



# Covid-19 Social Study

## Results Release 26

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# Executive summary

## Background

This report provides data from the last 30 weeks of the UK COVID-19 Social Study run by University College London: a panel study of over 70,000 respondents focusing on the psychological and social experiences of adults living in the UK during the Covid-19 pandemic.

In this TWENTY-SIXTH report, we focus on psychological responses to the first thirty-six weeks since just before the UK lockdown was first announced (21/03 to 29/11). We present simple descriptive results on the experiences of adults in the UK. Measures include:

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

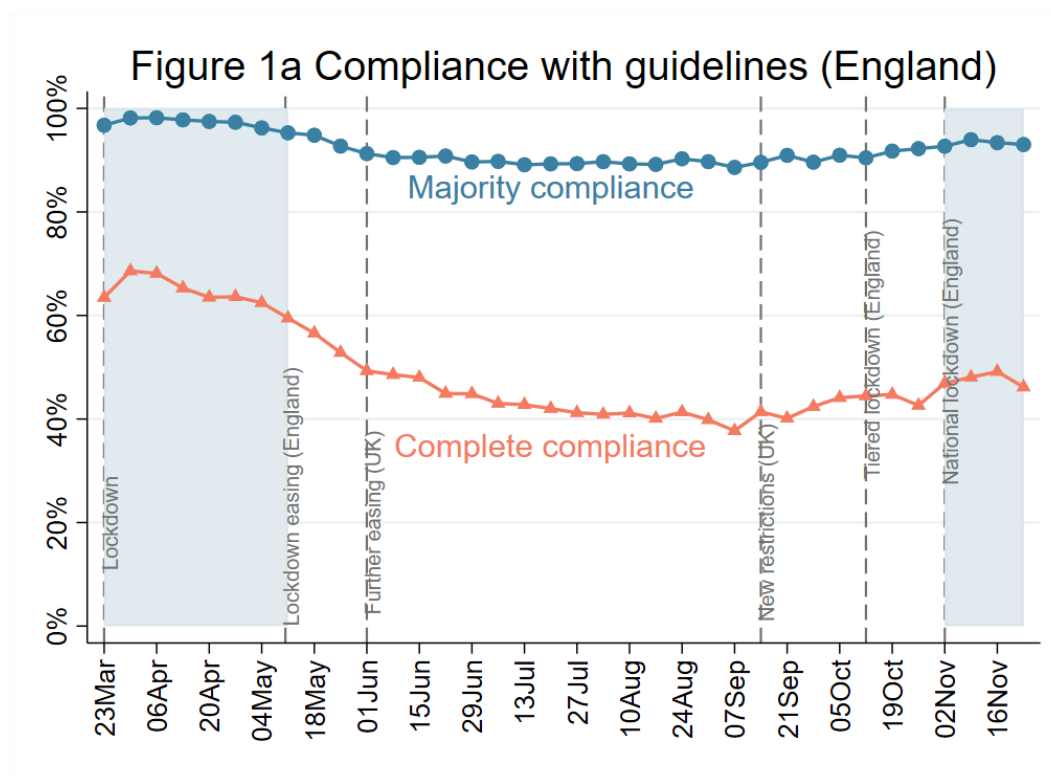
This study is not representative of the UK population but instead was designed to have good stratification across a wide range of socio-demographic factors enabling meaningful subgroup analyses to understand the experience of Covid-19 for different groups within society. Data are weighted using auxiliary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

## Findings

- Across this most recent lockdown, compliance has been slightly higher than over the past few months, especially for “complete” compliance. However, compared to the first lockdown in the spring, compliance across this lockdown has been substantially lower. Whereas complete compliance was 63-69% throughout first lockdown, it has been just 46-49% in second lockdown (a decrease of 28%).
- People consistently graded their own compliance as better than what they think the population average is. 92% of respondents felt their compliance is higher than the population average compliance. A further 6% felt they were complying the same amount as everyone else, and just 2% felt their compliance was lower than other people’s. People also thought that the average population compliance was worse than it actually is. Only 1% predicted average population compliance as higher than it actually was and 3% predicted it accurately. The remaining 96% predicted it to be lower than it actually was.
- Levels of confidence in central and devolved governments to handle the Covid-19 epidemic have not changed substantially over the past fortnight, remaining lowest in England. However, levels in England have been marginally higher since the latest lockdown was announced.
- The proportions of people experiencing moderately-severe and severe depression have not changed much since the start of first lockdown in the spring suggesting that many people experiencing worse mental health have not experienced much change in their symptoms.
- However, there has been a change amongst people moving from no symptoms to mild or moderate symptoms of anxiety and depression. This group increased by around a third, from around 46% of the sample at the start of lockdown in March to 60% over the summer for depression, but has decreased again to 54% during second lockdown. Similarly, for anxiety this group also increased by around a third, from 51% of the sample at the start of lockdown in March to nearly 70% over the summer for depression, but has decreased again to 63% during second lockdown.
- Younger adults have had higher average scores for anxiety and depression and have also had a substantially higher proportion of people falling into the higher categories for more severe anxiety and depression. 9.4% of adults aged 18-29 in our sample were experiencing severe depression at the start of lockdown in March compared to just 6.2% of 30-59 year olds and 1.9% of those over the age of 60. Similarly, 18% of adults aged 18-29 in our sample were experiencing severe anxiety at the start of lockdown in March compared to just 13% of 30-59 year olds and 4.2% of those over the age of 60.
- During April-May, 34% of participants felt their mental health was worse than normal (compared to just 8% thinking it was better). By the summer, 19% felt their mental health was even worse than during first lockdown, but 19% also felt their mental health was improving. This autumn, 32% feel their mental health is worse than it was during the summer and just 7% feel it has improved.
- These changes are most apparent amongst younger adults. 56% of those aged 18-29 felt their mental health was worse in April-May than usual, and 45% feel it is worse now than in the summer. This compares to just 17% of adults over the age of 60 feeling their mental health was worse in first lockdown and 22% feeling it has been worse this autumn than the summer.

# 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 (very much so). Of note, we ask participants to self-report their compliance, which relies on participants understanding the regulations. Figure 1 shows the percentage of people who followed the recommendations “completely” (with a score of 7) or to a large extent (with a score of 5-7; described below as “majority” compliance).

**This week we focus just on data from England, where a month-long national lockdown has just finished.** Across this most recent lockdown, compliance has been slightly higher than over the past few months, especially for “complete” compliance. However, compared to the first lockdown in the spring, compliance across this lockdown has been substantially lower. Whereas complete compliance was 63-69% throughout first lockdown, it has been just 46-49% in second lockdown (a decrease of between 27-29%).

Majority compliance (broadly following the rules but with some modifications) has been no different across either the first or second lockdown by living arrangements, income, mental health, keyworker status, living with children, urbanicity, gender, or education. Further, whilst there have been differences by ethnicity outside of lockdowns, these were largely removed during the two lockdown periods. However, people with physical health conditions have been less likely to bend the rules in this latest lockdown than healthy adults (a difference from first lockdown when the two groups were equivalent). Additionally, younger adults have shown lower majority compliance in this past lockdown, although they had similar levels at the start of the first lockdown before a slight tailing off.

When looking at complete compliance, although some groups are showing higher complete compliance than others (e.g. older adults, people in rural areas and women), these patterns are very similar to during first lockdown. For people from higher income households, their compliance has been poorer across the pandemic, especially outside of lockdown periods, although this difference narrowed slightly over the most recent lockdown.

Figures 2a-2l show “complete” compliance by demographic factors, while Figures 2m-2x show “majority” compliance by demographic factors. Data for Scotland and Wales are shown in graphs 2e and 2q.

Figure 2a Complete compliance by age groups (England)

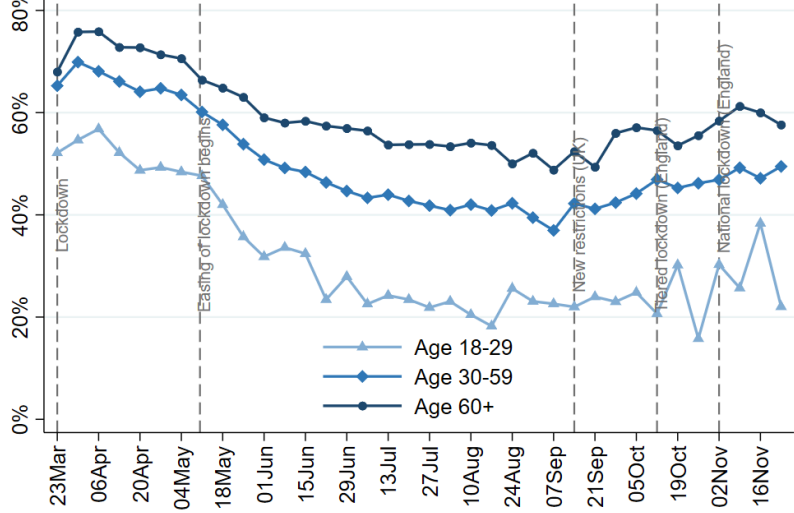


Figure 2b Complete compliance by living arrangement (England)

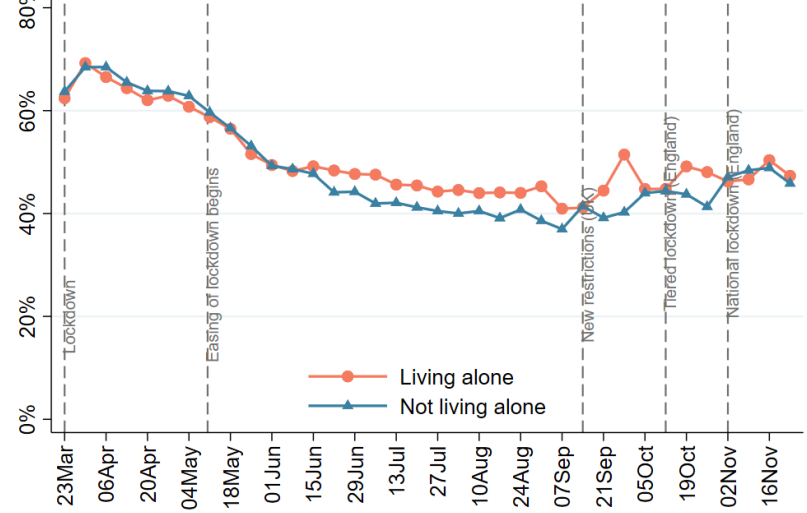


Figure 2c Complete compliance by household income (England)

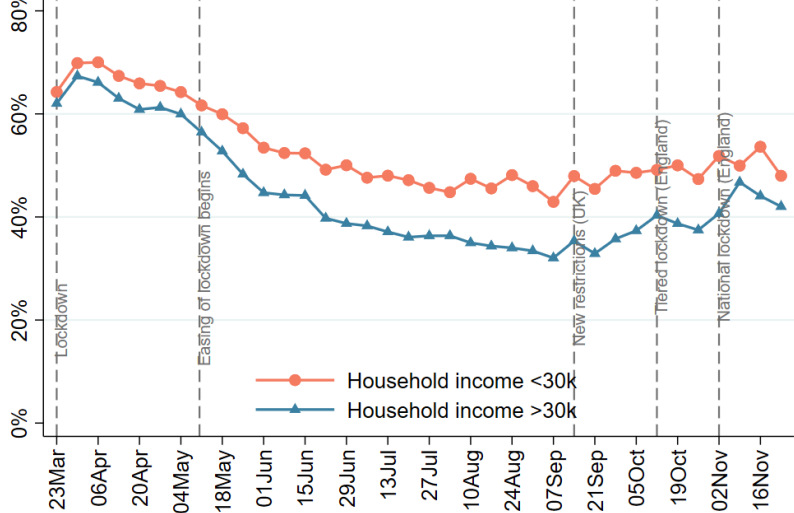


Figure 2d Complete compliance by mental health (England)

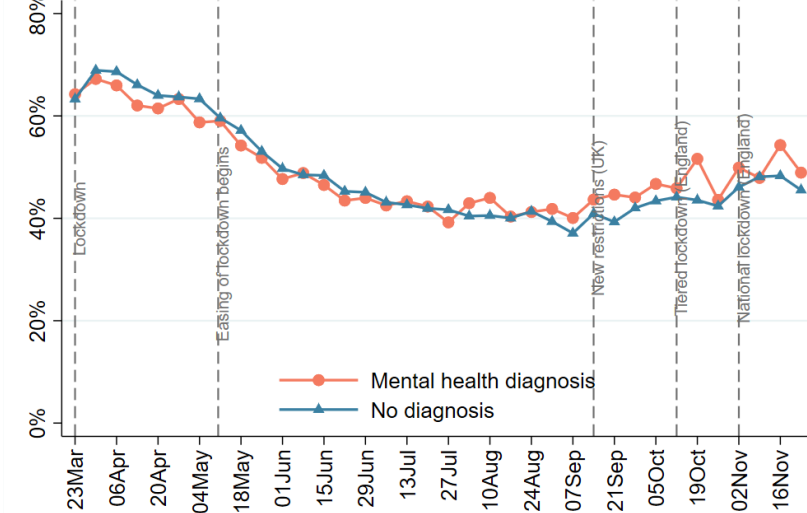


Figure 2e Complete compliance by nations

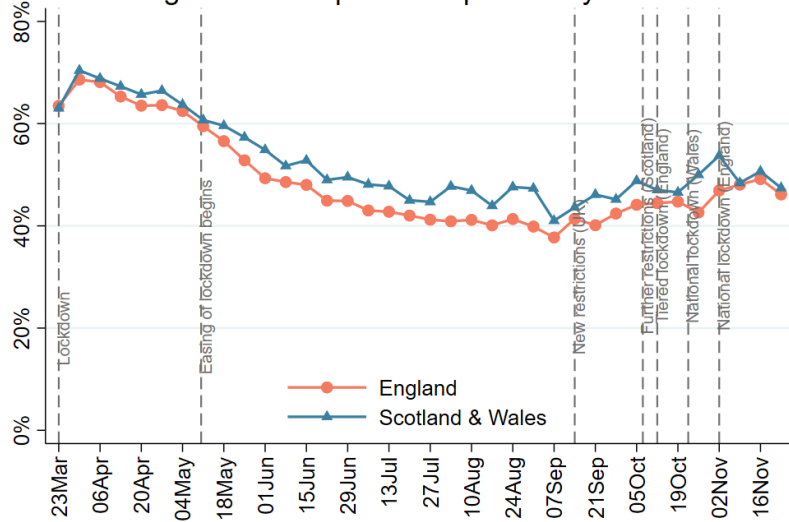


Figure 2f Complete compliance by keyworker status (England)

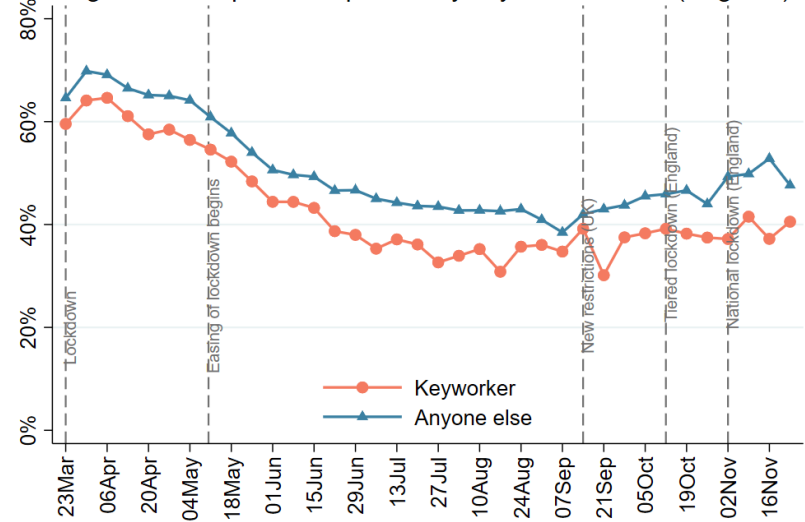


Figure 2g Complete compliance by living with children (England)

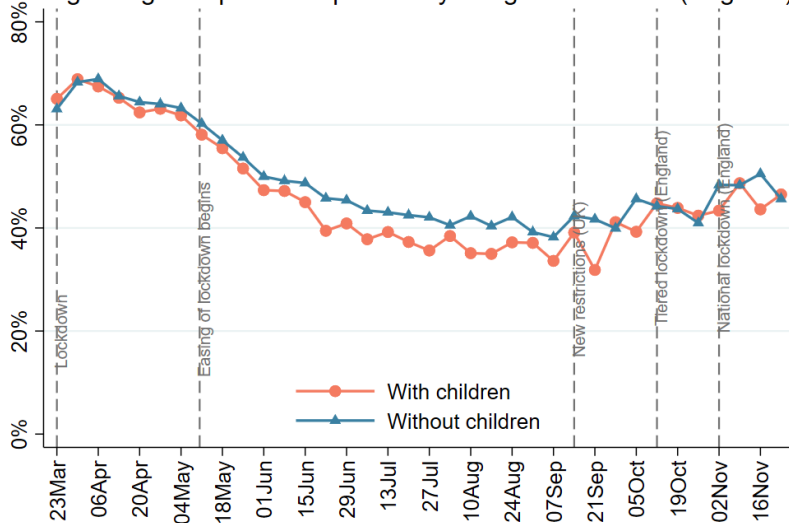


Figure 2h Complete compliance by living area (England)

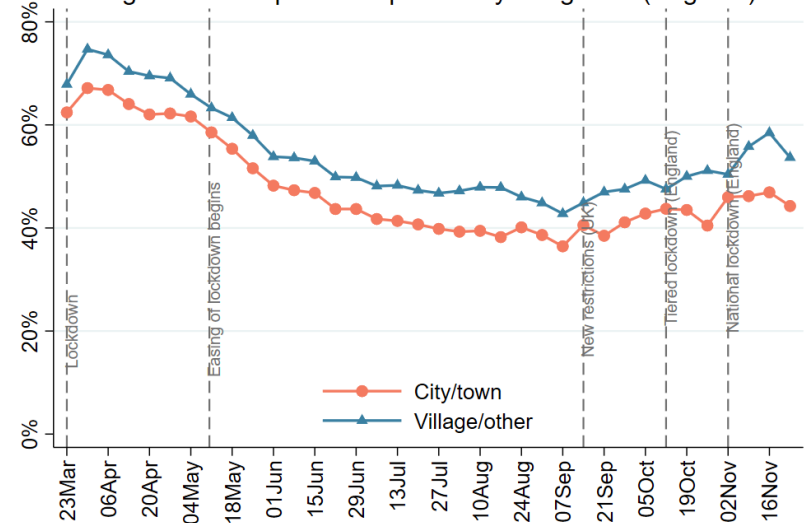


Figure 2i Complete compliance by gender (England)

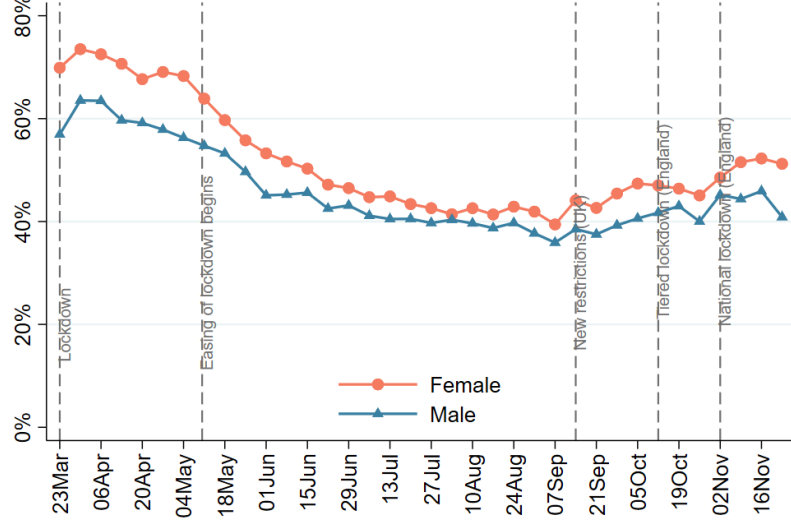


Figure 2j Complete compliance by ethnicity (England)

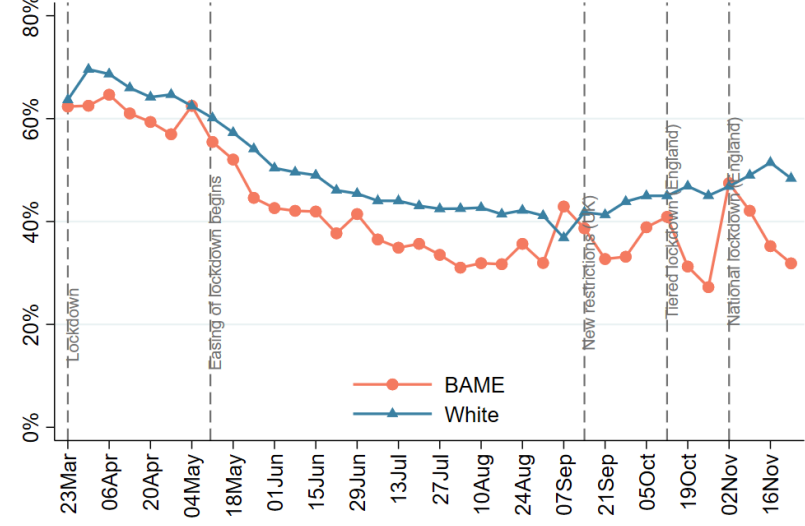


Figure 2k Complete compliance by educational levels (England)

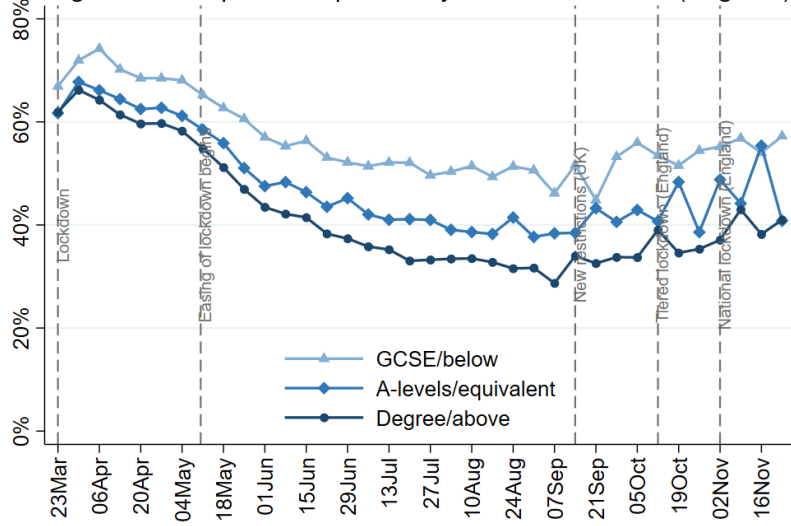
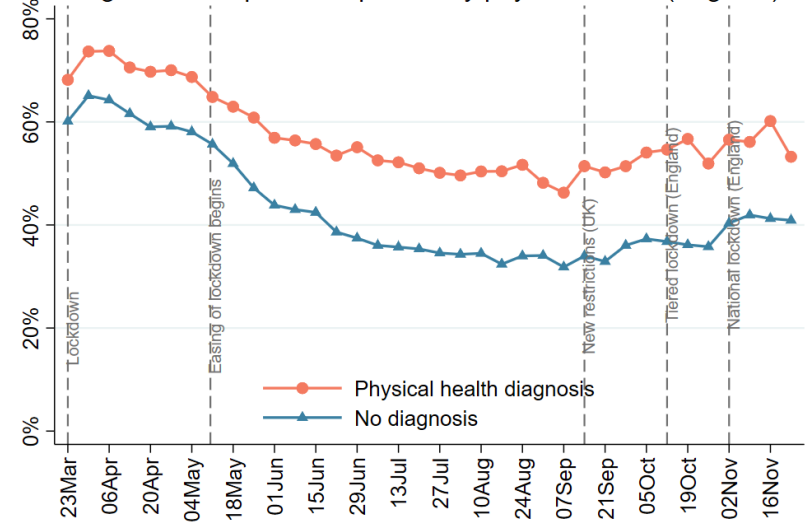
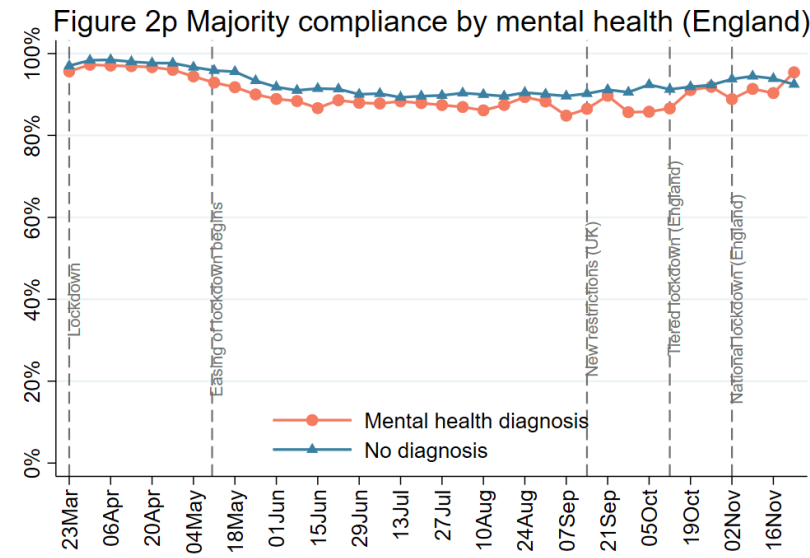
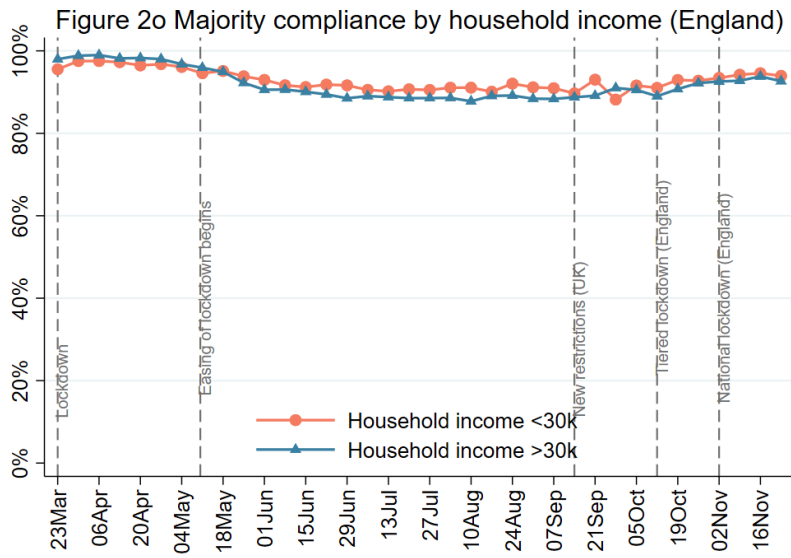
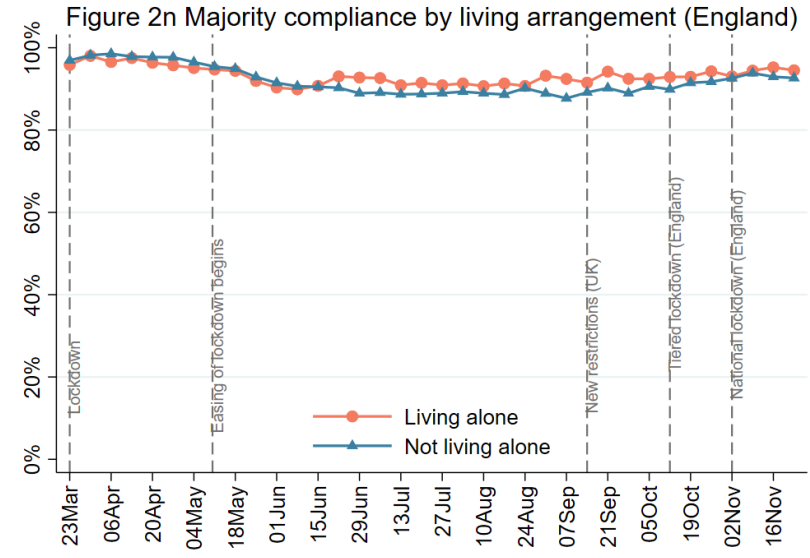
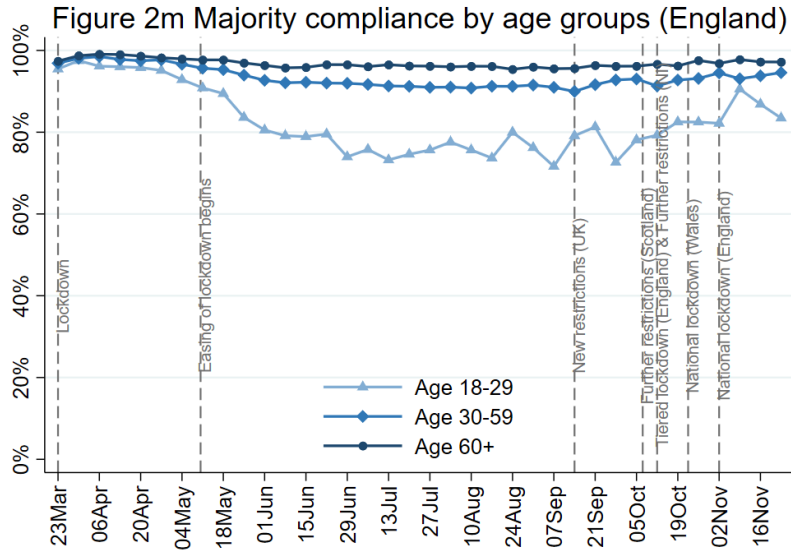
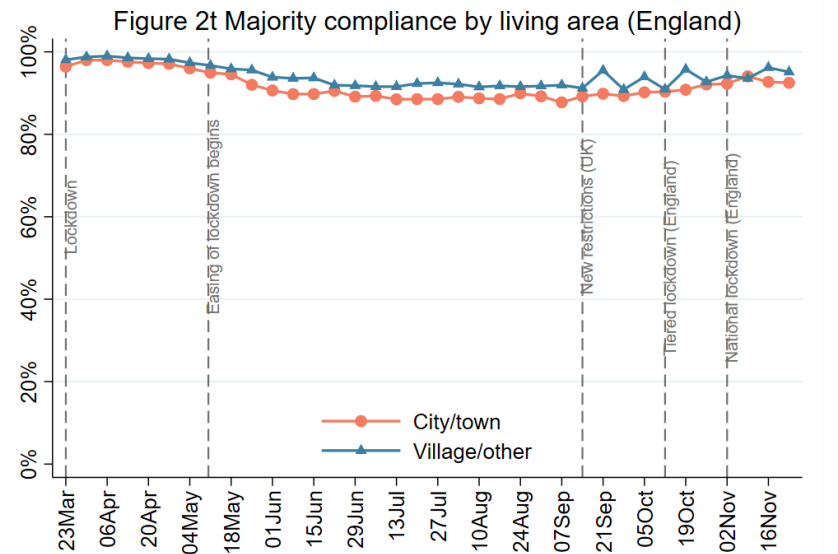
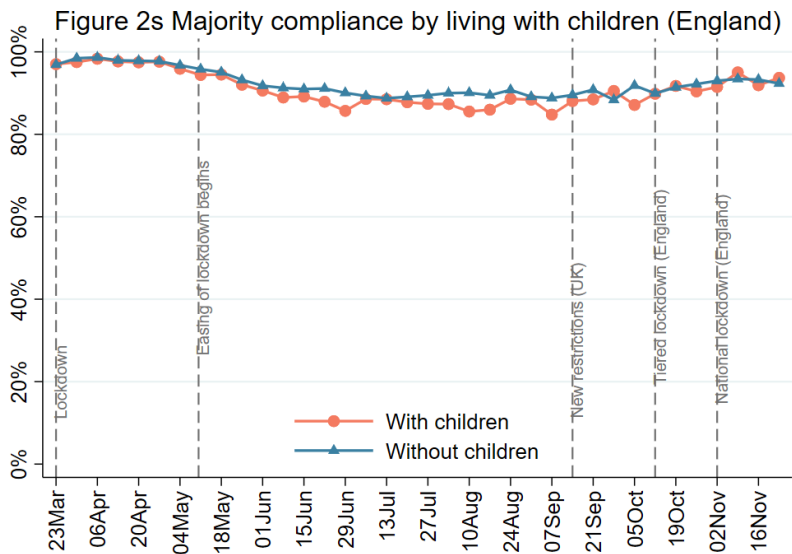
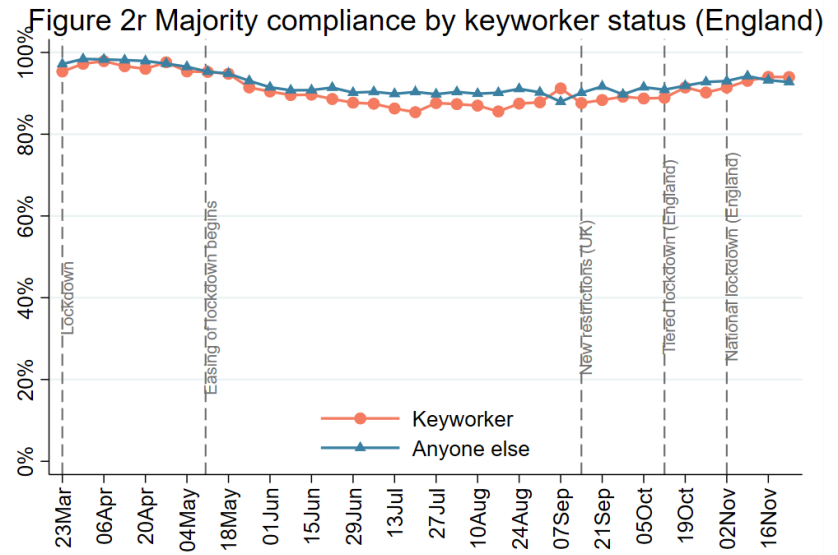
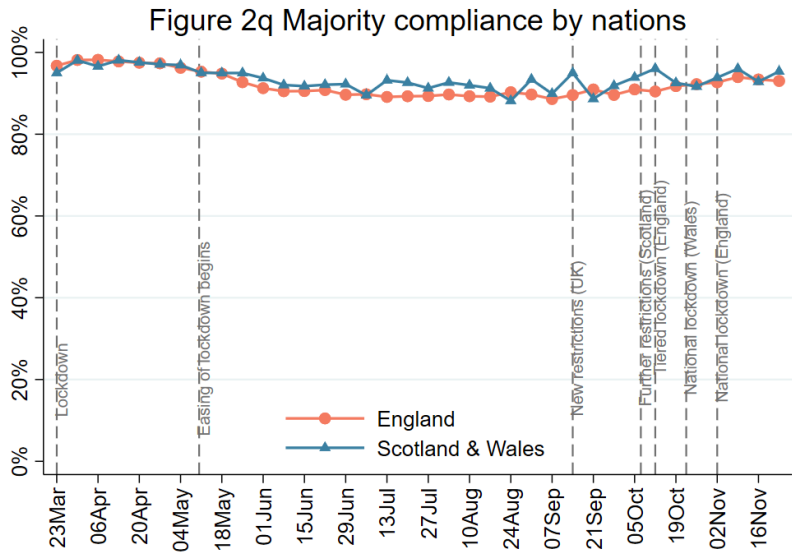


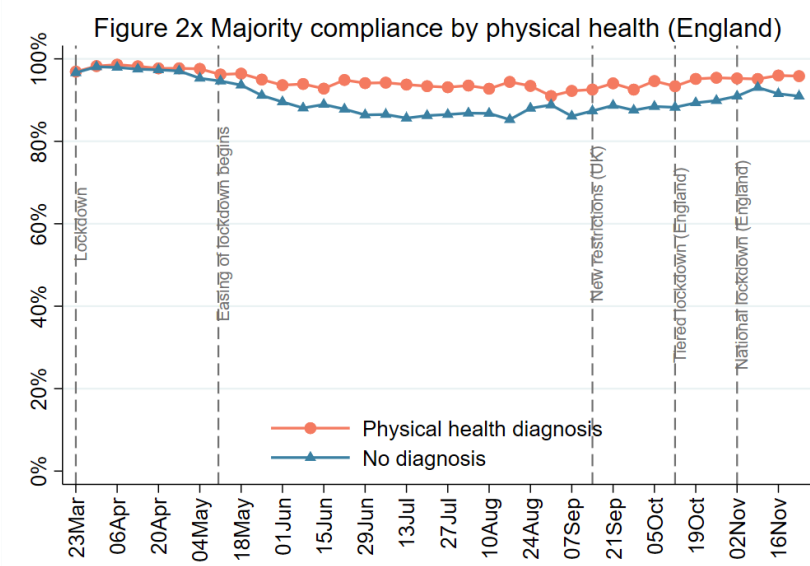
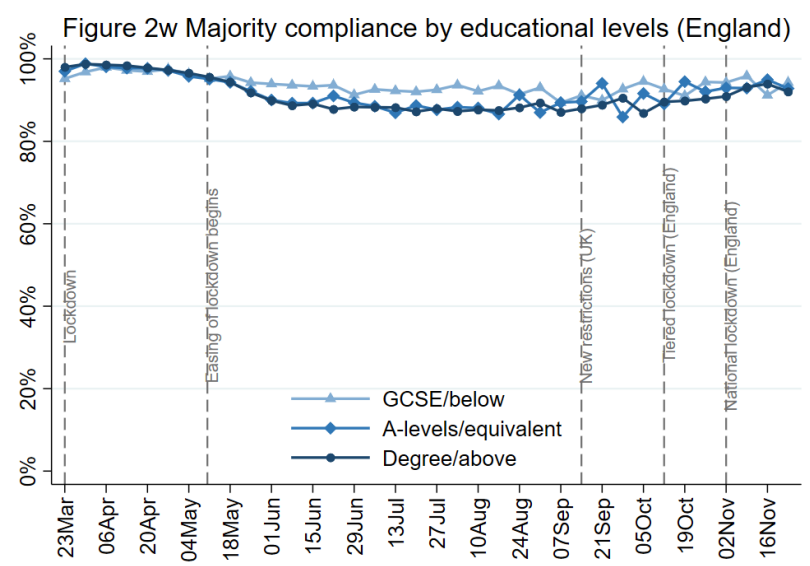
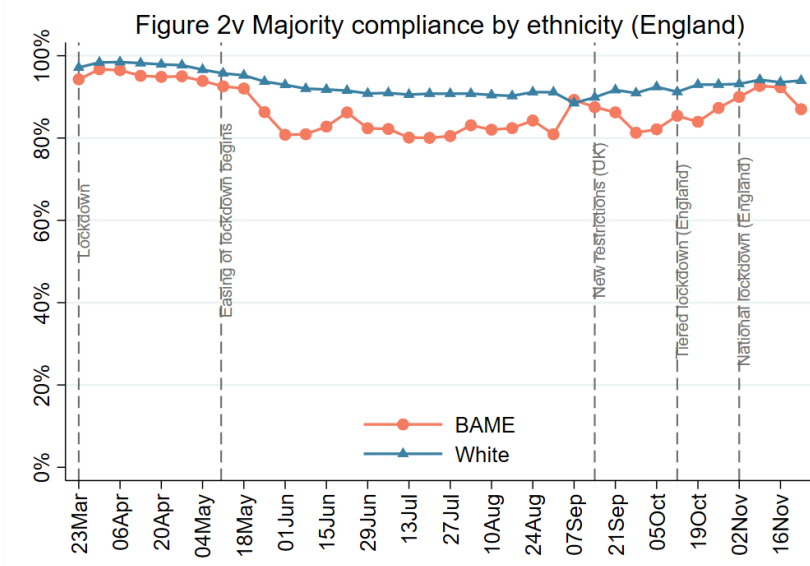
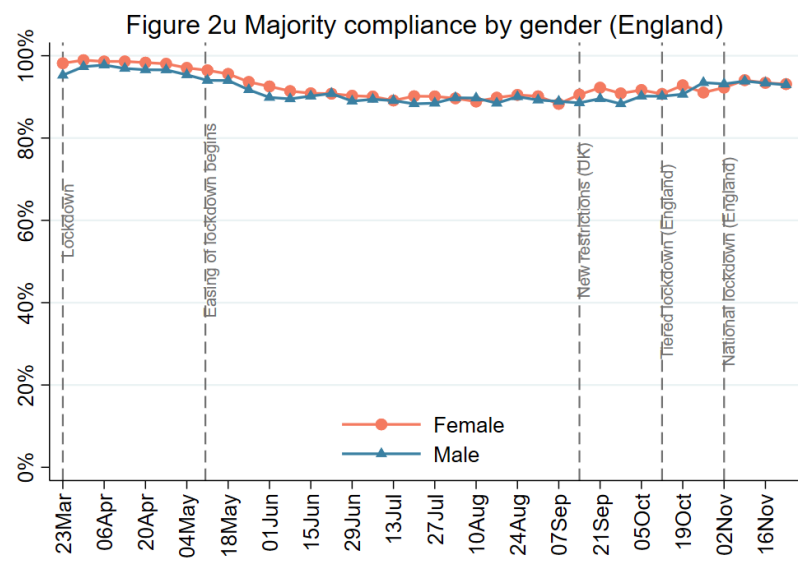
Figure 2l Complete compliance by physical health (England)



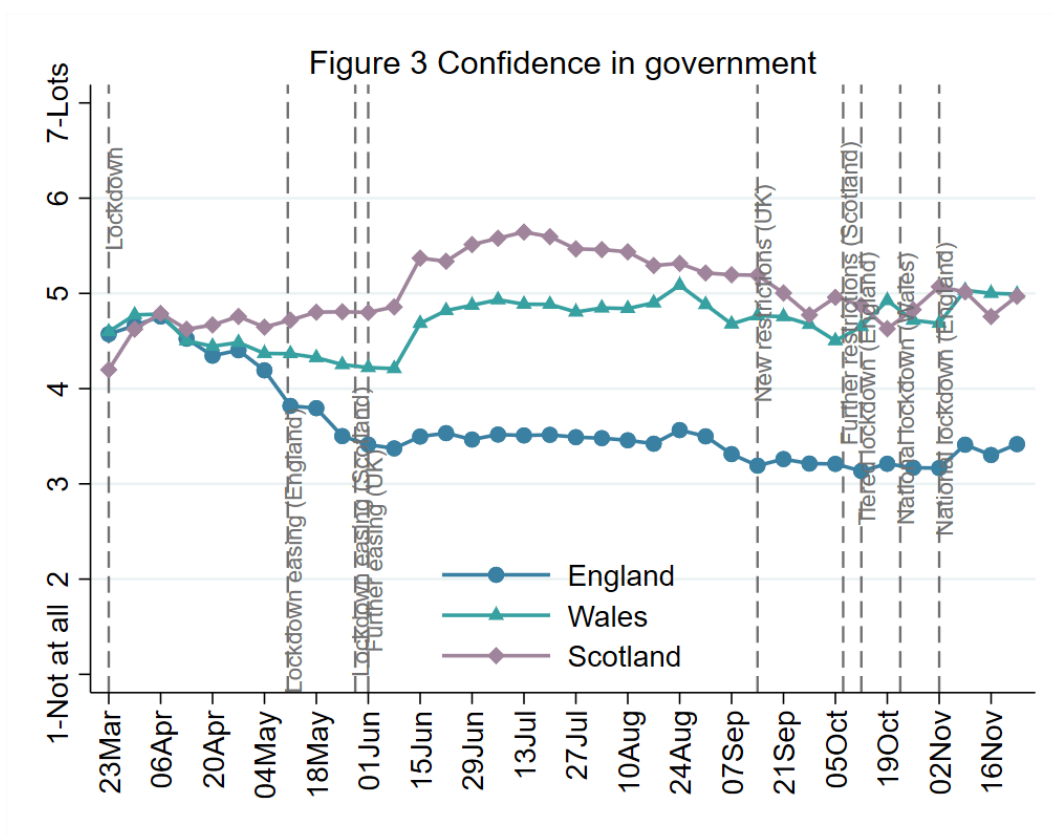








## 1.2 Confidence in Government



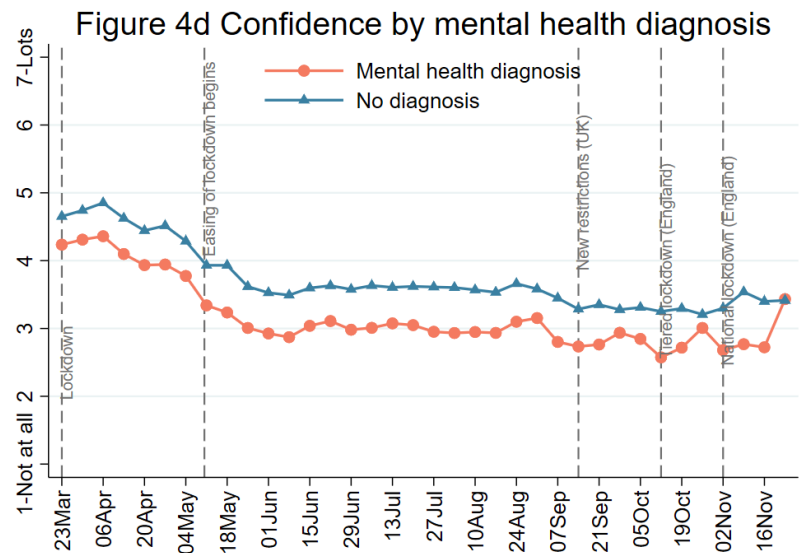
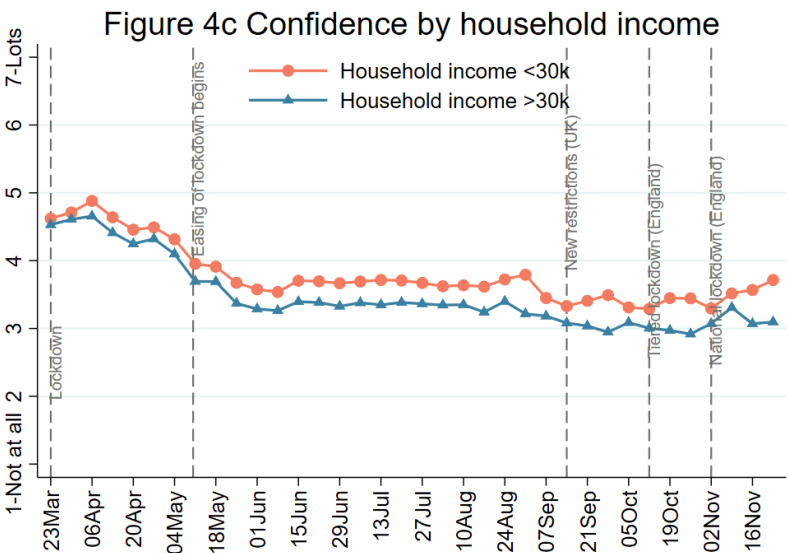
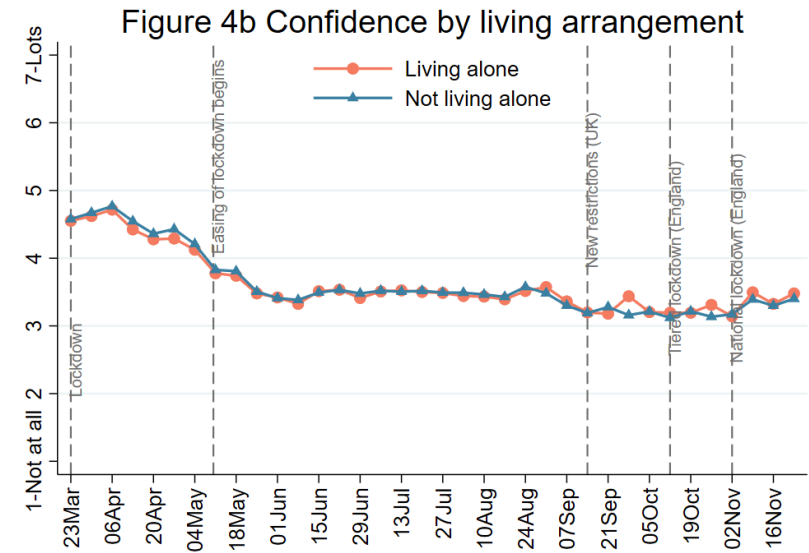
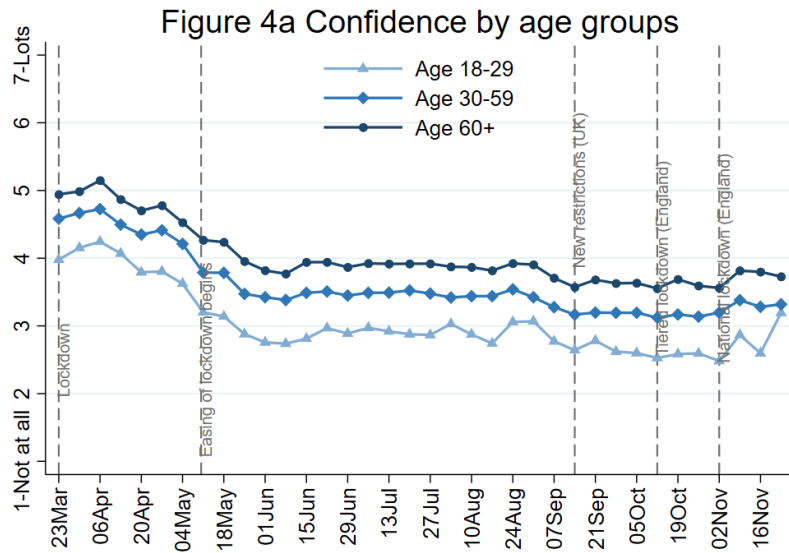
### FINDINGS

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

Levels of confidence in central and devolved governments to handle the Covid-19 epidemic have not changed substantially over the past fortnight. Levels remain highest in Scotland and Wales and lowest in England.<sup>1</sup> However, levels in England have been marginally higher since the latest lockdown was announced.

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

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



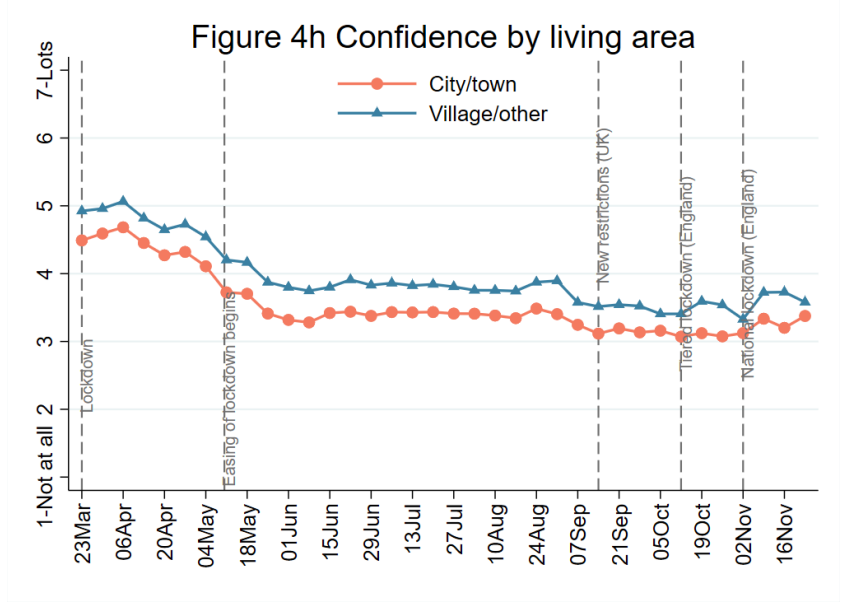
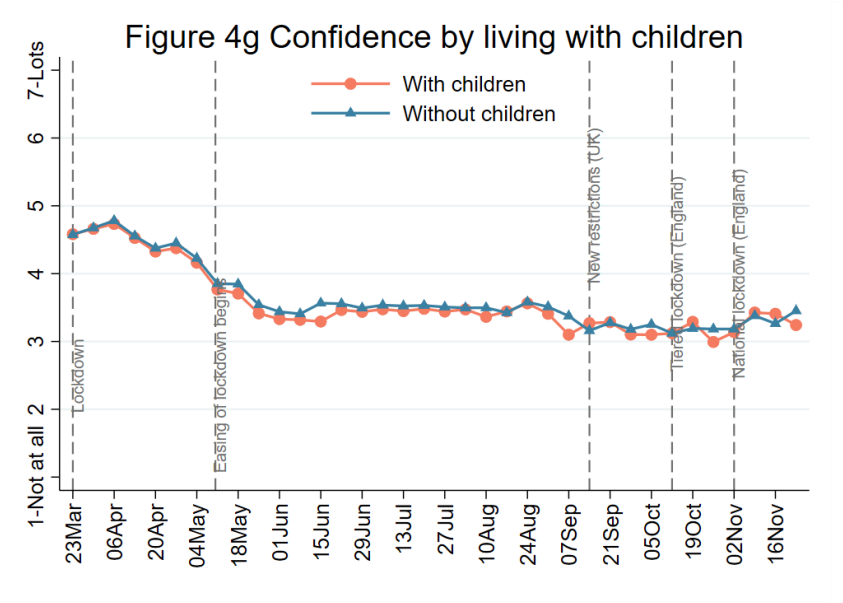
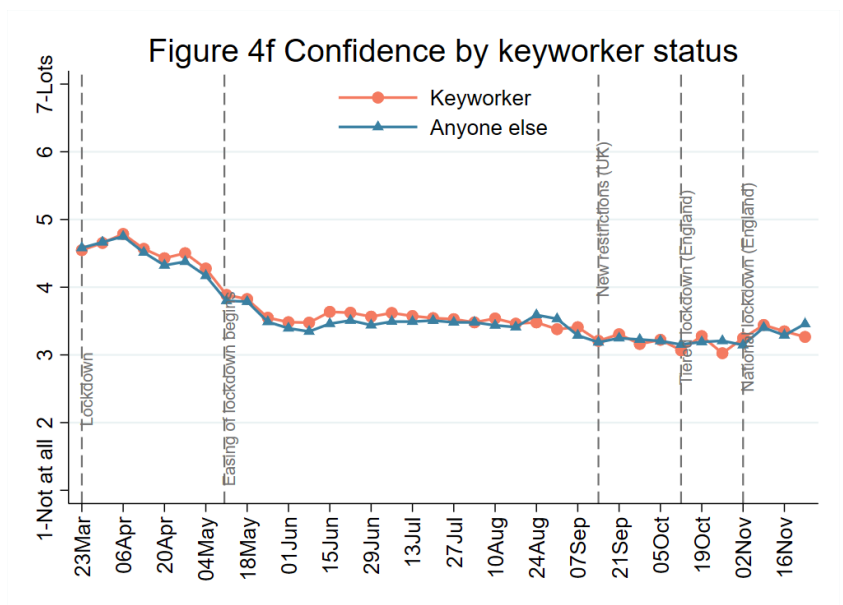
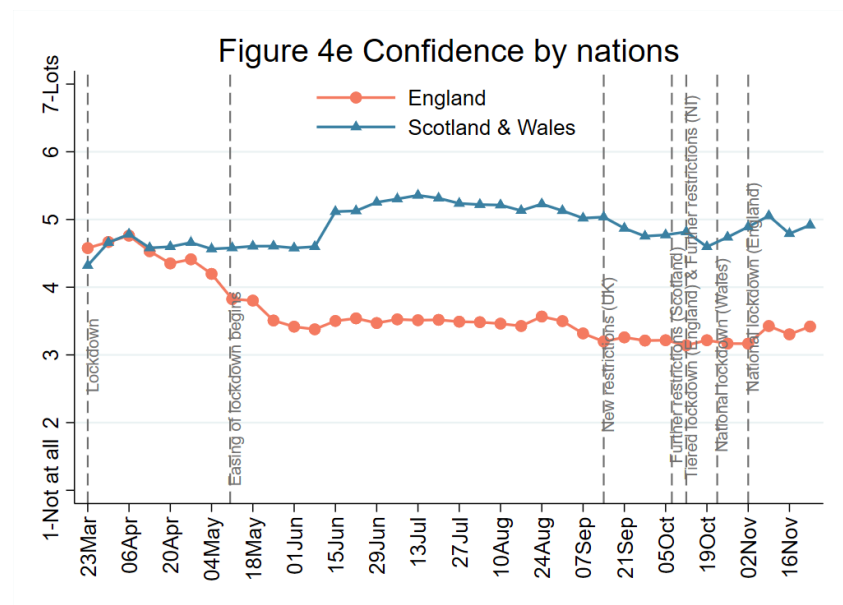


Figure 4i Confidence in government by gender

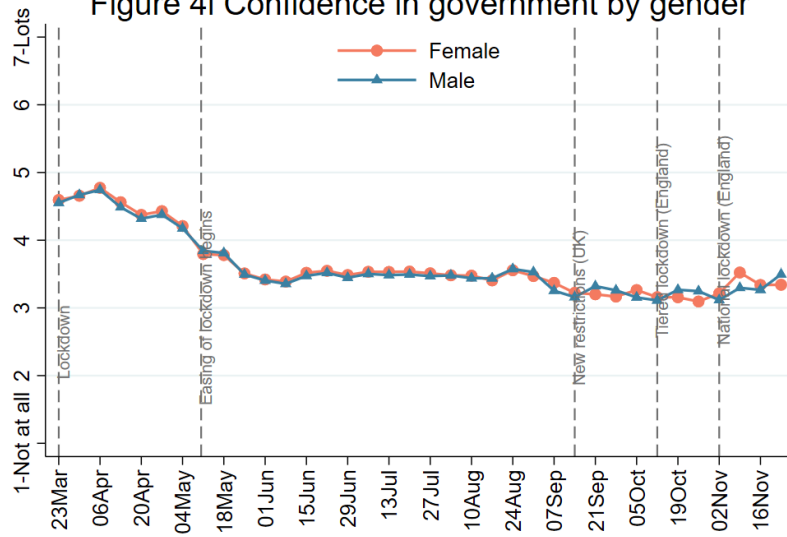


Figure 4j Confidence in government by ethnicity

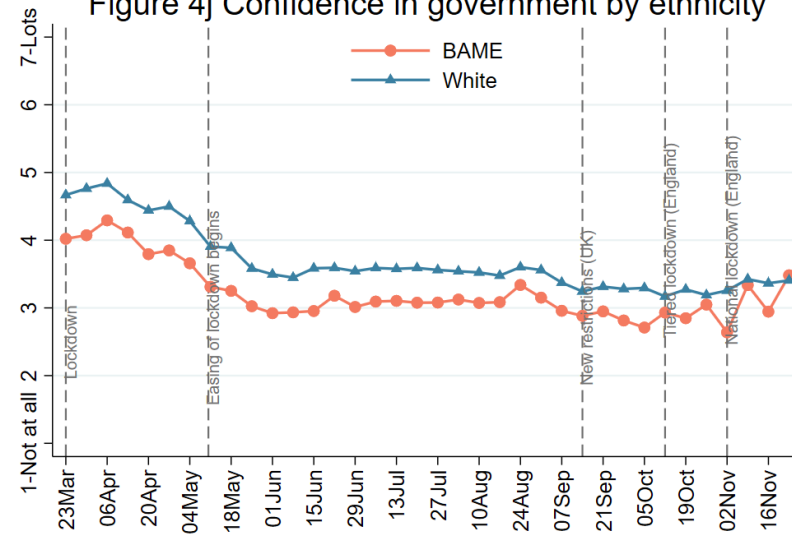


Figure 4k Confidence in government by educational levels

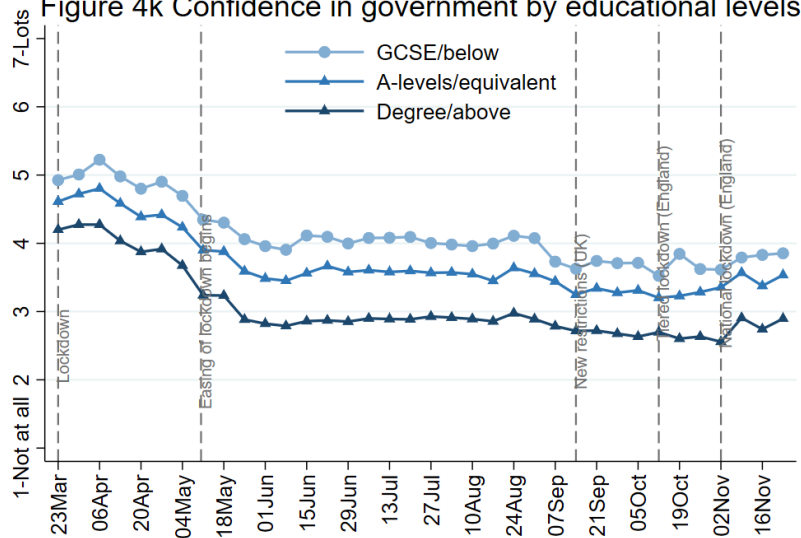
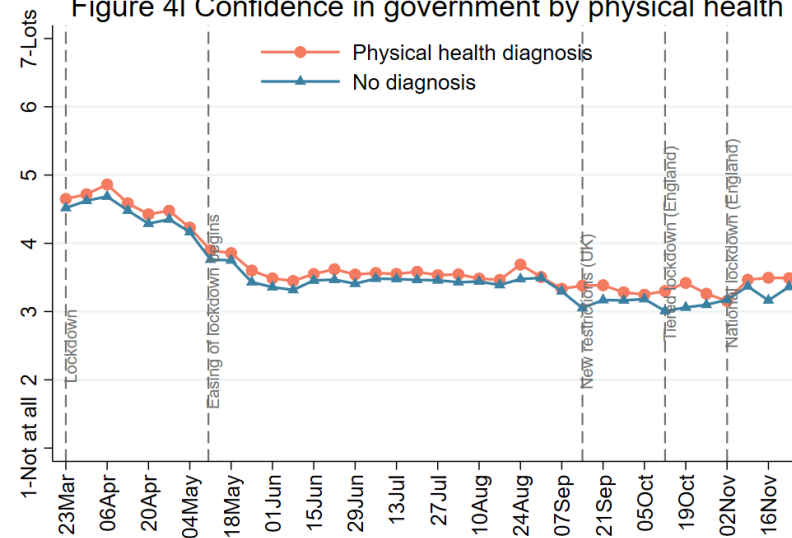
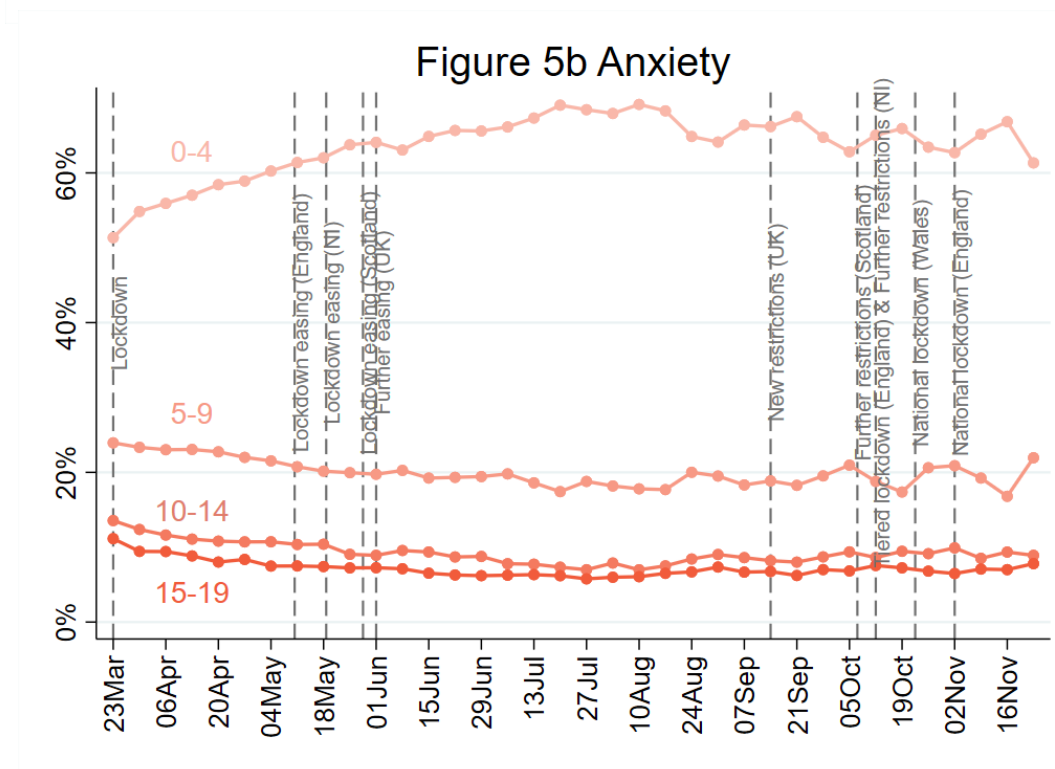
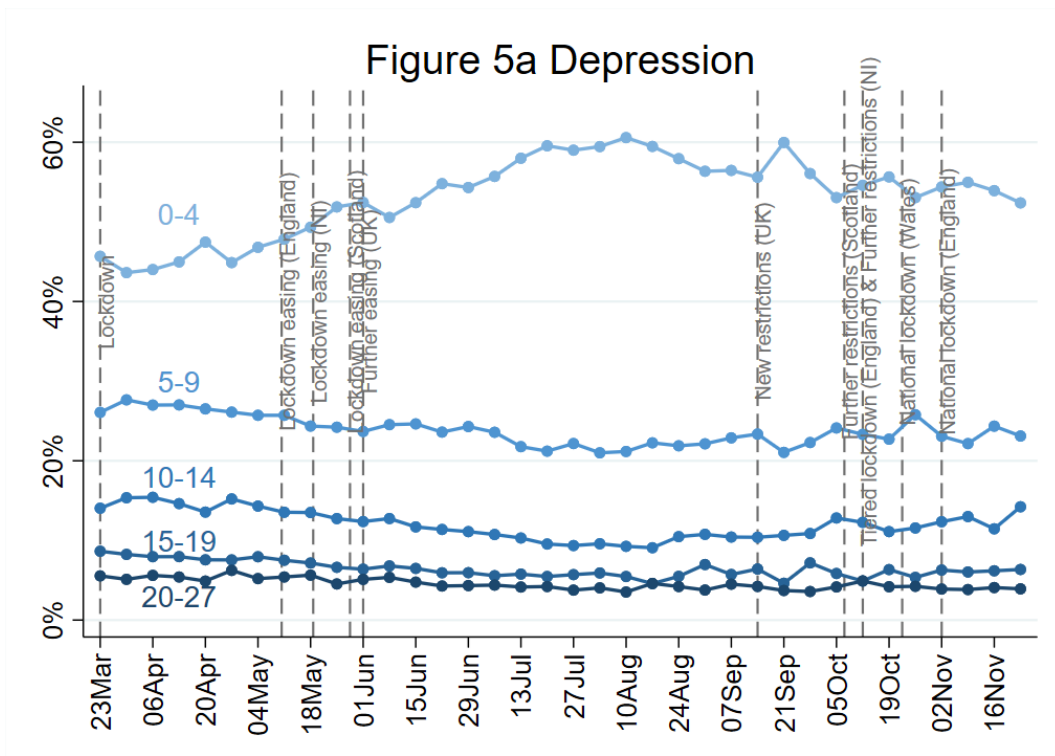


Figure 4l Confidence in government by physical health



## 2. Mental Health

### 2.1 Depression and anxiety



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## FINDINGS

**This week we present mental health by the severity of symptoms split into commonly-used diagnostic categories.** For depression, scores of 0-4 suggest minimal depression, 5-9 suggest mild depression, 10-14 suggest moderate depression, 15-19 suggest moderately-severe depression, and scores of 20-27 suggest severe depression. For anxiety, scores of 0-4 suggest minimal anxiety, 5-9 suggest mild anxiety, 10-14 suggest moderate anxiety, 15-21 suggest severe anxiety.

The proportions of people experiencing moderately-severe and severe depression have not changed much since the start of first lockdown in the spring (a decrease from 5.6% in March to 3.8% in November for severe depression, and from 8.7% in March to 6.3% in November for moderately-severe depression). Similarly, the proportions of people experiencing moderate and severe anxiety have not changed much since the start of first lockdown in the spring (a decrease from 11% in March to 6.5% in November for severe anxiety, and from 14% in March to 9.9% in November for moderate anxiety). The proportions of people experiencing moderate and mild depression and mild anxiety did decrease slightly as restrictions were relaxed over the summer but have increased slightly as they have been brought in again this autumn. However, the greatest change has been amongst people experiencing no clear symptoms of depression or depression (a score of 0-4). This group increased by around a third, from around 46% of the sample at the start of lockdown in March to 60% over the summer for depression, but has decreased again to 54% during second lockdown. Similarly, for anxiety this group also increased by around a third, from 51% of the sample at the start of lockdown in March to nearly 70% over the summer for depression, but has decreased again to 63% during second lockdown.

Not only have the average scores for depression and anxiety been higher in younger adults, but this group have also had a substantially higher proportion of people falling into the higher categories for anxiety and depression. 9.4% of adults aged 18-29 in our sample were experiencing severe depression at the start of lockdown in March compared to just 6.2% of 30-59 year olds and 1.9% of those over the age of 60. Similarly, 18% of adults aged 18-29 in our sample were experiencing severe anxiety at the start of lockdown in March compared to just 13% of 30-59 year olds and 4.2% of those over the age of 60.<sup>2</sup>

Women have also been more likely to experience more severe symptoms, with 6.1% of women experiencing severe depression at the start of lockdown in March compared to just 4.8% of men, and 15% of women experiencing severe anxiety at the start of lockdown in March compared to just 7.0% of men.

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<sup>2</sup> NB spikes in results amongst 18-29 year olds in subsequent sub-group graphs may indicate statistical variation due to smaller sample sizes rather than meaningful week-by-week change. So trends rather than the results of specific weeks should be focused on.



Figure 6a Depression amongst younger adults (age 18-29)

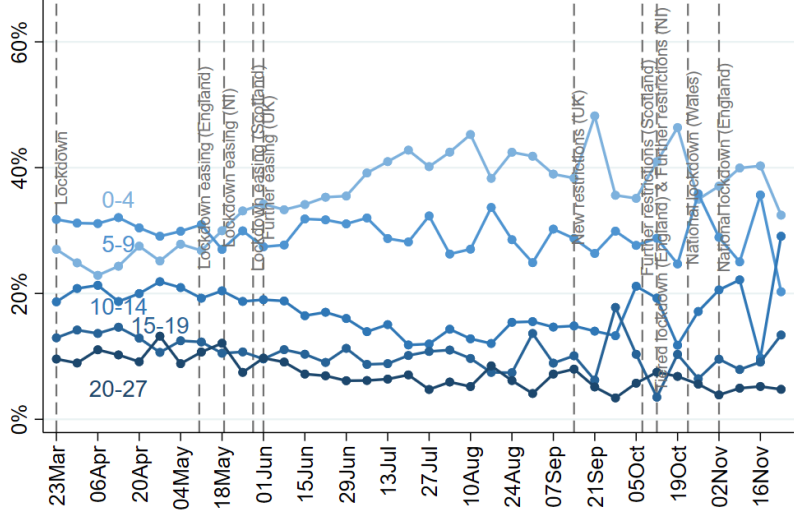


Figure 6b Depression amongst adults (age 30-59)

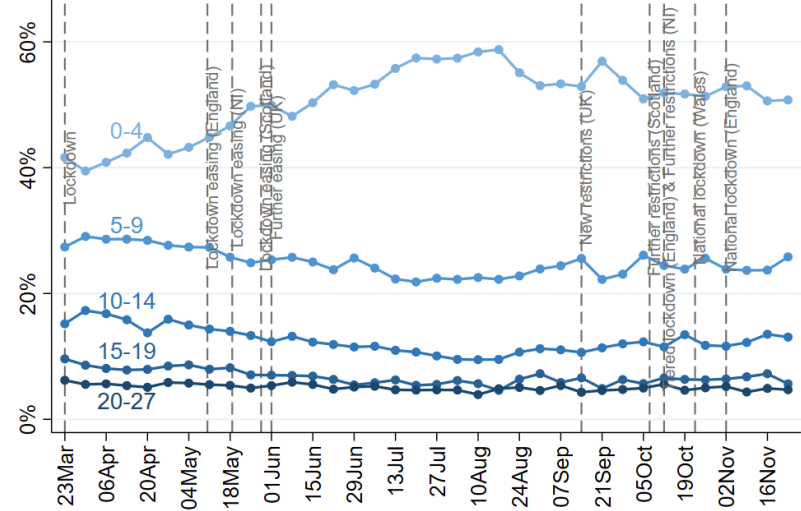


Figure 6c Depression amongst older adults (age 60+)

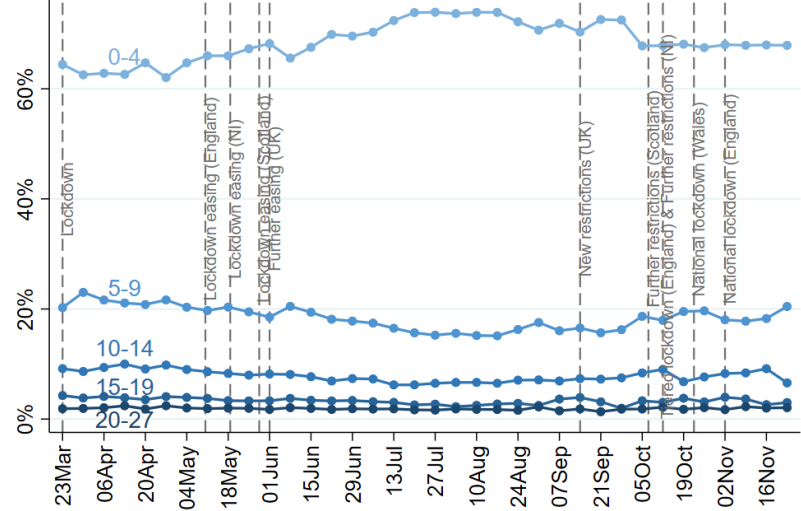


Figure 6d Depression amongst females

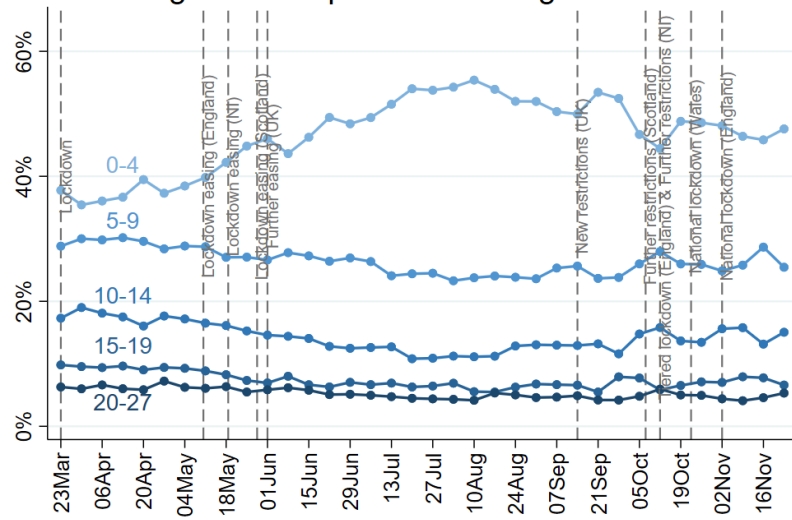


Figure 6e Depression amongst males

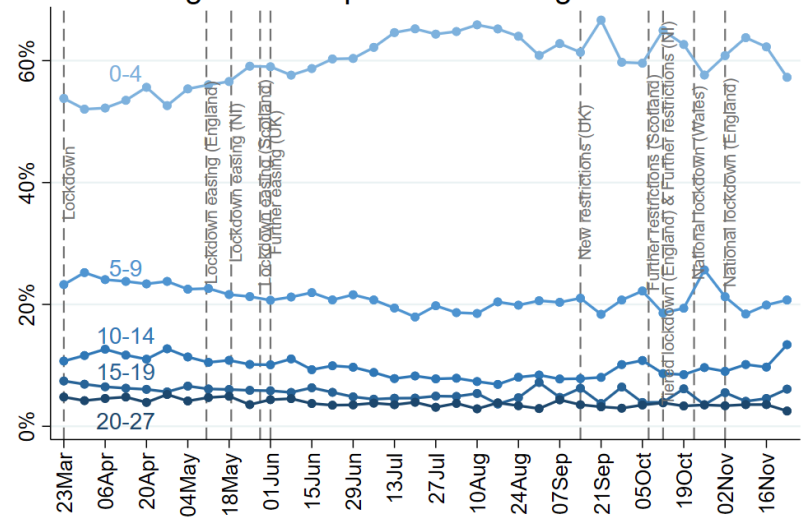


Figure 7b Anxiety amongst younger adults (age 18-29)

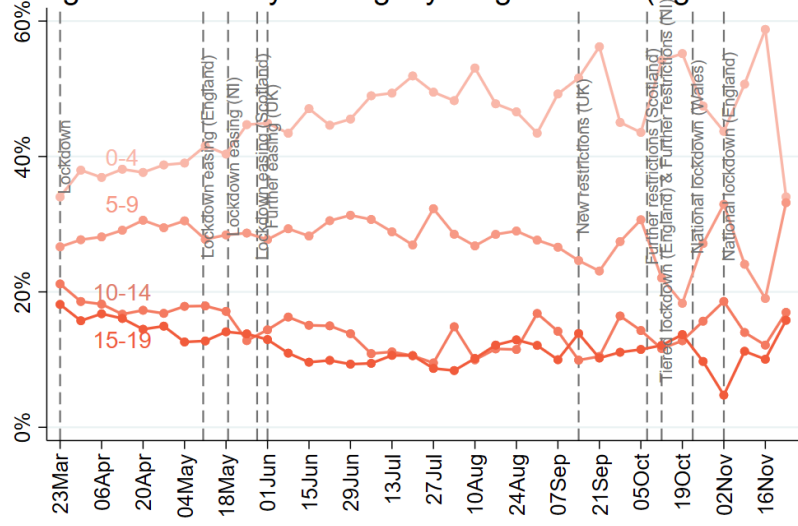


Figure 7b Anxiety amongst adults (age 30-59)

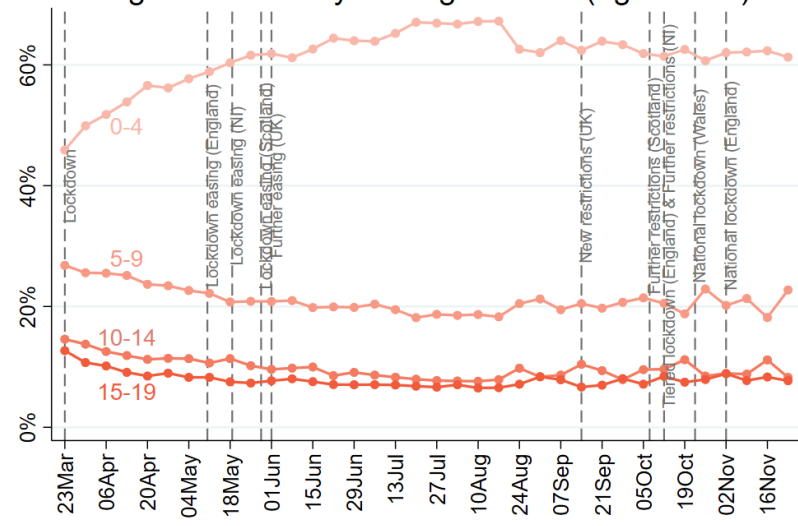


Figure 7c Anxiety amongst older adults (age 60+)

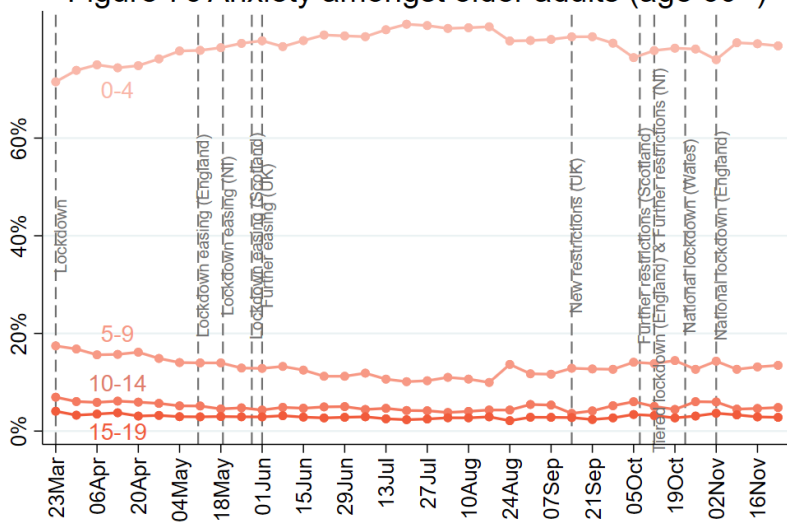


Figure 7d Anxiety amongst females

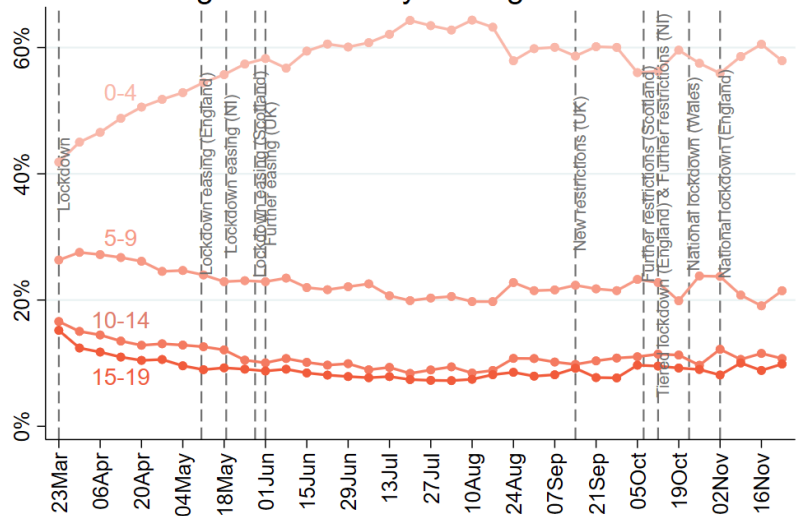
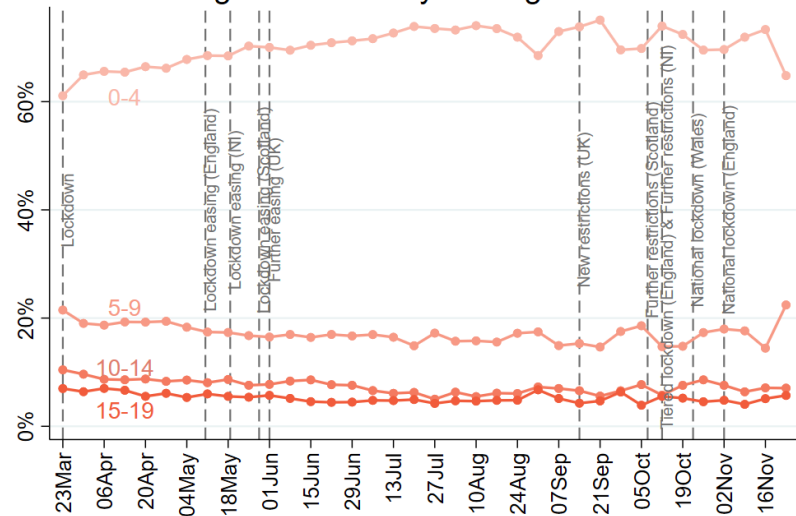
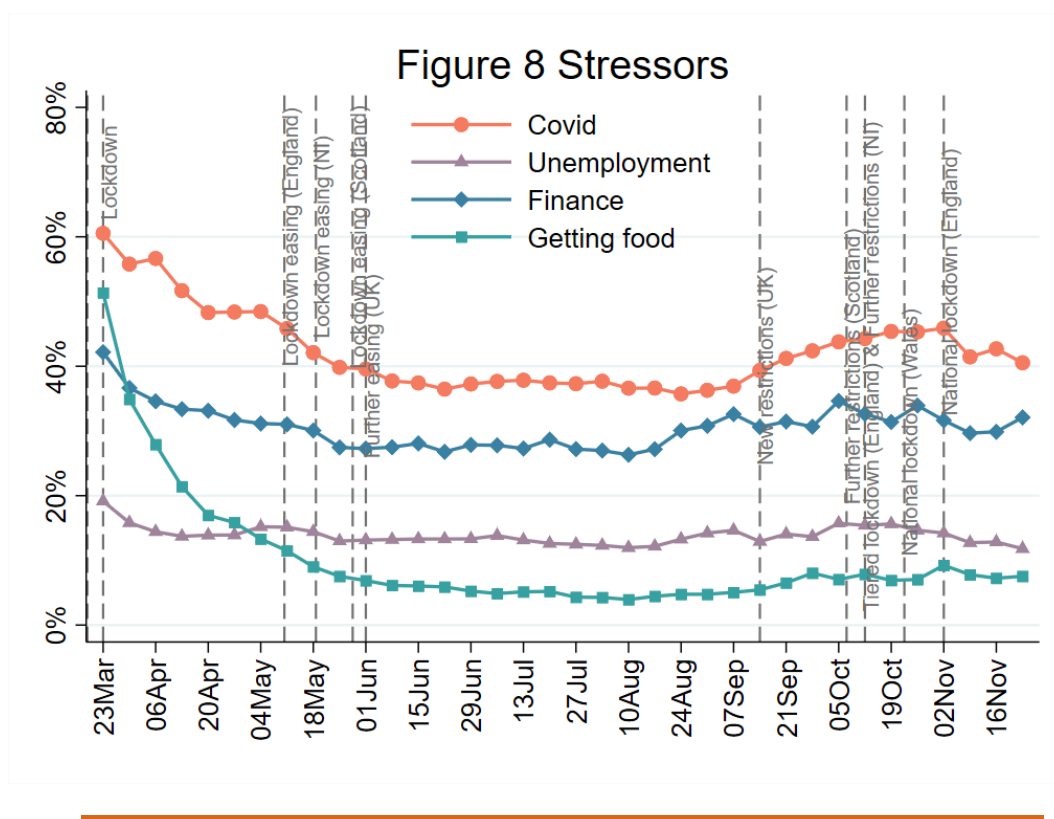


Figure 7e Anxiety amongst males



## 2.2 Stress



### FINDINGS

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

Stress about catching Covid-19 or becoming seriously ill from it has decreased in the past month. This might be assumed to be due to the national lockdown in England, but has also been seen in Scotland and Wales, suggesting perhaps that improvements in the number of virus cases may have been a larger factor in these changes.

Other worries, though, remain relatively constant: around 1 in 3 people report being worried about finances (up from 1 in 4 over the summer); around 1 in 6 are worried about unemployment; and around 1 in 12 people are worried about access to food.

People with diagnosed mental illness have been more worried about all factors. But other predictors of stressors have varied. People with lower household income are becoming more worried about Covid-19 than people with higher household income, and they are more worried about finances, but less worried about unemployment. Older adults have worried less about unemployment and food. Unemployment has worried people in England and in urban areas more. Women are more worried about catching the virus or becoming seriously ill from it, as are people with long-term physical health conditions. But there is little difference by ethnicity or education. However, people from BAME backgrounds are more concerned about losing their jobs and financial issues, as are people with higher educational qualifications. There is no difference in worries about food security by gender, education or ethnicity, but people with physical health conditions are slightly more concerned about this.

Figure 9a Covid-19 stress by age groups

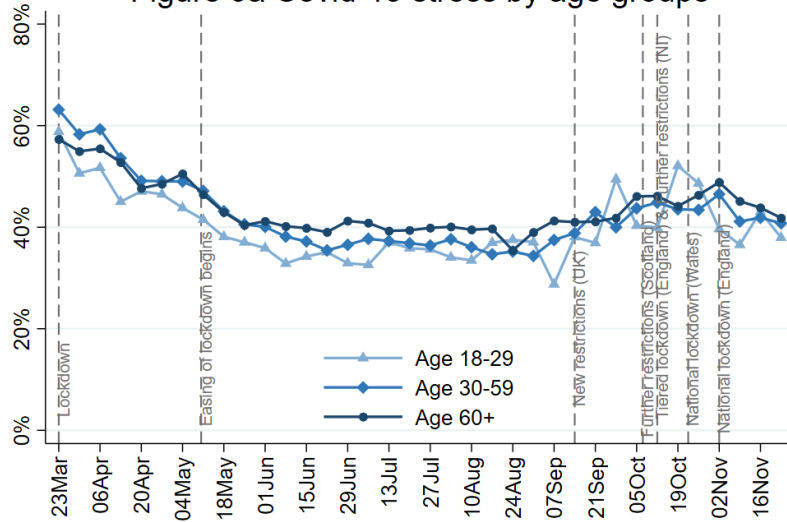


Figure 9b Covid-19 stress by living arrangement

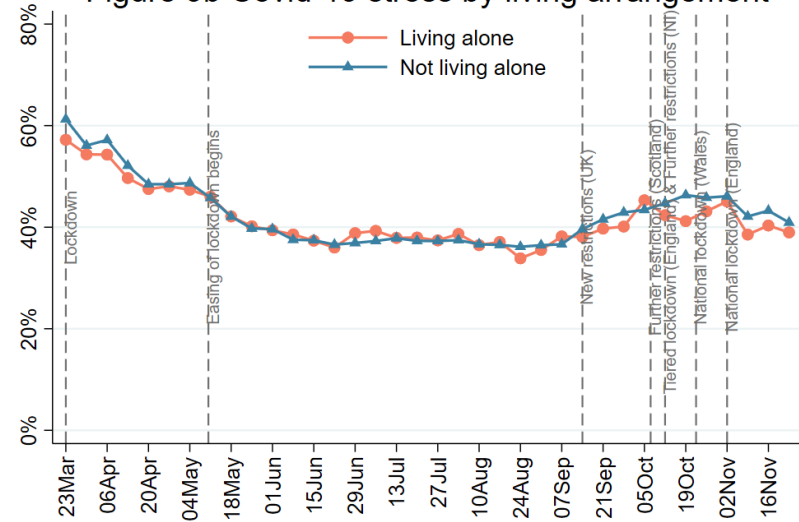


Figure 9c Covid-19 stress by household income

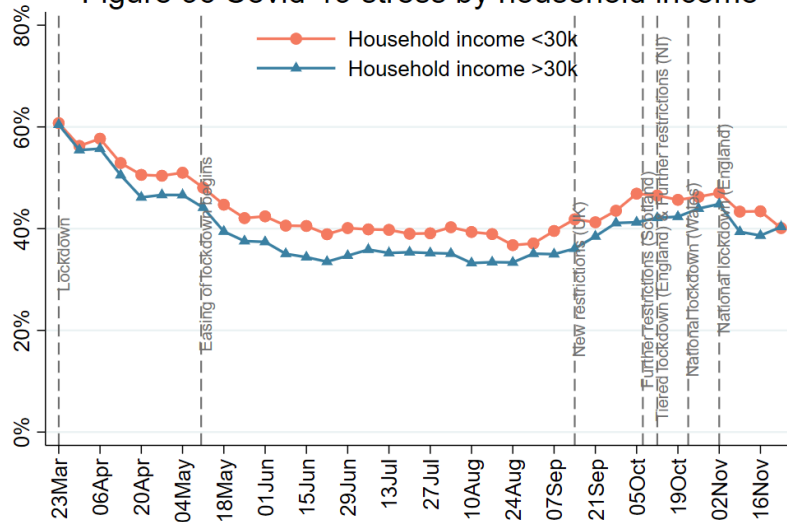


Figure 9d Covid-19 stress by mental health diagnosis

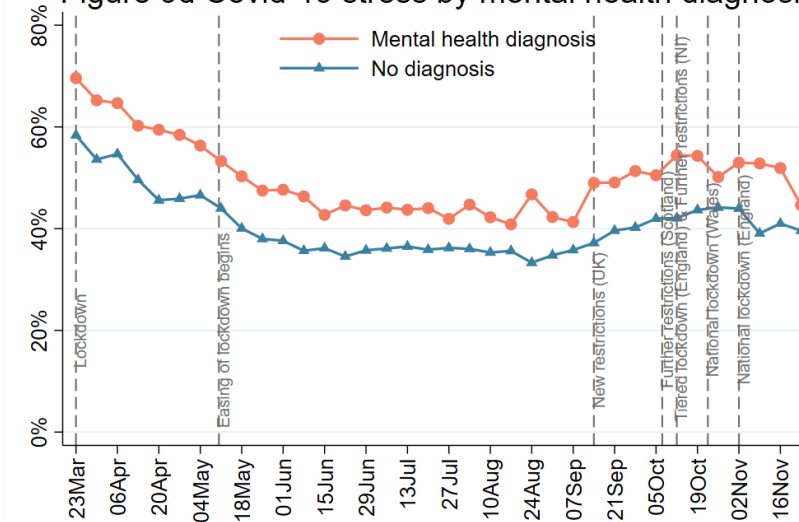


Figure 9e Covid-19 stress by nations

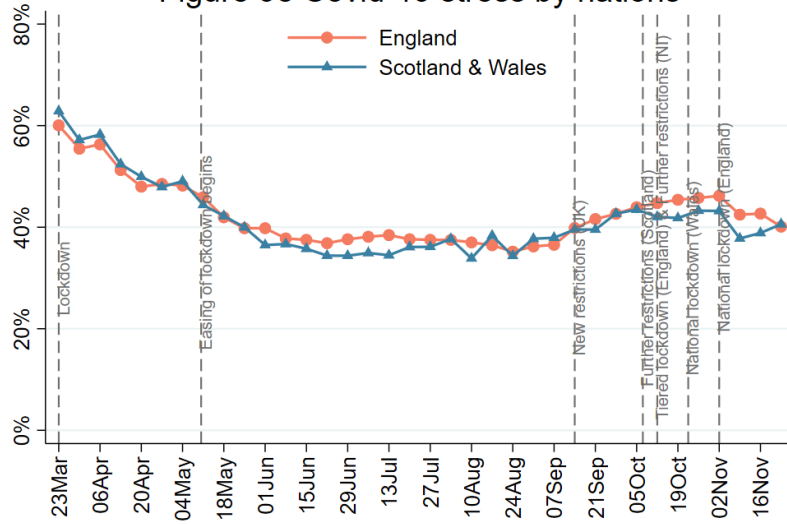


Figure 9f Covid-19 stress by keyworker status

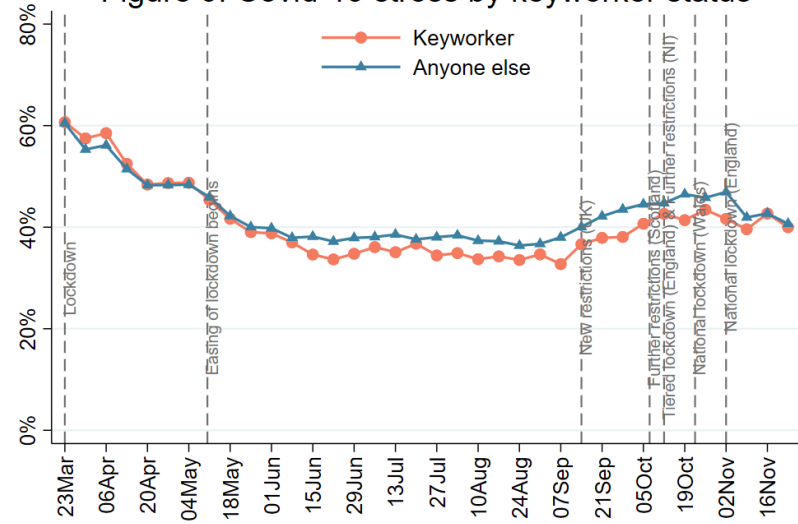


Figure 9g Covid-19 stress by living with children

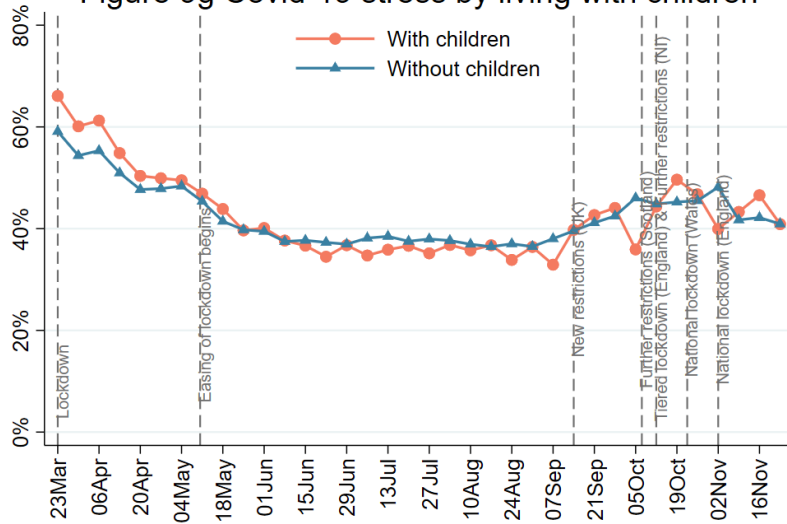


Figure 9h Covid-19 stress by living area

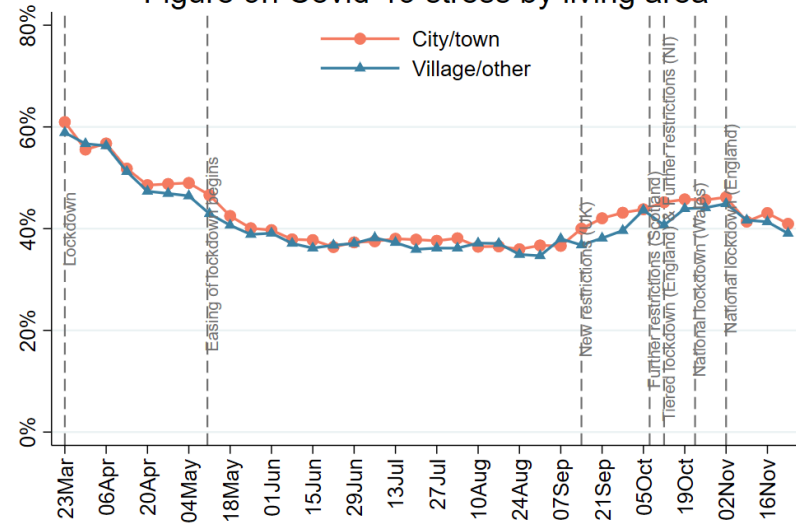


Figure 9i Covid-19 stress by gender

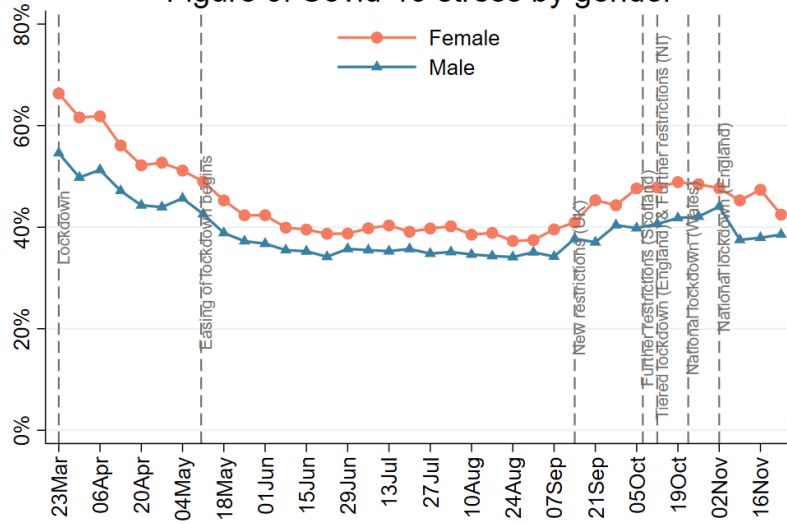


Figure 9j Covid-19 stress by ethnicity

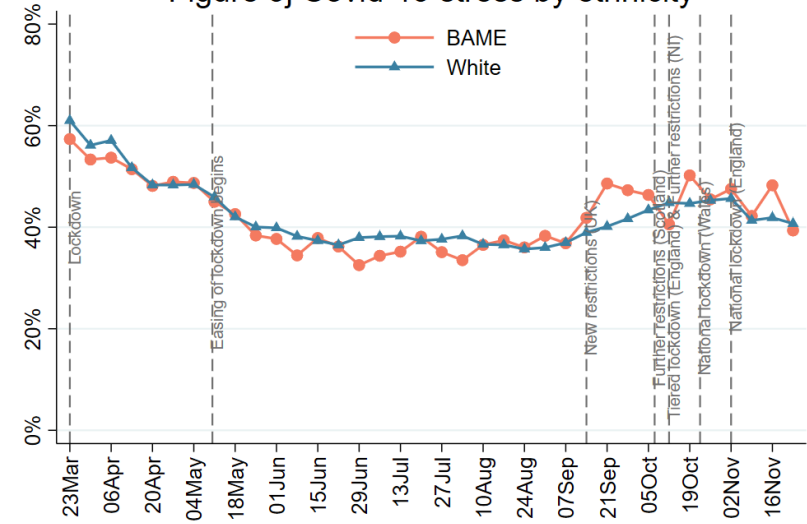


Figure 9k Covid-19 stress by educational levels

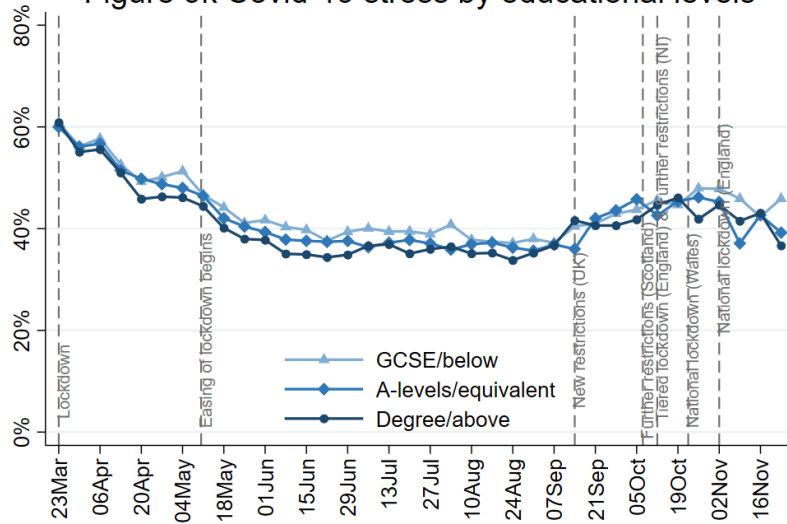


Figure 9l Covid-19 stress by physical health diagnosis

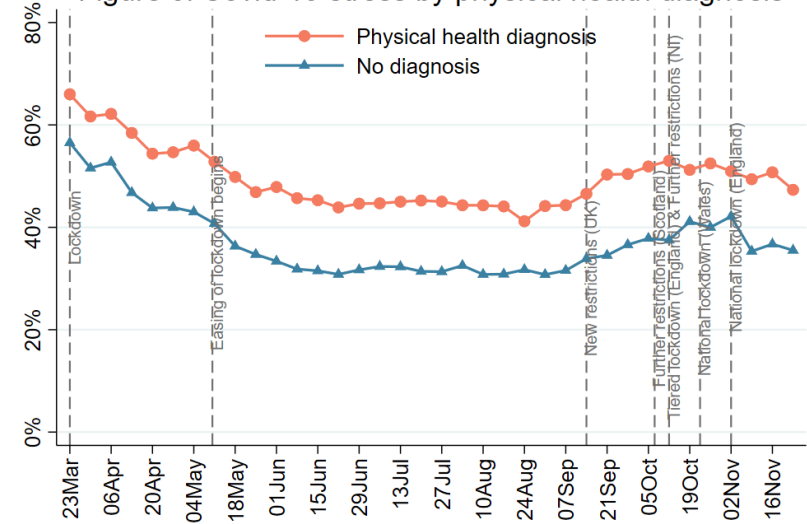




Figure 10a Unemployment stress by age groups

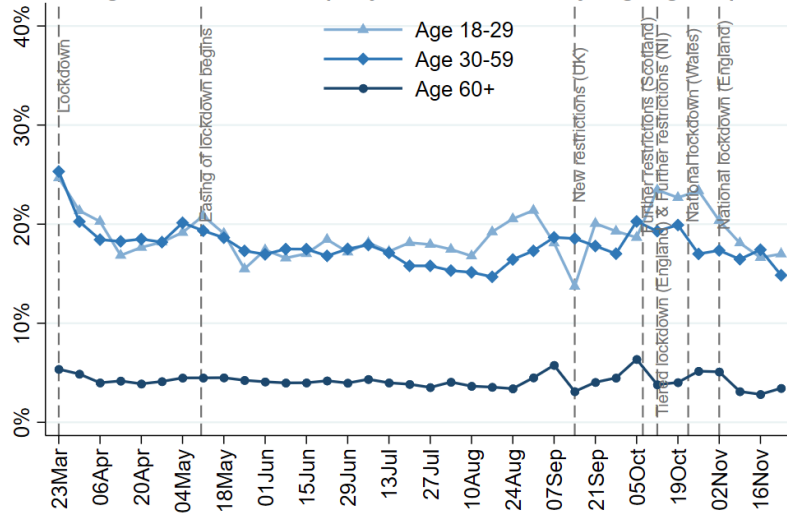


Figure 10b Unemployment stress by living arrangement

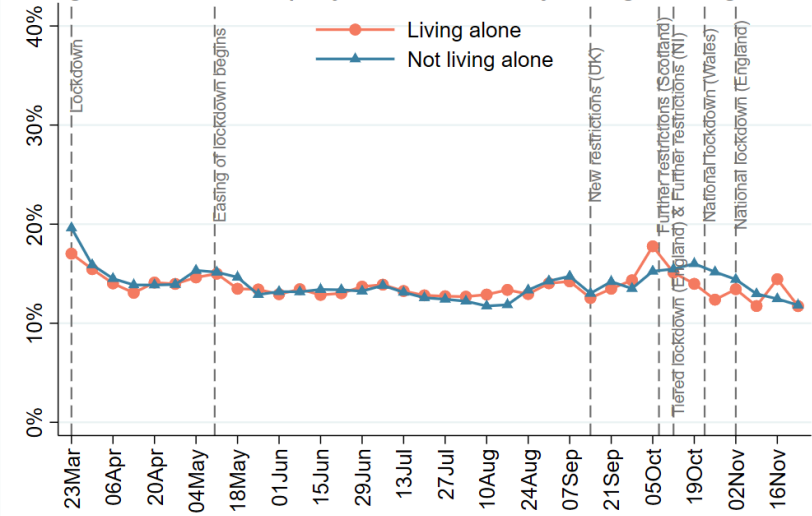


Figure 10c Unemployment stress by household income

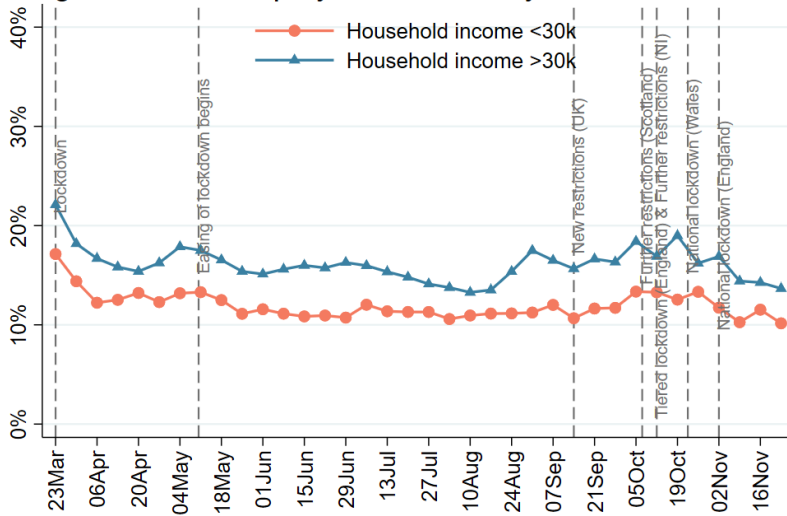


Figure 10d Unemployment stress by mental health

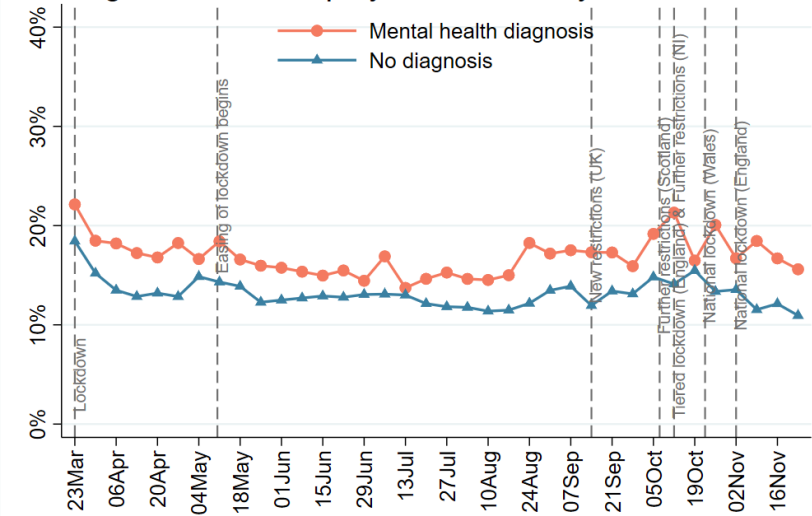


Figure 10e Unemployment stress by nations

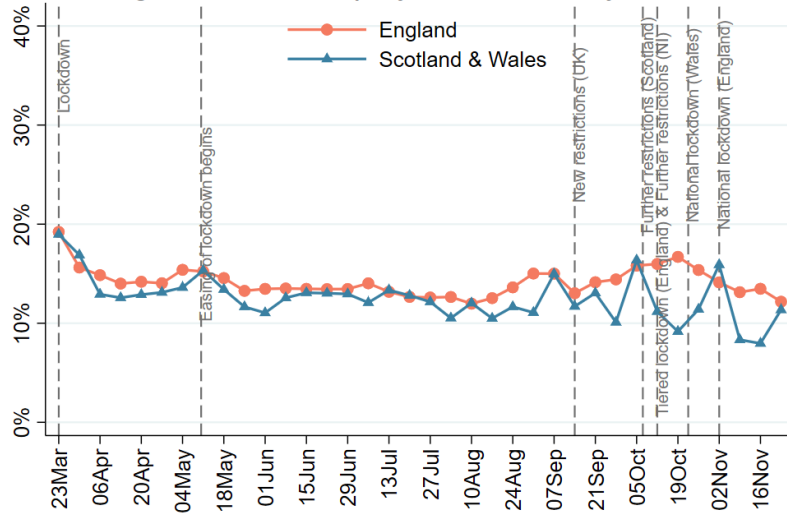


Figure 10f Unemployment stress by keyworker status

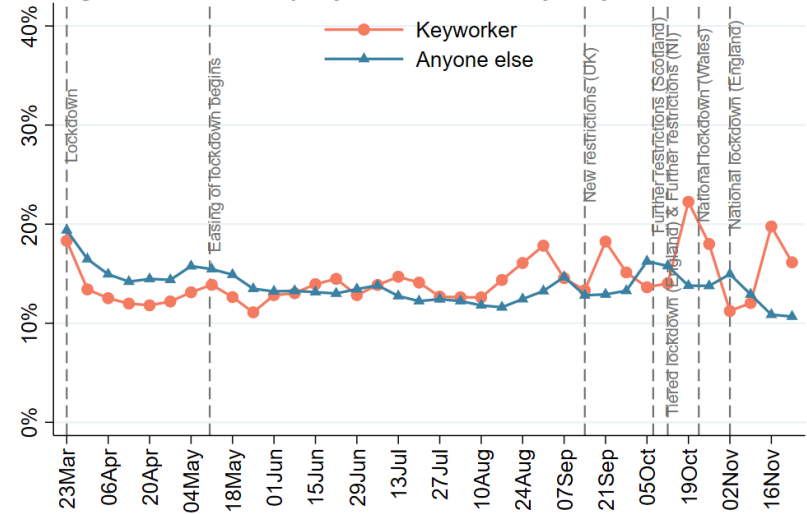


Figure 10g Unemployment stress by living with children

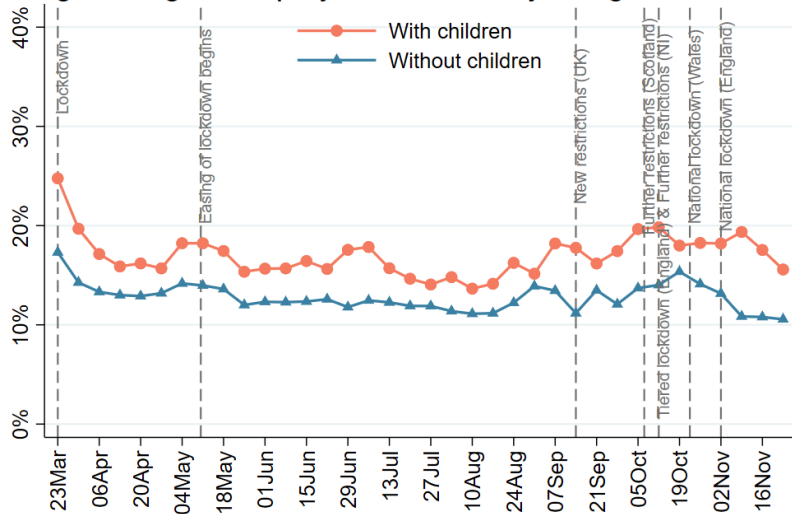


Figure 10h Unemployment stress by living area

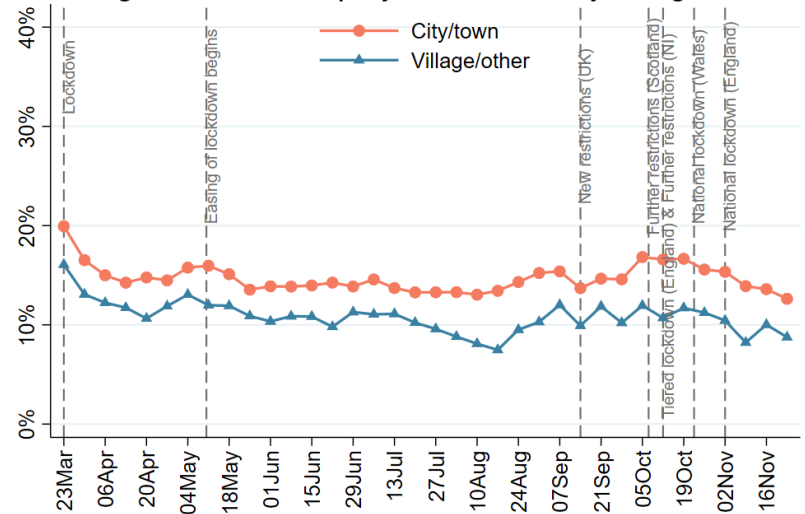


Figure 10i Unemployment stress by gender

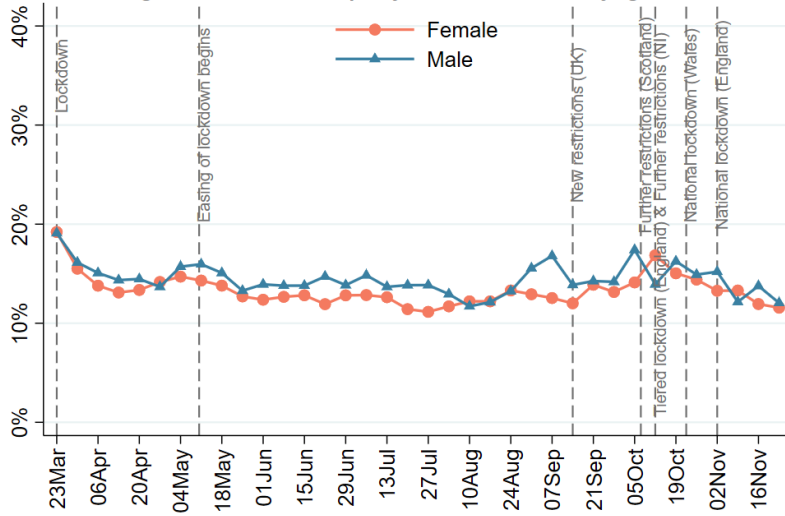


Figure 10j Unemployment stress by ethnicity

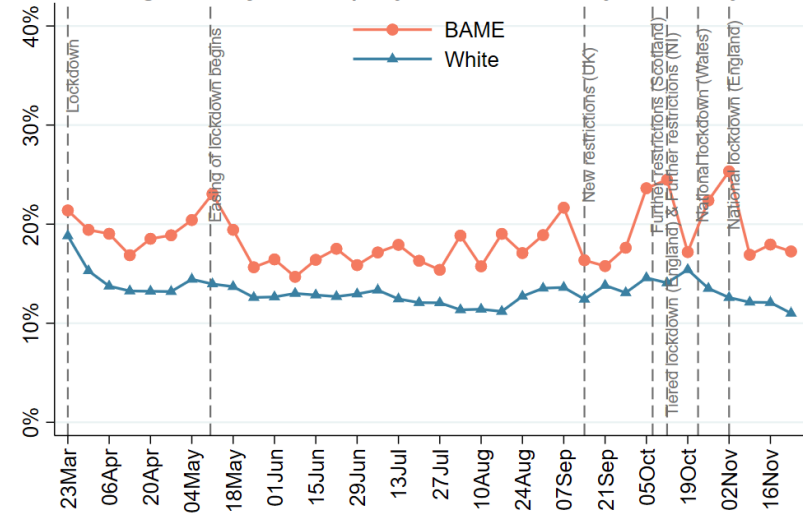


Figure 10k Unemployment stress by educational levels

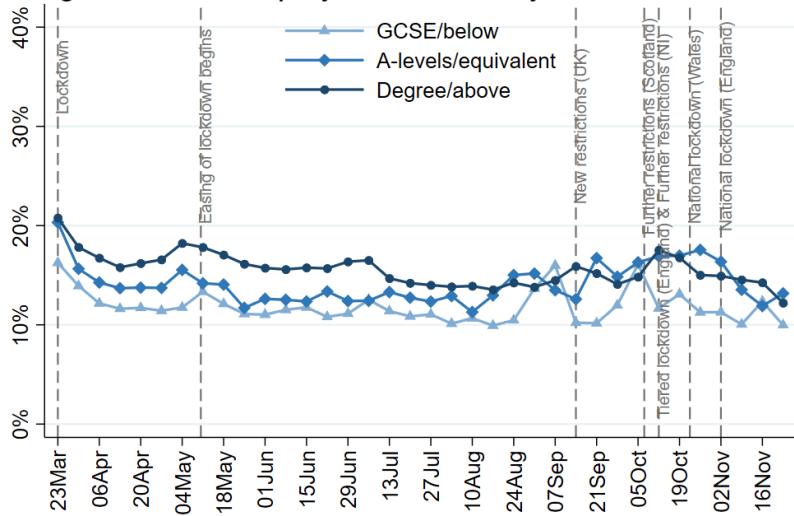


Figure 10l Unemployment stress by physical health diagnosis

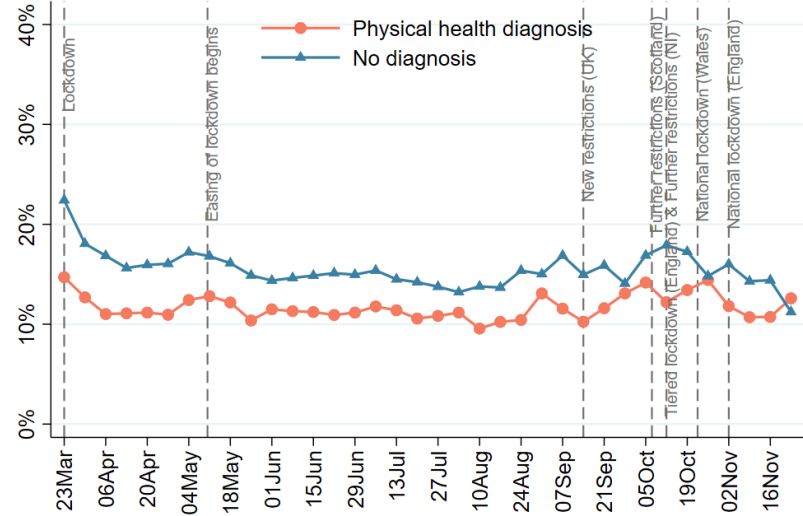


Figure 11a Financial stress by age groups

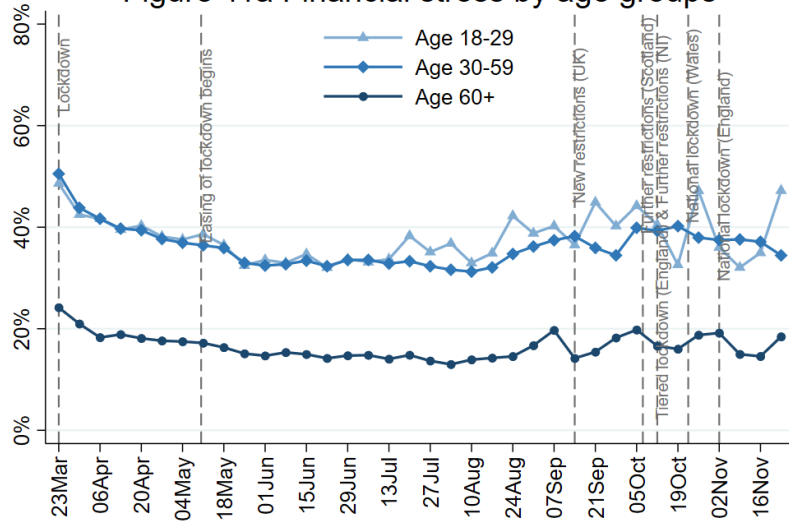


Figure 11b Financial stress by living arrangement

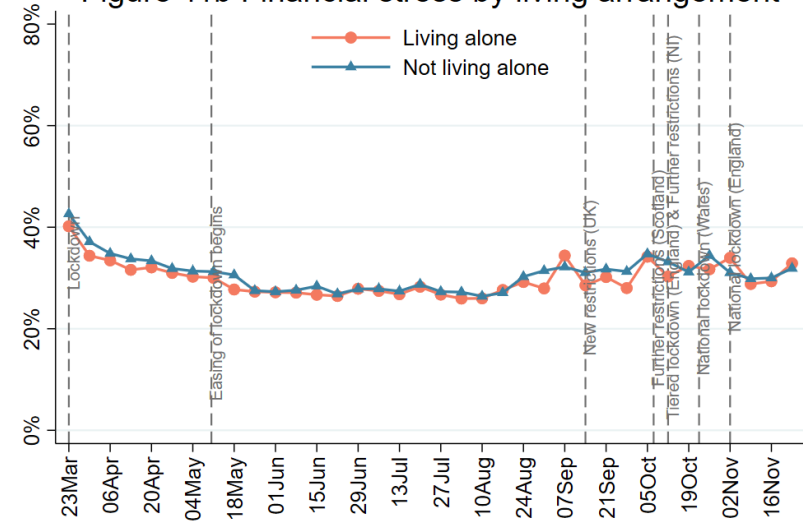


Figure 11c Financial stress by household income

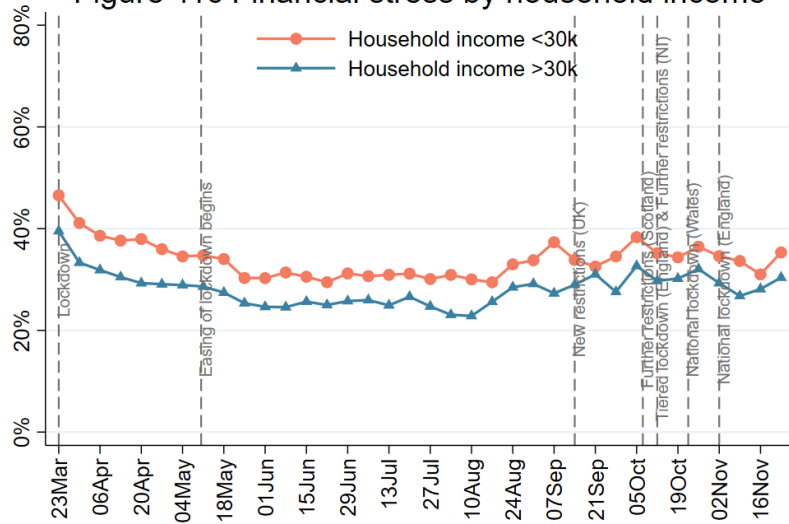


Figure 11d Financial stress by mental health diagnosis

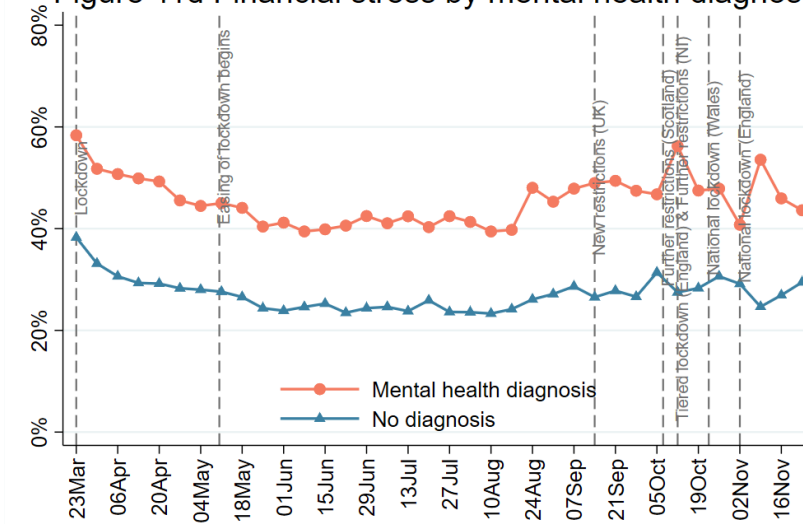


Figure 11e Financial stress by nations

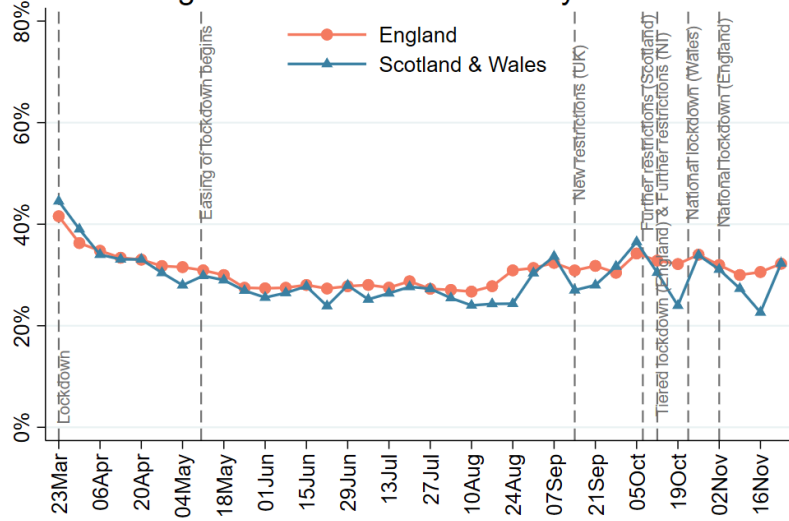


Figure 11f Financial stress by keyworker status

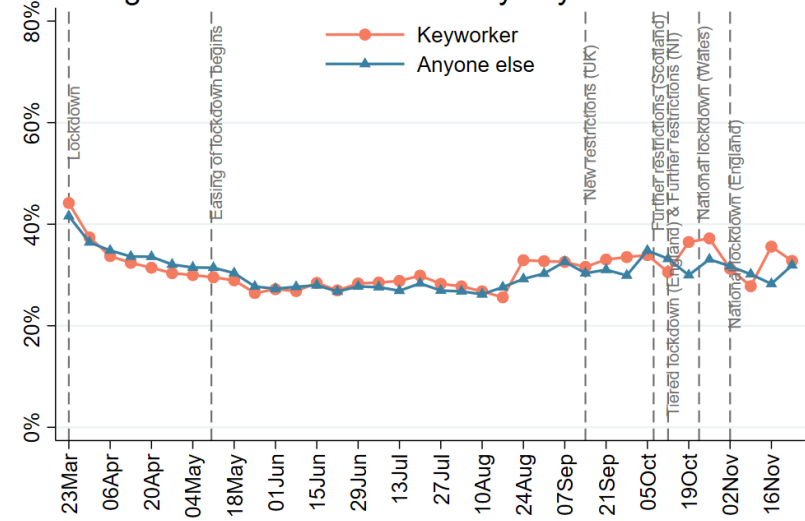


Figure 11g Financial stress by living with children

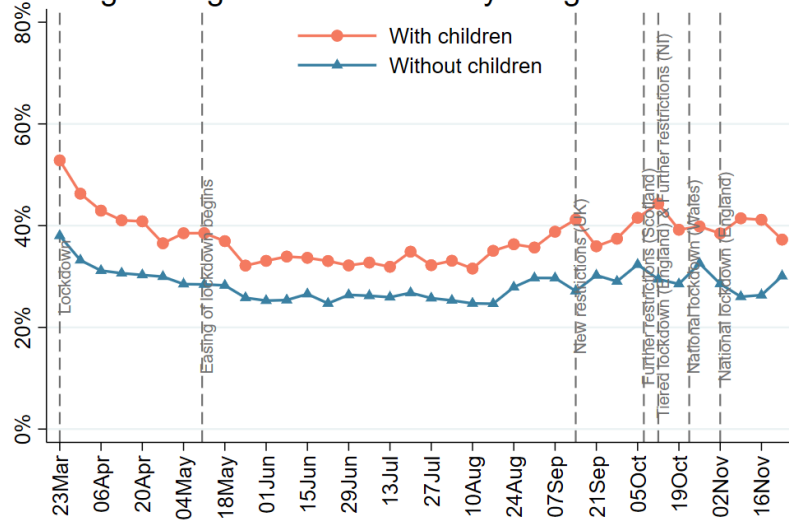


Figure 11h Financial stress by living area

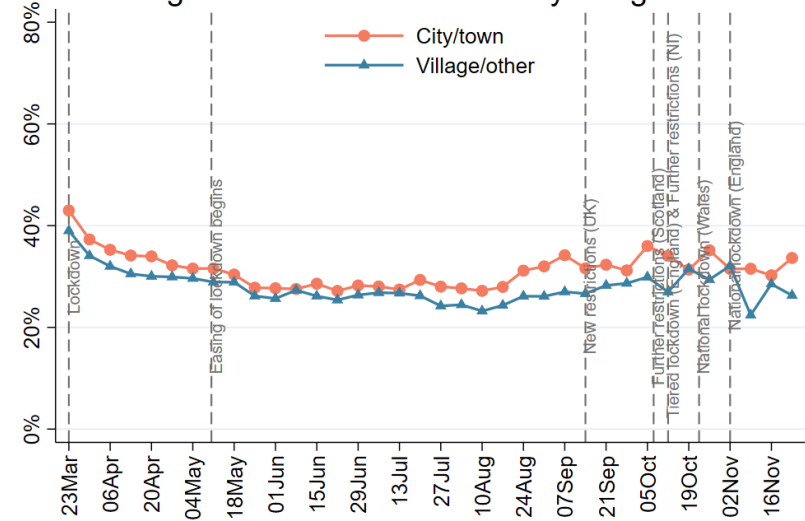


Figure 11i Financial stress by gender

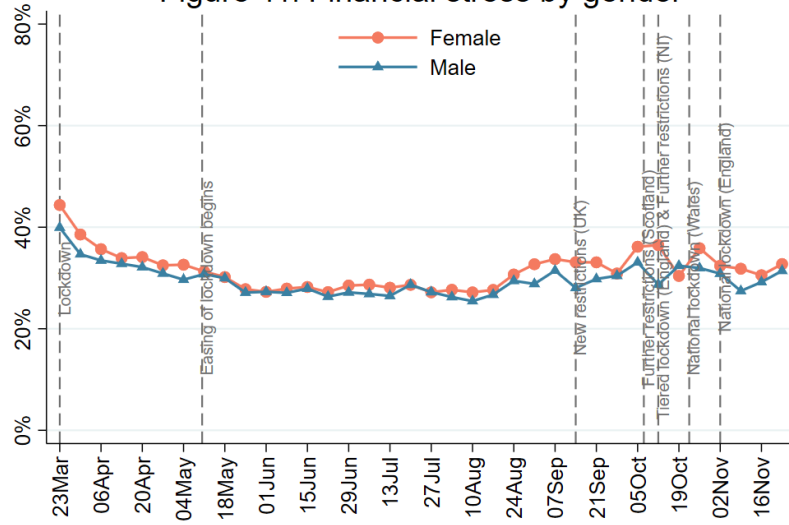


Figure 11j Financial stress by ethnicity

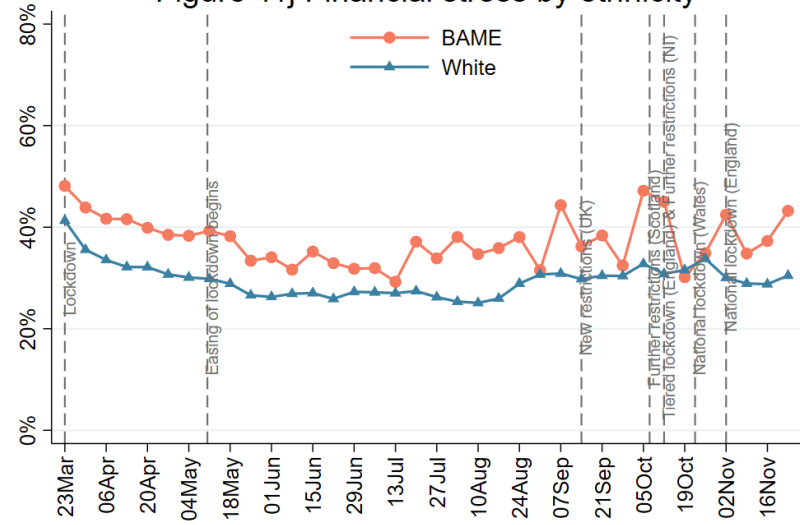


Figure 11k Financial stress by educational levels

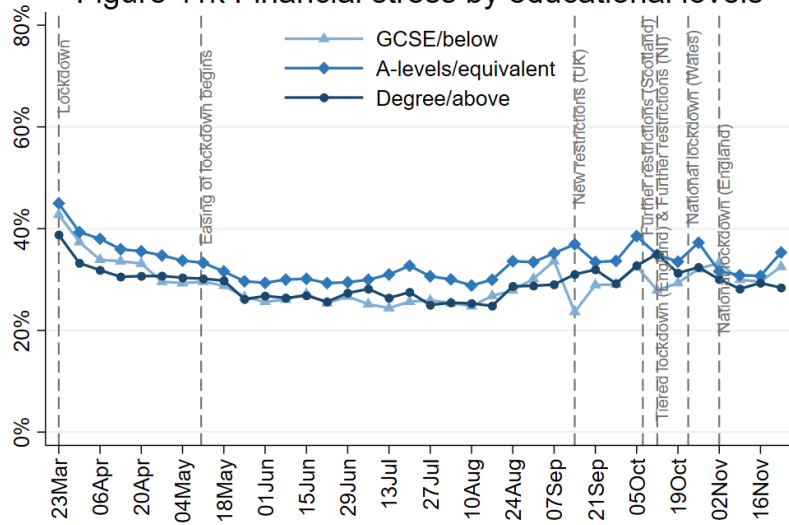
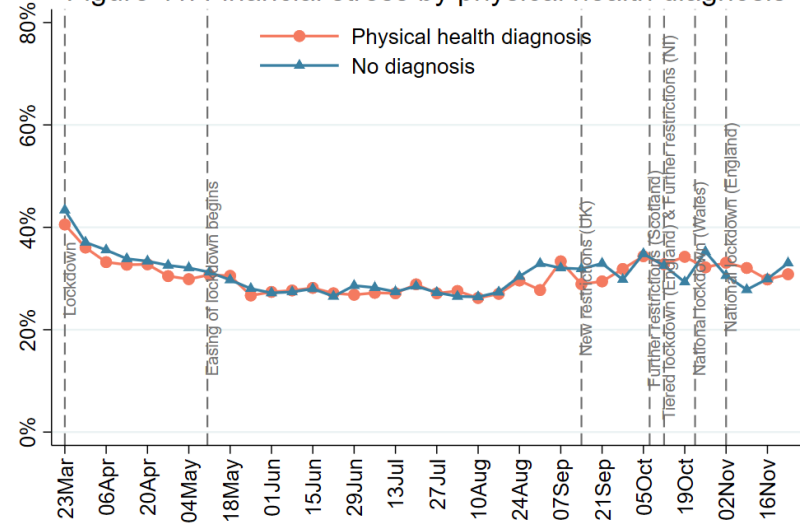


Figure 11l Financial stress by physical health diagnosis



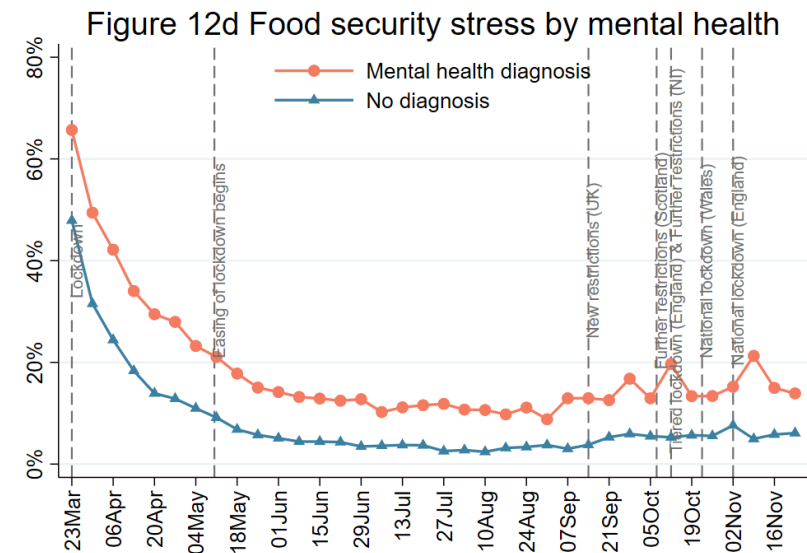
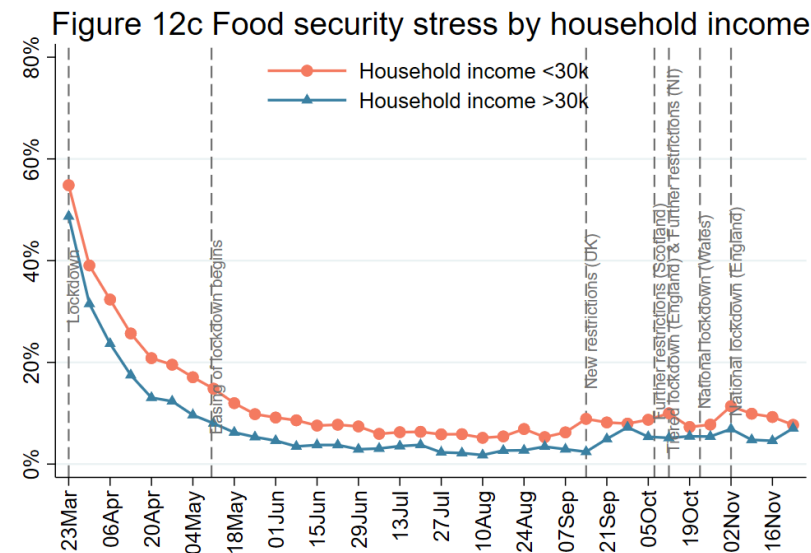
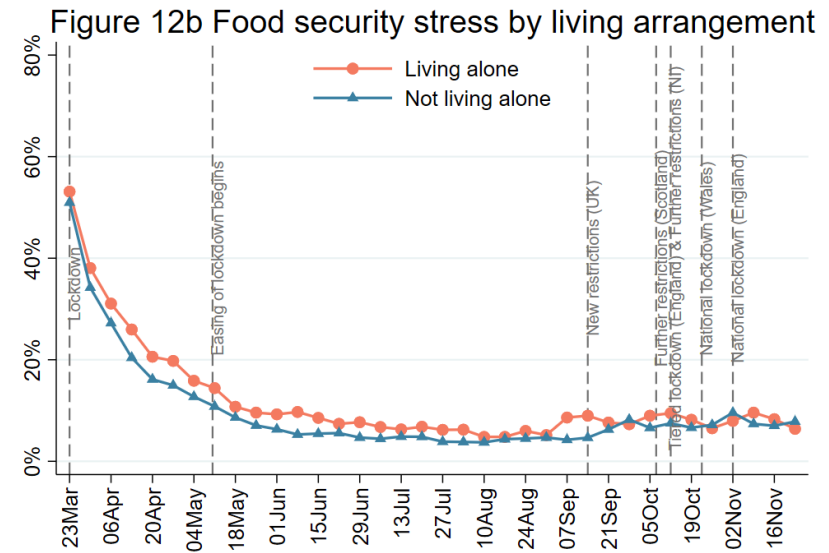
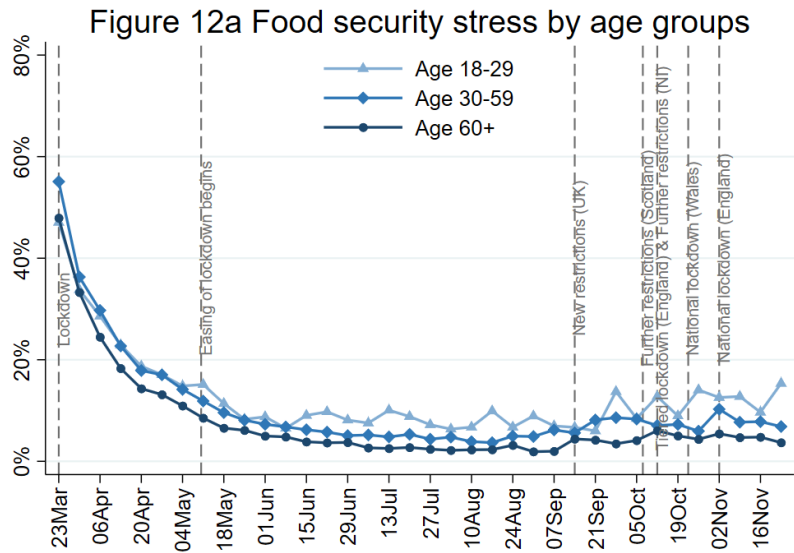


Figure 12e Food security stress by nations

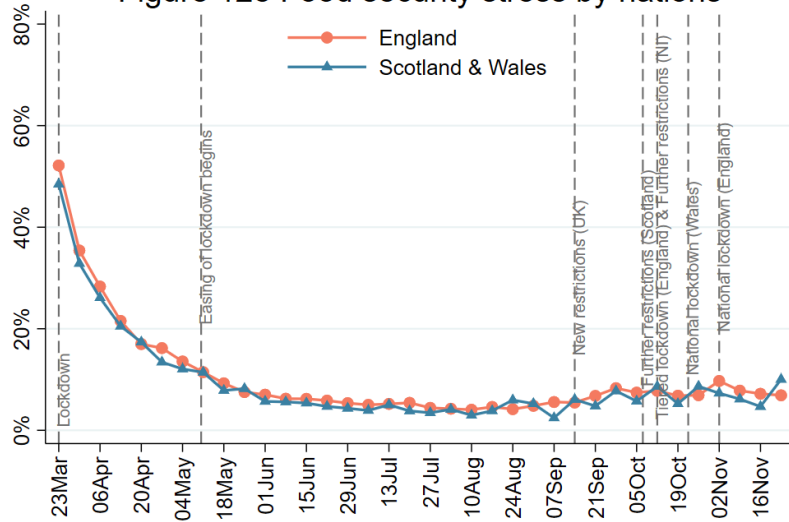


Figure 12f Food security stress by keyworker status

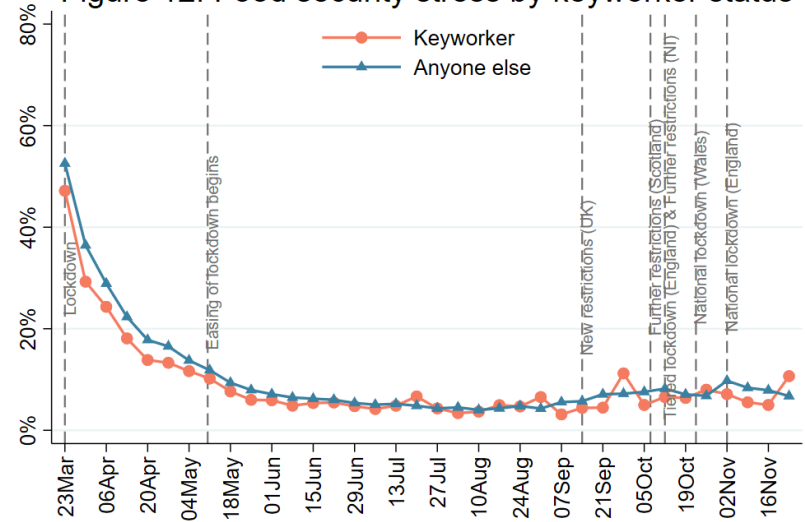


Figure 12g Food security stress by living with children

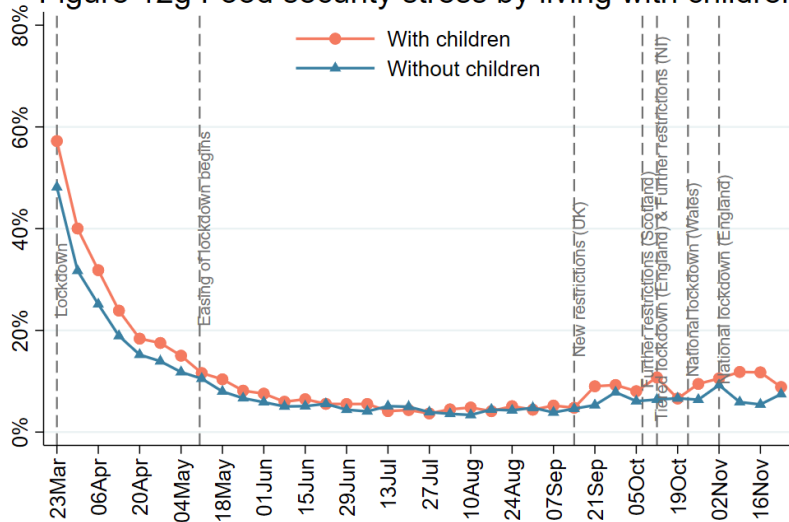


Figure 12h Food security stress by living area

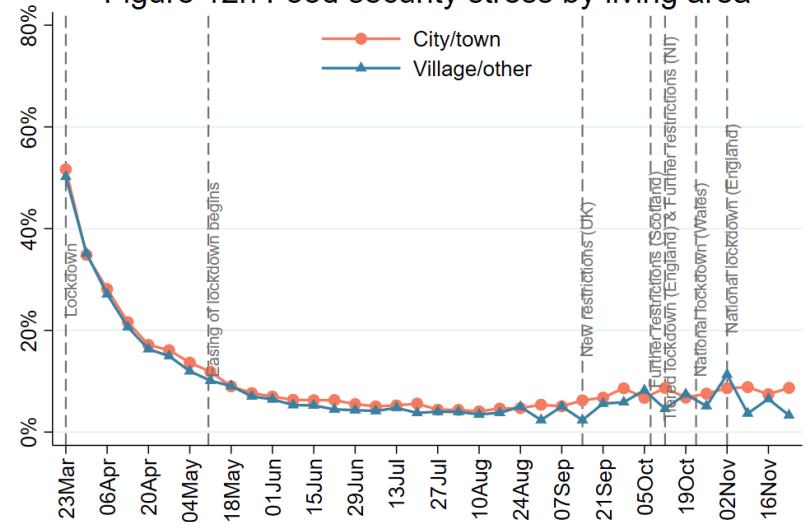




Figure 12i Food security stress by gender

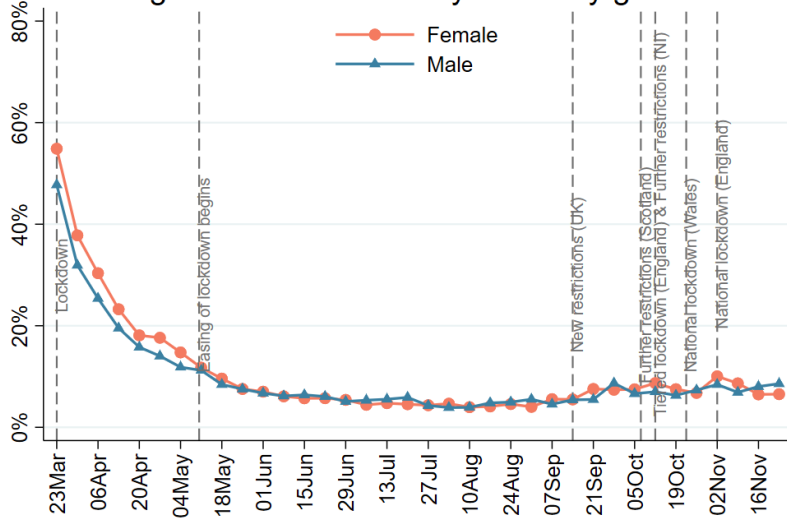


Figure 12j Food security stress by ethnicity

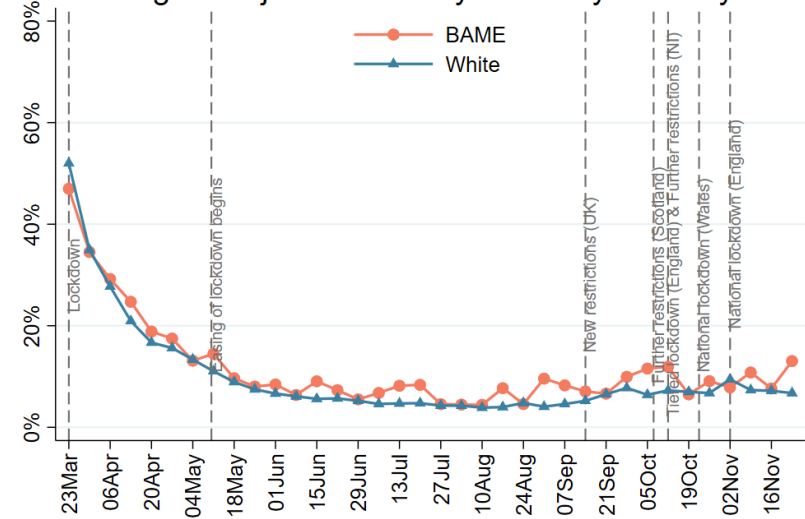


Figure 12k Food security stress by educational levels

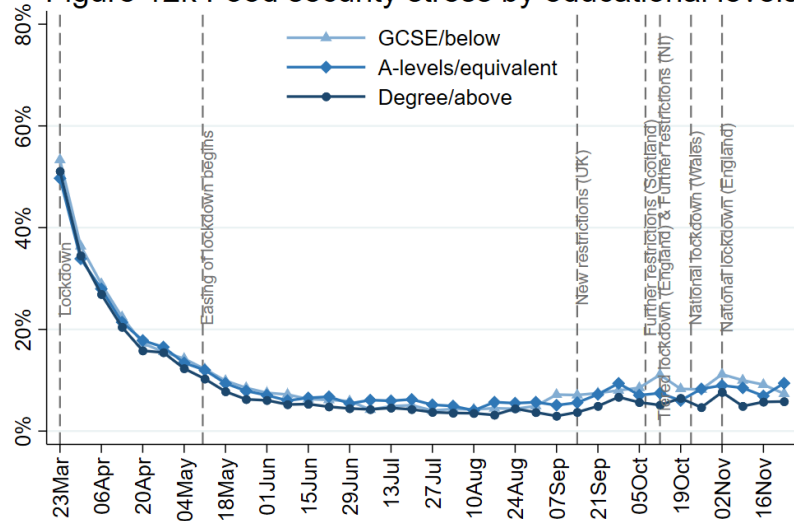
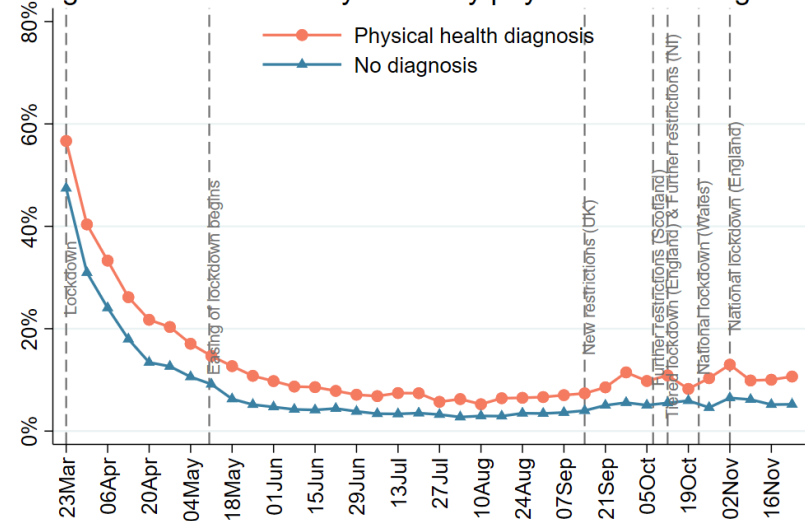
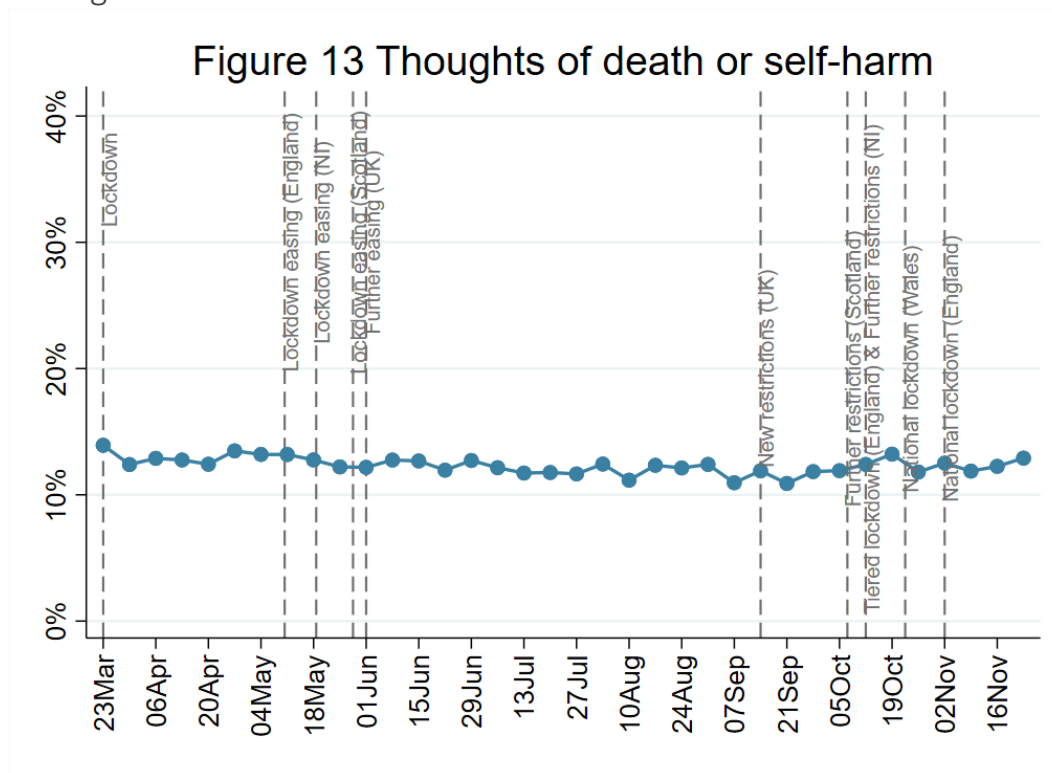


Figure 12l Food security stress by physical health diagnosis



### 3. Self-harm and abuse

#### 3.1 Thoughts of death or self-harm



#### FINDINGS

Thoughts of death or self-harm are measured using a specific item within the PHQ-9 that asks whether, in the last week, someone has had “thoughts that you would be better off dead or of hurting yourself in some way”. Responses are on a 4-point scale ranging from “not at all” to “nearly every day”. We focused on any response that indicated having such thoughts.

There continues to be no clear change in thoughts of death or self-harm. Percentages of people having thoughts of death or self-harm have been relatively stable throughout the past 32 weeks. They remain higher amongst younger adults, those with lower household income, people with a long-term physical health condition, and people with a diagnosed mental health condition. They are also higher in people living alone and those living in urban areas. There is no difference by gender.

Figure 14a Thoughts of death by age groups

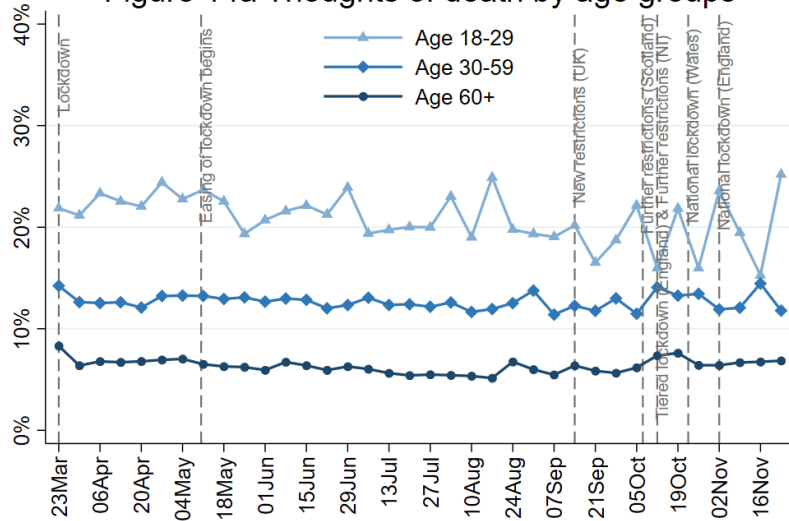


Figure 14b Thoughts of death by living arrangement

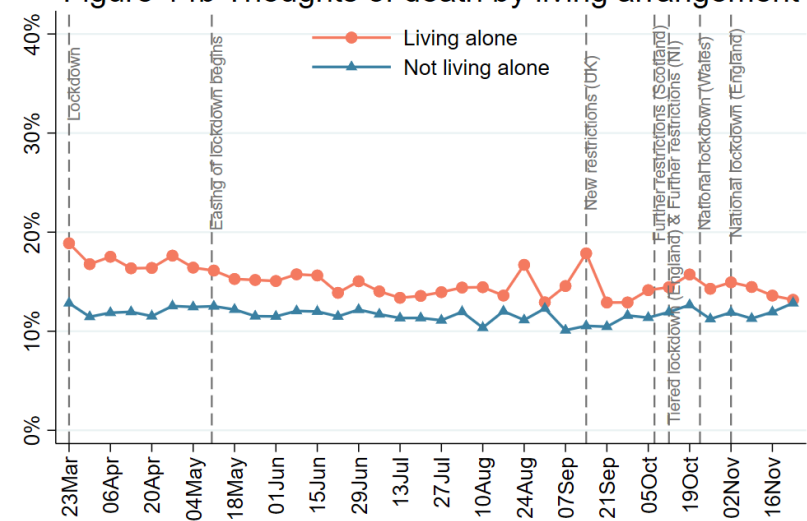


Figure 14c Thoughts of death by household income

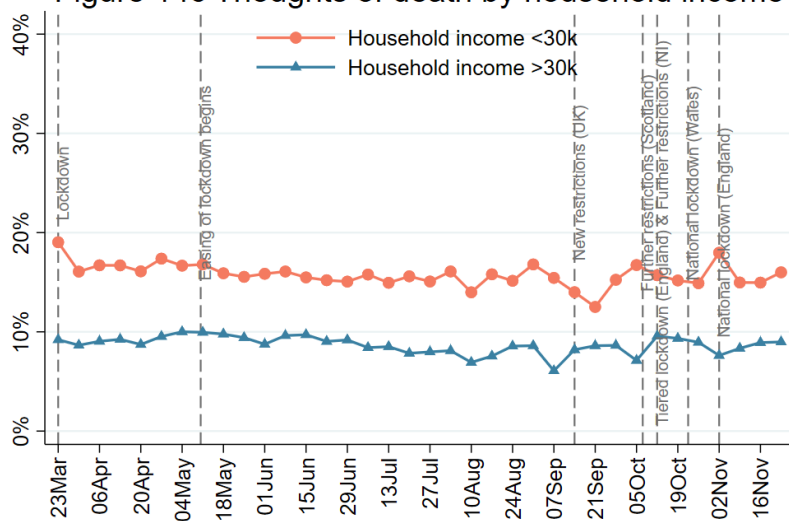


Figure 14d Thoughts of death by mental health diagnosis

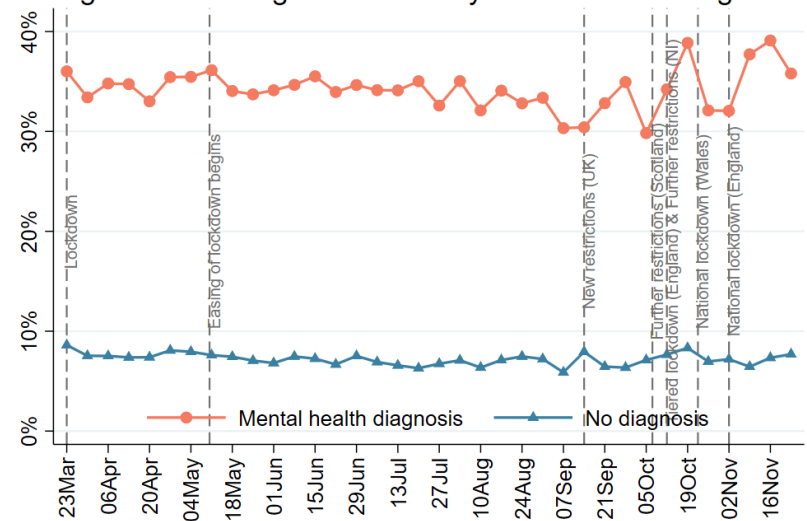


Figure 14e Thoughts of death by nations

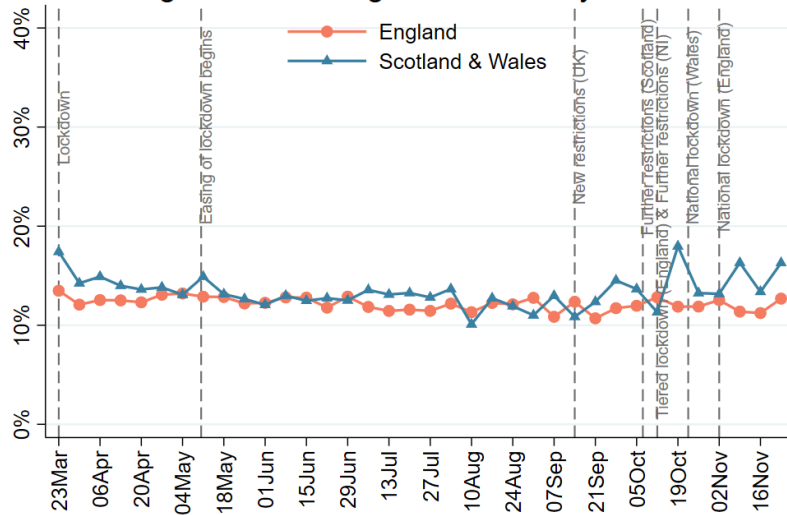


Figure 14f Thoughts of death by keyworker status

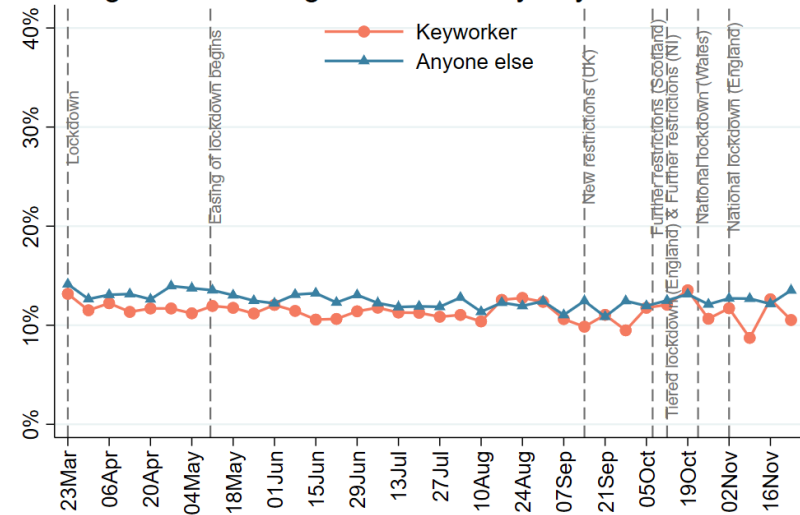


Figure 14g Thoughts of death by living with children

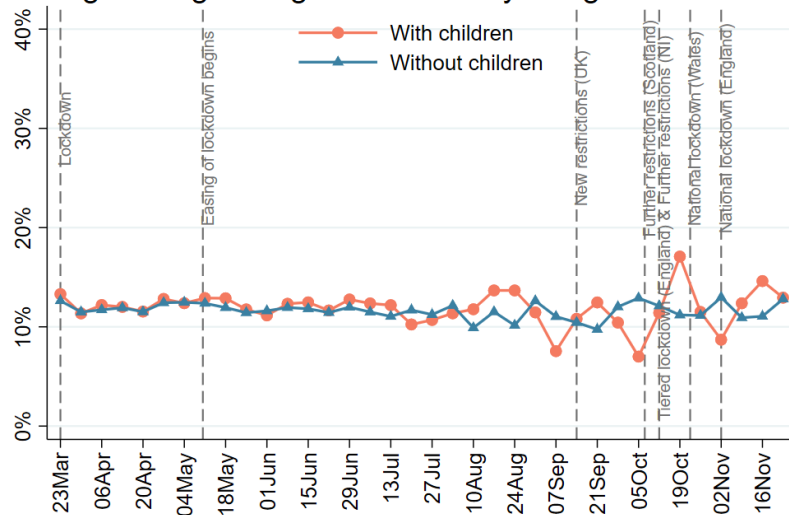


Figure 14h Thoughts of death by living area

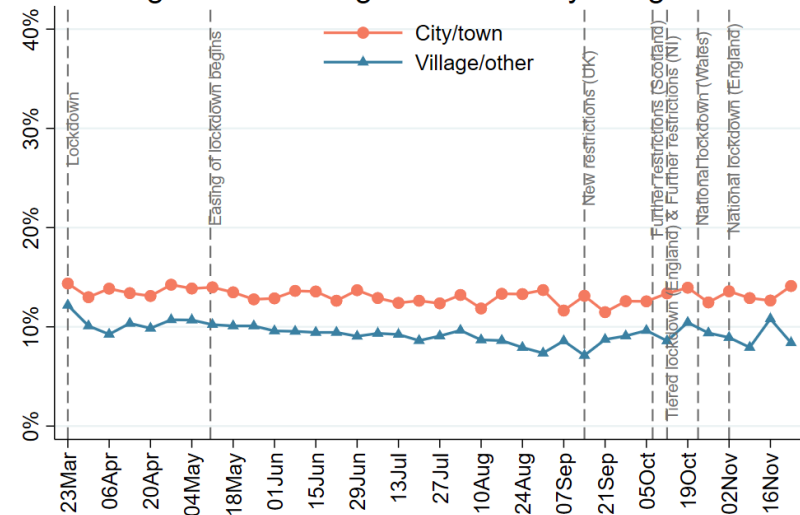


Figure 14i Thoughts of death by gender

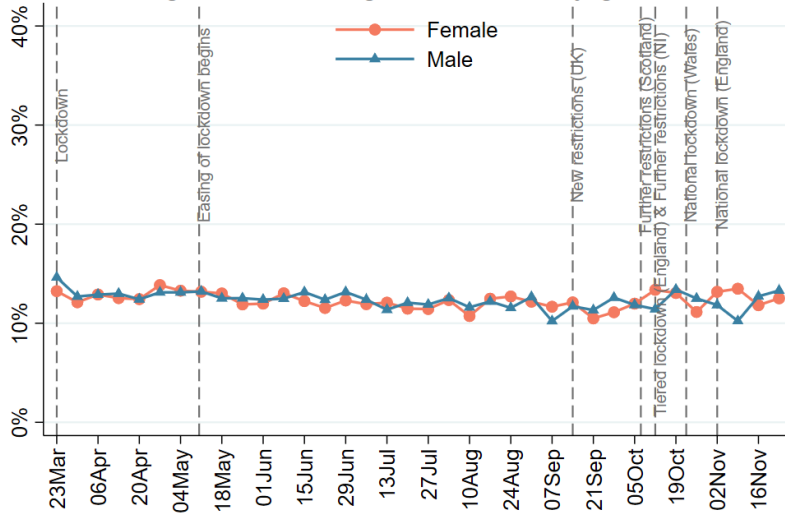


Figure 14j Thoughts of death by ethnicity

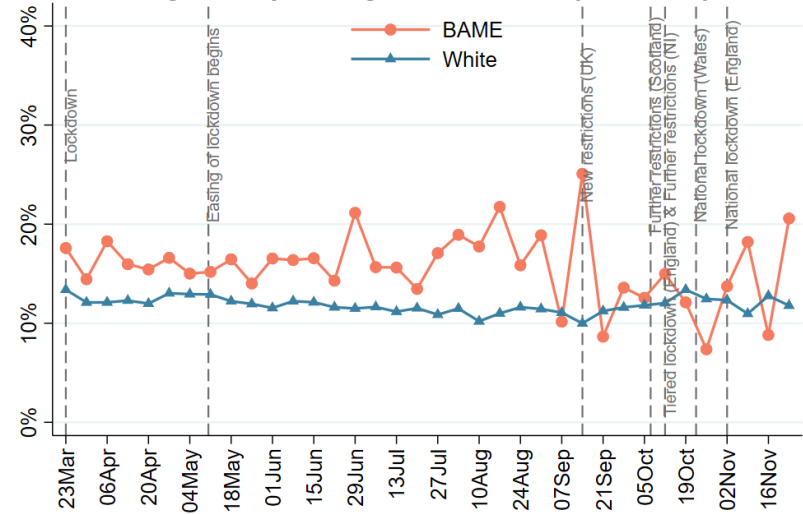


Figure 14k Thoughts of death by educational levels

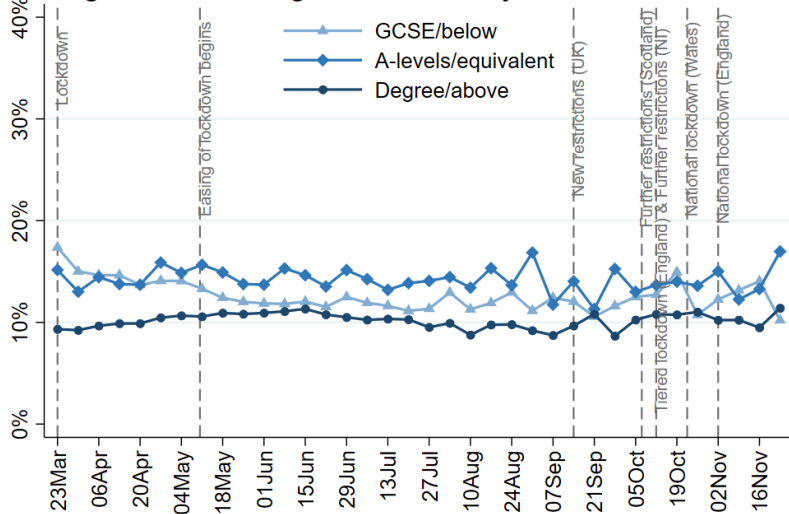
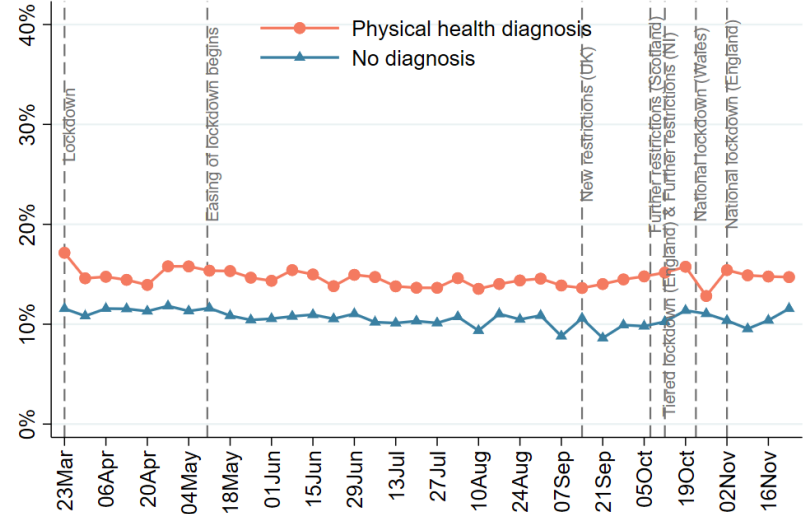
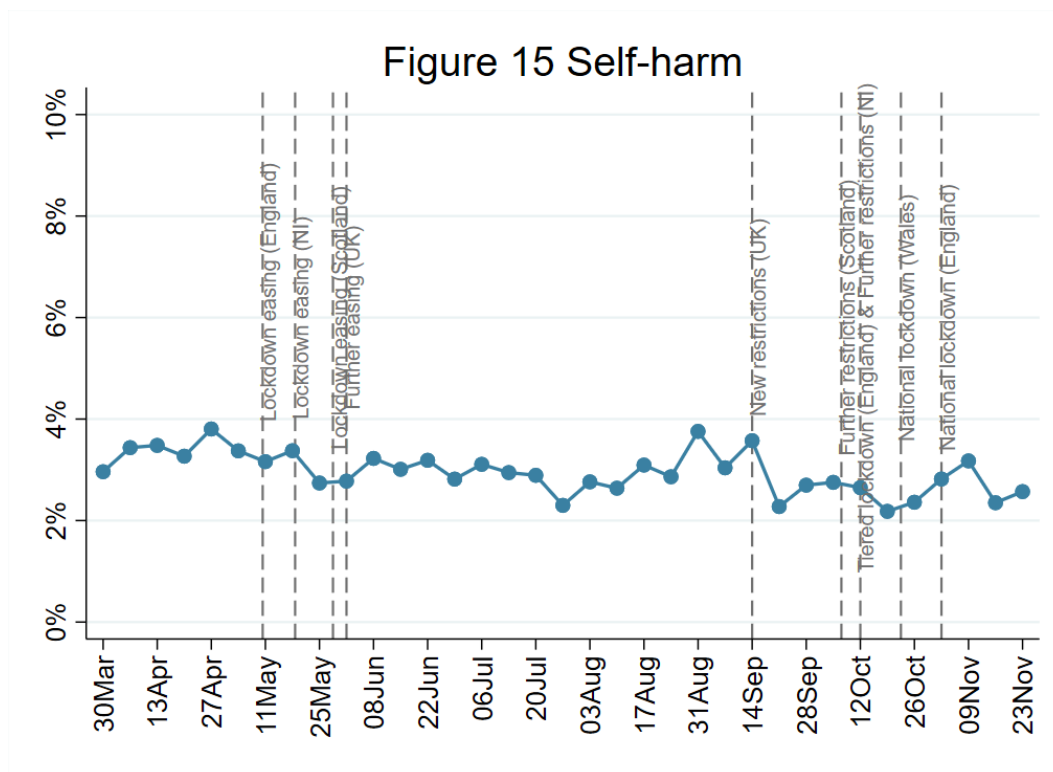


Figure 14l Thoughts of death by physical health diagnosis



### 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.

New data in the past fortnight suggest that a previously suggested trend towards increases in self-harm in November may have been natural variation, as overall results seem in line with the past 3 months of data. Self-harm remains higher amongst younger adults, those with lower household income, and those with a diagnosed mental health condition. It is also slightly higher amongst people living in urban areas. It is also higher amongst people with long-term physical health conditions.

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.<sup>3</sup>

<sup>3</sup> Spikes on particular days are likely due to variability in the data as opposed to indications of particularly adverse experiences on certain days.

Figure 16a Self-harm by age groups

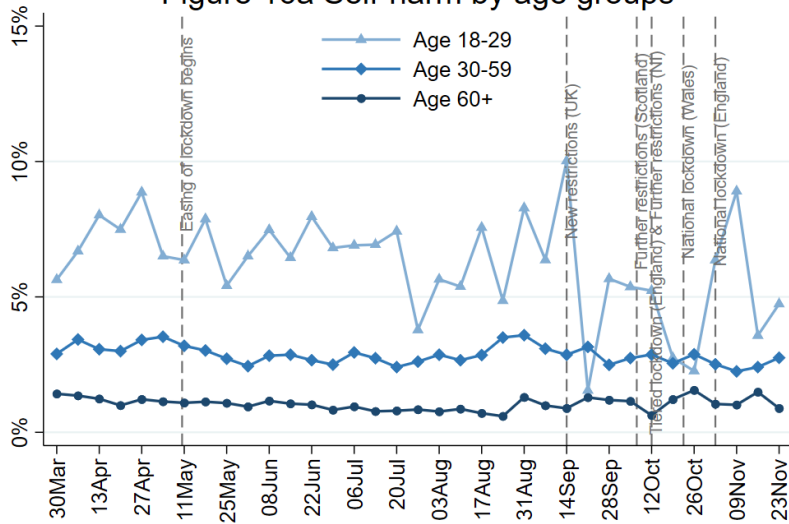


Figure 16b Self-harm by living arrangement

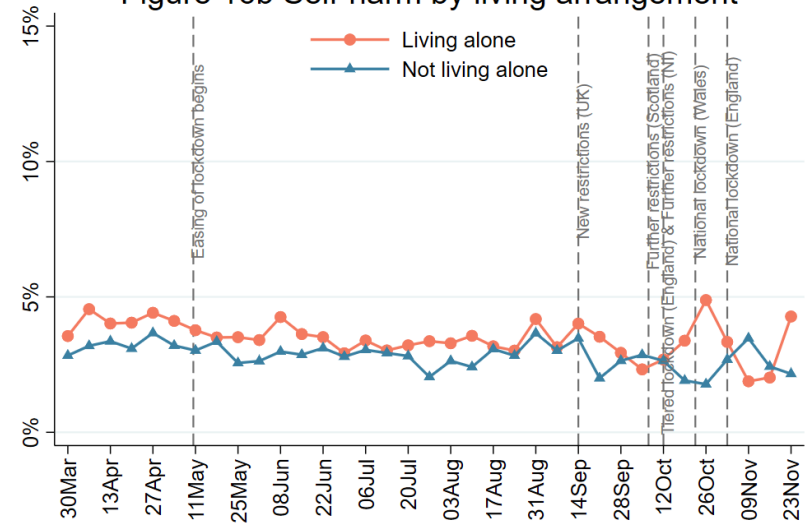


Figure 16c Self-harm by household income

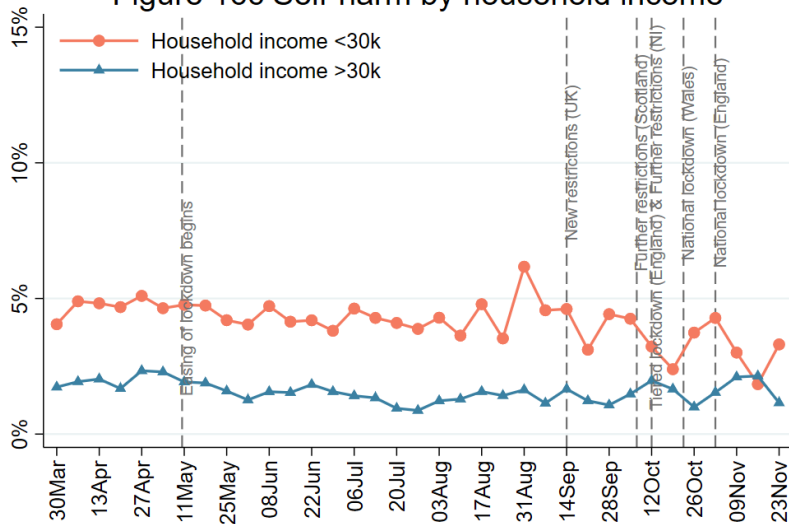


Figure 16d Self-harm by mental health diagnosis

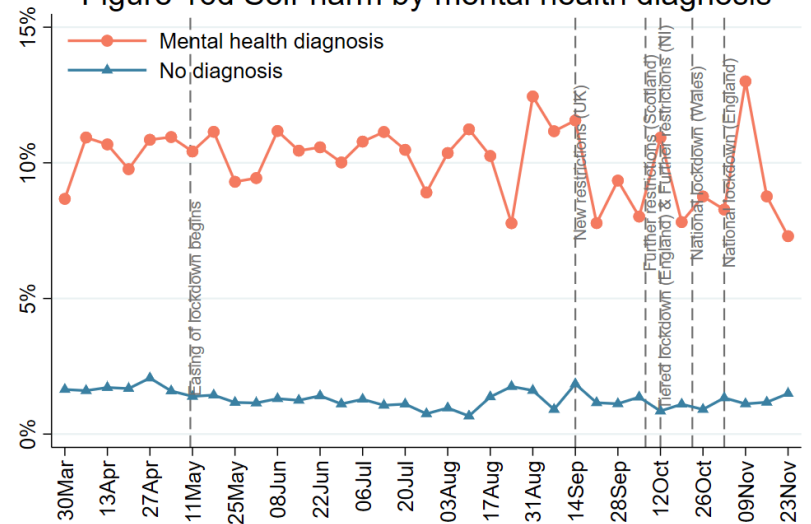


Figure 16e Self-harm by nations

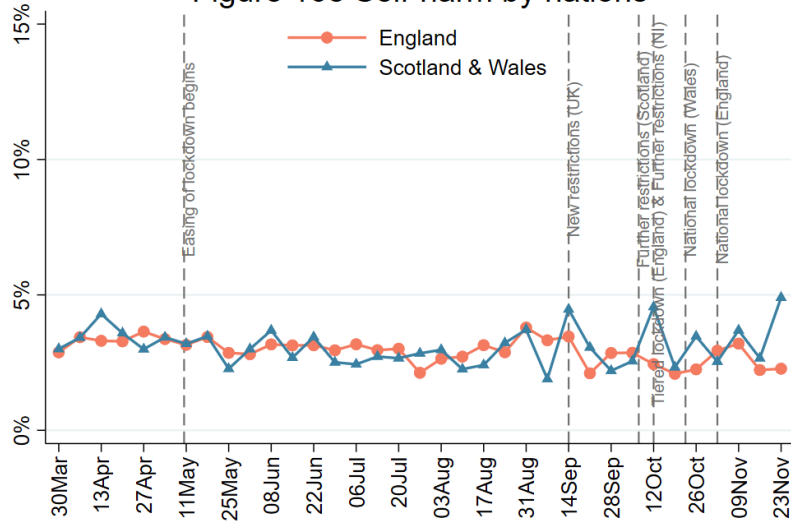


Figure 16f Self-harm by keyworker status

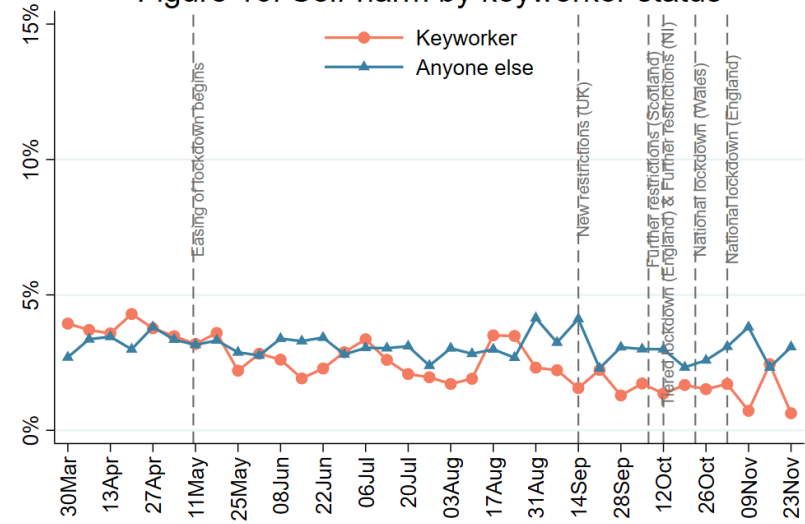


Figure 16g Self-harm by living with children

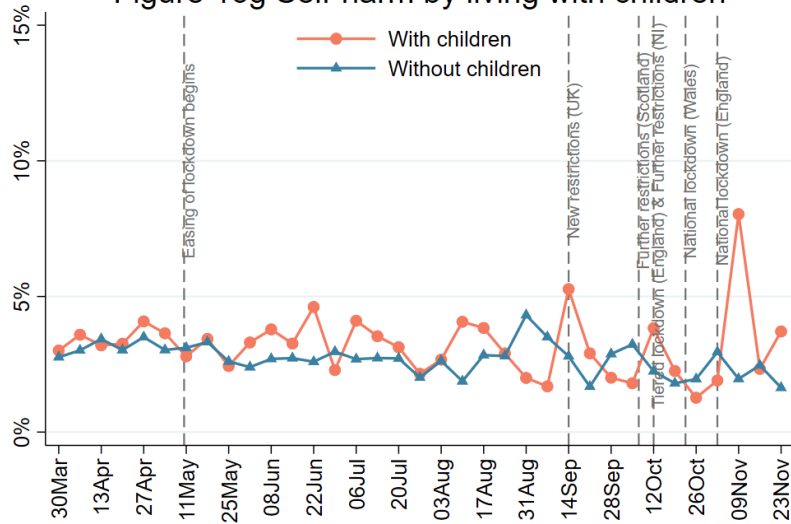


Figure 16h Self-harm by living area

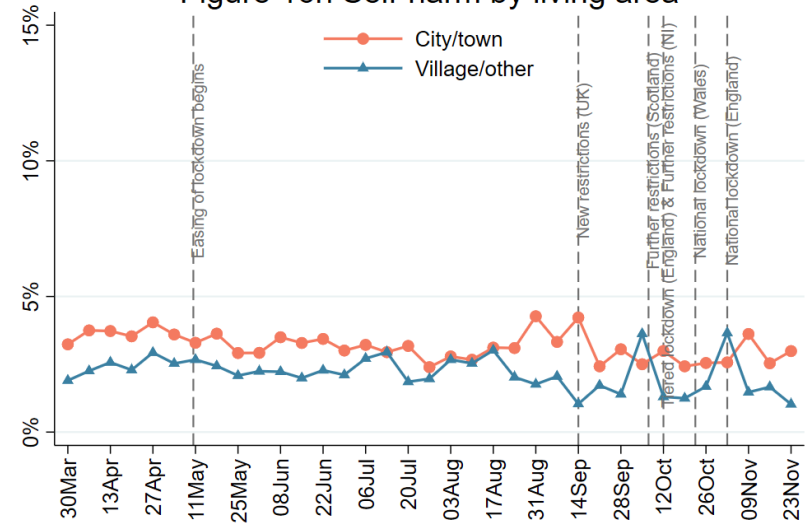




Figure 16i Self-harm by gender

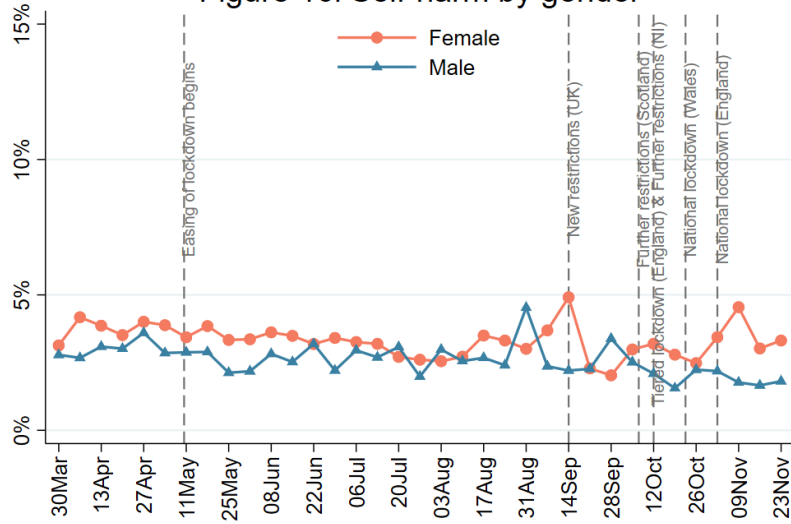


Figure 16j Self-harm by ethnicity

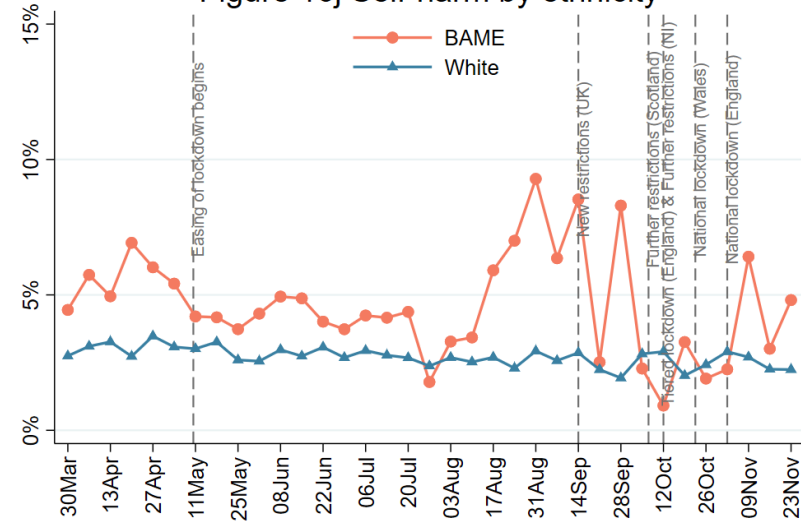


Figure 16k Self-harm by educational levels

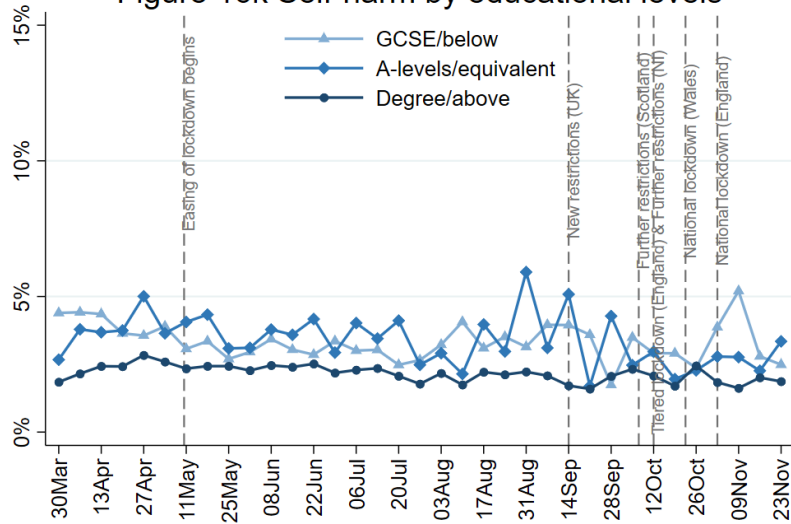
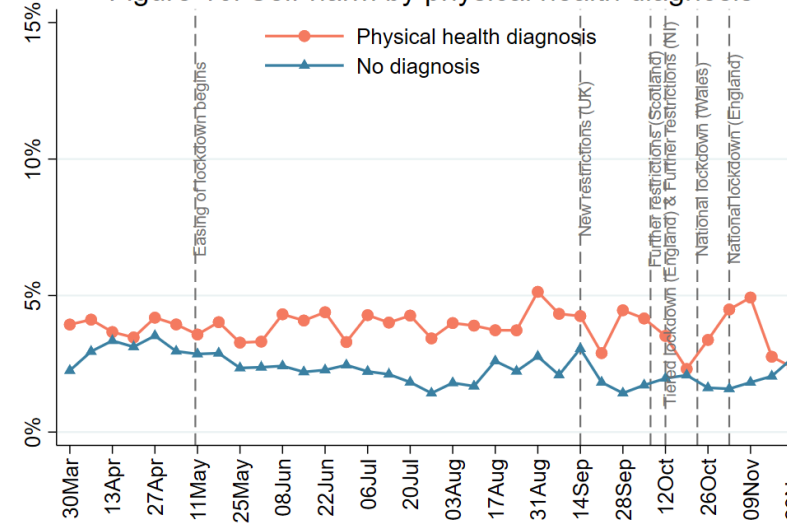
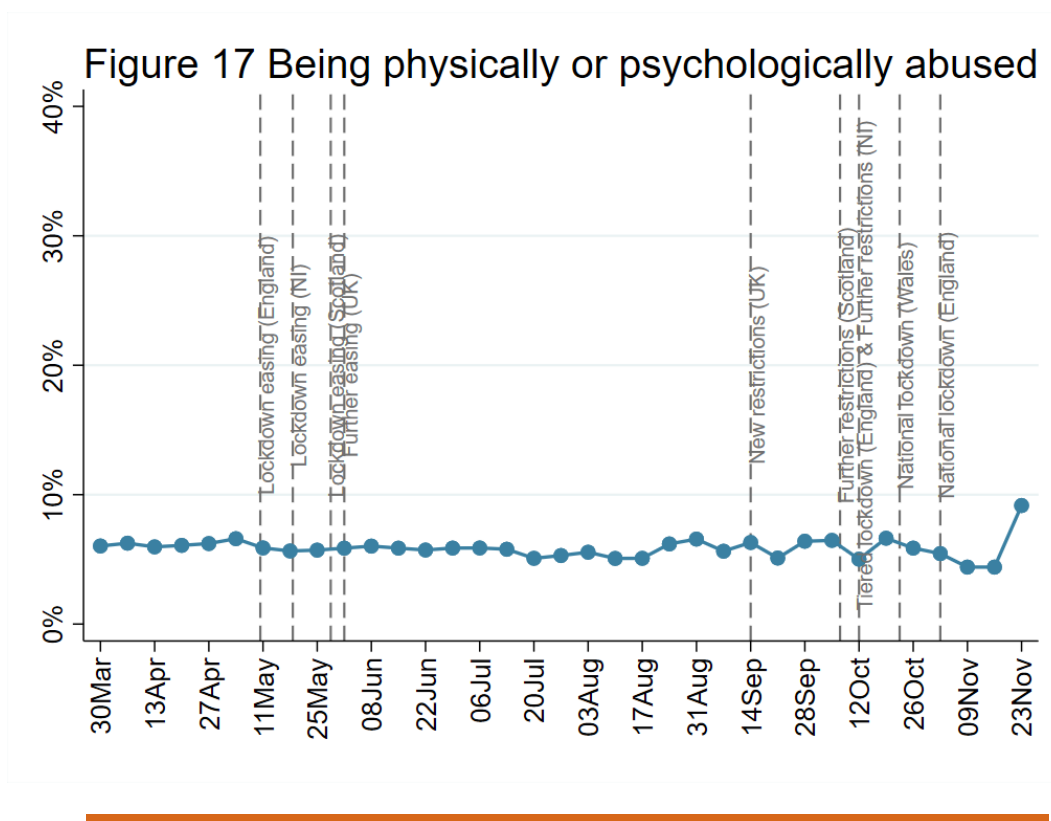


Figure 16l Self-harm by physical health diagnosis



### 3.3 Abuse



#### FINDINGS

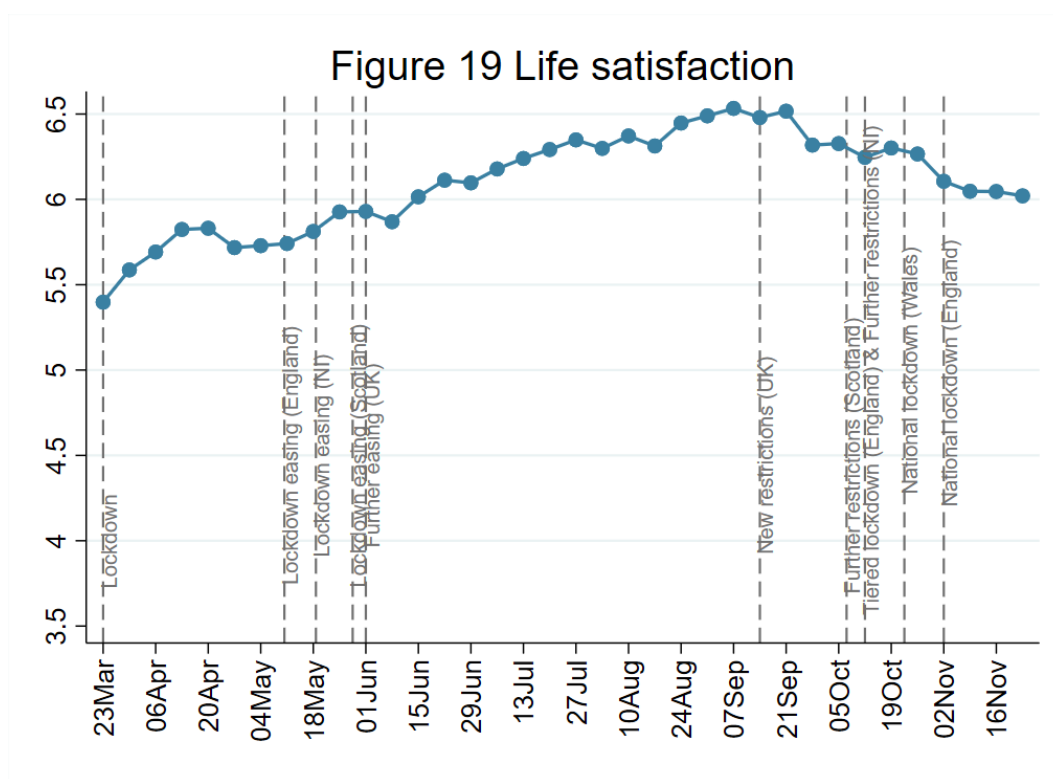
Abuse was measured using two questions that ask if someone has experienced in the last week “being physically harmed or hurt by someone else” or “being bullied, controlled, intimidated, or psychologically hurt by someone else”. Responses are on a 4-point scale ranging from “not at all” to “nearly every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

Abuse has remained relatively stable in the past few months. The data in the past week, however, have suggested a spike. As this may be due to statistical variation rather than a sudden increase in cases, this is being monitored. For this report, we therefore do not show sub-group graphs as we do not want to over-interpret the change and we await further data to aid interpretations.

**Figure 18 subgraphs will return in the next report when we will cover this topic in more detail.**

## 4. General well-being

### 4.1 Life satisfaction



#### FINDINGS

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

Life satisfaction has stabilised in the past month following a decrease as new autumn restrictions were brought in. Life satisfaction is 8% lower than it was at the start of September but still 11% higher than it was at the start of the first lockdown in March.

Adults under the age of 60 still have lowest levels of life satisfaction, as do people living alone, people with lower household income, people with a diagnosed mental health condition, people living in urban areas, women, people with a long-term physical health condition, and people from BAME backgrounds (although smaller sample sizes compared to people with white ethnicity mean there has been greater volatility in these data).

Whilst this study focuses on trajectories rather than prevalence, life satisfaction is still 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<sup>4</sup>.

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

Figure 20a Life satisfaction by age groups

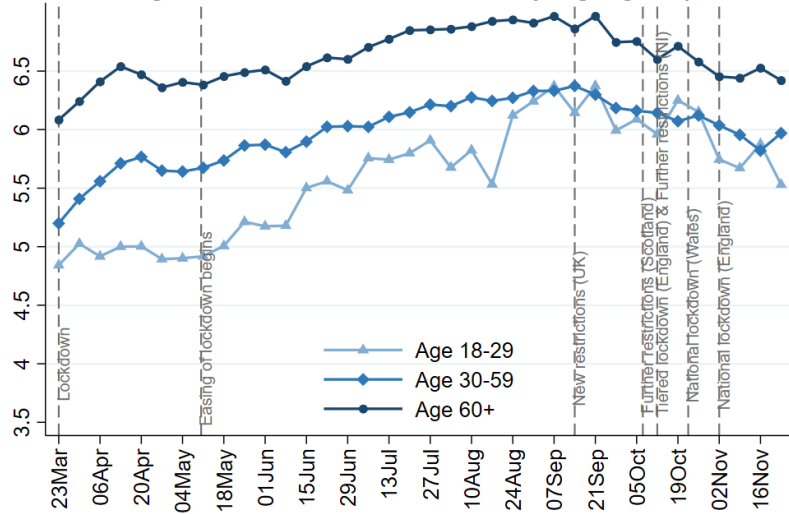


Figure 20b Life satisfaction by living arrangement

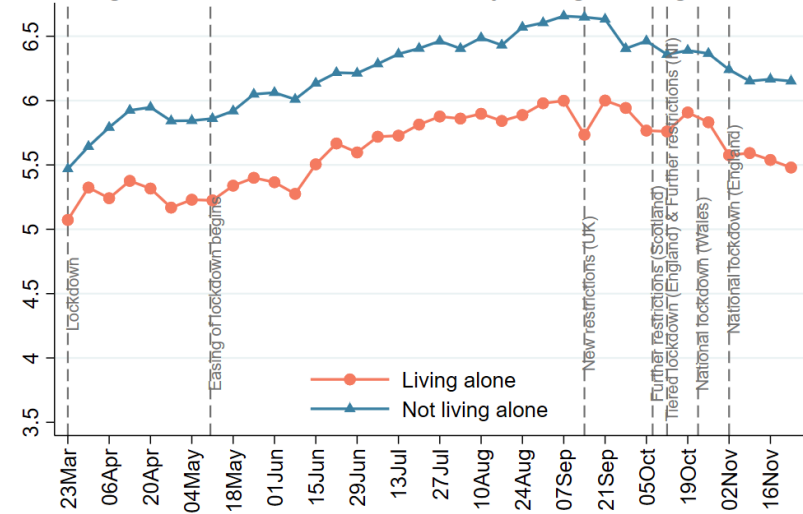


Figure 20c Life satisfaction by household income

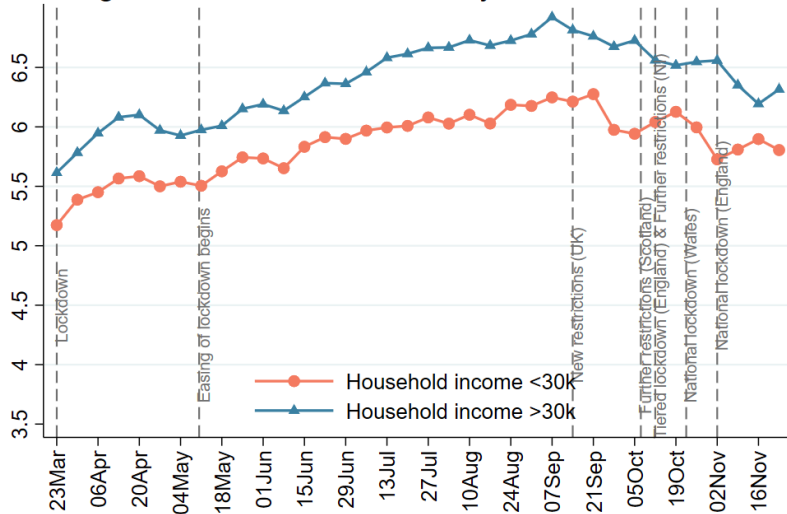


Figure 20d Life satisfaction by mental health diagnosis

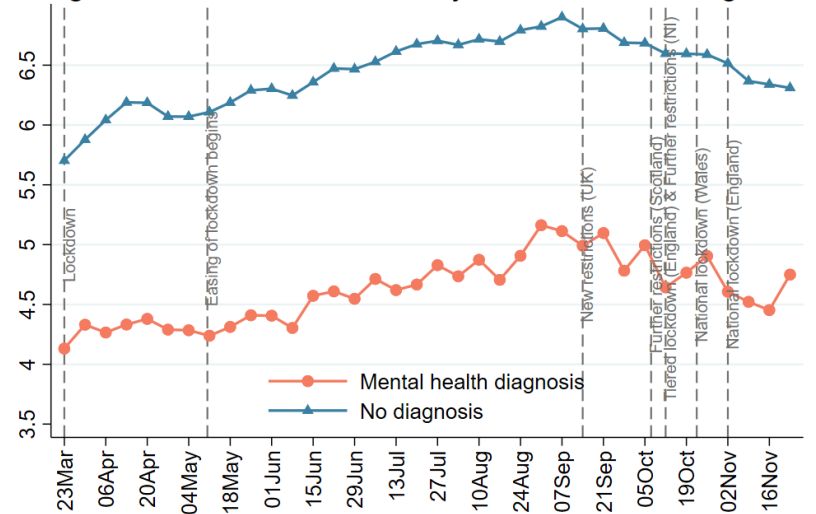


Figure 20e Life satisfaction by nations

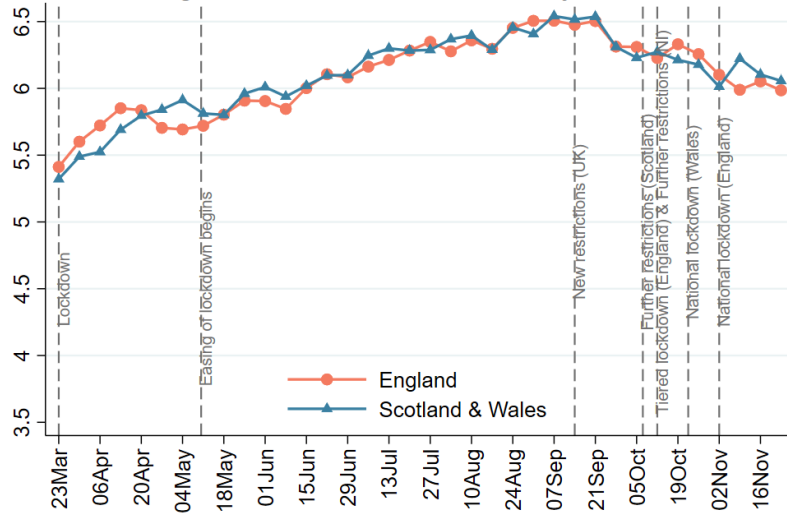


Figure 20f Life satisfaction by keyworker status

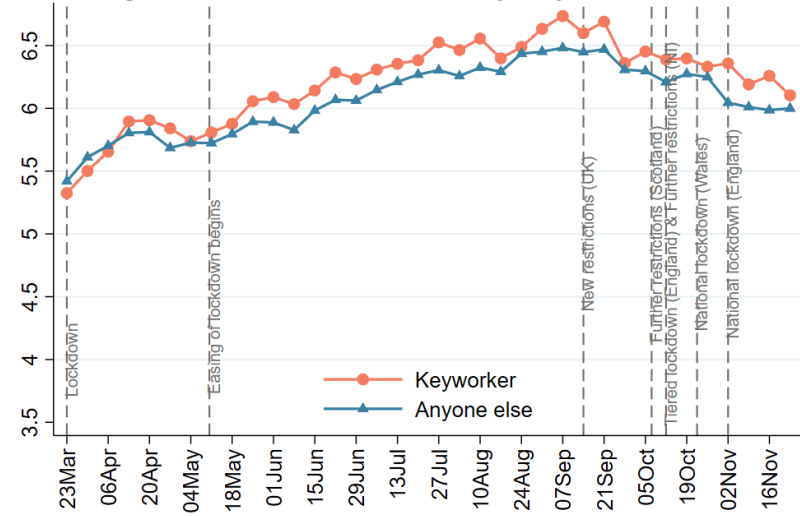


Figure 20g Life satisfaction by living with children

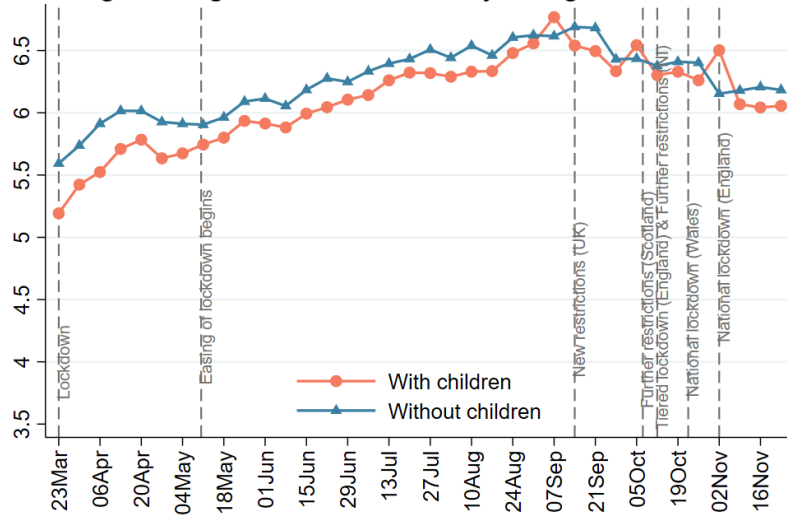


Figure 20h Life satisfaction by living area

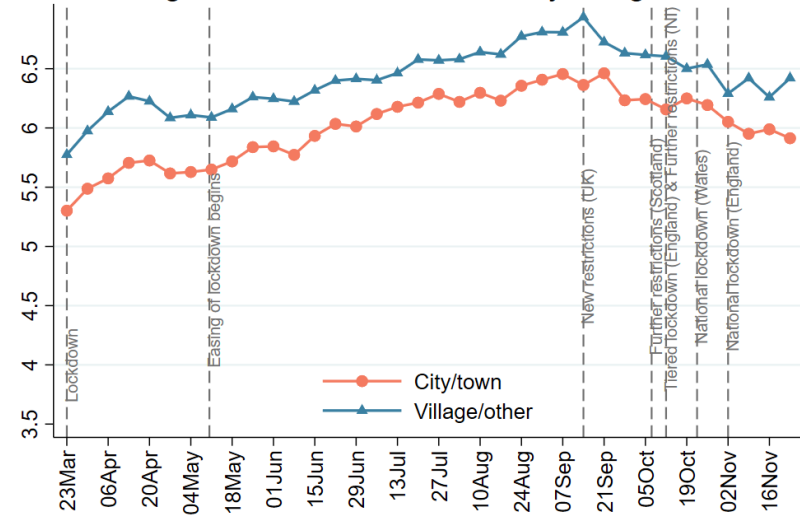


Figure 20i Life satisfaction by gender

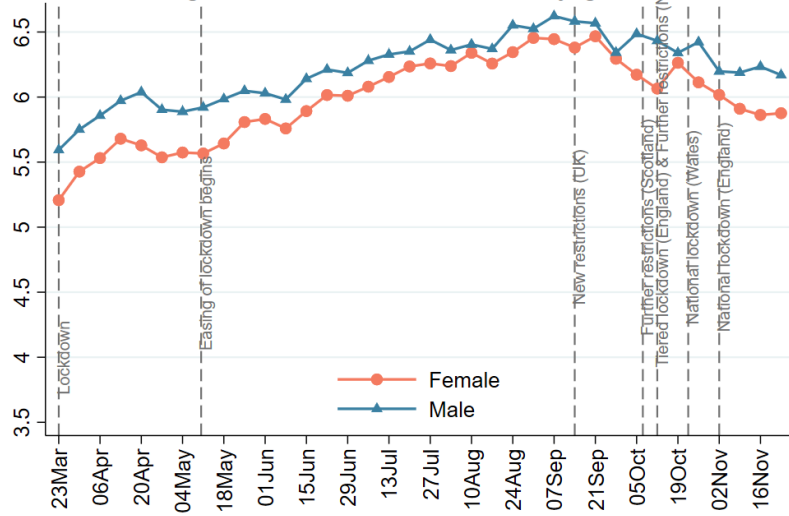


Figure 20j Life satisfaction by ethnicity

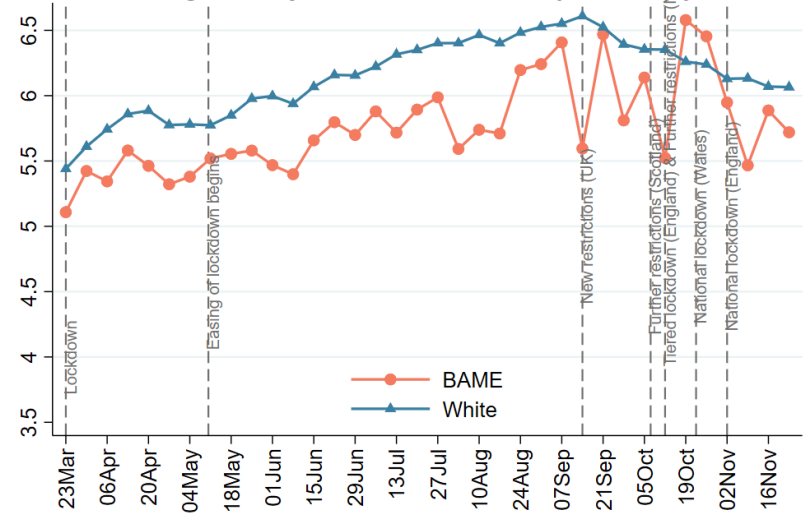


Figure 20k Life satisfaction by educational levels

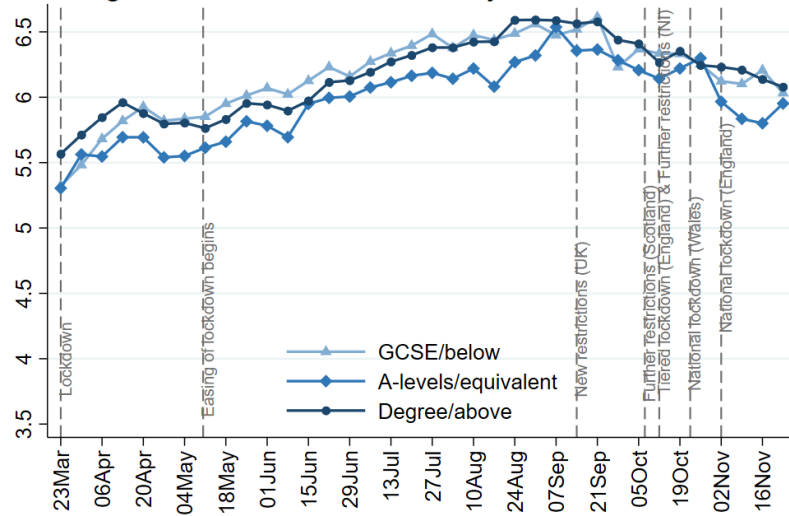
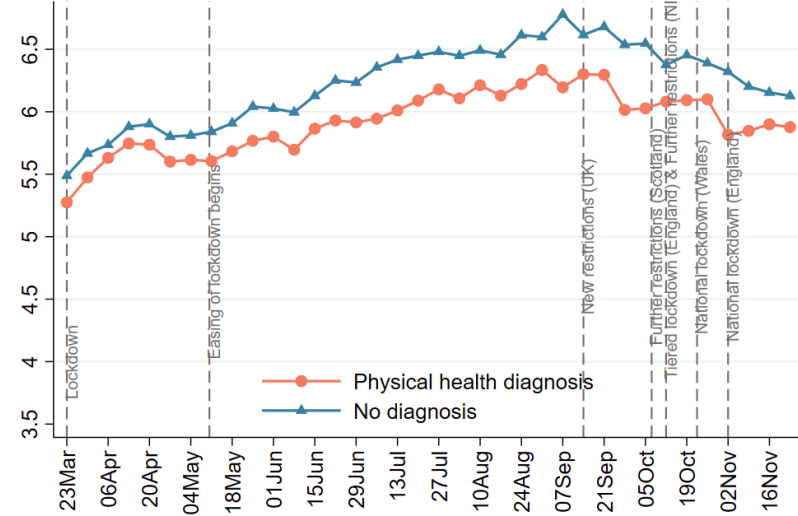
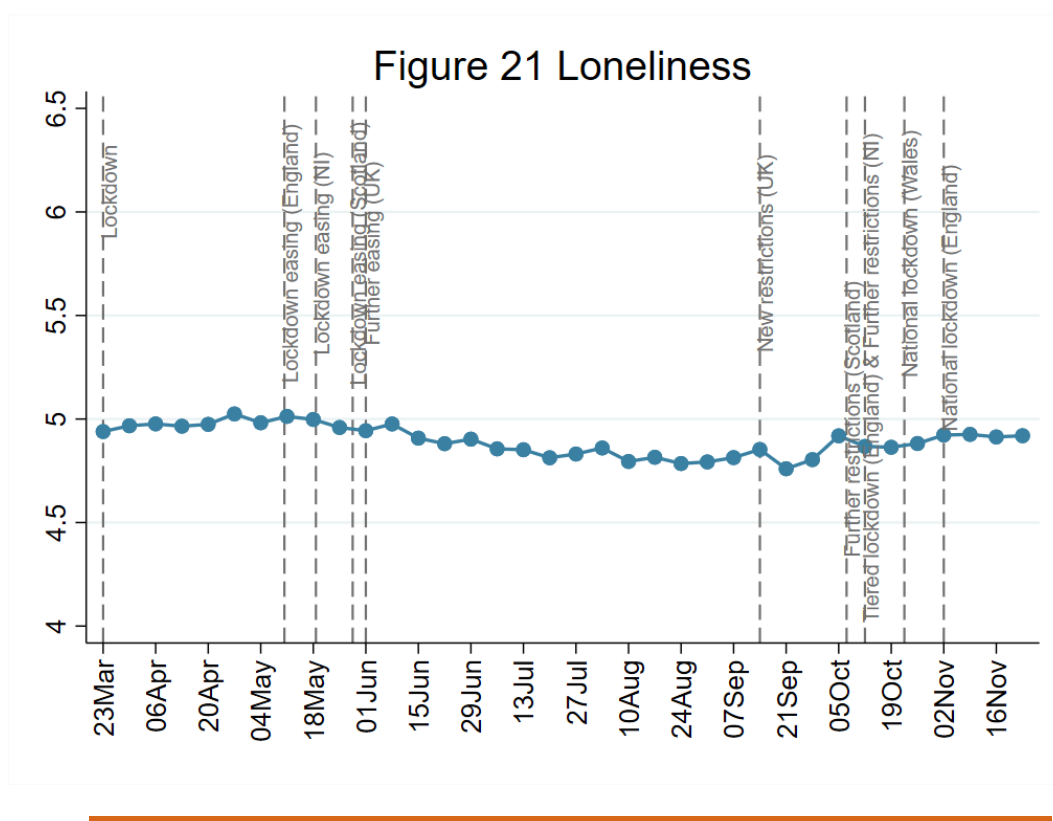


Figure 20l Life satisfaction by physical health diagnosis



## 4.2 Loneliness



### FINDINGS

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

Loneliness levels have been very stable in the past fortnight but are still very slightly higher (2%) than they were over the summer before new restrictions were brought in. The greatest increase in recent weeks has occurred in people living alone. Levels are still highest in younger adults, women, people from BAME backgrounds, people with lower household income, people living with children, people living in urban areas, and people with a diagnosed mental or physical health condition.

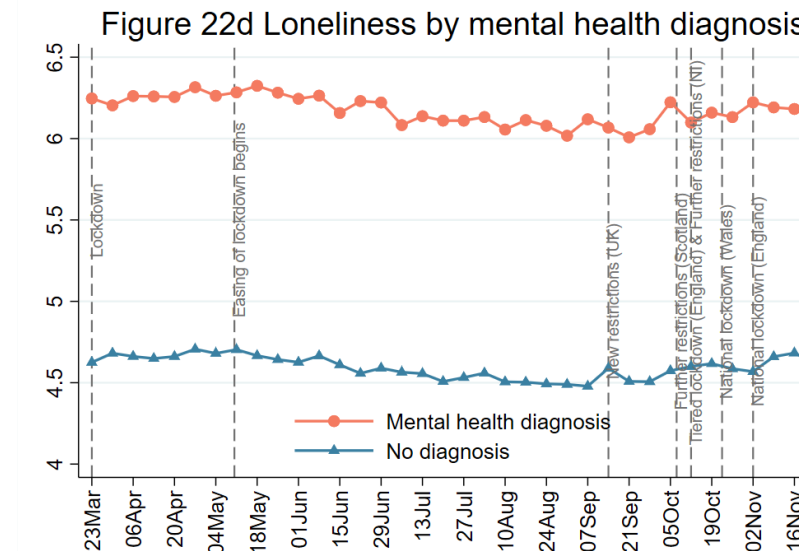
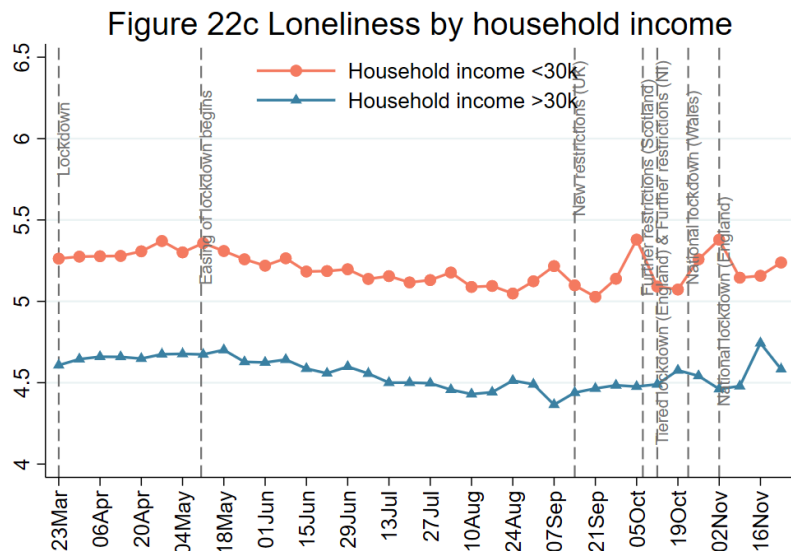
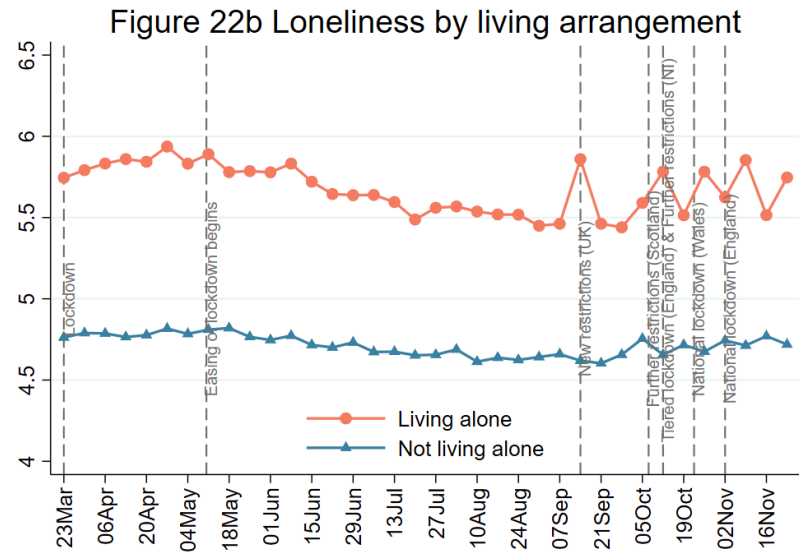
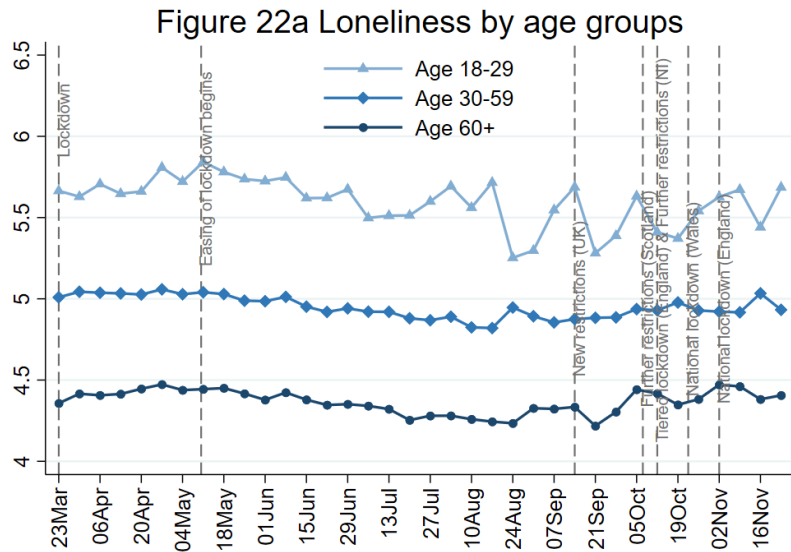




Figure 22e Loneliness by nations

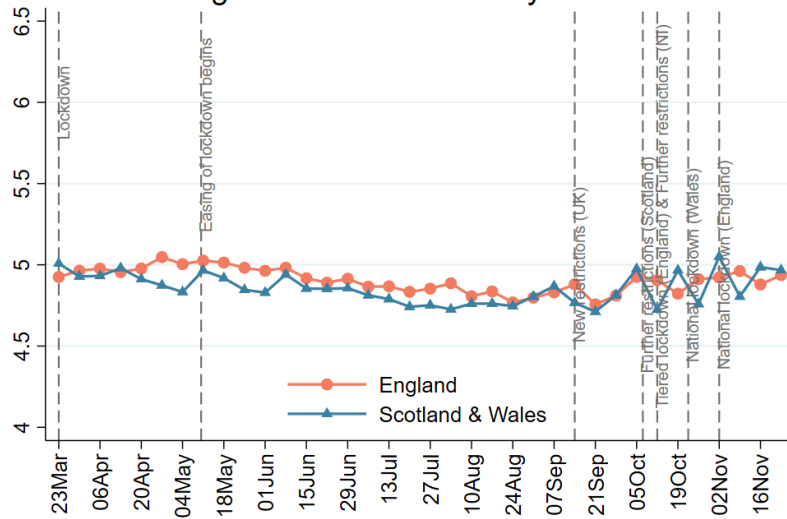


Figure 22f Loneliness by keyworker status

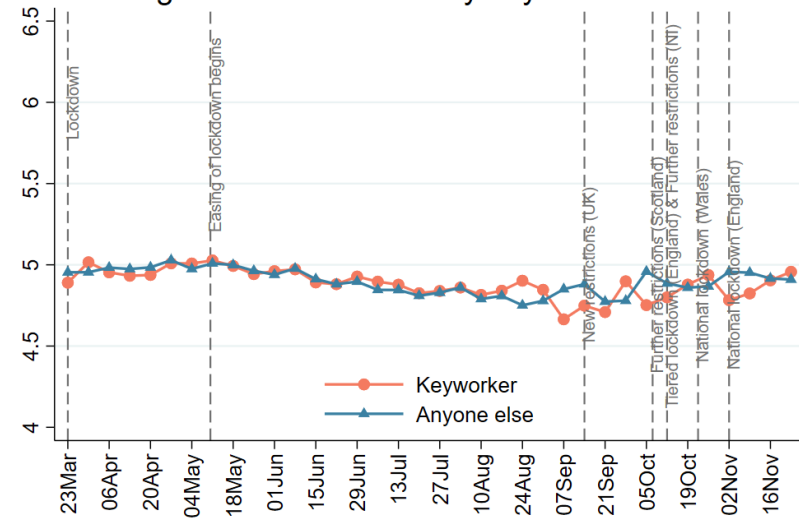


Figure 22g Loneliness by living with children

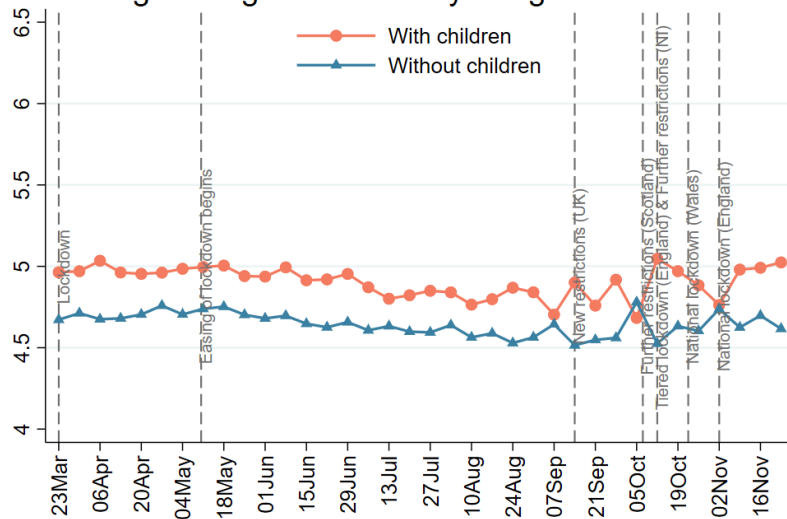


Figure 22h Loneliness by living area

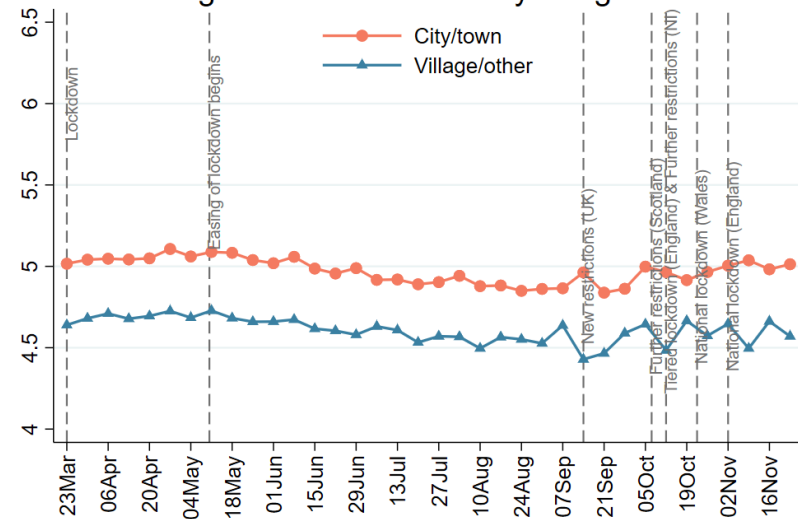


Figure 22i Loneliness by gender

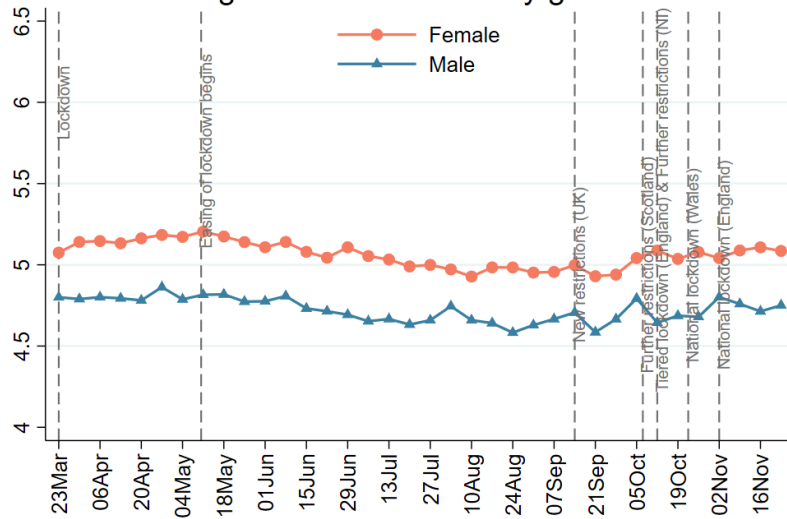


Figure 22j Loneliness by ethnicity

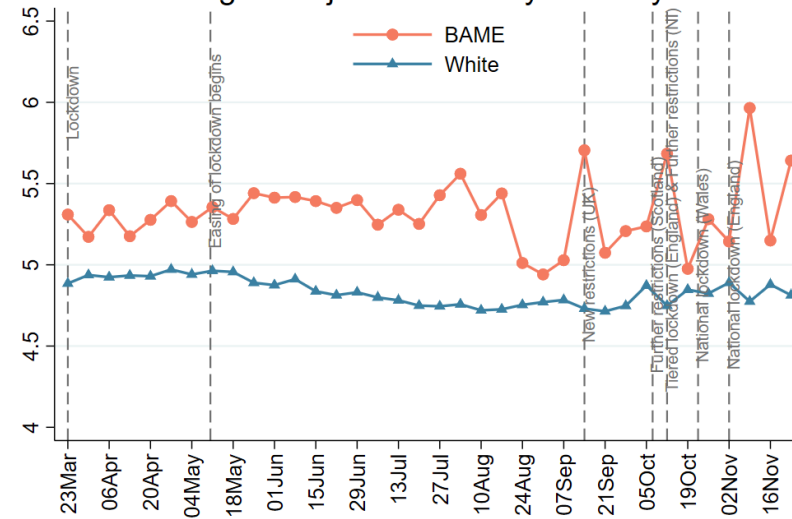


Figure 22k Loneliness by educational levels

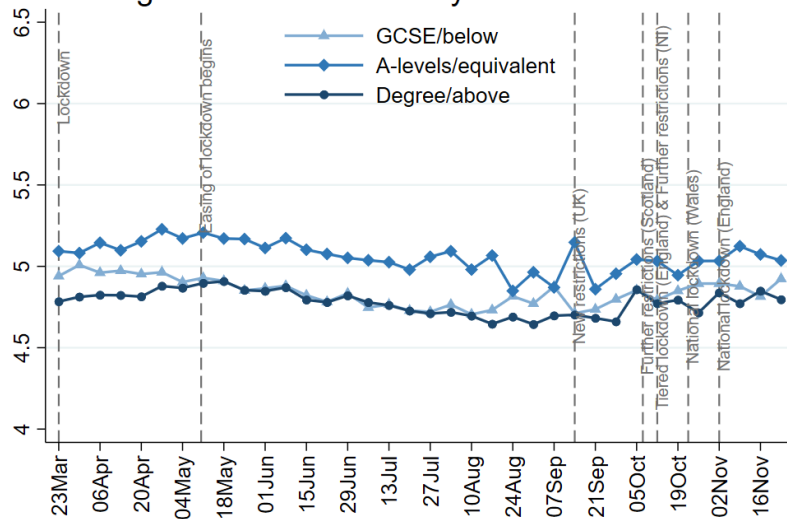
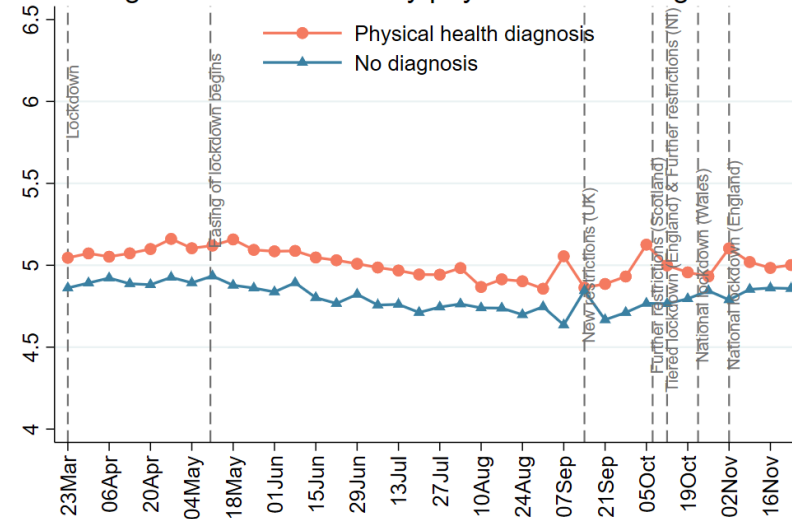
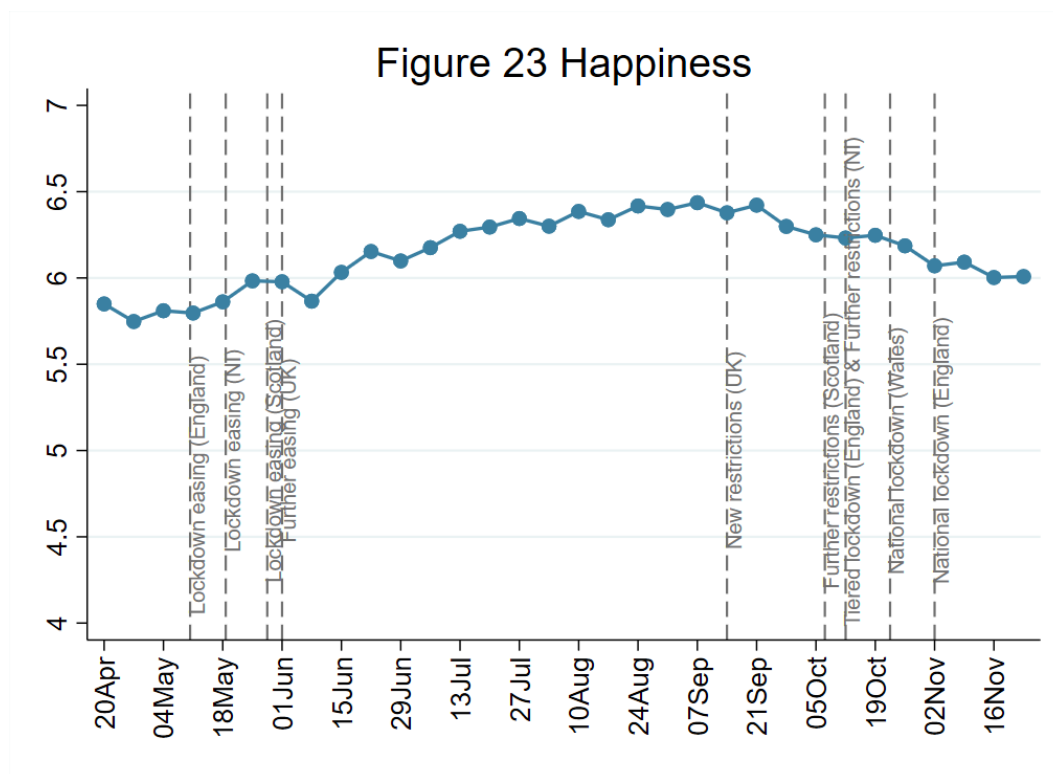


Figure 22l Loneliness by physical health diagnosis



### 4.3 Happiness



#### FINDINGS

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

Happiness levels have further decreased in the past few weeks, especially amongst younger age groups. Happiness levels are also lower amongst those living alone, those with lower household income, people with a diagnosed mental or physical health condition, people living in urban areas, women, and people from BAME backgrounds.

Figure 24a Happiness by age groups

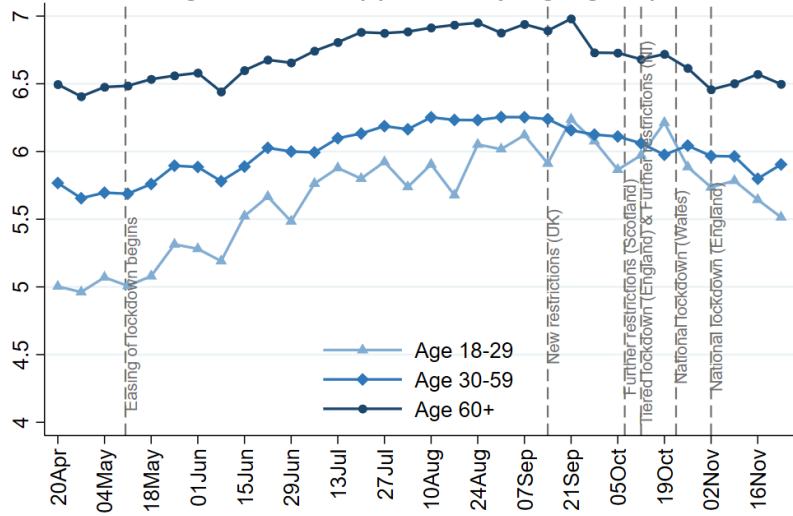


Figure 24b Happiness by living arrangement

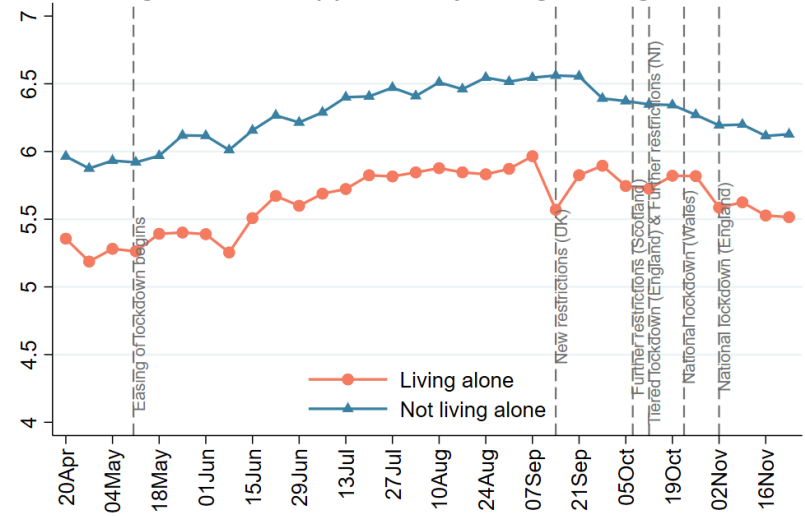


Figure 24c Happiness by household income

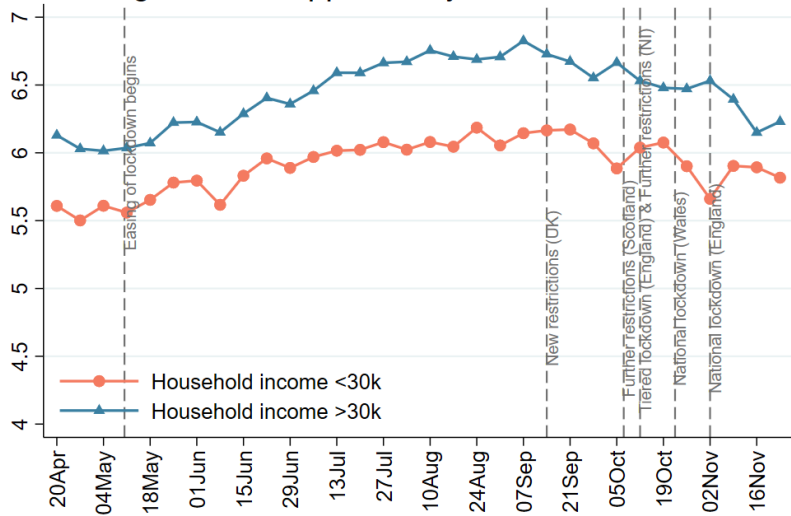


Figure 24d Happiness by mental health

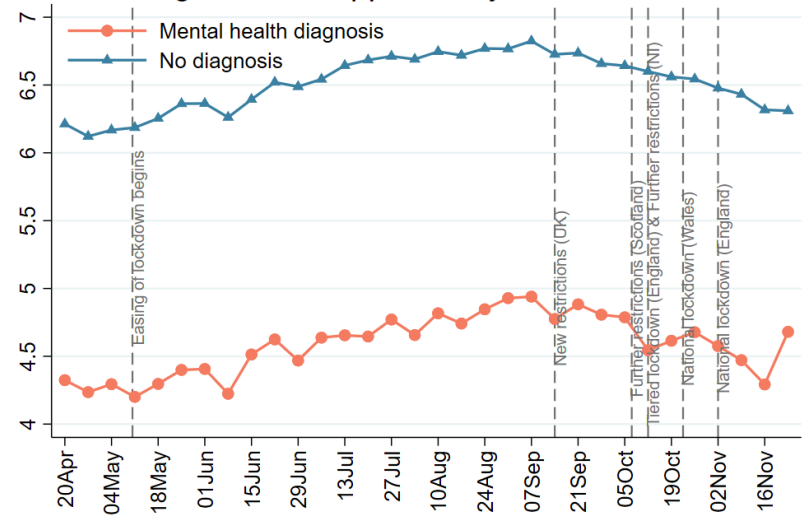


Figure 24e Happiness by nations

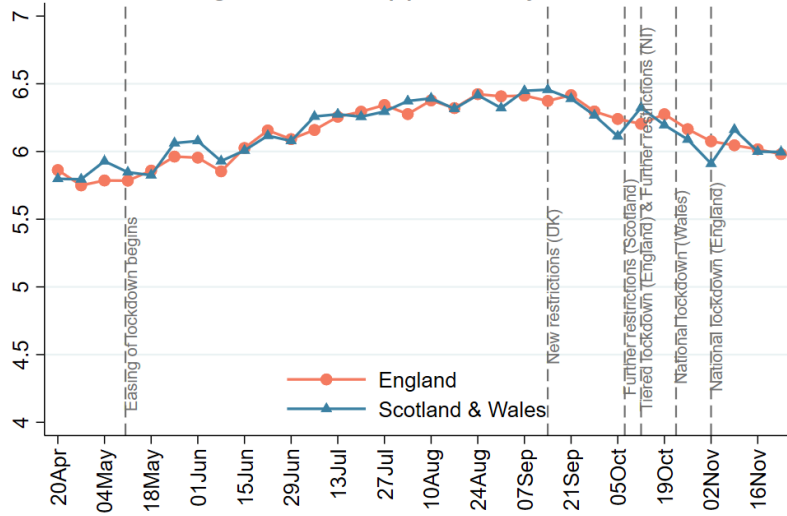


Figure 24f Happiness by keyworker status

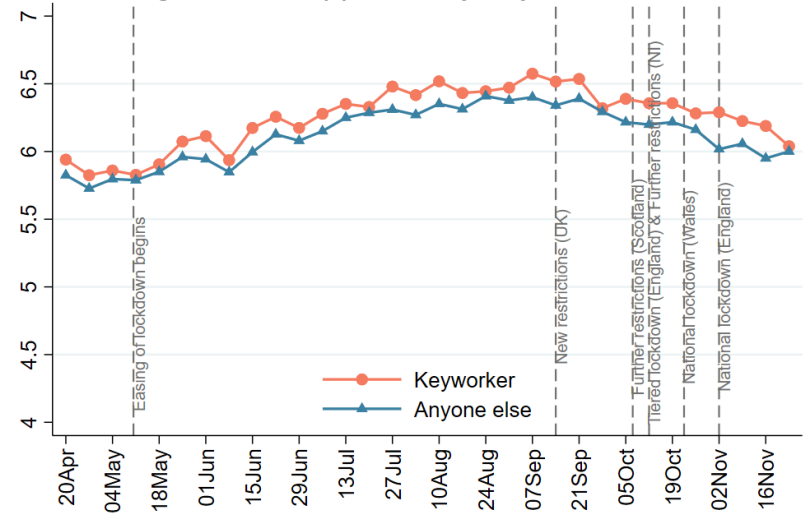


Figure 24g Happiness by living with children

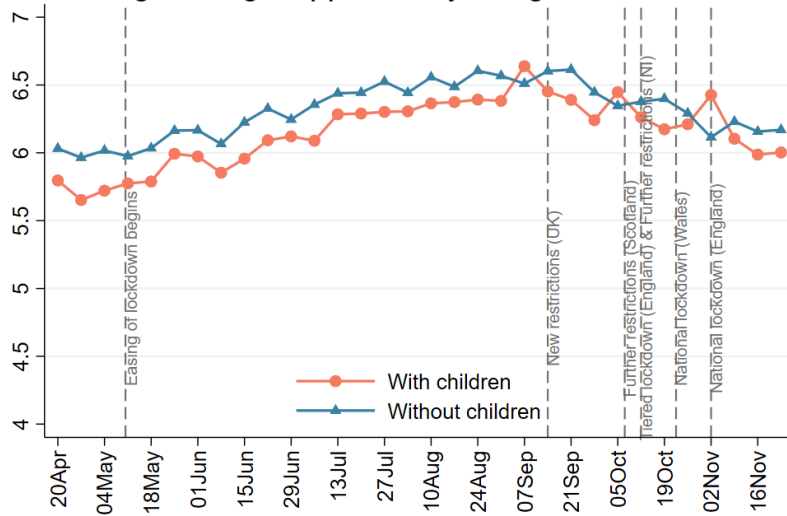


Figure 24h Happiness by living area

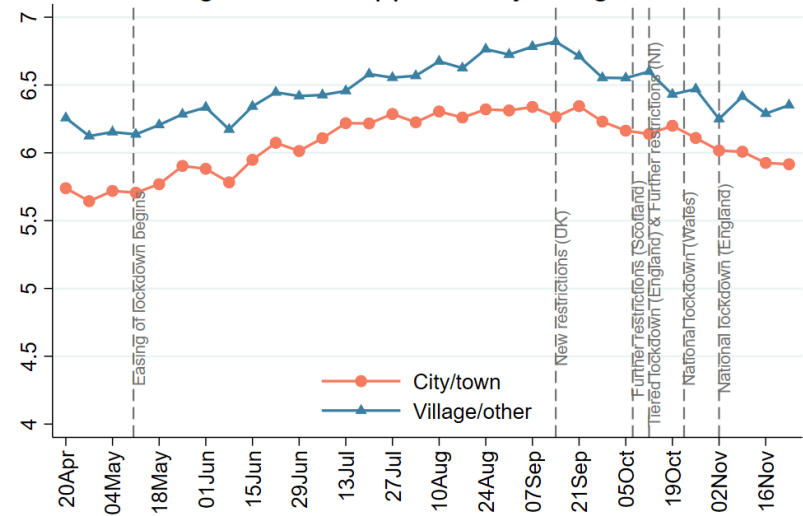


Figure 24i Happiness by gender

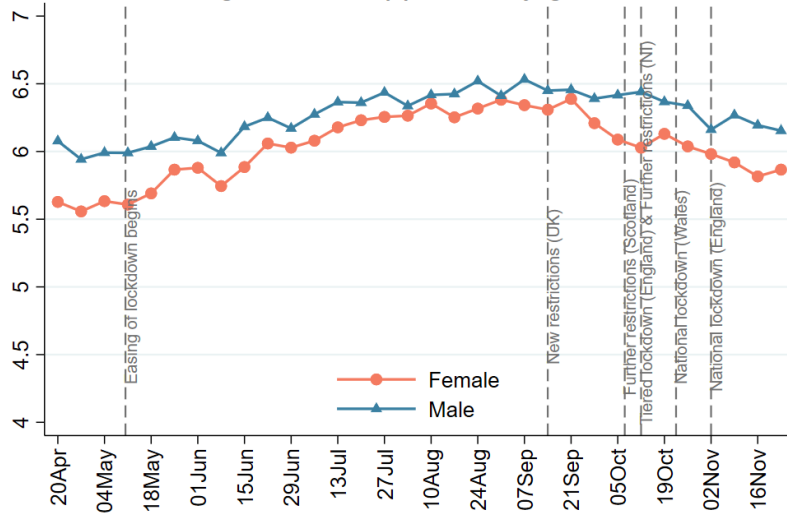


Figure 24j Happiness by ethnicity

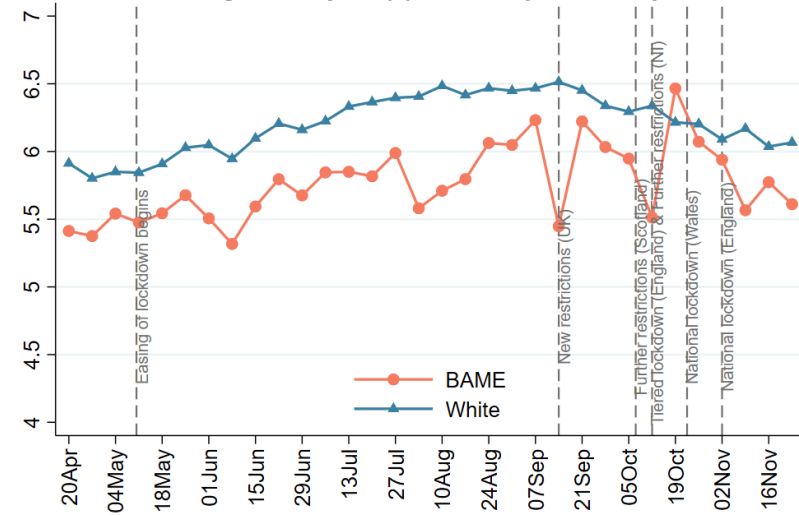


Figure 24k Happiness by educational levels

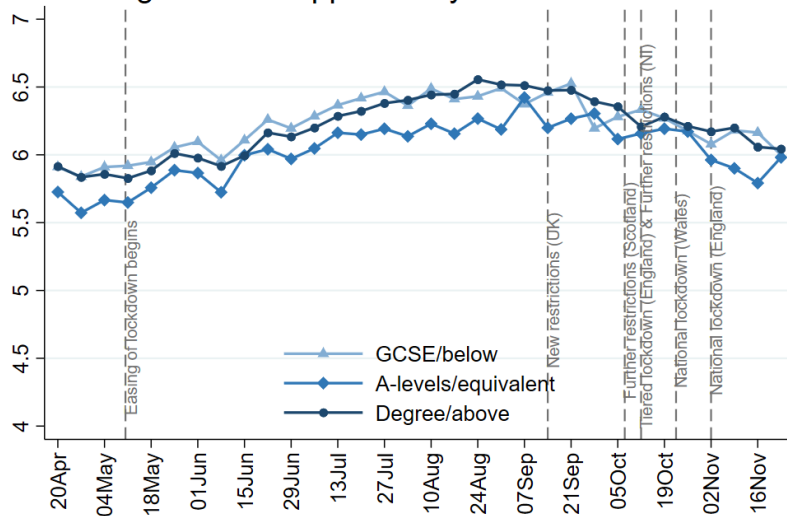
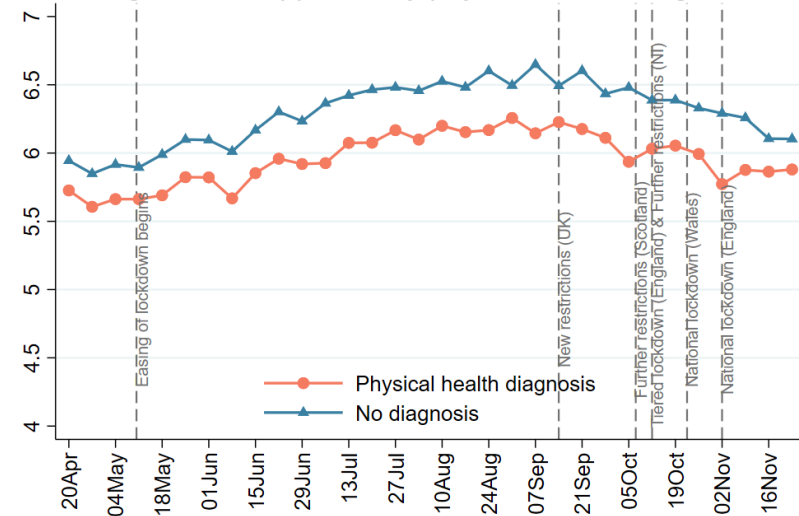
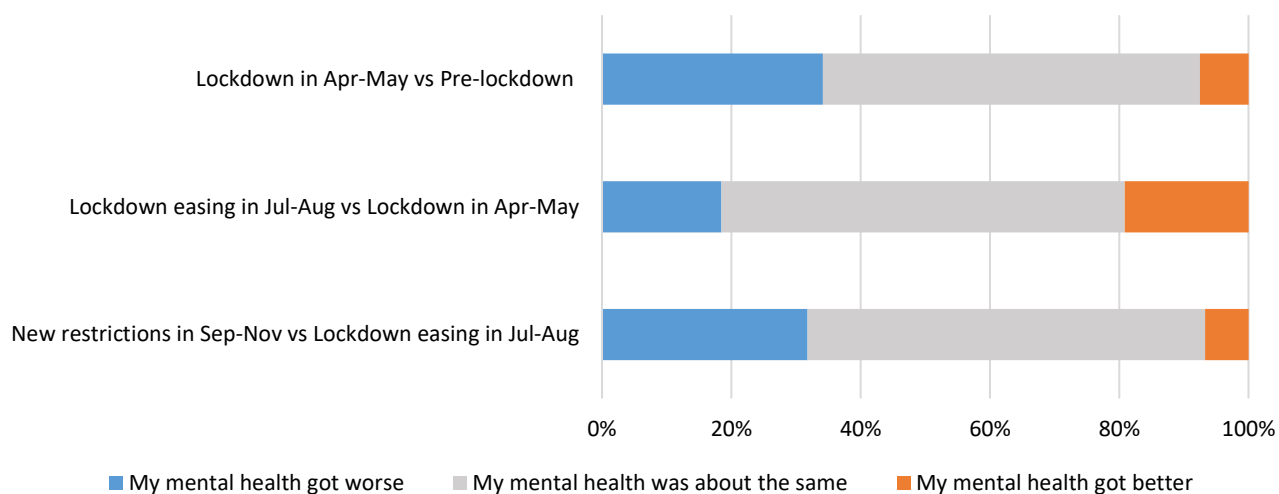


Figure 24l Happiness by physical health diagnosis



## 5. Changes in mental health

Figure 25 Changes in mental health



### FINDINGS

We asked participants how they felt their mental health has changed in recent months. We asked this question in April-May during lockdown, in July-August as restrictions were much more relaxed, and during September to November as new restrictions were coming in.

During April-May, 34% of participants felt their mental health was worse than normal (compared to just 8% thinking it was better). By the summer, 19% felt their mental health was even worse than during first lockdown, but 19% also felt their mental health was improving. This autumn, 32% feel their mental health is worse than it was during the summer and just 7% feel it has improved.

These changes are most apparent amongst younger adults. 56% of those aged 18-29 felt their mental health was worse in April-May than usual, and 45% feel it is worse now than in the summer. This compares to just 17% of adults over the age of 60 feeling their mental health was worse in first lockdown and 22% feeling it has been worse this autumn than the summer.

Similarly, 41% of women felt their mental health was worse in April-May than usual, and 37% feel it is worse now than in the summer. This compares to just 27% of men feeling their mental health was worse in first lockdown and 27% feeling it has been worse this autumn than the summer.

Figure 26a Changes in mental health amongst younger adults (age 18-29)

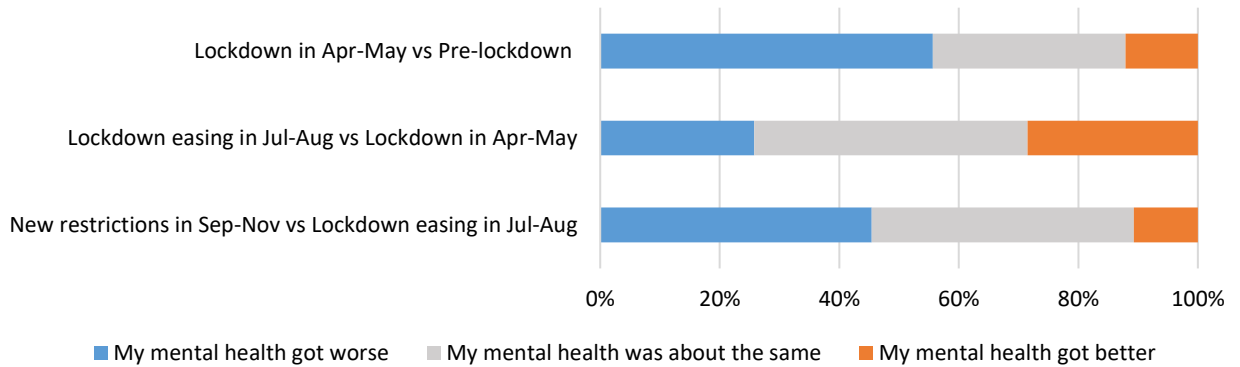


Figure 26b Changes in mental health amongst adults (age 30-59)

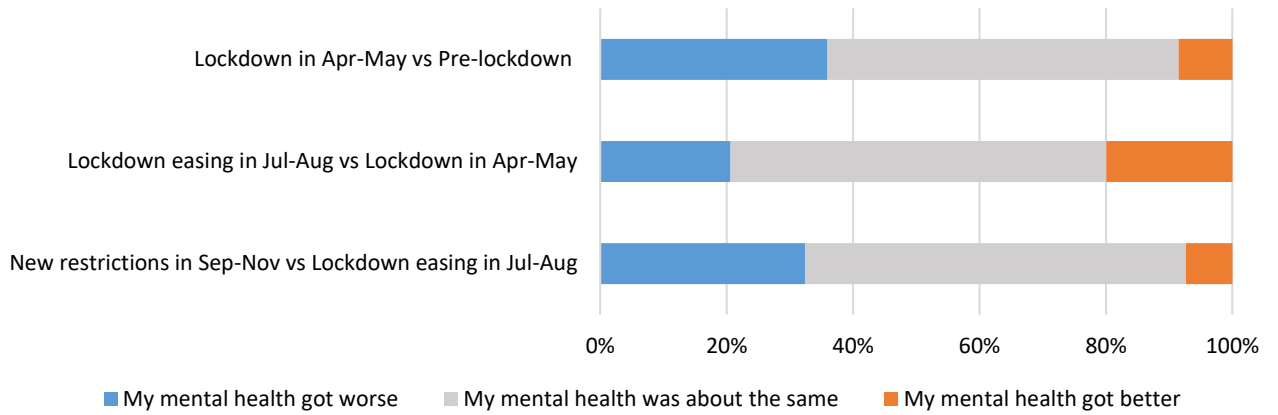


Figure 26c Changes in mental health amongst older adults (age 60+)

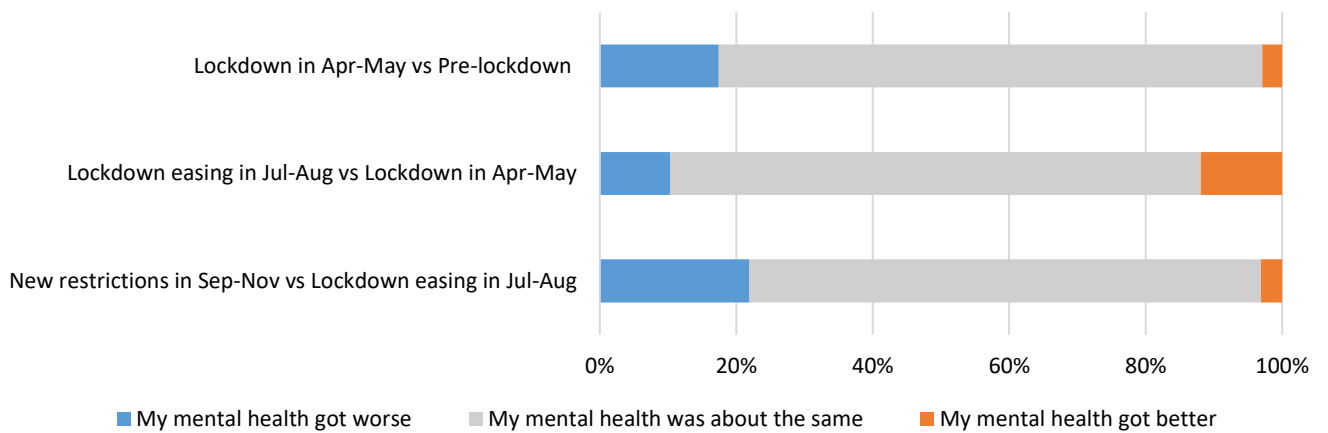




Figure 26d Changes in mental health amongst males

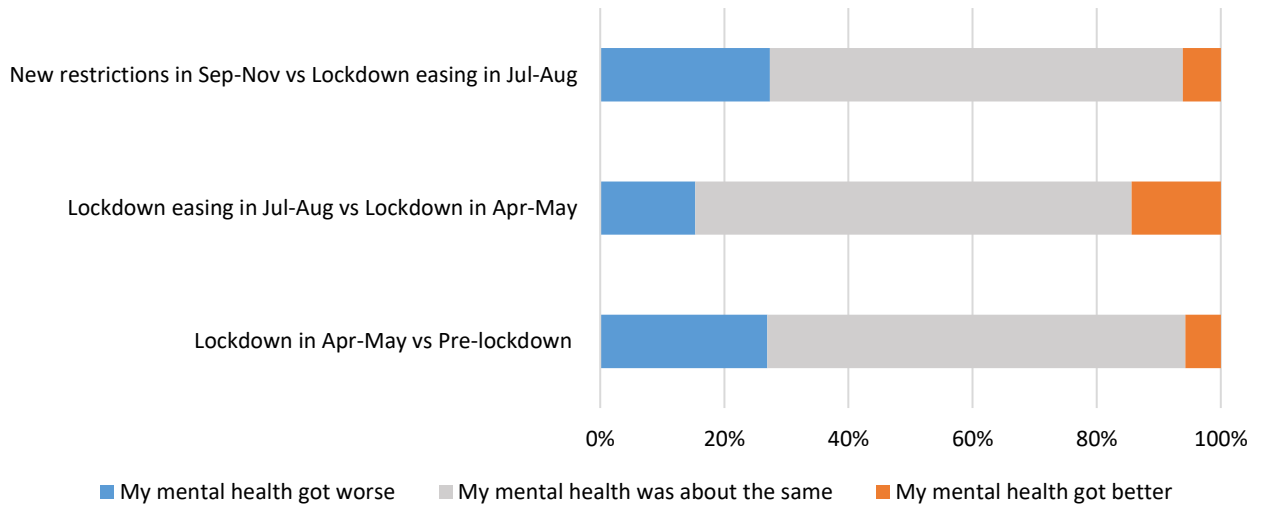
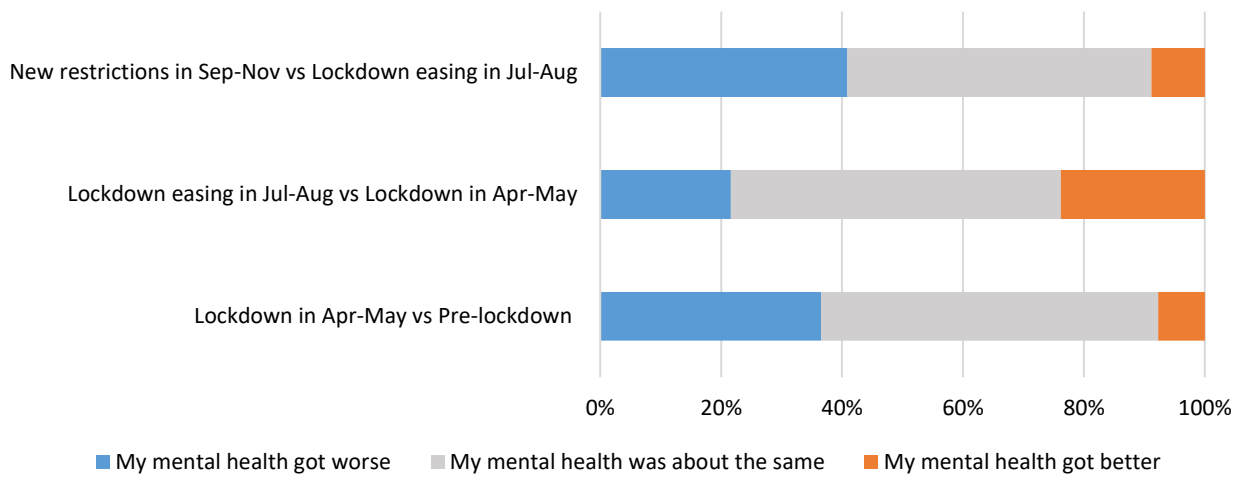


Figure 26e Changes in mental health amongst females



## 6. Perceived population compliance

Figure 27a Perceived population compliance (average score)

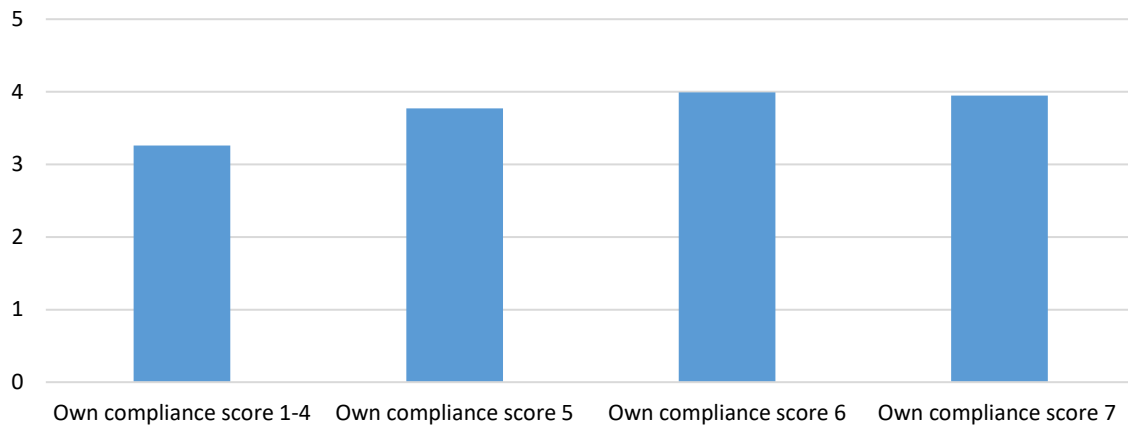


Figure 27b Differences between own compliance and perceived population compliance

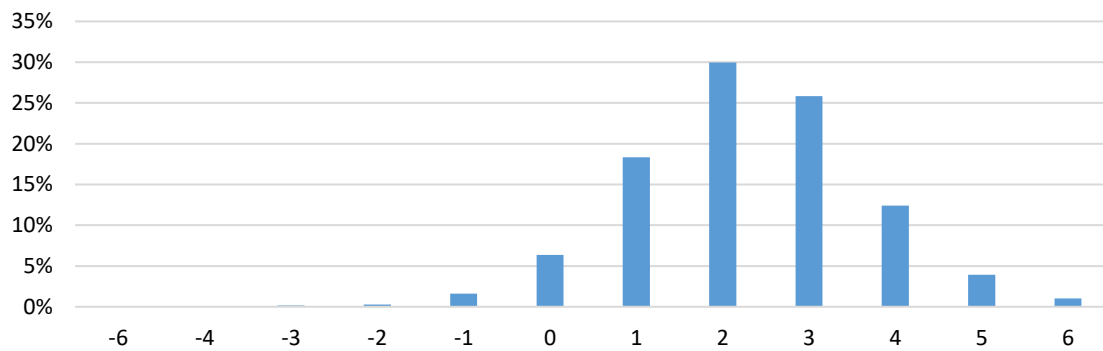
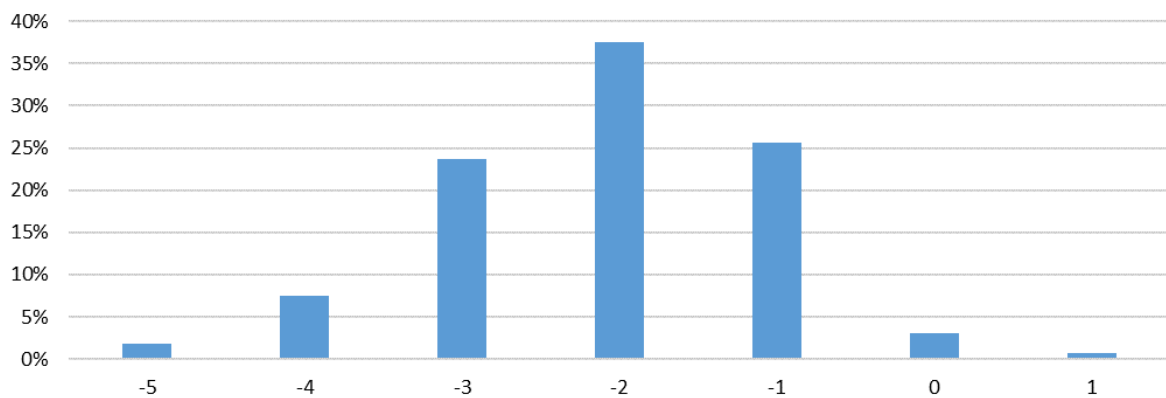


Figure 27c Differences between perceived population compliance and actual population compliance in the sample



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## FINDINGS

In addition to asking participants about their own compliance with recommendations from government such as social distancing and staying at home, we also asked them how much they thought the rest of the population on average was adhering to the guidelines. As in the self-assessment measure, scores ranged from 1 (not at all) to 7 (very much so).

People consistently graded their own compliance as better than what they think the population average is (figure 27a). 92% of respondents felt their compliance is higher than the population average compliance (figure 27b). A further 6% felt they were complying the same amount as everyone else, and just 2% felt their compliance was lower than other people's.

People also thought that the average population compliance was worse than it actually is (Figure 27c). The average compliance in our sample was 6.18 (rounded to 6 for graphs). Only 1% predicted average population compliance as higher than it actually was and 3% predicted it accurately. The remaining 96% predicted it to be lower than it actually was. Whilst it is possible that sample in this study may have a slightly higher compliance than the actual UK population, this nonetheless suggests that most people are underestimating the compliance of the rest of the UK.

There was very little difference in these findings by age, gender, education or household income.

Figure 28a Perceived population compliance by age groups

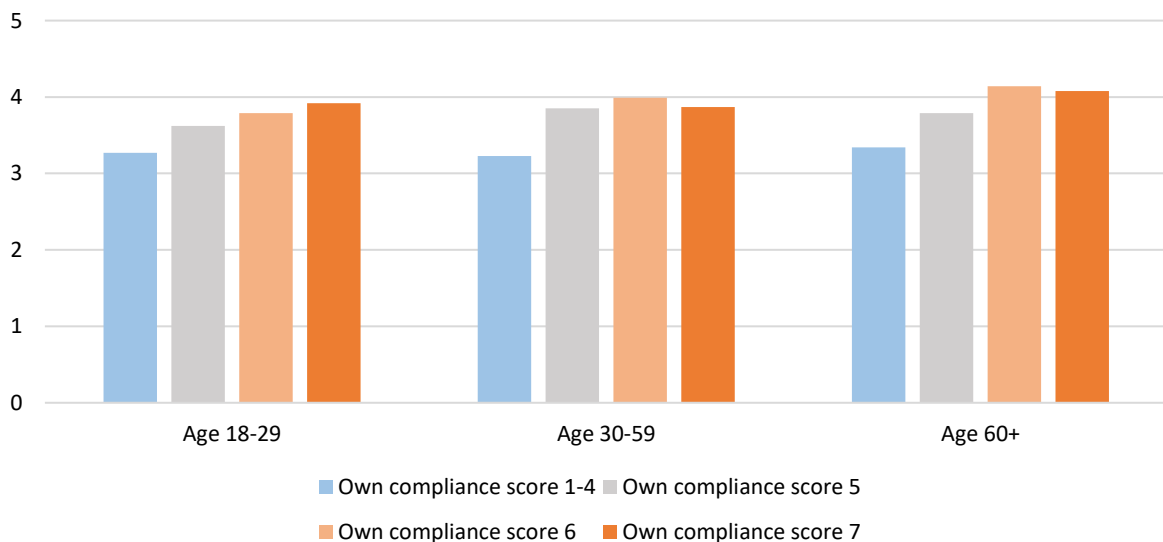


Figure 28b Perceived population compliance by gender

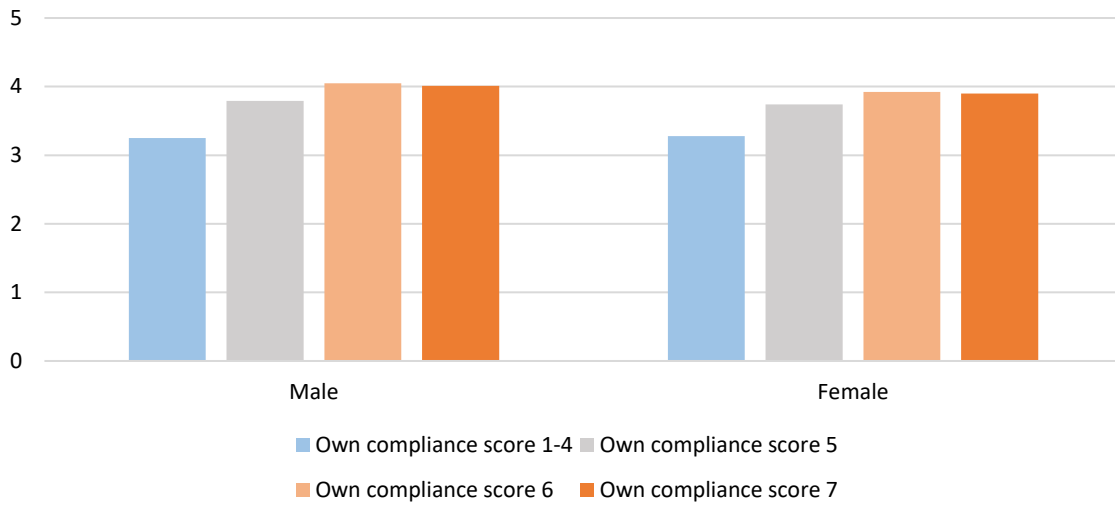


Figure 28c Perceived population compliance by educational levels

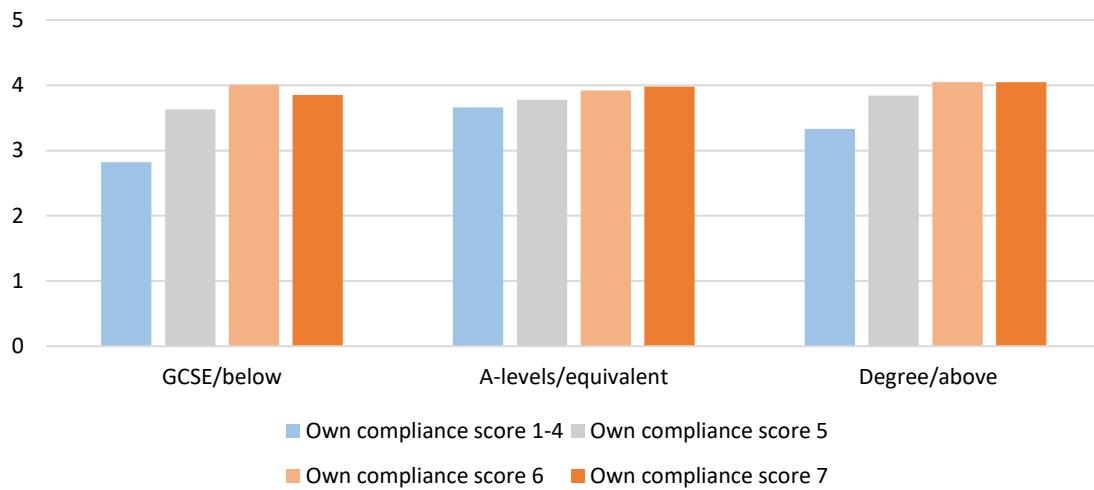


Figure 28d Perceived population compliance by household income



## Appendix

### Methods

The Covid-19 Social Study is a panel study of the psychological and social experiences of adults in the UK during the outbreak of the novel coronavirus run by University College London and funded by the Nuffield Foundation, UKRI and the Wellcome Trust. To date, over 70,000 people have participated in the study, providing baseline socio-demographic and health data as well as answering questions on their mental health and wellbeing, the factors causing them stress, their levels of social interaction and loneliness, their adherence to and trust in government recommendations, and how they are spending their time. The study is not representative of the UK population, but instead it aims to have good representation across all major socio-demographic groups. The study sample has therefore been recruited through a variety of channels including through the media, through targeted advertising by online advertising companies offering pro-bono support to ensure this stratification, and through partnerships with organisations representing vulnerable groups, enabling meaningful subgroup analyses.

Specifically, in the analyses presented here we included adults in the UK. We used new cross-sectional data from individuals as they entered the study and also included weekly longitudinal data as participants received their routine follow-up. In this report, we treated the data as repeated cross-sectional data collected daily from the 21<sup>st</sup> March to the 29<sup>th</sup> November (the latest data available). Aiming at a representative sample of the population, we weighted the data for each day to the proportions of gender, age, ethnicity, education and country of living obtained from the Office for National Statistics (ONS, 2018). Where results for subgroups show volatility, this could be a product of the sample size being smaller so caution in interpreting these results is encouraged.

The study is focusing specifically on the following questions:

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

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

### Demographics of respondents included in this report

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

|                                | Number of observations | %    |   | Number of observations | %    |
|--------------------------------|------------------------|------|---|------------------------|------|
| <b>Age</b>                     |                        |      | <b>Education levels</b>                         |                        |      |
| <b>18-29</b>                   | 46,607                 | 5.99 | <b>GCSE or below</b>                            | 109,134                | 14.0 |
| <b>30-59</b>                   | 431,080                | 55.4 | <b>A-levels of equivalent</b>                   | 134,498                | 17.3 |
| <b>60+</b>                     | 299,865                | 38.6 | <b>Degree or above</b>                          | 533,920                | 68.7 |
| <b>Gender</b>                  |                        |      | <b>Any diagnosed mental health conditions</b>   |                        |      |
| <b>Male</b>                    | 195,160                | 25.2 | <b>No</b>                                       | 646,369                | 83.1 |
| <b>Female</b>                  | 579,251                | 74.8 | <b>Yes</b>                                      | 131,183                | 16.9 |
| <b>Ethnicity</b>               |                        |      | <b>Any diagnosed physical health conditions</b> |                        |      |
| <b>White</b>                   | 744,113                | 96.0 | <b>No</b>                                       | 449,383                | 57.8 |
| <b>BAME</b>                    | 31,021                 | 4.00 | <b>Yes</b>                                      | 328,169                | 42.2 |
| <b>UK nations</b>              |                        |      | <b>Keyworker</b>                                |                        |      |
| <b>England</b>                 | 627,788                | 81.5 | <b>No</b>                                       | 614,327                | 79.0 |
| <b>Wales</b>                   | 93,541                 | 12.2 | <b>Yes</b>                                      | 163,225                | 21.0 |
| <b>Scotland</b>                | 48,646                 | 6.32 | <b>Living with children</b>                     |                        |      |
| <b>Living arrangement</b>      |                        |      | <b>No (excluding those who live alone)</b>      | 440,152                | 71.5 |
| <b>Not living alone</b>        | 615,348                | 79.1 | <b>Yes</b>                                      | 175,196                | 28.5 |
| <b>Living alone</b>            | 162,204                | 20.9 | <b>Living area</b>                              |                        |      |
| <b>Annual household income</b> |                        |      | <b>Village/hamlet/isolated dwelling</b>         | 193,738                | 24.9 |
| <b>&gt;30k</b>                 | 419,145                | 59.8 | <b>City/large town/small town</b>               | 583,814                | 75.1 |
| <b>&lt;30k</b>                 | 281,965                | 40.2 |   |                        |      |