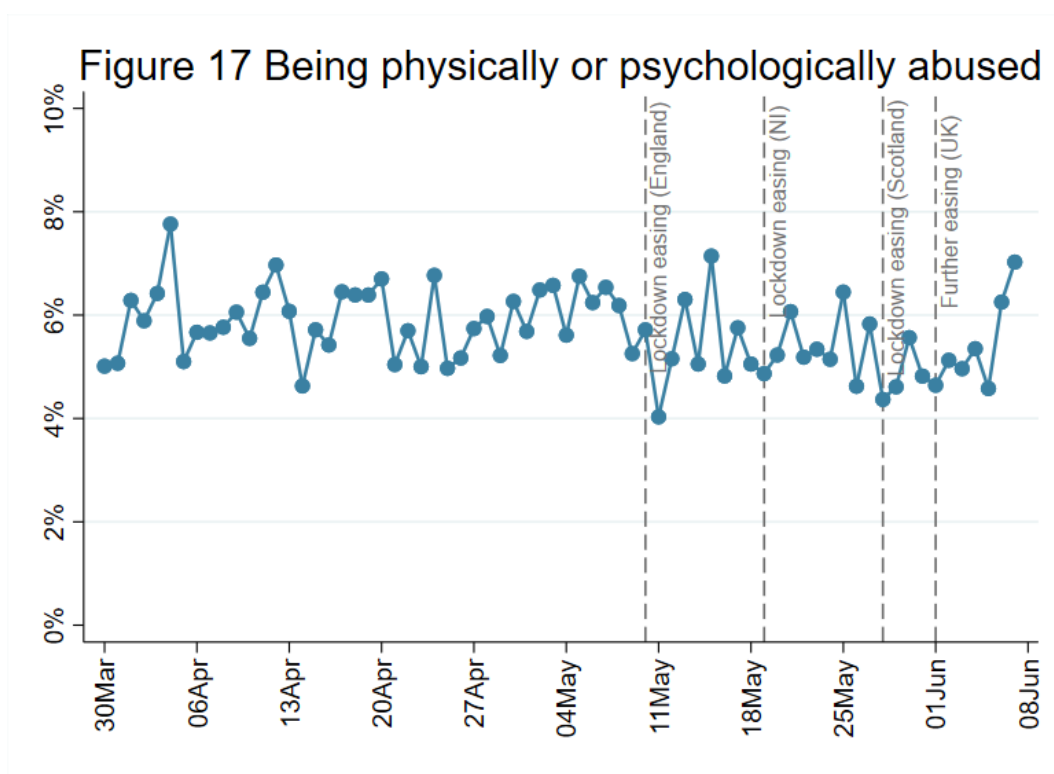
FINDINGS

Abuse was measured using two questions that ask if someone has experienced in the last week "being physically harmed or hurt by someone else" or "being bullied, controlled, intimidated, or psychologically hurt by someone else". Responses are on a 4-point scale ranging from "not at all" to "nearly every day". We focused on any response on either item that indicated any experience of psychological or physical abuse.

Abuse remains relatively stable since the easing of lockdown was announced. There are indications of a spike over the last weekend but it remains to be seen if this is natural variation in the data or indicative of a new trend.

Abuse has been reported to be higher amongst adults under the age of 60, those with lower household income and those with existing mental health conditions. It is also slightly higher in people living with children compared to those living with just other adults. It should be noted that not all people who are experiencing abuse will necessarily report it, so these levels are anticipated to be an under-estimation of actual levels.
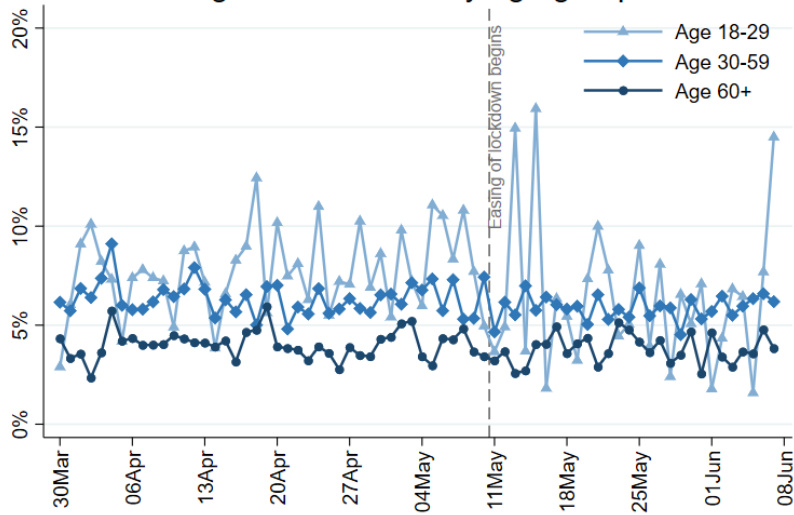
Figure 18a Abuse by age groups
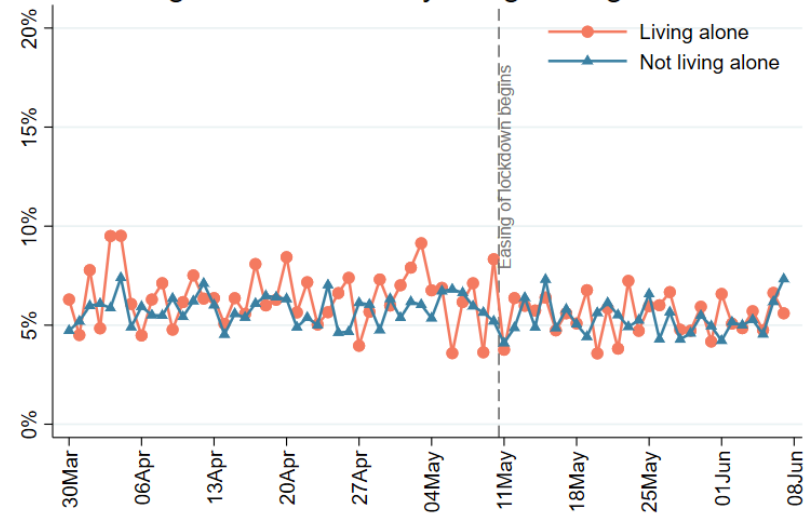
Figure 18b Abuse by living arrangement
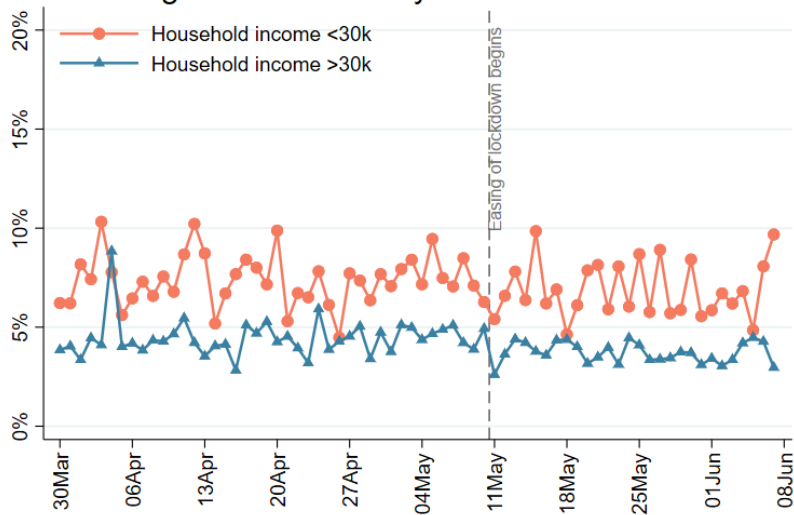
Figure 18c Abuse by household income

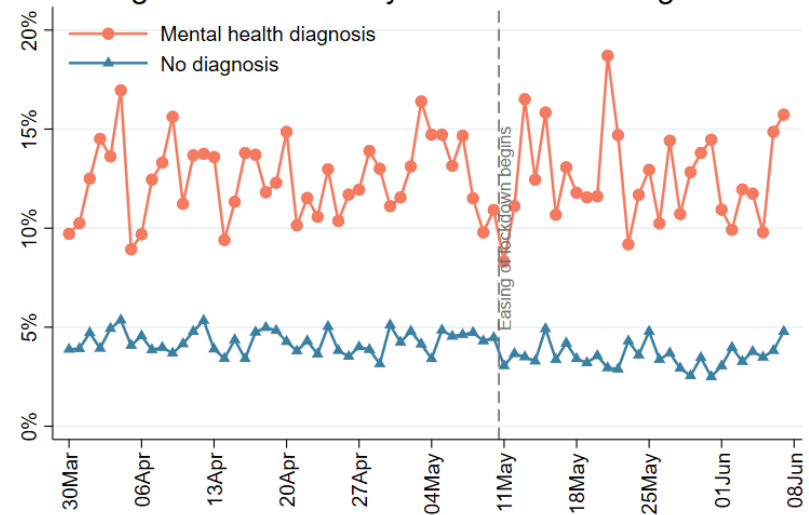Figure 18d Abuse by mental health diagnosis
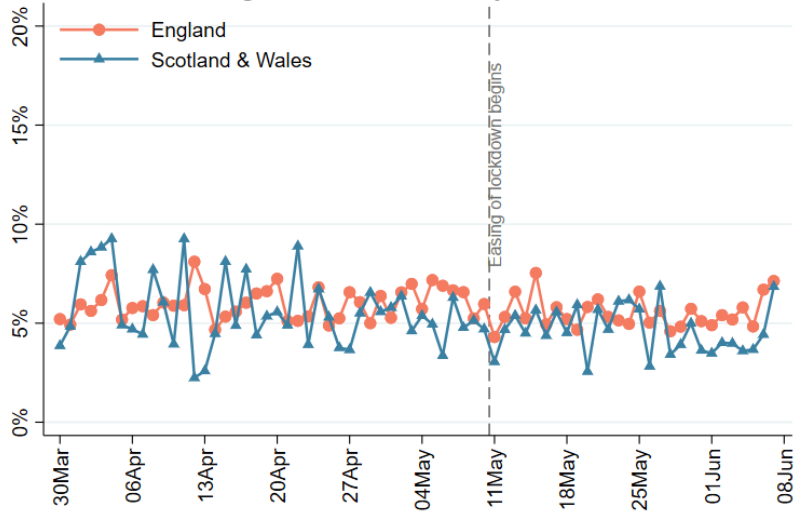
Figure 18e Abuse by nations
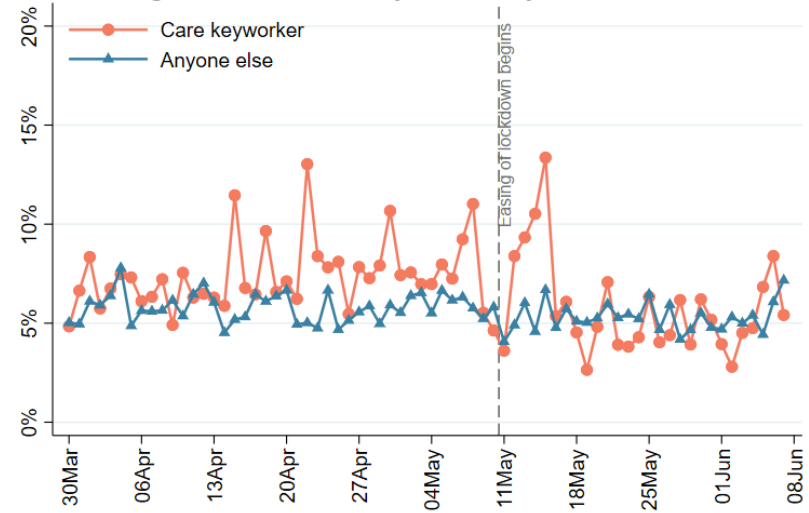
Figure 18f Abuse by care keyworker status

Figure 18g Abuse by living with children
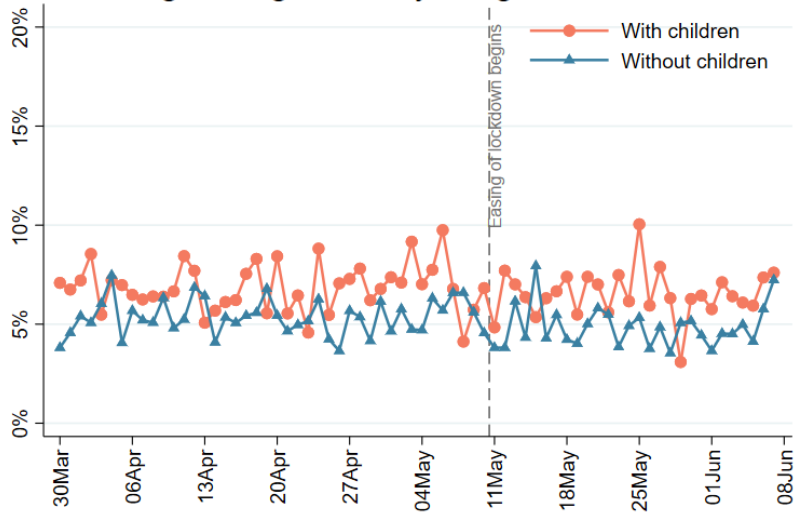
Figure 18h Abuse by living area
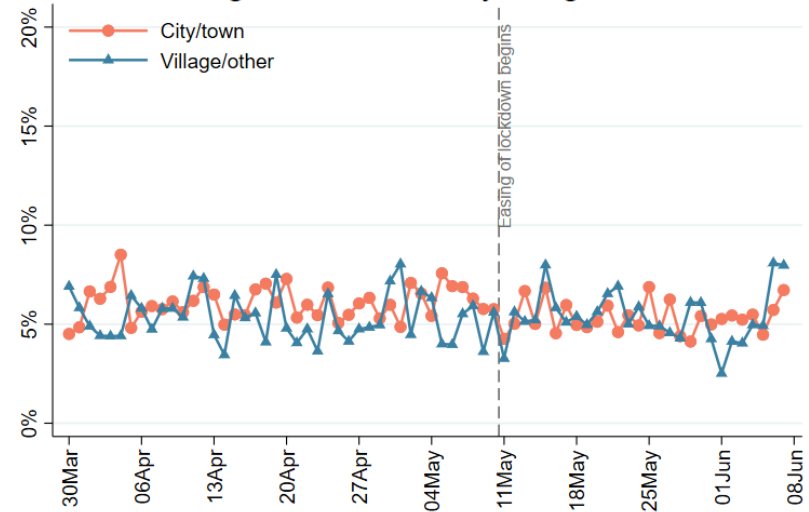
# 4. General well-being

## 4.1 Life satisfaction

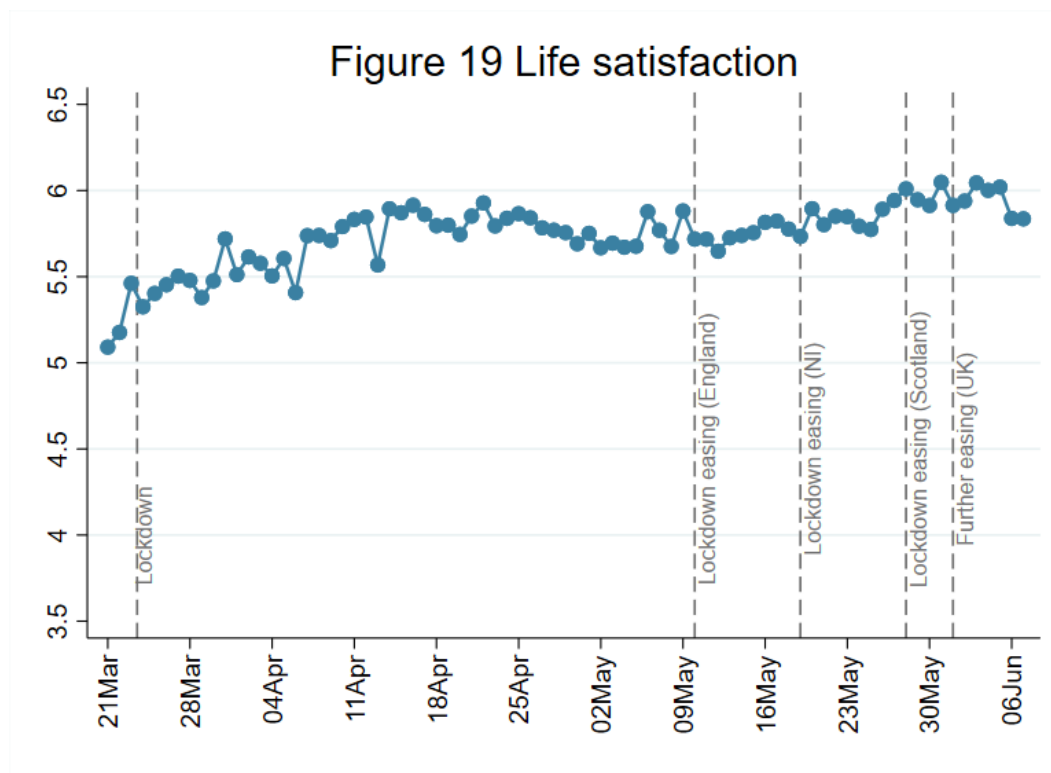

Figure 19 Life satisfaction

FINDINGS

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

In our sample, life satisfaction increased after lockdown was announced but has stabilised in the past month. It rose again as lockdown easing began but appears to have stabilised again. There appears to have been a decrease in life satisfaction amongst young people in the last few days, but it remains to be seen if this is natural variation in the data or indicative of a new trend.

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[3].

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[3] 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.
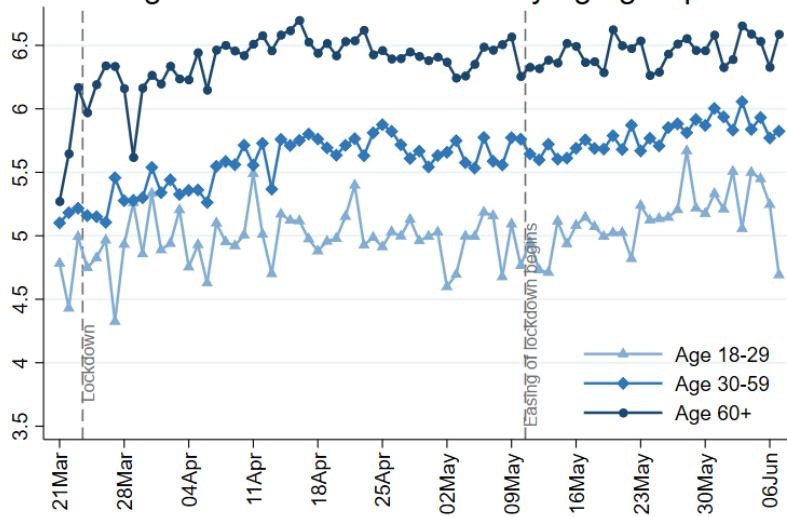
Figure 20a Life satisfaction by age groups

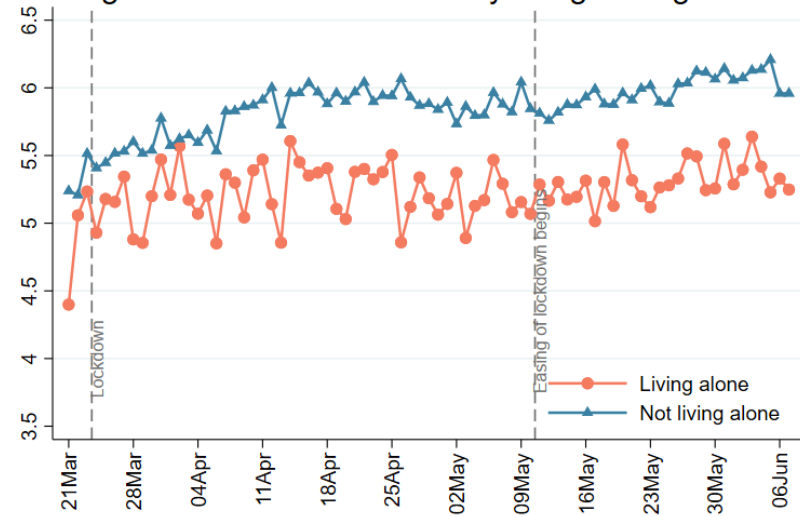Figure 20b Life satisfaction by living arrangement
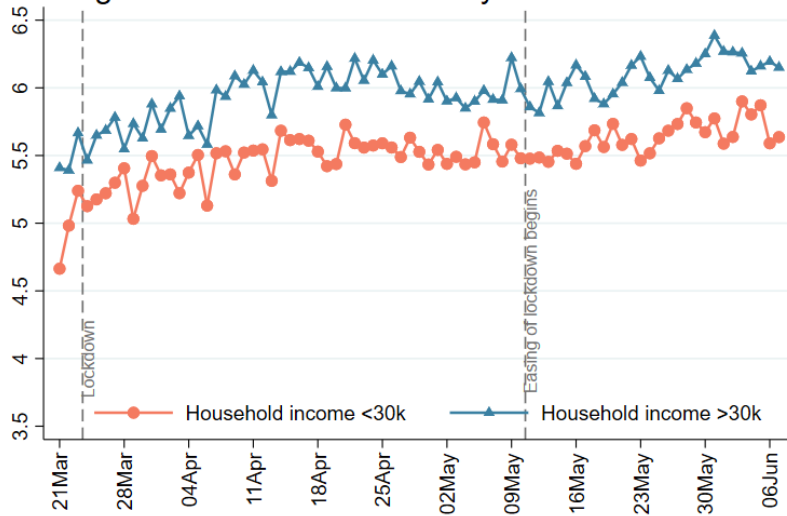
Figure 20c Life satisfaction by household income

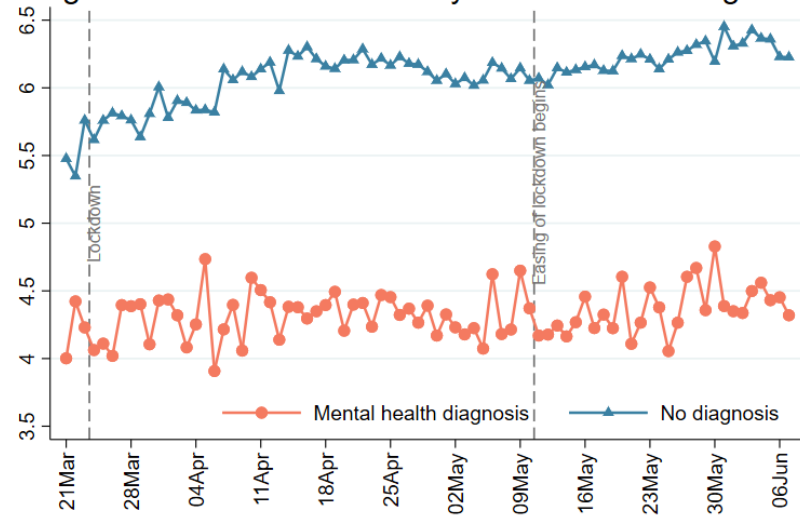Figure 20d Life satisfaction by mental health diagnosis

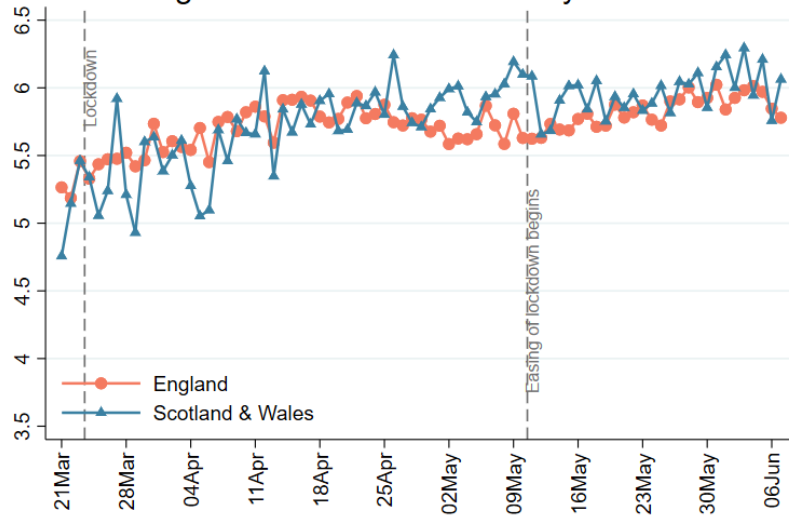Figure 20e Life satisfaction by nations
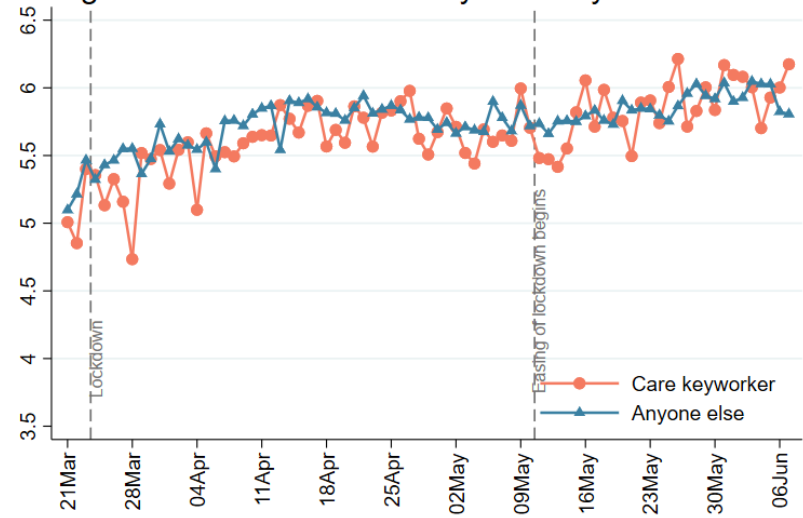
Figure 20f Life satisfaction by care keyworker status
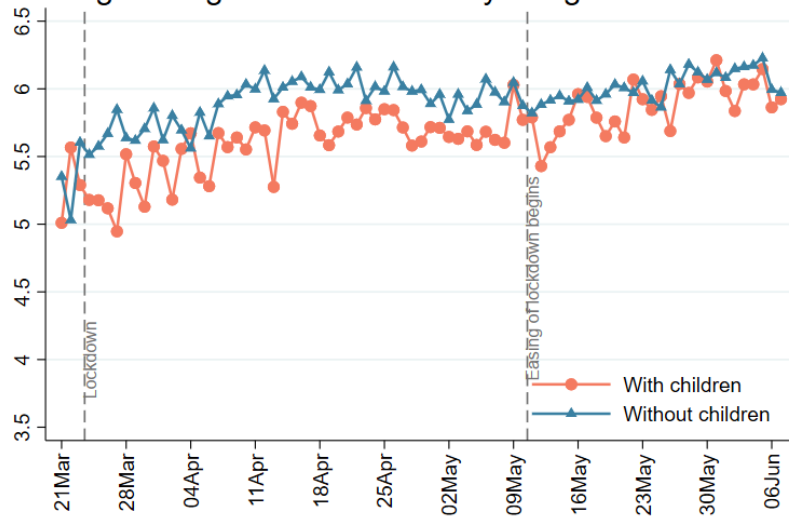
Figure 20g Life satisfaction by living with children
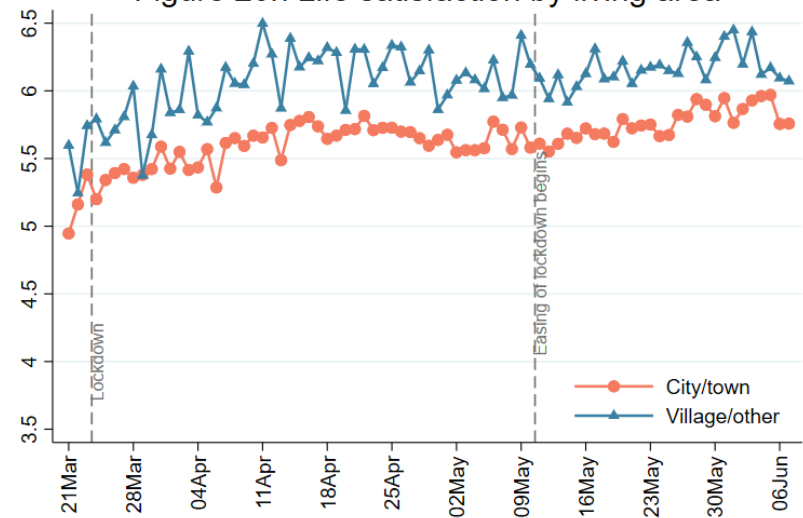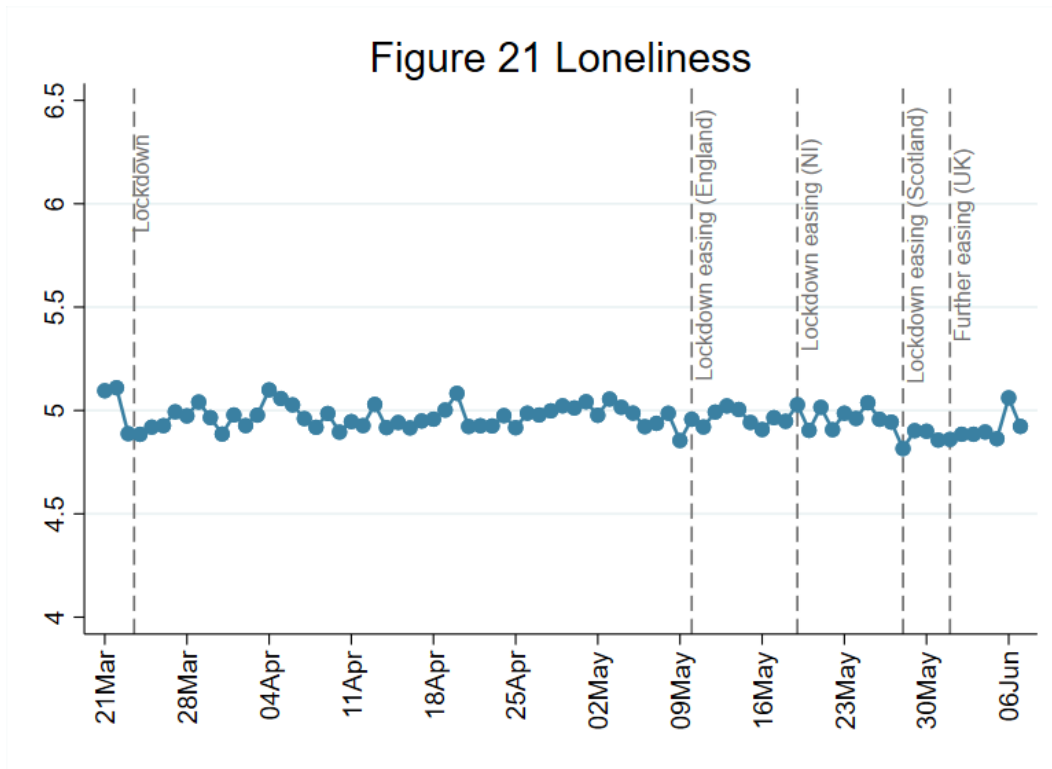
Figure 20h Life satisfaction by living area

## 4.2 Loneliness



Figure 21 Loneliness

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 continue to remain relatively consistent and have notably not decreased since lockdown easing began. This is notable given that opportunities for socialising in person are now greater than over the past 12 weeks.

Levels of loneliness are still higher amongst younger adults, those with lower household income levels, and those with an existing diagnosed mental health condition. They are higher amongst people with children, and people living in urban areas.

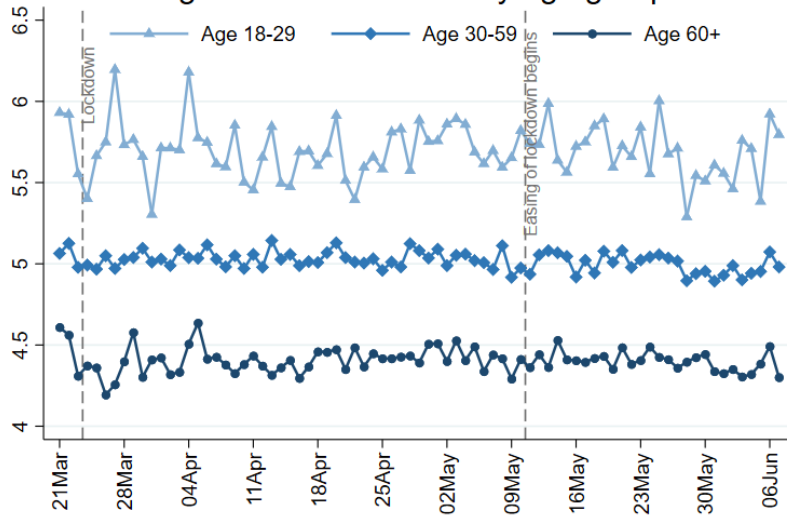Figure 22a Loneliness by age groups
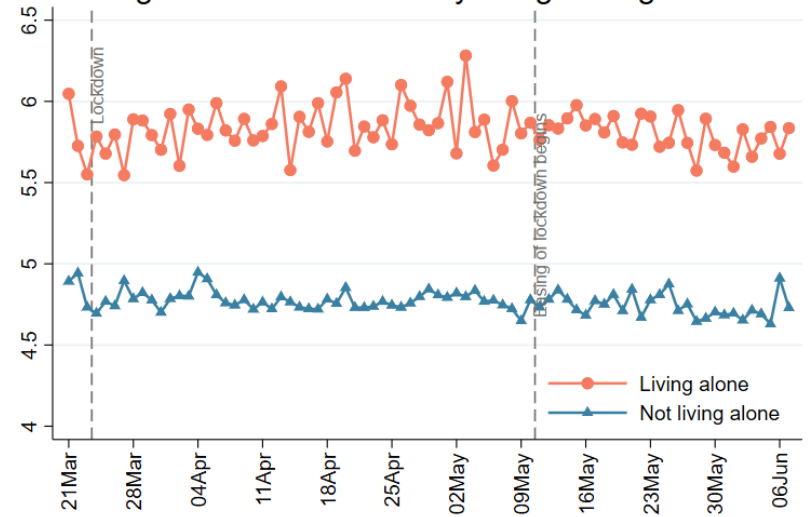
Figure 22b Loneliness by living arrangement

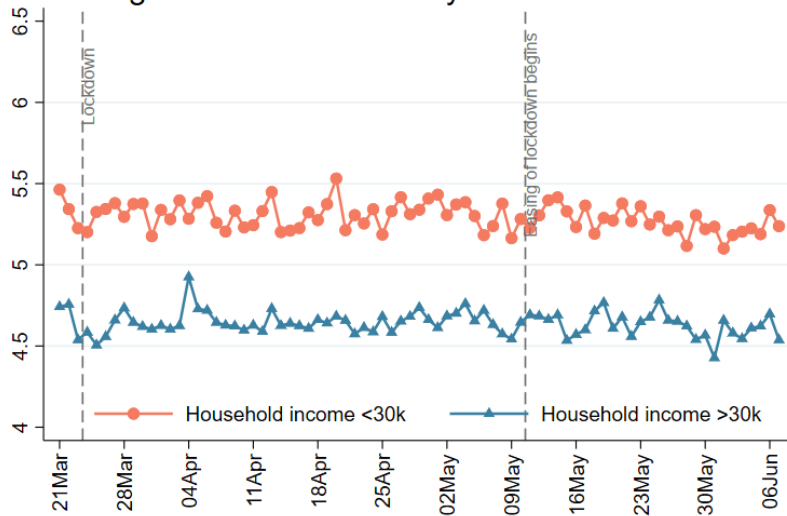Figure 22c Loneliness by household income
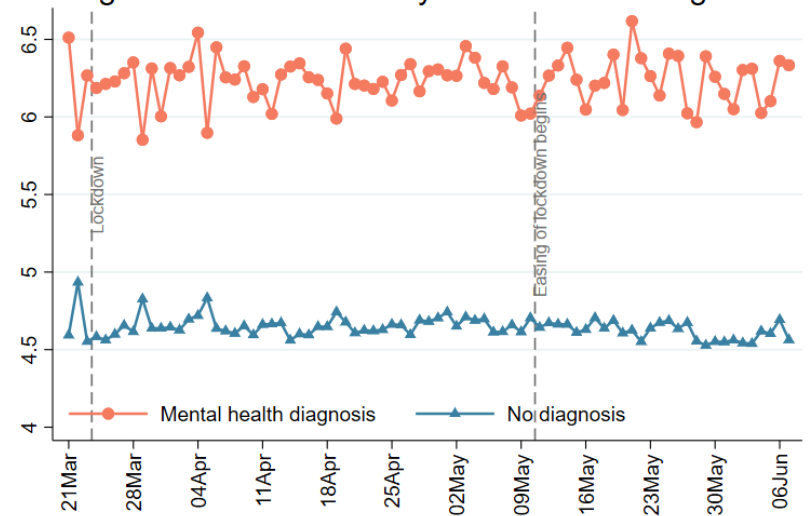
Figure 22d Loneliness by mental health diagnosis
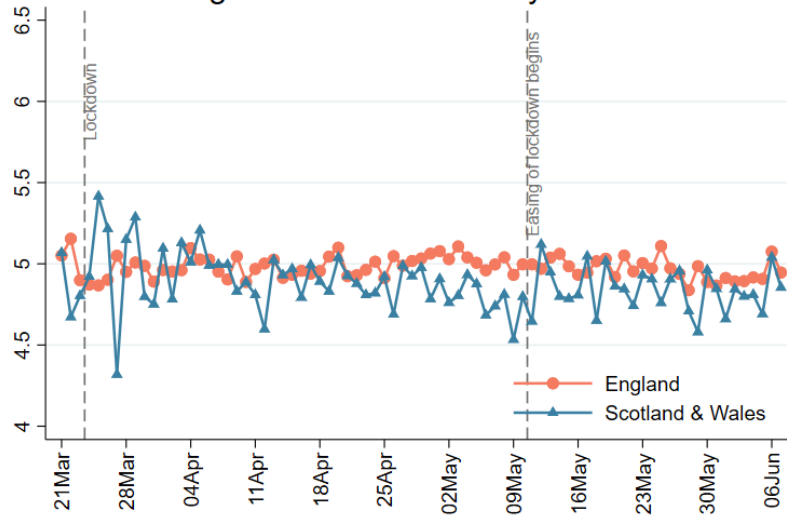
Figure 22e Loneliness by nations

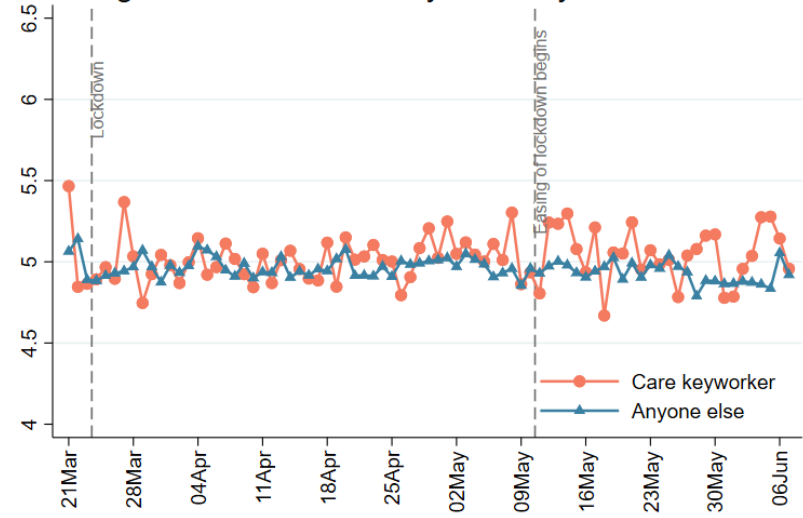Figure 22f Loneliness by care keyworker status
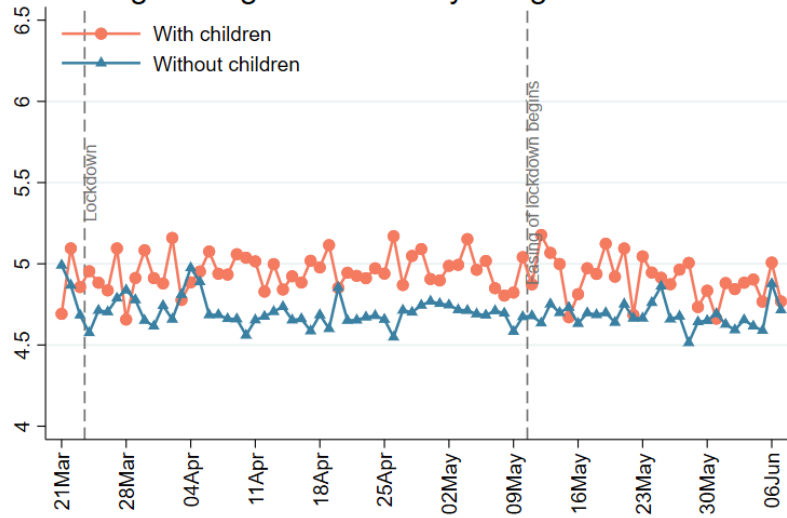
Figure 22g Loneliness by living with children

Figure 22h Loneliness by living area

## 4.3 Happiness
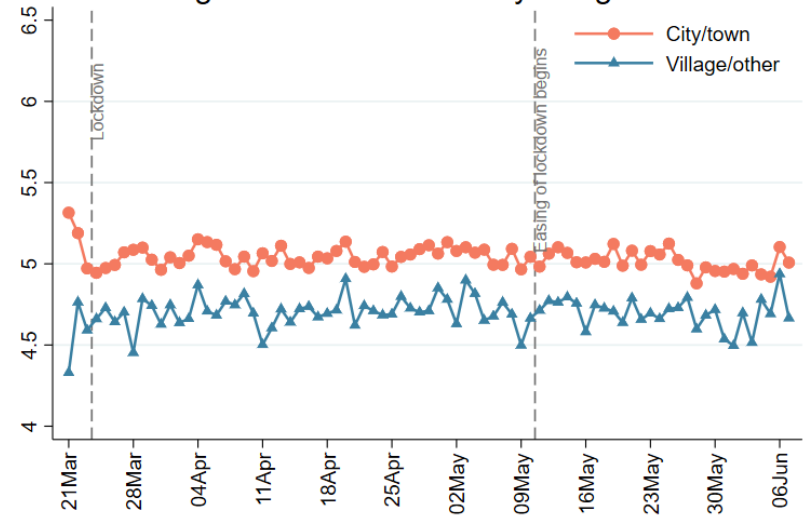


Figure 23 Happiness

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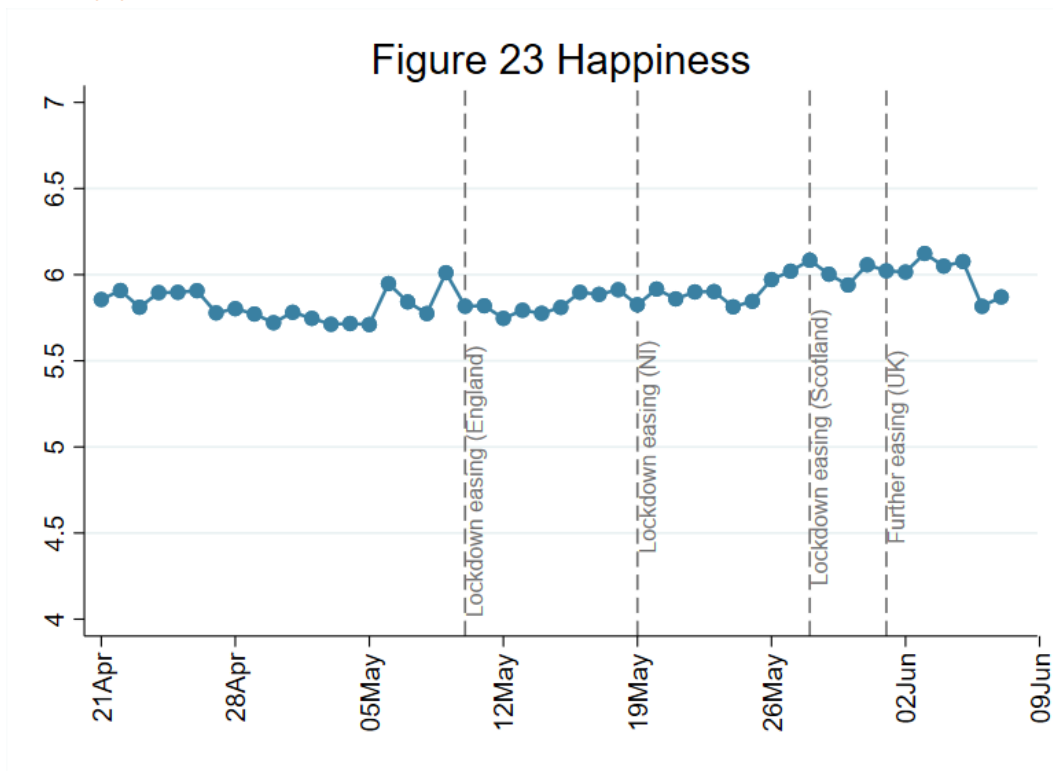
Respondents were asked to rate to what extent they felt happy during the past week using the Office for National Statistics wellbeing scale on a scale from 0 (not at all) to 10 (completely). Happiness ratings are only available from 21st April onwards.

Happiness has been relatively stable across the second part of lockdown, but has begun to increase slightly since lockdown restrictions began to be lifted. Happiness levels have been higher across lockdown in older adults, those living with others, those with higher household income, those without any diagnosed mental health conditions and in people living in rural areas.

There has been a notable decrease in happiness amongst younger people in the last few days, but it remains to be seen if this is natural variation in the data or indicative of a new trend.

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

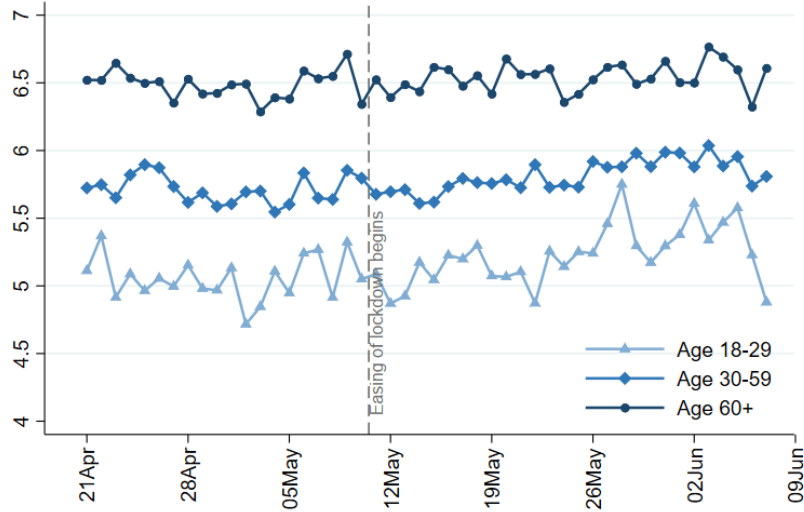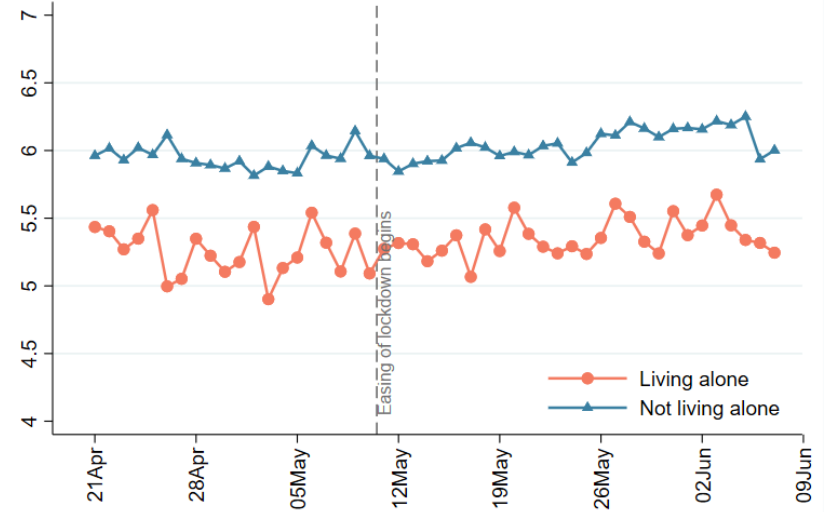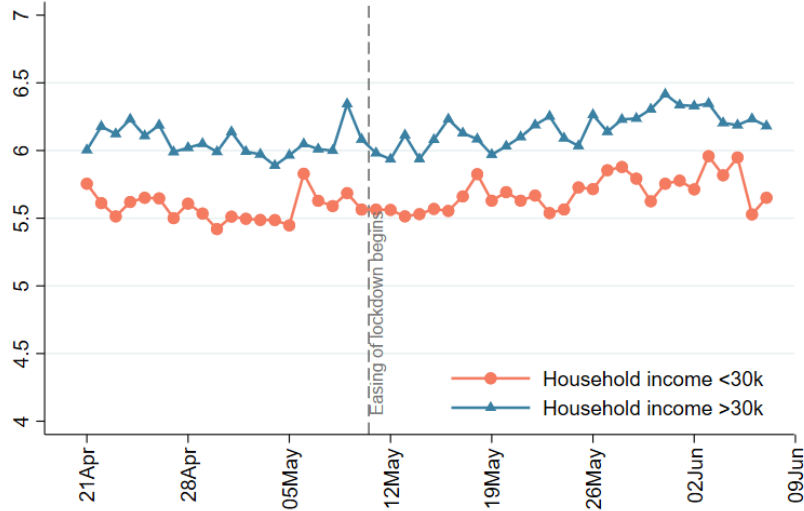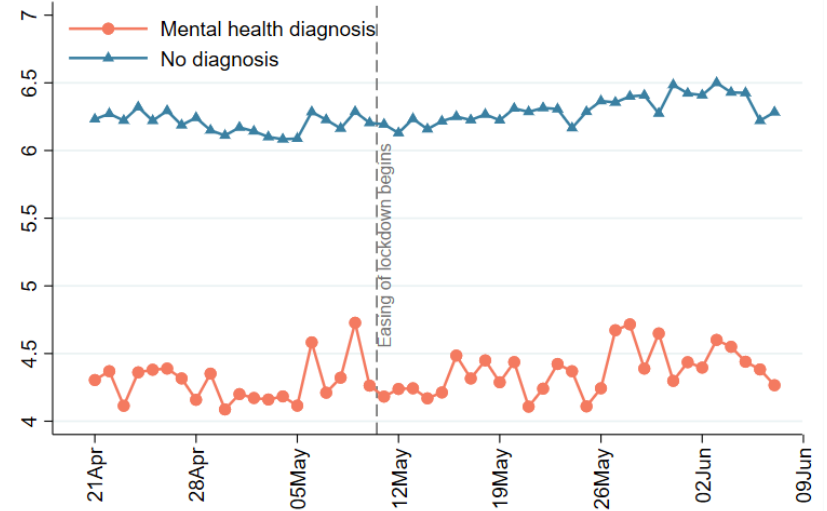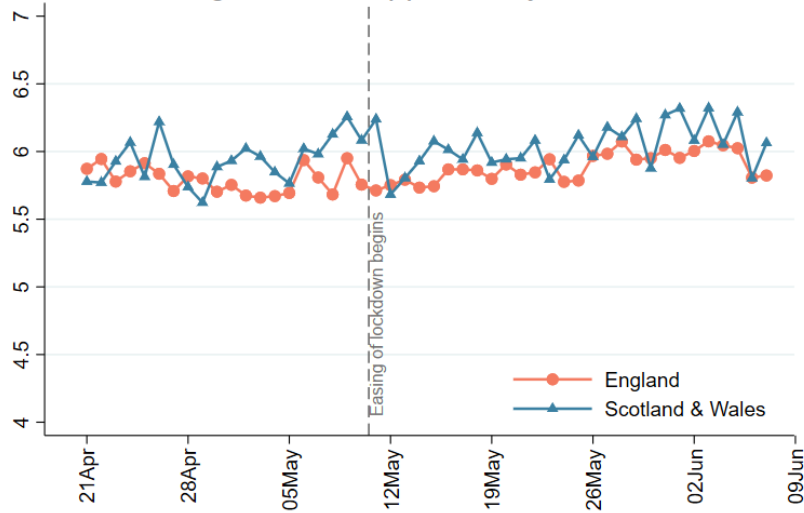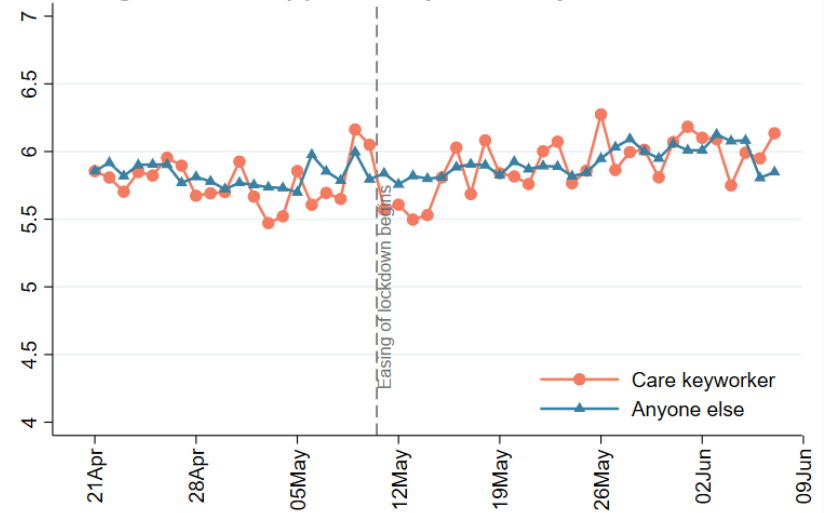Figure 24f Happiness by care keyworker status
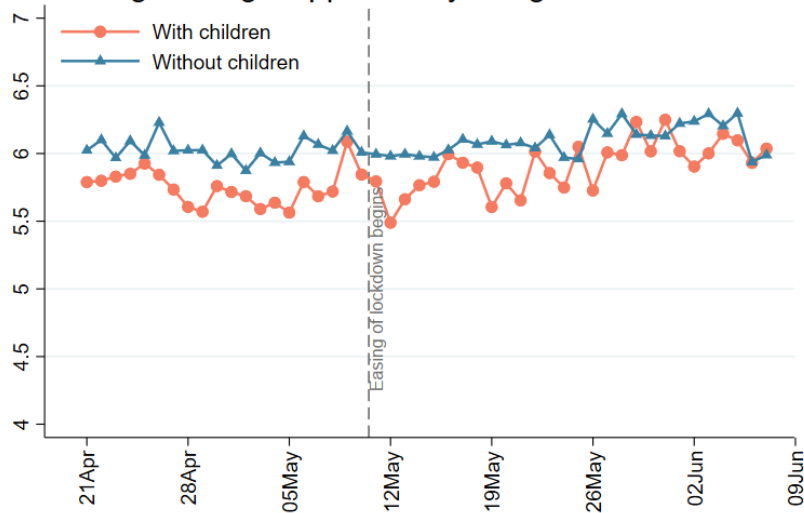
Figure 24g Happiness by living with children
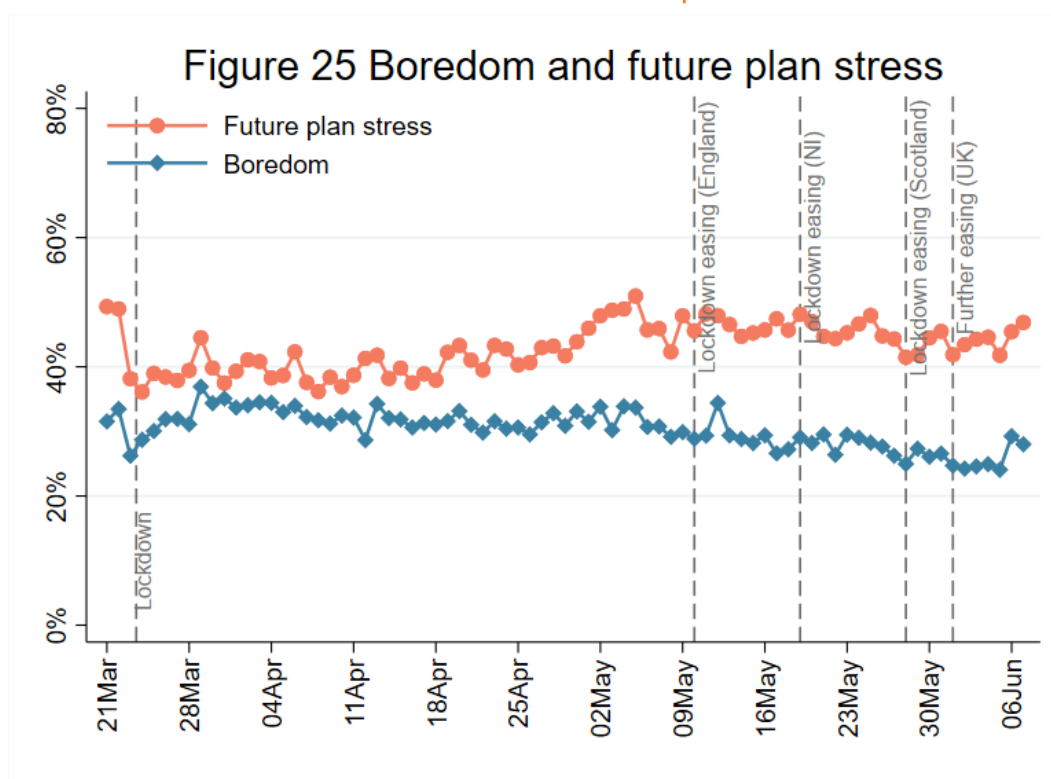
Figure 24h Happiness by living area
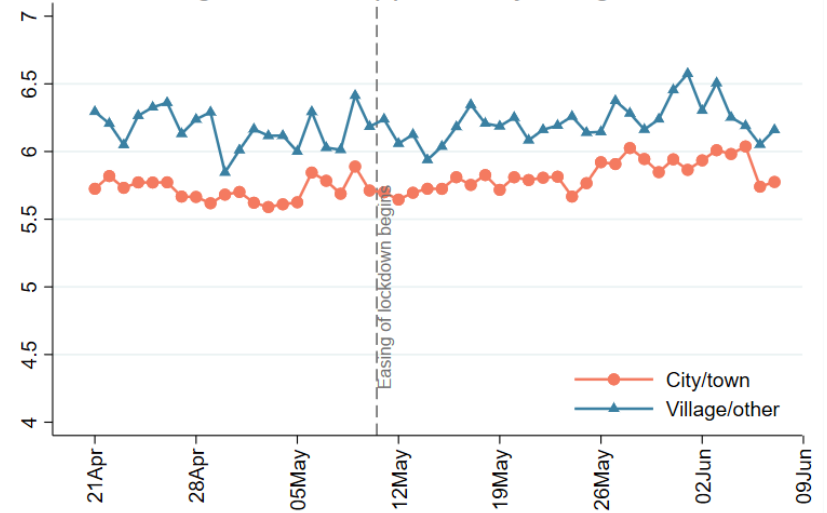
# 5. Further stressors

## 5.1 Stress about boredom and future plans



Figure 25 Boredom and future plan stress

We asked participants to report whether "boredom" or "future plans" had been causing them stress, either in a major way (which was defined as stress that was constantly on their mind or kept them awake at night) or in just a minor way.

Worries about boredom increased in the first week of lockdown but then remained relatively stable. But they have decreased gradually as lockdown easing has come in. Concerns about boredom have been higher in younger adults, of whom around half have felt stressed by boredom compared to just 1/3 of adults aged 30-50 and only around 1 in 5 adults over the age of 60. Levels have also been higher in people with a diagnosed mental health condition, and people living in urban areas. But there has been little difference depending on whether people live alone, household income, whether people live with children, or whether people are key workers. Notably, the pattern for adults over the age of 60 has been slightly different, with a gradual increase in worries about boredom since lockdown came in as opposed to any decrease so far.

Worries about future plans increased across lockdown, but have stabilised since the easing of lockdown began. They too have been higher in younger adults, with three quarters worried about their future plans, compared to under half of adults aged 30-59 and a quarter of adults aged 60. Stresses about future plans have been higher in people with higher household income, people living with others, people with a mental health condition, people in England, and people living in urban areas.

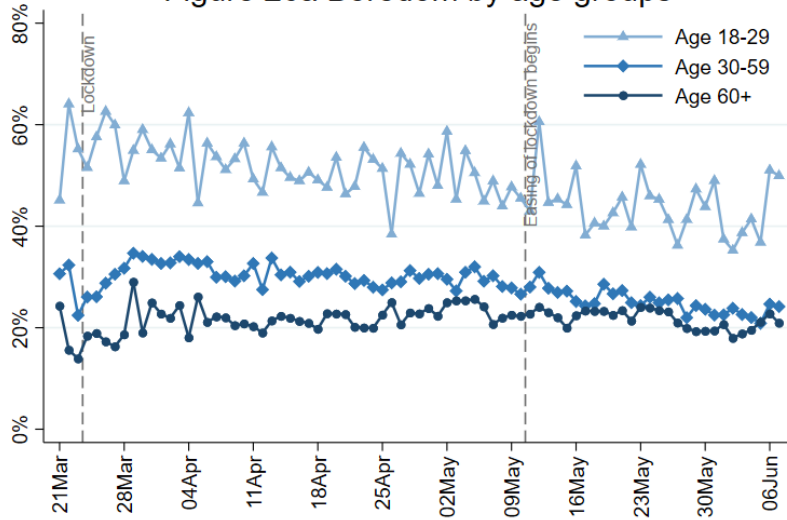Figure 26a Boredom by age groups

Figure 26b Boredom by living arrangement
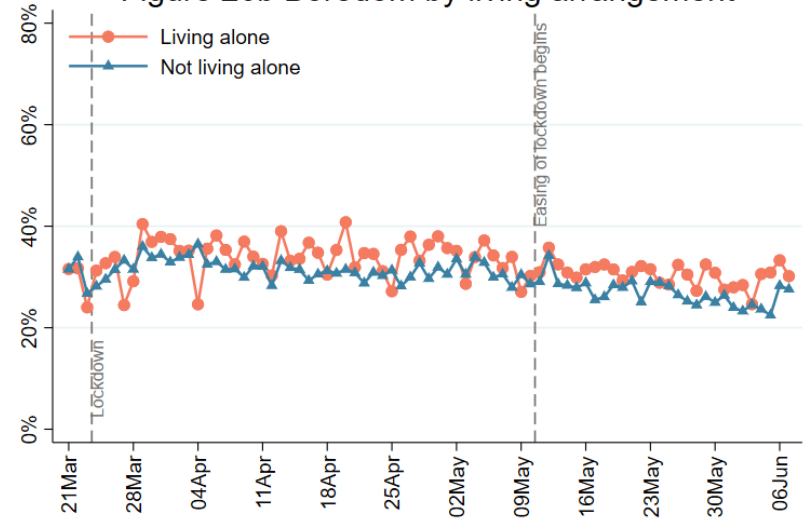
Figure 26c Boredom by household income
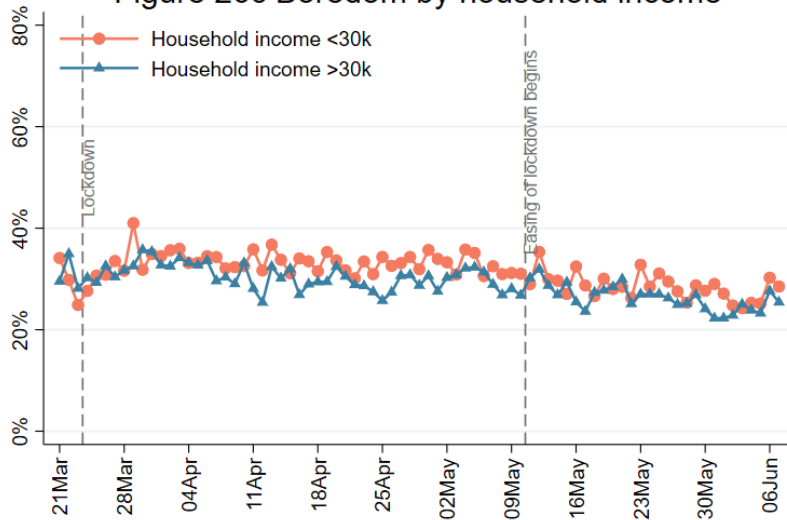
Figure 26d Boredom by mental health
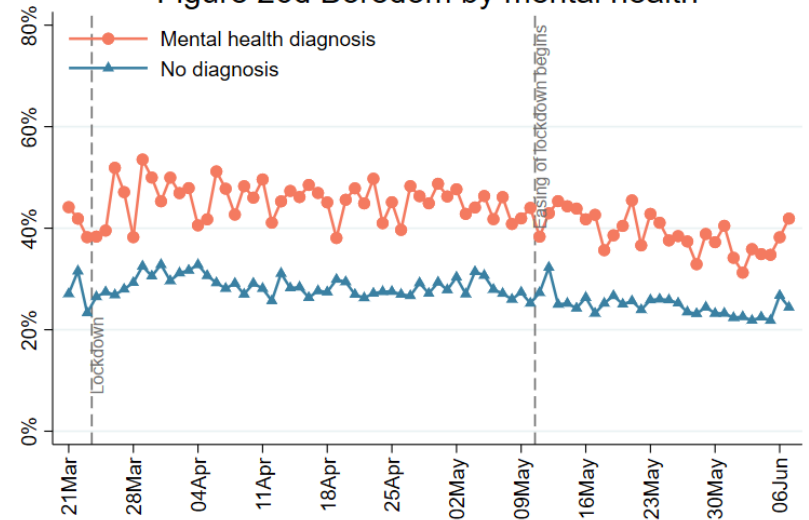
Figure 26e Boredom by nations
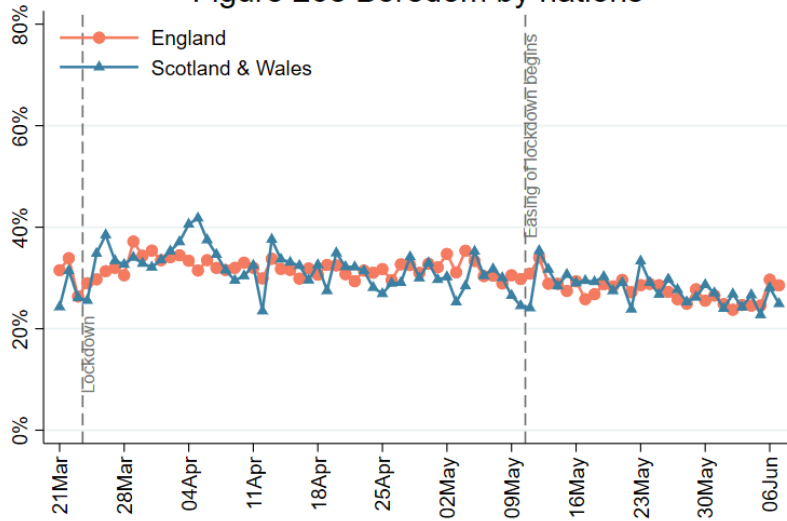


Figure 26f Boredom by care keyworker status
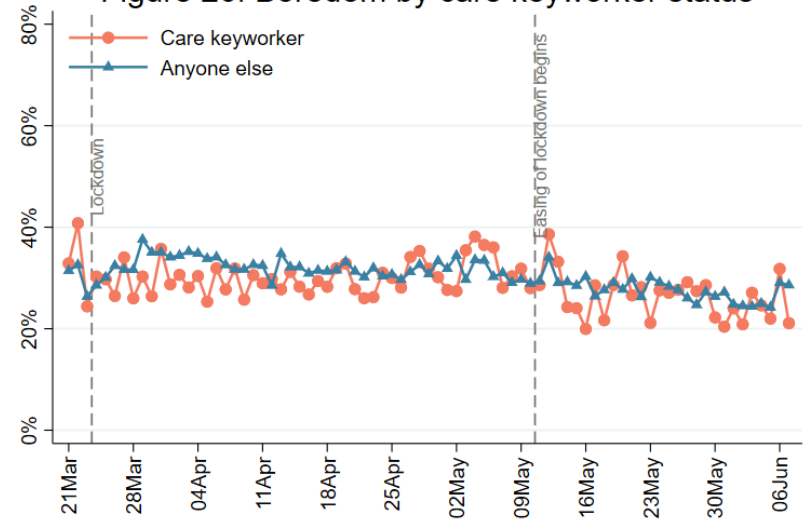


Figure 26g Boredom by living with children
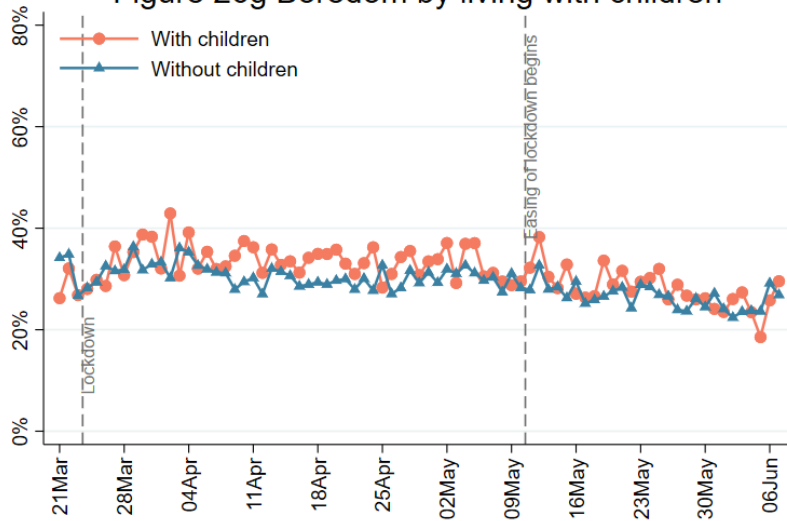


Figure 26h Boredom by living area
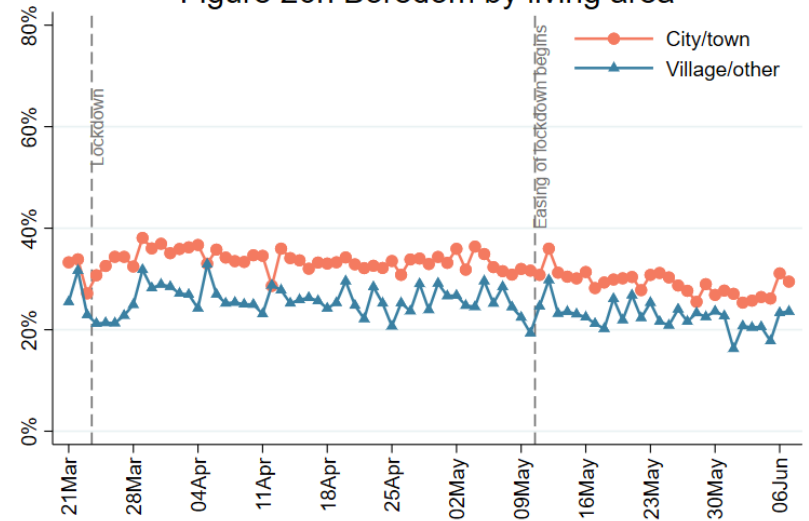
Figure 27a Future plan stress by age groups
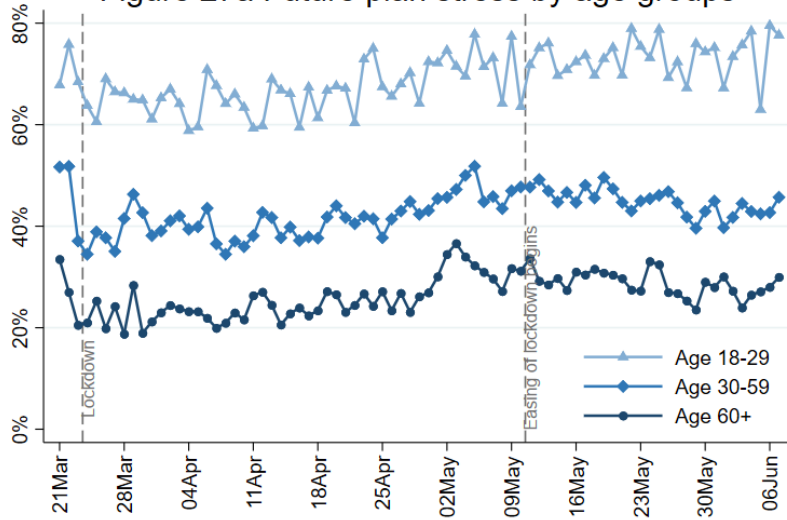
Figure 27b Future plan stress by living arrangement

Figure 27c Future plan stress by household income

Figure 27d Future plan stress by mental health

Figure 27e Future plan stress by nations

Figure 27f Future plan stress by care keyworker status
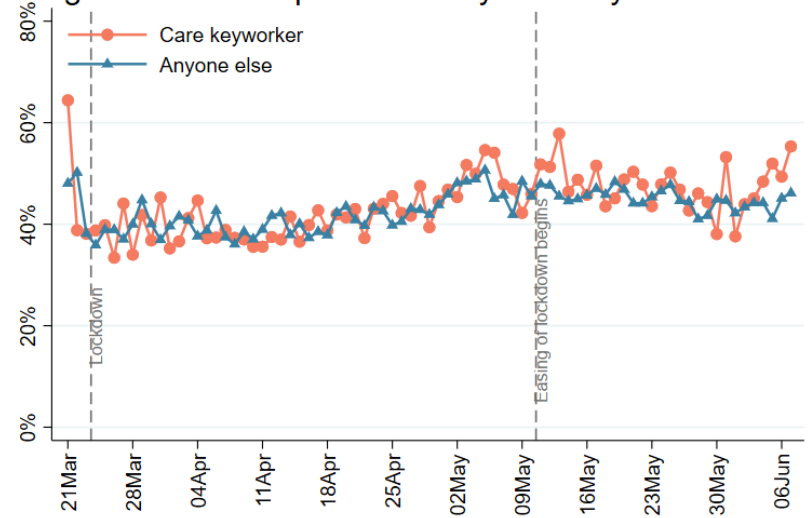
Figure 27g Future plan stress by living with children
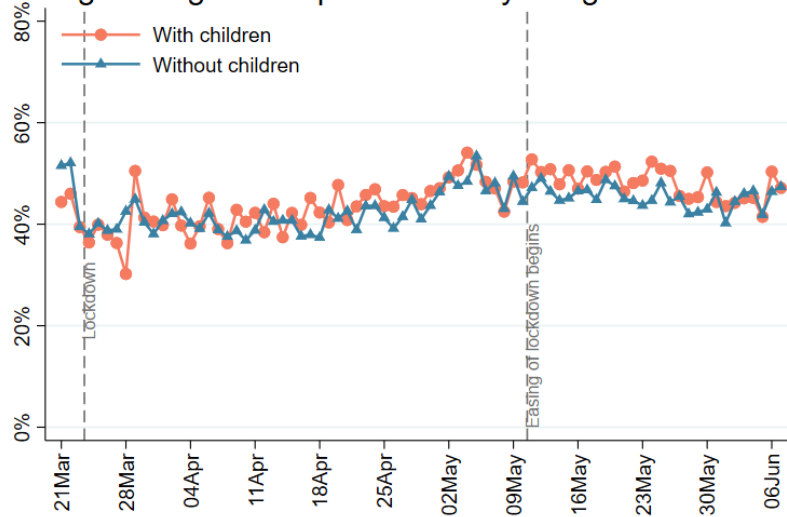
Figure 27h Future plan stress by living area

## 5.2 Stress about Covid-19
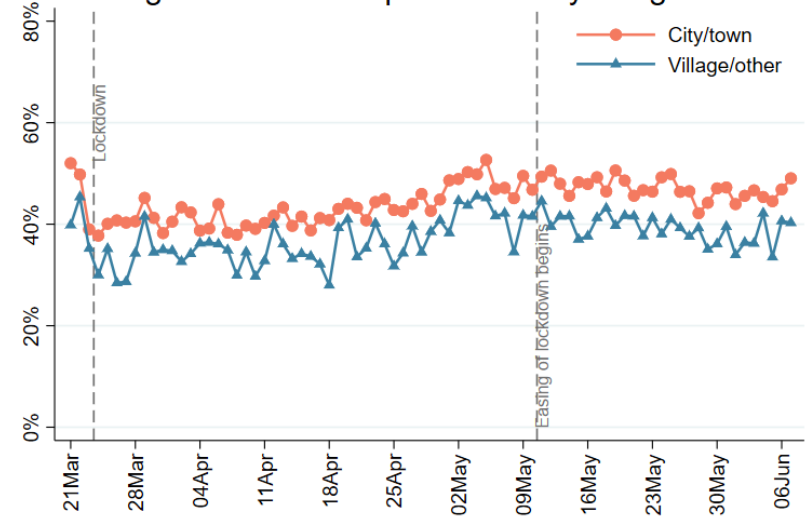


Figure 28 Stress about Covid-19
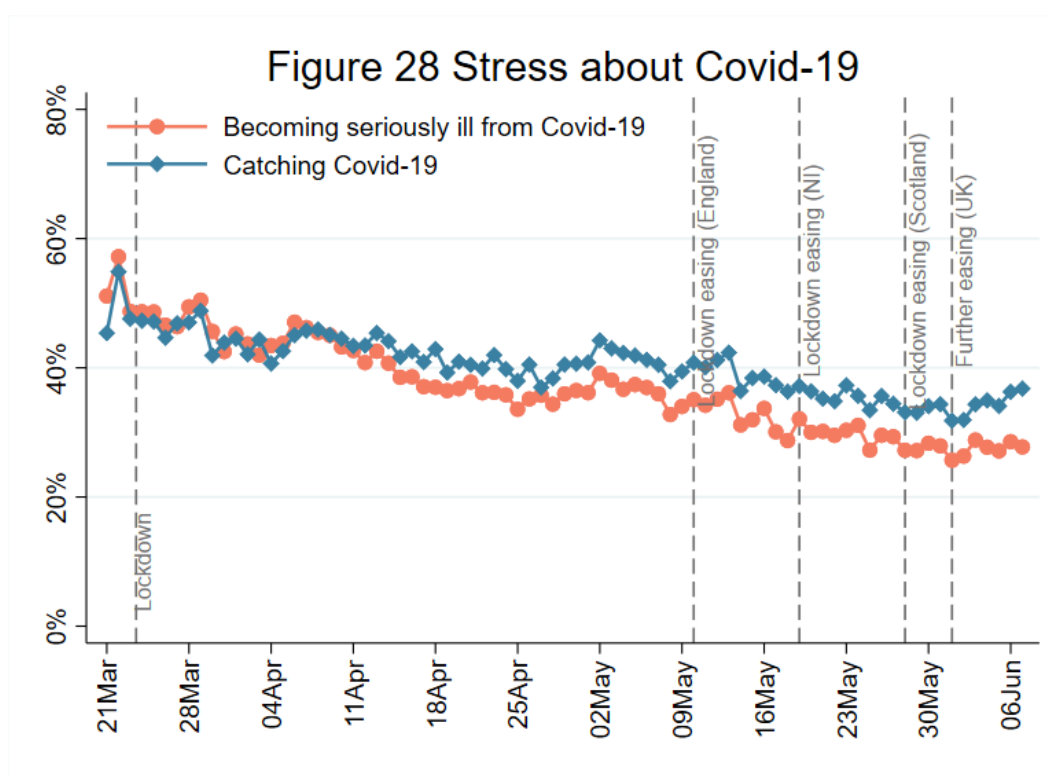
FINDINGS

Building on our findings in section 2.2, we looked more broadly at any level of stress due to Covid-19 (either major or minor worries) and separated out worries about catching Covid-19 from worries about becoming seriously ill from it.
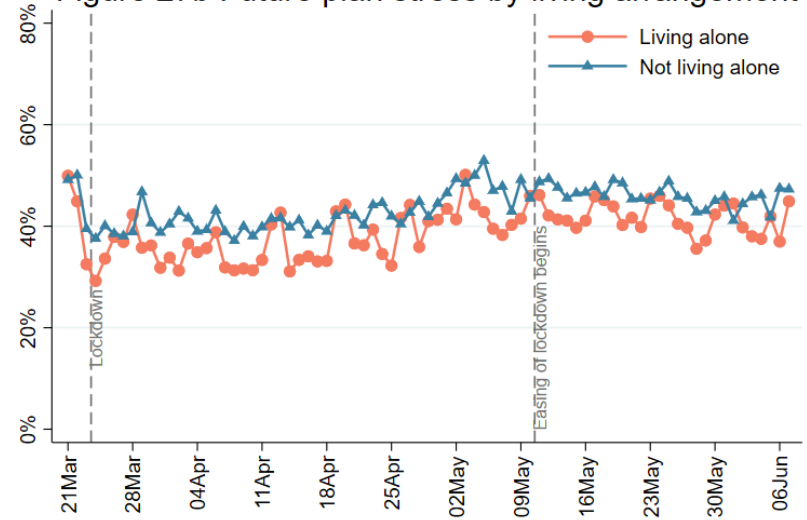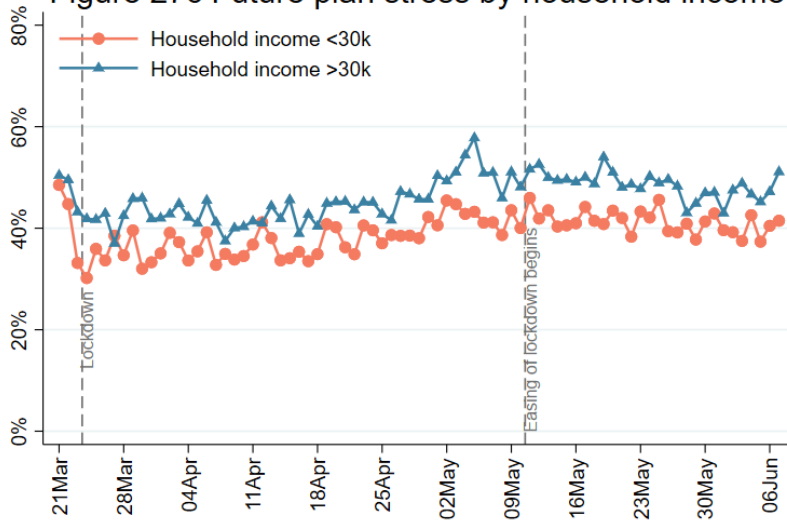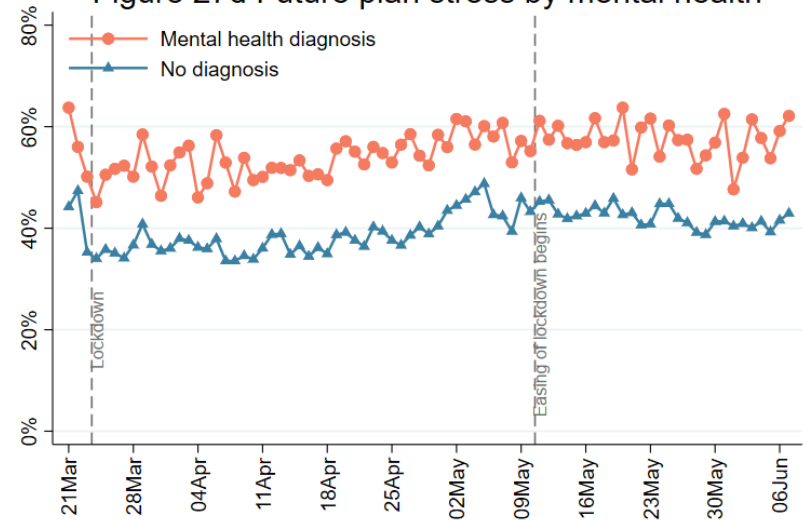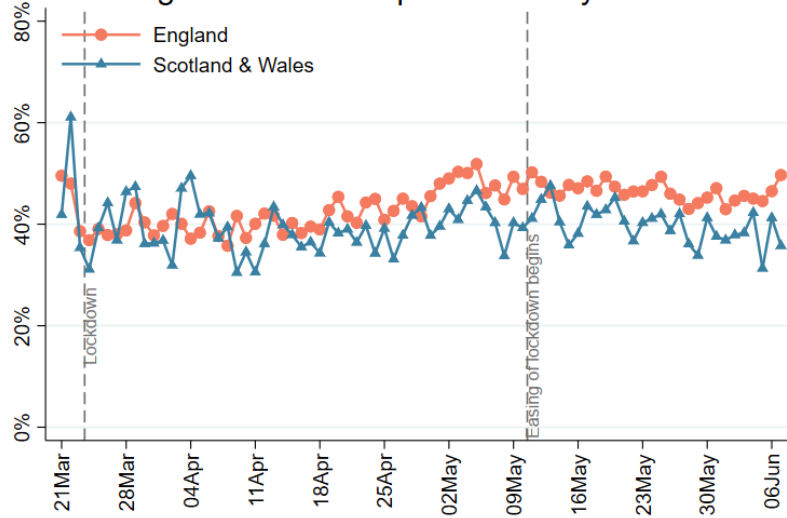
As shown in Figure 28, worries about **catching Covid-19** have decreased across lockdown and have stayed relatively low even as lockdown measures have eased. Fewer than 40% of people are now worried (even if only in a minor way) about catching the virus; down from 50% when lockdown came in. These worries are similar across age groups but are higher in people of lower household income and people with a diagnosed mental health condition (Figures 29a-h).

When lockdown began, around half of adults were worried (even if only in a minor way) about **becoming seriously ill from Covid-19**, but this too has decreased to just under a third of adults. Even though the chance of becoming seriously ill from Covid-19 is much lower amongst younger adults, there is little evidence of differences in stress levels across different age groups (Figures 30a-h).

Figure 29a Catching Covid-19 stress by age groups
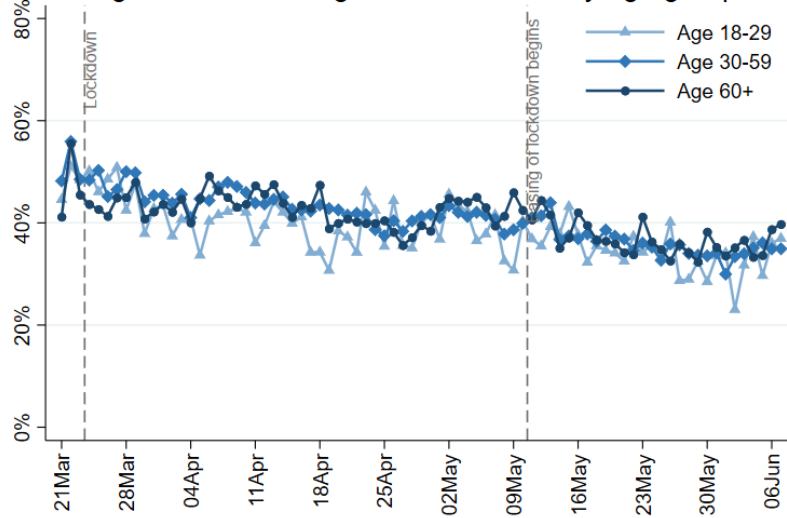
Figure 29b Catching Covid-19 stress by living arrangement
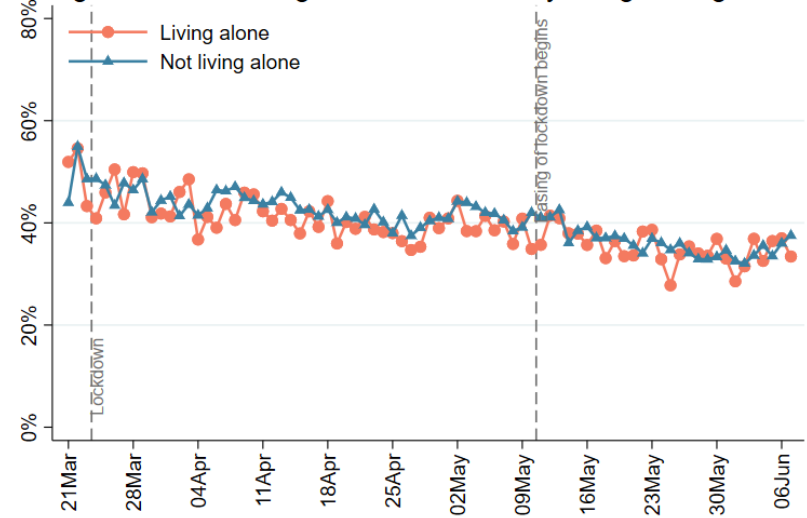
Figure 29c Catching Covid-19 stress by household income
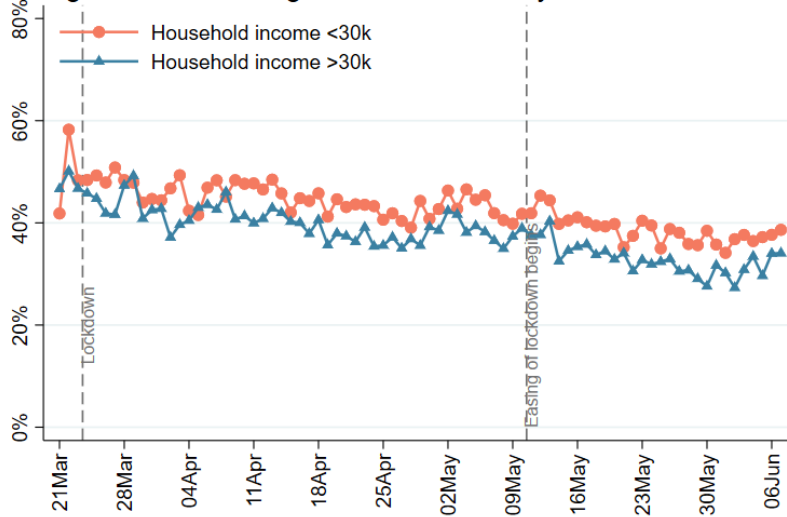
Figure 29d Catching Covid-19 stress by mental health
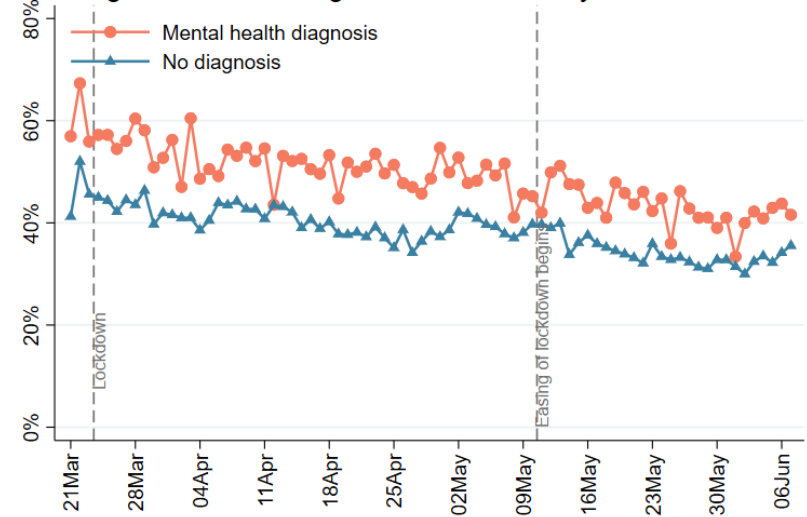
Figure 29e Catching Covid-19 stress by nations
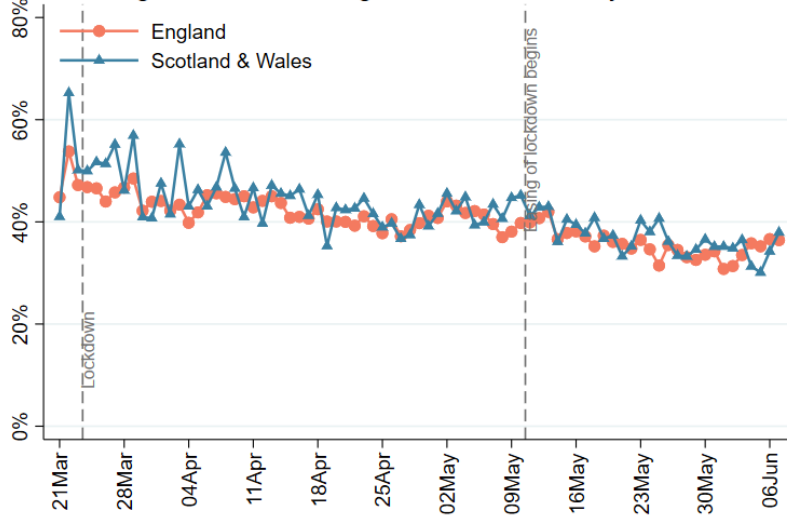


Figure 29f Catching Covid-19 stress by care keyworker status
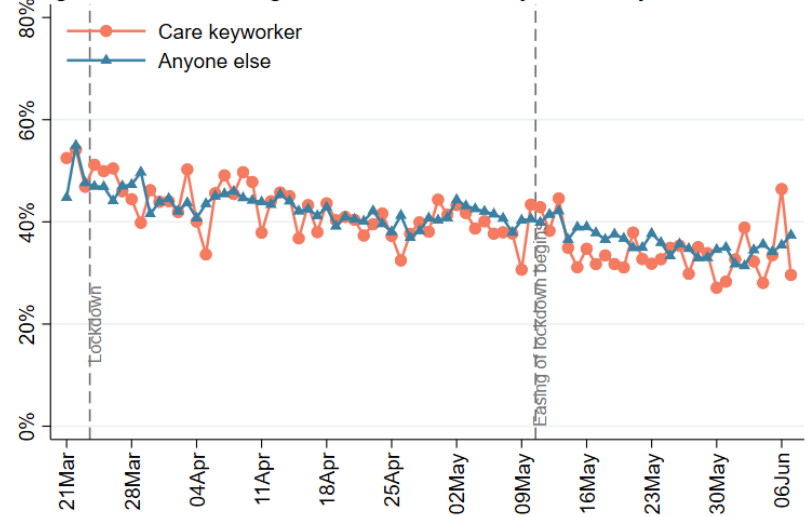


Figure 29g Catching Covid-19 stress by living with children
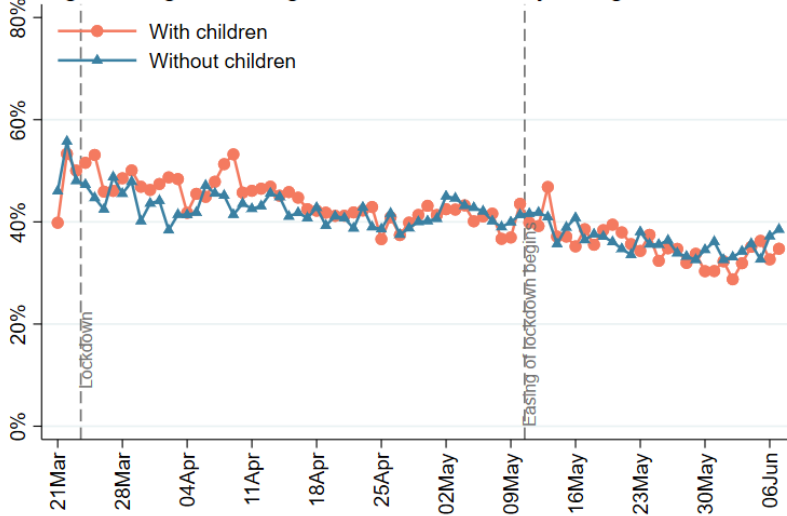


Figure 29h Catching Covid-19 stress by living area
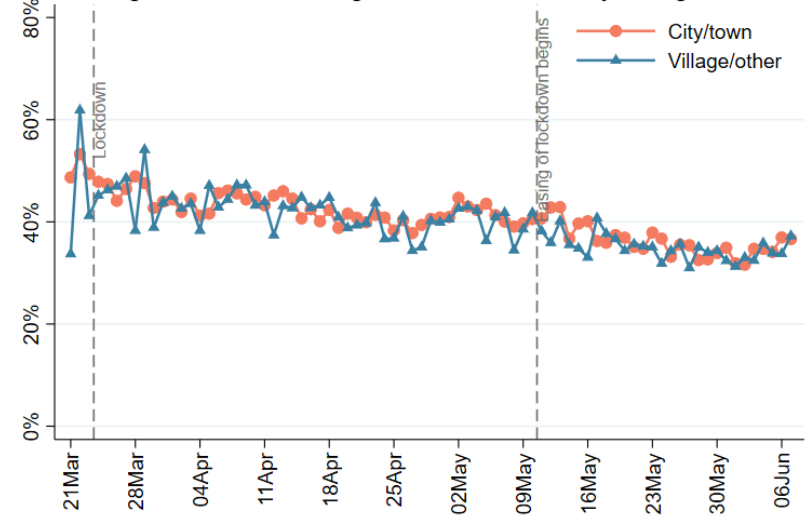
Figure 30a Becoming seriously ill stress by age groups
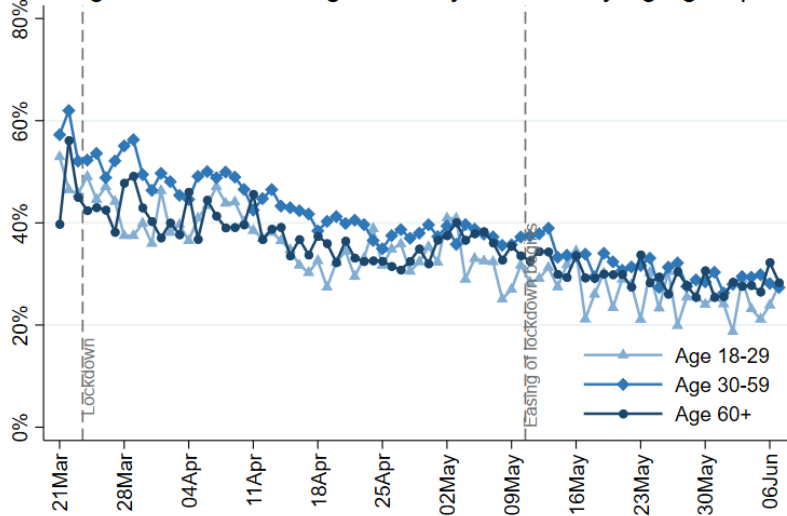


Figure 30b Becoming seriously ill stress by living arrangement
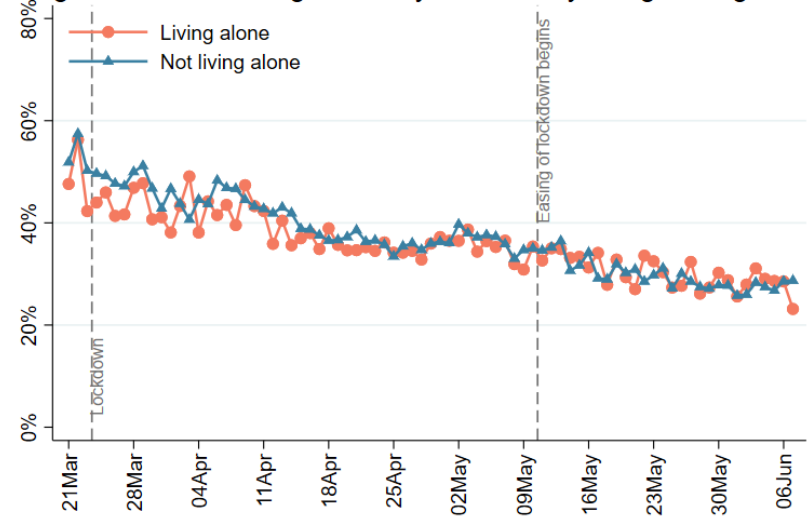


Figure 30e Becoming seriously ill stress by nations
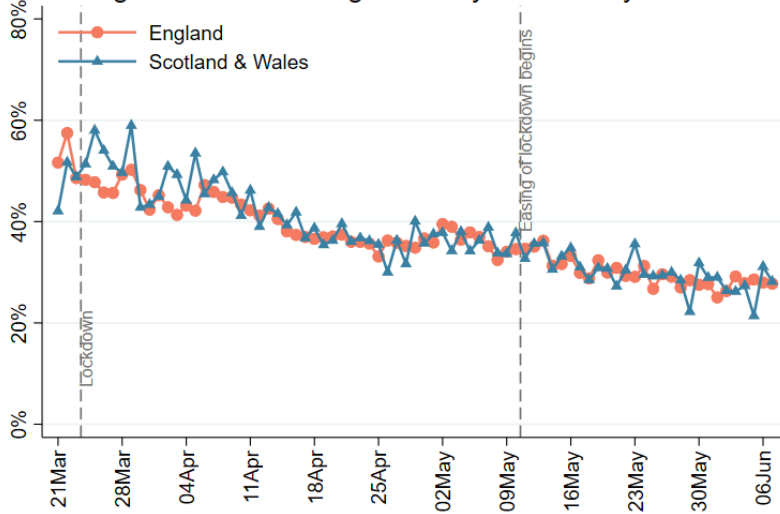


Figure 30d Becoming seriously ill stress by mental health
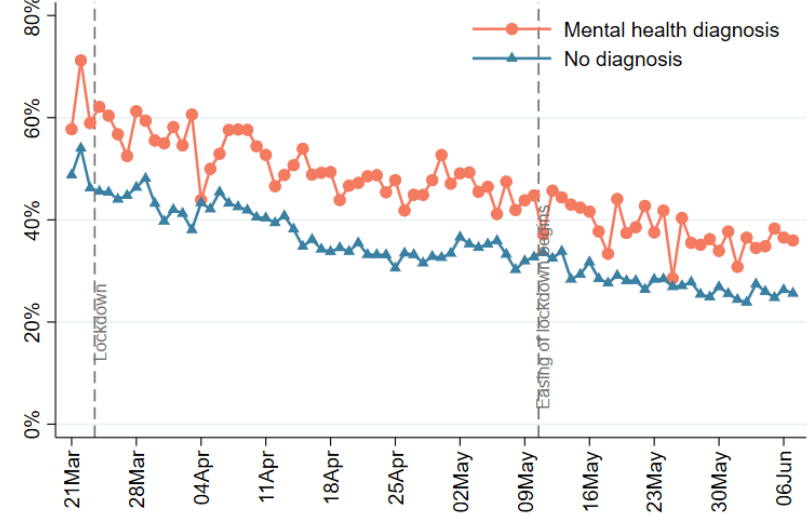
Figure 30e Becoming seirously ill stress by nations
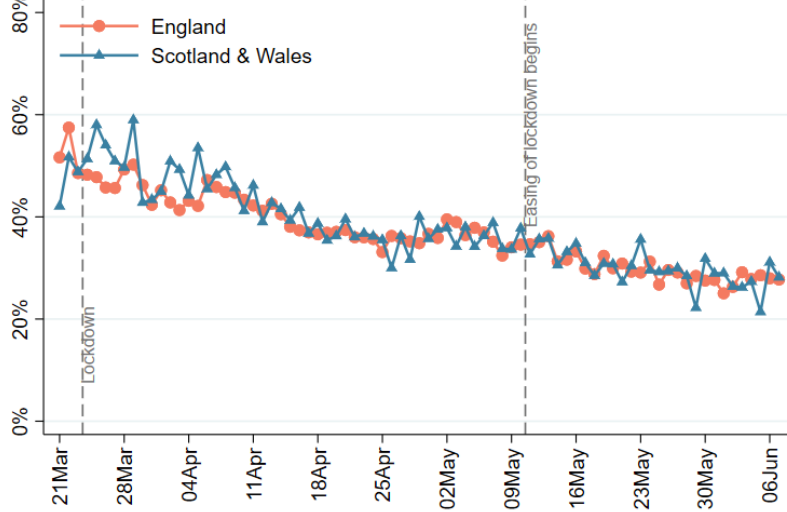


Figure 30f Becoming seriously ill stress by keyworker status
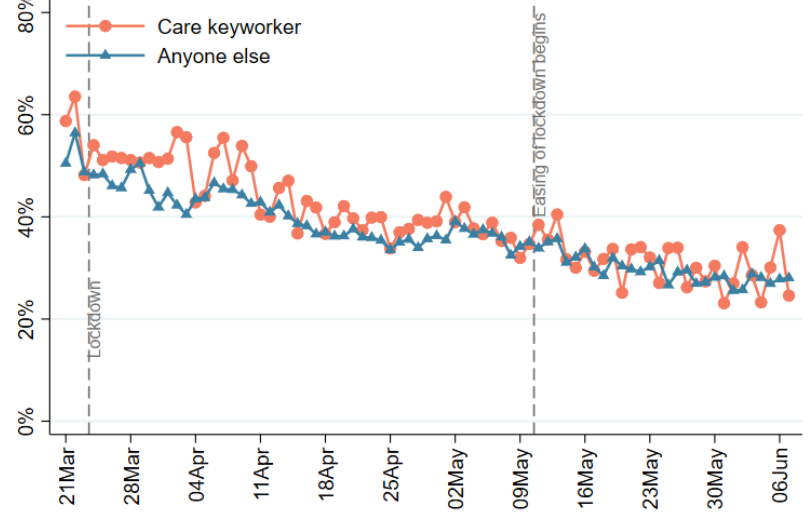


Figure 30g Becoming seriously ill stress by living with children



Figure 30h Becoming seriously ill stress by living area

# Appendix

## Methods

The Covid-19 Social Study is a panel study of the psychological and social experiences of adults in the UK during the outbreak of the novel coronavirus run by University College London and funded by the Nuffield Foundation, UKRI and the Wellcome Trust. To date, over 90,000 people have participated in the study, providing baseline socio-demographic and health data as well as answering questions on their mental health and wellbeing, the factors causing them stress, t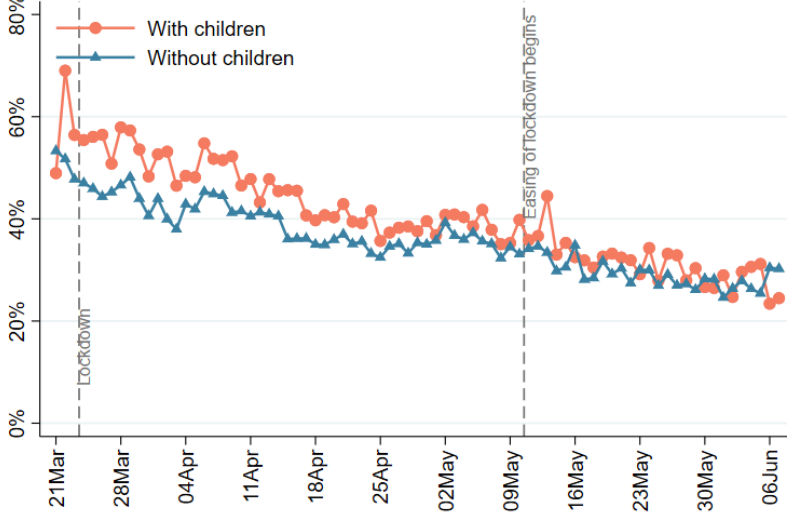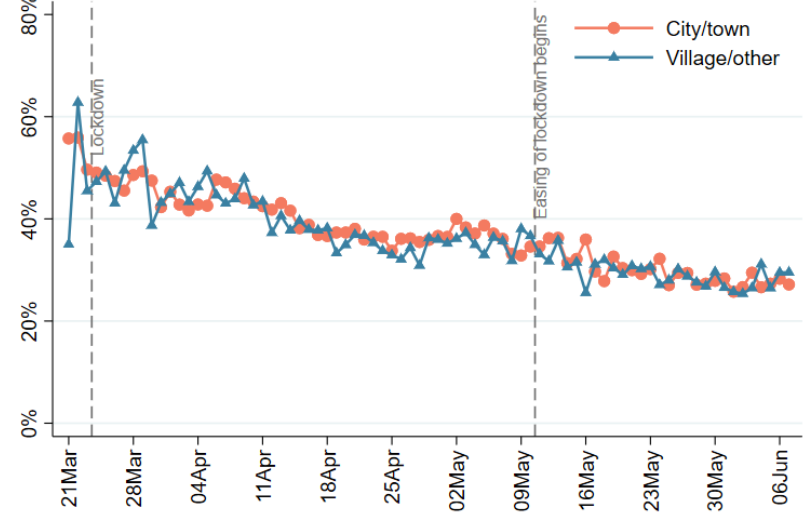heir levels of social interaction and loneliness, their adherence to and trust in government recommendations, and how they are spending their time. The study is not representative of the UK population, but instead it aims to have good representation across all major socio-demographic groups. The study 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 21$^{st}$ March to the 7$^{th}$ June (the latest data available). Aiming at a representative sample of the population, we weighted the data for each day to the proportions of gender, age, ethnicity, education and country of living obtained from the Office for National Statistics (ONS, 2018). Where results for subgroups show volatility, this could be a product of the sample size being smaller so caution in interpreting these results is encouraged. **Contrary to some previous reports, we include keyworkers within our main analyses.**

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

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

## Demographics of respondents included in this report

Table: Demographics of observations from participants in the pooled raw data (unweighted; data are weighted for analyses)

|  | Number of observations | % |
|---|---|---|
| **Age** |  |  |
| 18-29 | 28,687 | 7.37 |
| 30-59 | 227,605 | 58.4 |
| 60+ | 133,174 | 34.2 |
| **UK nations** |  |  |
| England | 316,872 | 81.4 |
| Scotland & Wales | 68,225 | 17.5 |
| Northern Ireland | 4,072 | 1.05 |
| **Living arrangement** |  |  |
| Not living alone | 312,138 | 80.2 |
| Living alone | 77,019 | 19.8 |
| **Annual household income** |  |  |
| >30k | 215,069 | 61.0 |
| <30k | 137,296 | 39.0 |
| **Any diagnosed mental health conditions** |  |  |
| No | 320,165 | 82.2 |
| Yes | 69,301 | 17.8 |
| **Care keyworker [NB we show more specific data on care key workers this week rather than all keyworkers]** |  |  |
| No | 348,776 | 89.6 |
| Yes | 40,690 | 10.5 |
| **Living with children** |  |  |
| No (excluding those who live alone) | 214,919 | 68.9 |
| Yes | 97,219 | 31.2 |
| **Living area** |  |  |
| Village/hamlet/isolated dwelling | 93,307 | 24.0 |
| City/large town/small town | 295,862 | 76.0 |