



# Covid-19 Social Study

## Results Release 35

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# Executive summary

## Background

This report provides data from the last 64 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 THIRTY-FIFTH report, we focus on psychological responses to the first sixty-four weeks since just before the first UK lockdown was announced (21/03/2020 to 13/06/2021). 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\*\*\*** Worries about family and friends and worries about Covid-19

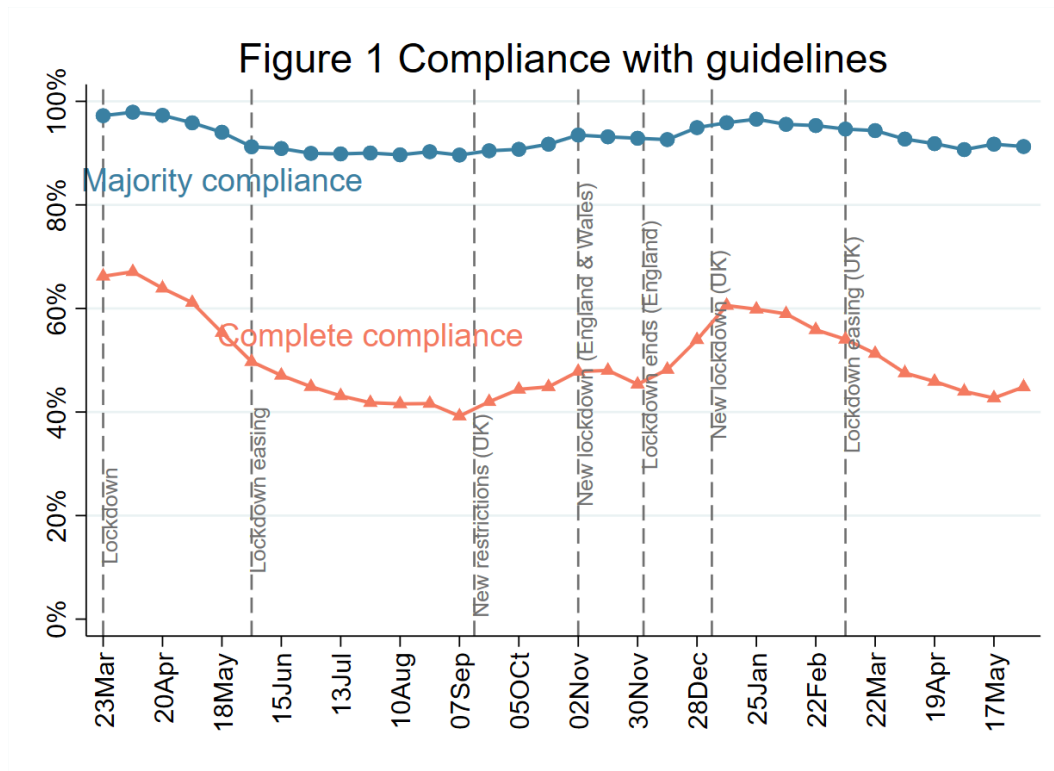
This study is not representative of the UK population but instead was designed to have good stratification across a wide range of socio-demographic factors enabling meaningful subgroup analyses to understand the experience of Covid-19 for different groups within society. Data are weighted using auxiliary 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 and at [www.COVIDSocialStudy.org](http://www.COVIDSocialStudy.org).

## Findings

- Worries about catching and becoming seriously ill from Covid-19 have been decreasing since the start of the new year and are now lower than they ever have been since the start of the pandemic. Slightly more people (20.8%) are currently worried about catching than becoming seriously ill (17.6%) from the virus. Worries about both have generally been higher in people with a physical or mental health condition and among women.
- Several demographic groups are currently more worried about catching the virus. These include people with lower household incomes, young adults, people not living with children, non-keyworkers, and women. Over the past two months, young adults and people in Scotland have been increasingly more worried about catching the virus.
- Since the start of the new year, people have reported being less and less worried about friends or family outside of the household, but worries about people inside the household have remained relatively stable. Young adults, women, people with a physical or mental health condition, people not living with children, people from ethnic minority groups, and those with higher education levels have been more worried about friends or family outside of the household for the past several months. Young adults have remained more worried about people living in their household than older adults, as have people with lower household incomes, those with a mental health diagnosis, people living with children, women, and people from ethnic minority groups.
- The easing of lockdown restrictions continues to coincide with increases in life satisfaction and happiness, and levels are now higher than they have been since the start of the pandemic. Depression and anxiety symptoms have also generally been decreasing since the easing of restrictions, but less substantially, and levels are still similar to what they were in the autumn. Depression and anxiety are still highest in young adults, women, people with lower household incomes, people from ethnic minority groups, those with a physical or mental health condition, and people living with children.
- Loneliness levels have also only decreased slightly over the past several months. Certain groups continue to report being lonelier than others: young adults, people living alone, those with a mental health condition, ethnic minority groups, people living with children, people with lower household income, women, and those living in cities/towns.
- Since the easing of restrictions for the latest lockdown, compliance with most of the rules and guidelines (majority compliance) has remained high, and is currently at 91%. Complete compliance with the rules, has, however been decreasing since restrictions have started to lift.
- The proportion of adults in our study who say they have been physically or psychologically abused has not changed much since the start of the pandemic. People with a diagnosed mental or physical health condition, with lower household incomes, and people from ethnic minority groups are still more likely to report abuse.

# 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 across the whole of the UK 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).

**Majority compliance has declined somewhat since the easing of restrictions for the latest lockdown and is now what it was in the summer of 2020.**

Complete compliance (i.e., following rules and recommendations with no bending or even minor infringements) has been decreasing since the start of the new year and is what it was in the summer of 2020, around 45%. Across demographic groups, patterns of complete compliance remain as they have been since the start of the year, with compliance lower in higher income households, amongst young adults, amongst keyworkers, in urban areas, amongst men, amongst those in ethnic minority groups<sup>1</sup>, and amongst people in good physical health.

Majority compliance has been reported by around 91% of people in the last month, with consistent patterns across the latest lockdown present in all major demographic groups (Figures 2m-2x).

<sup>1</sup> Figures for ethnicity sub-groups are analysed by month rather than by week for the duration of the study to maximise sample size.

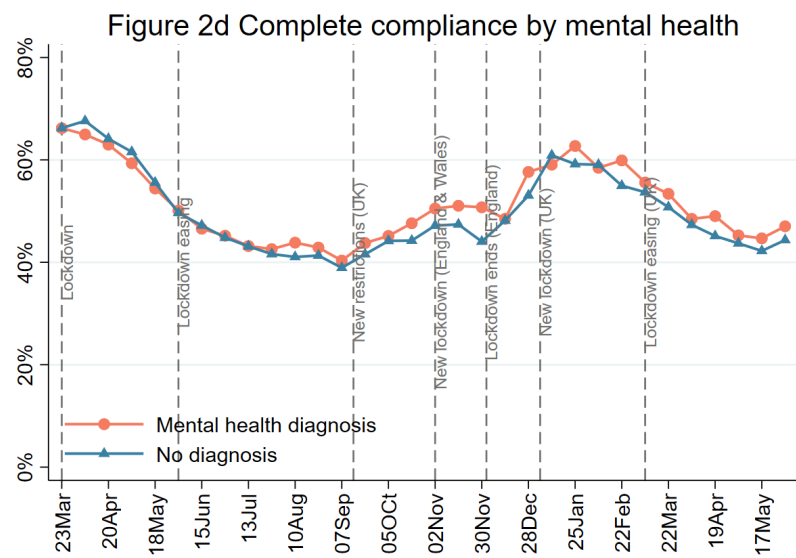
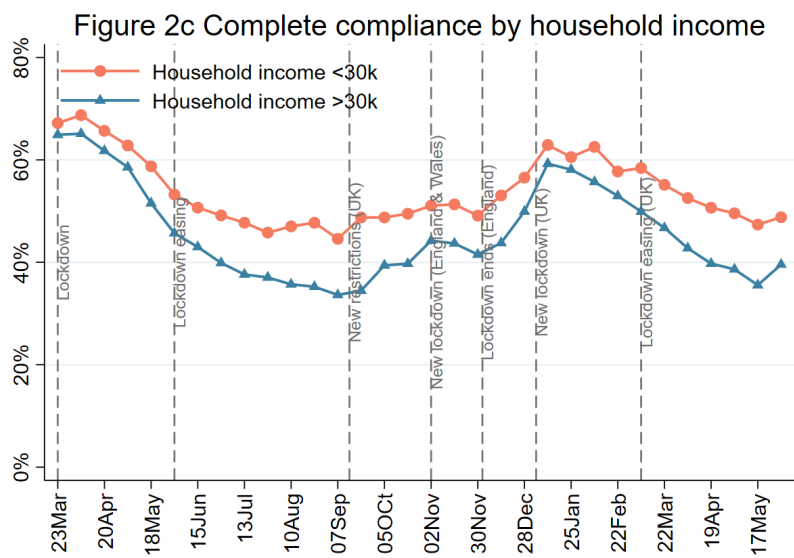
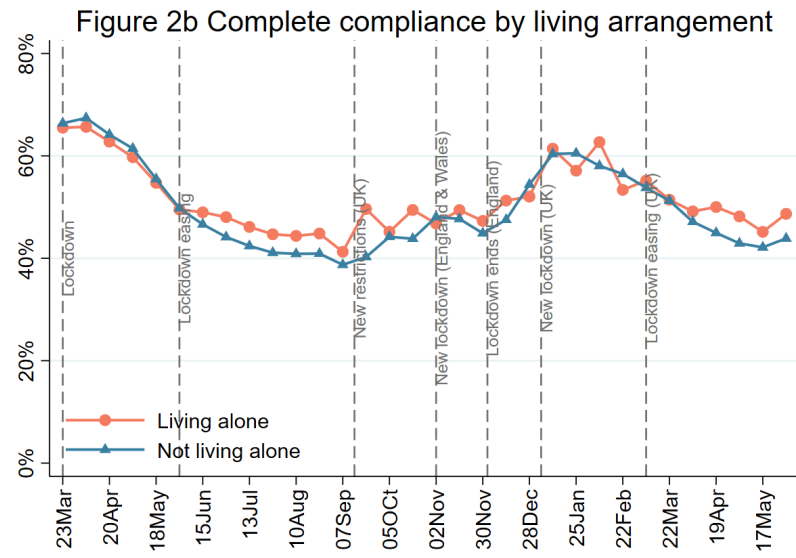
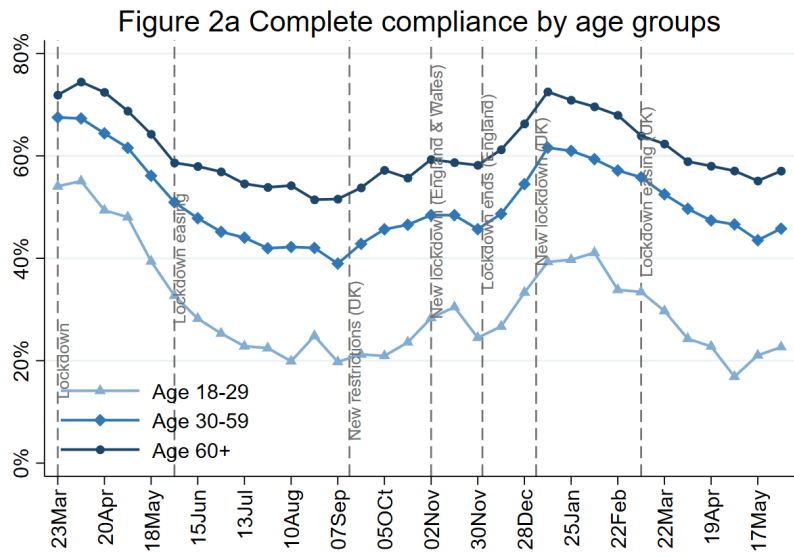


Figure 2e Complete compliance by nations

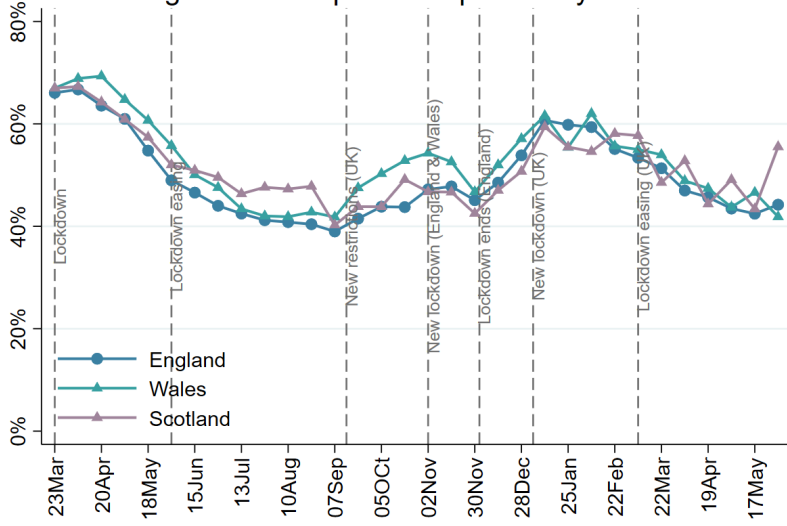


Figure 2f Complete compliance by keyworker status

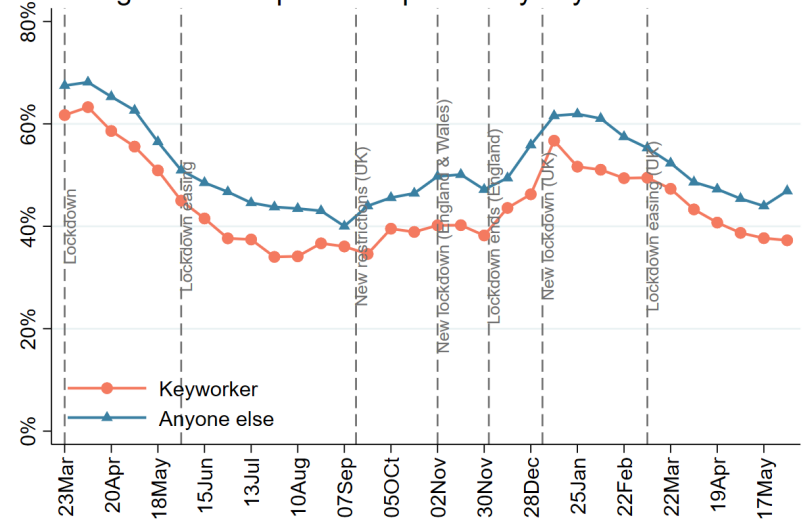


Figure 2g Complete compliance by living with children

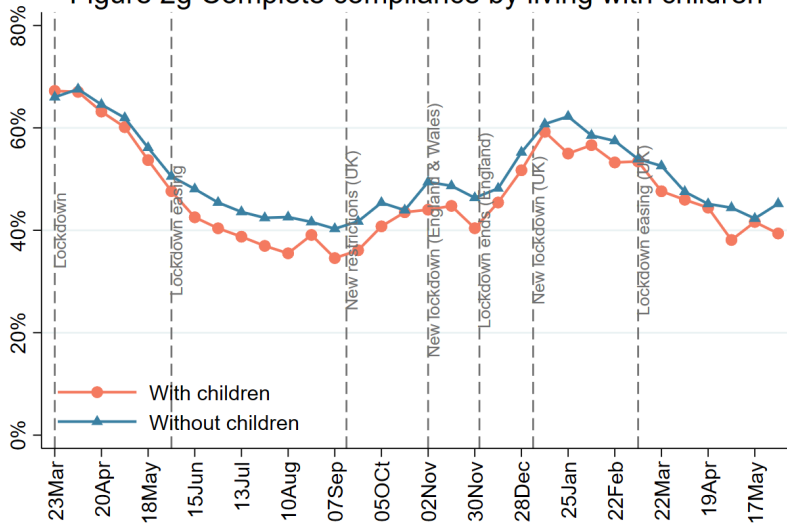


Figure 2h Complete compliance by living area

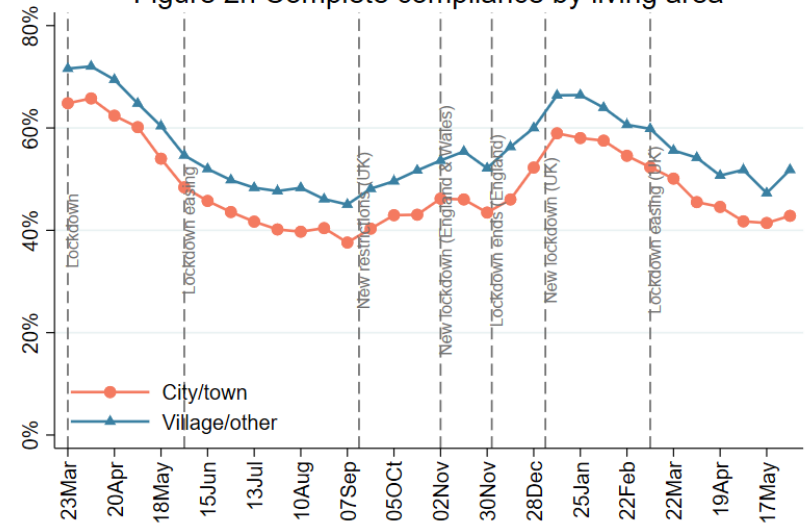


Figure 2i Complete compliance by gender

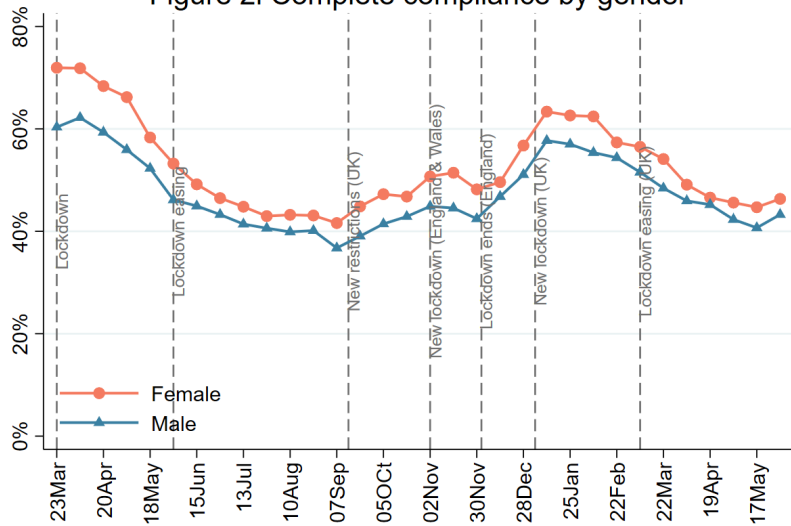


Figure 2j Complete compliance by ethnicity

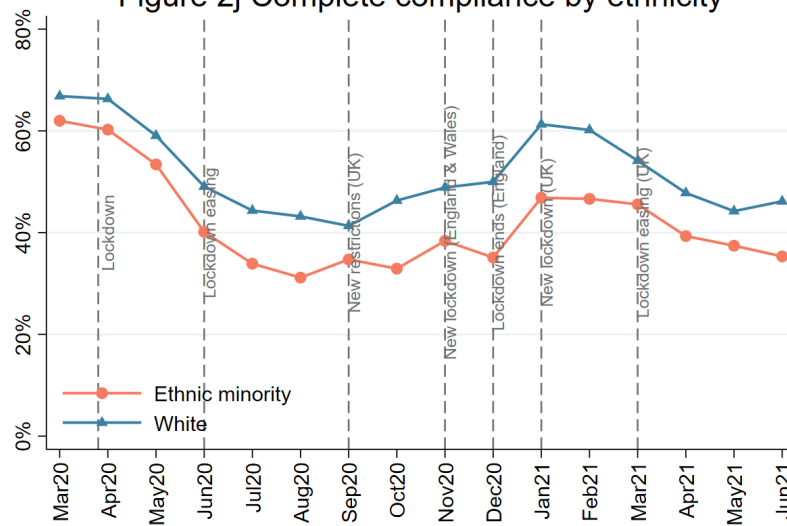


Figure 2k Complete compliance by educational levels

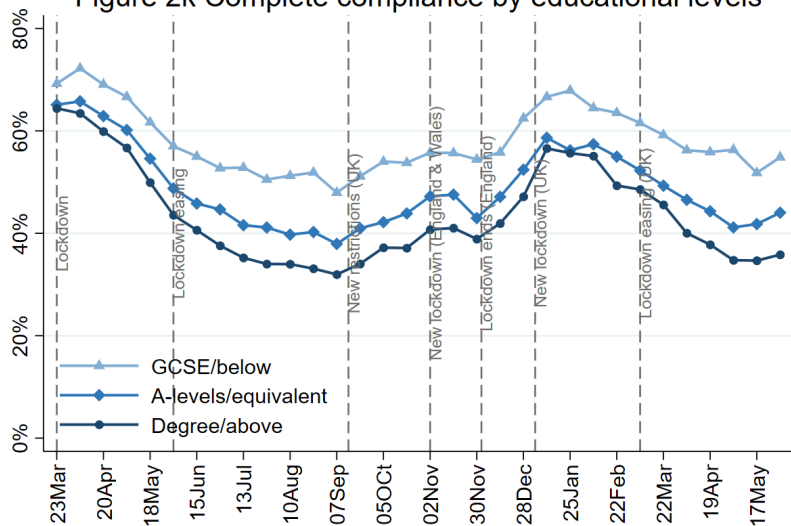
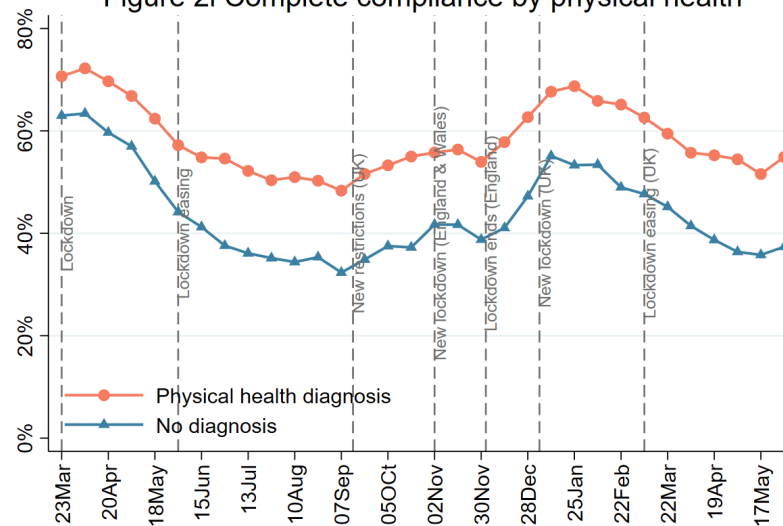


Figure 2l Complete compliance by physical health



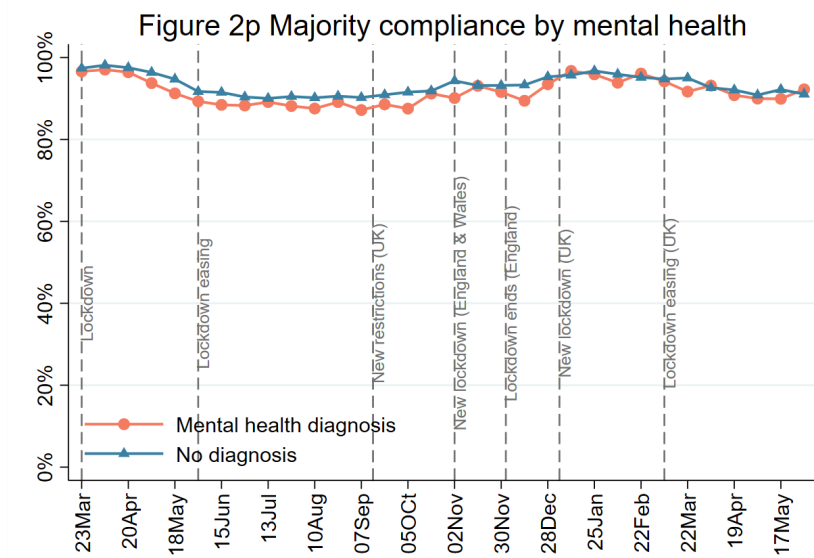
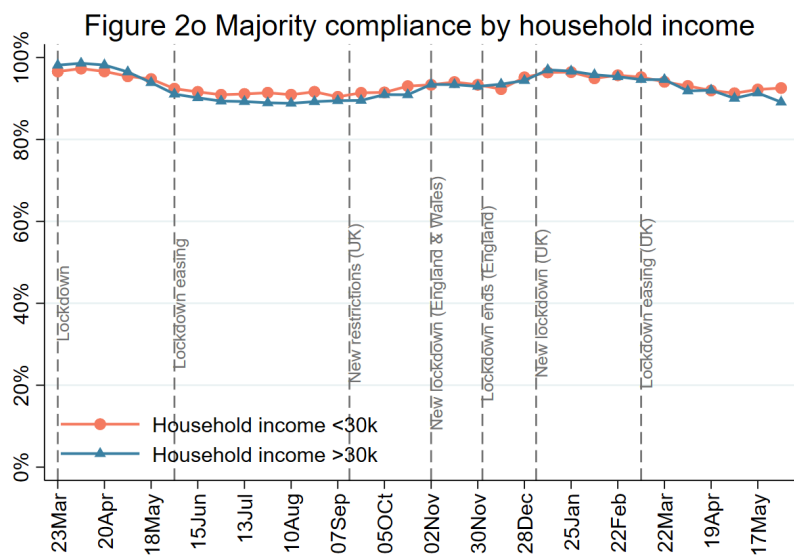
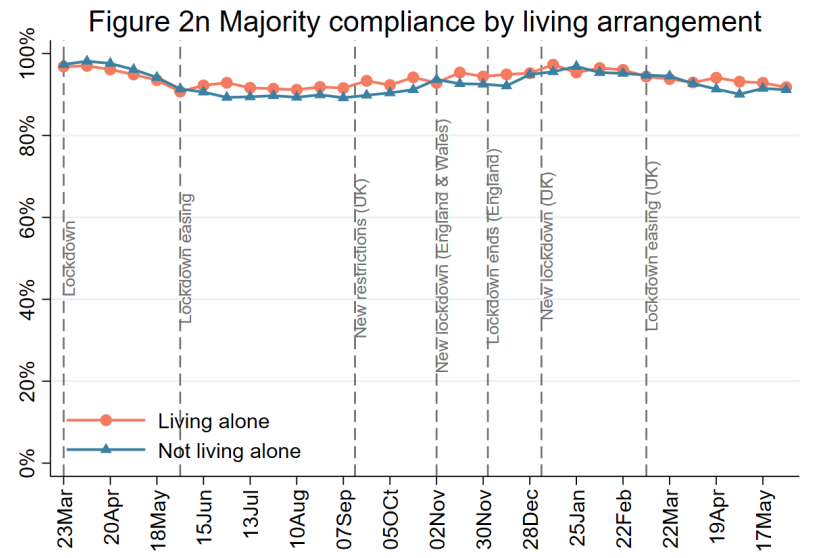
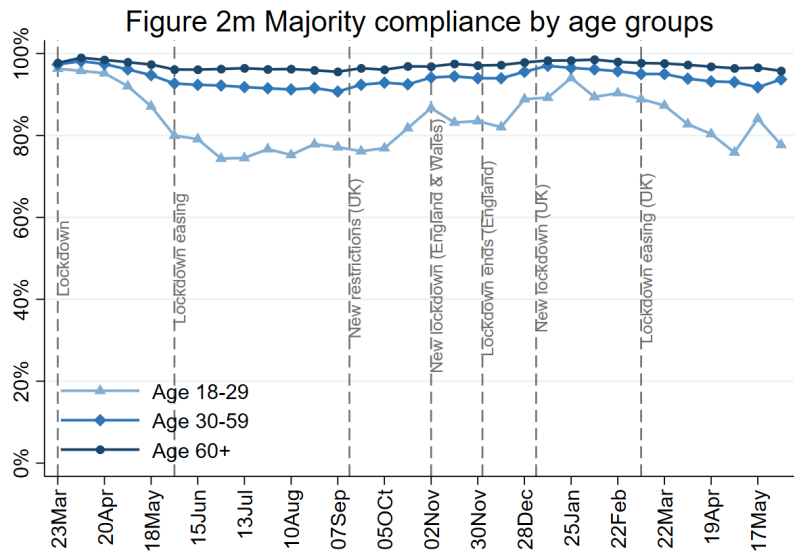




Figure 2q Majority compliance by nations

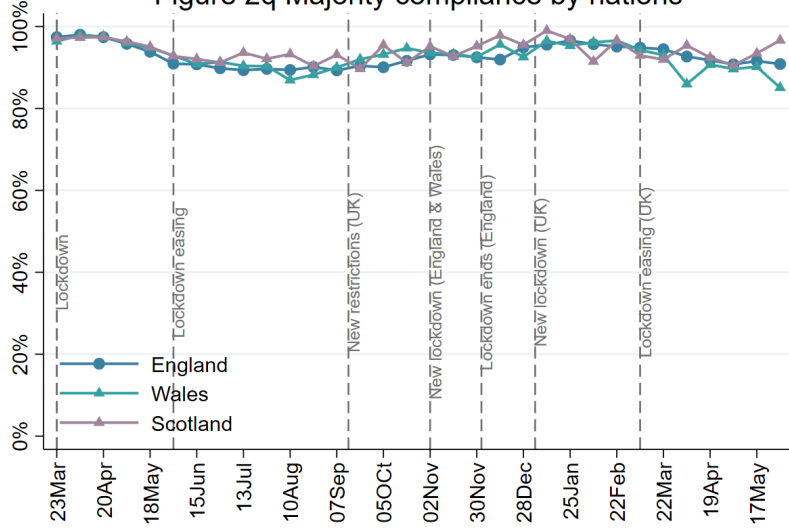


Figure 2r Majority compliance by keyworker status

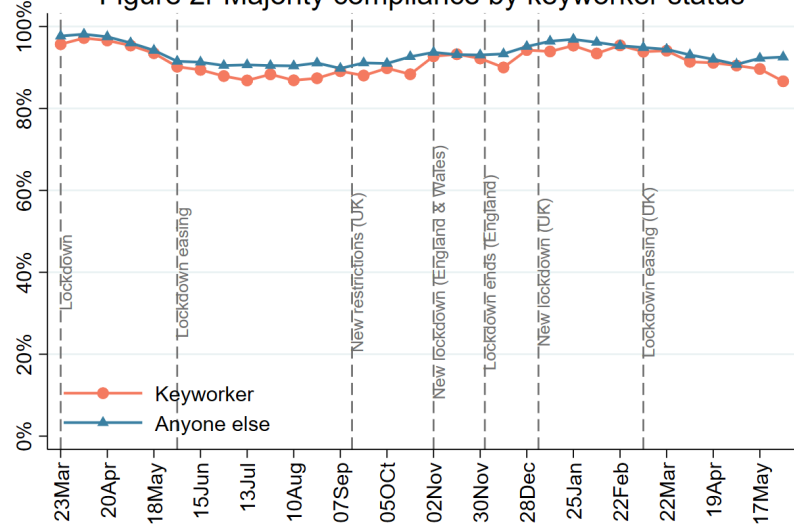


Figure 2s Majority compliance by living with children

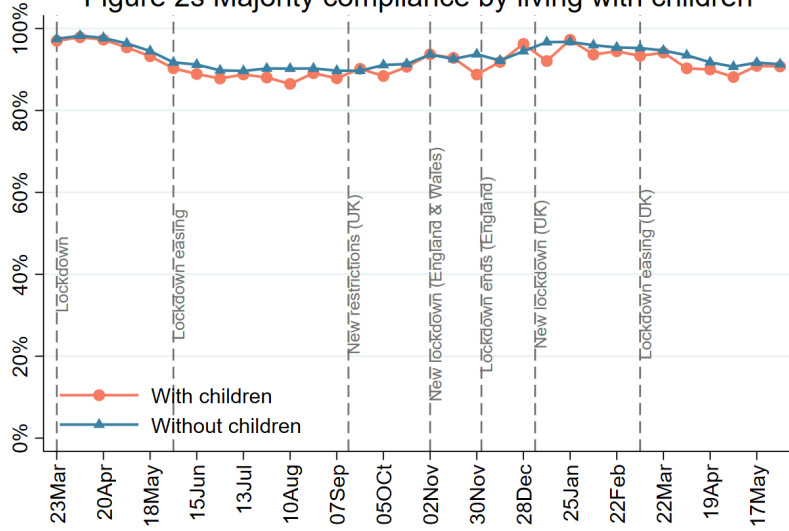
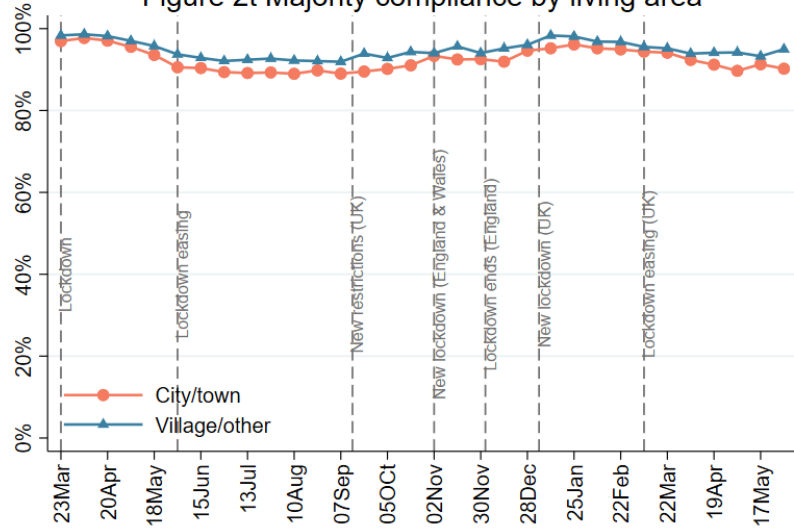
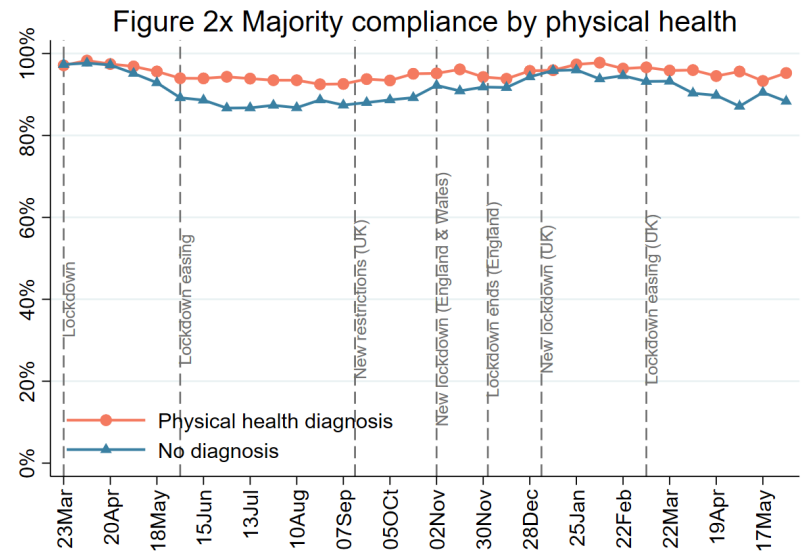
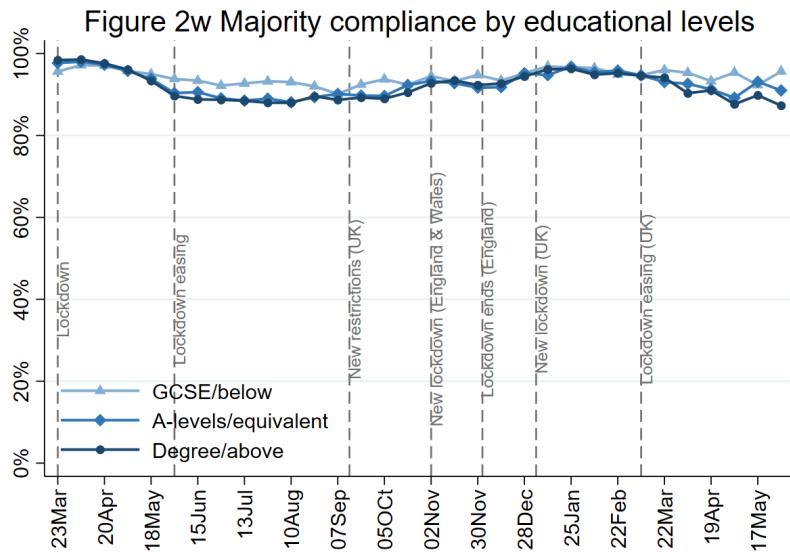
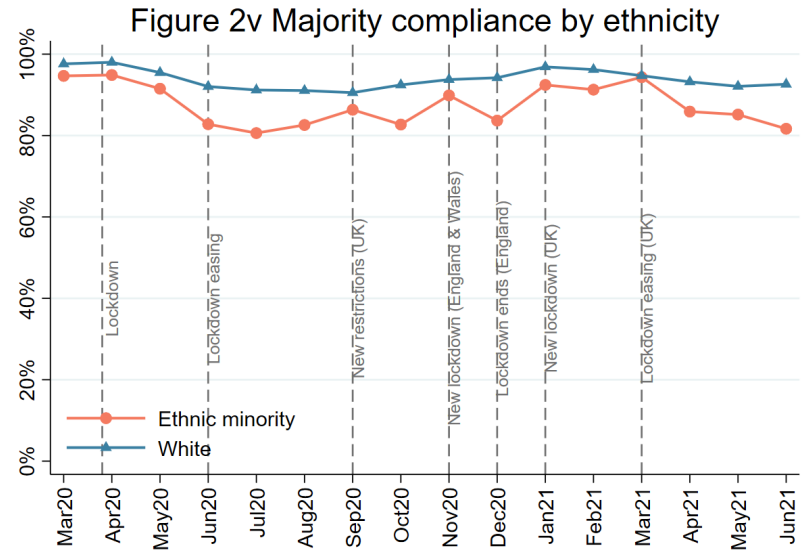
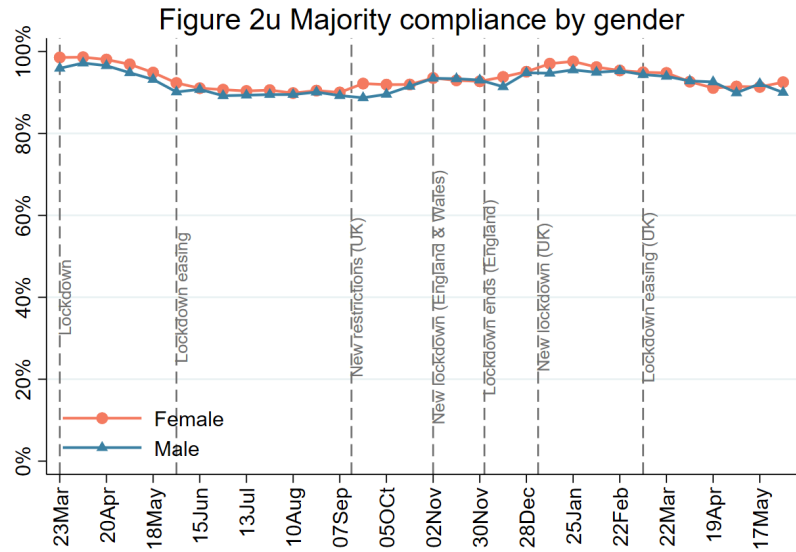
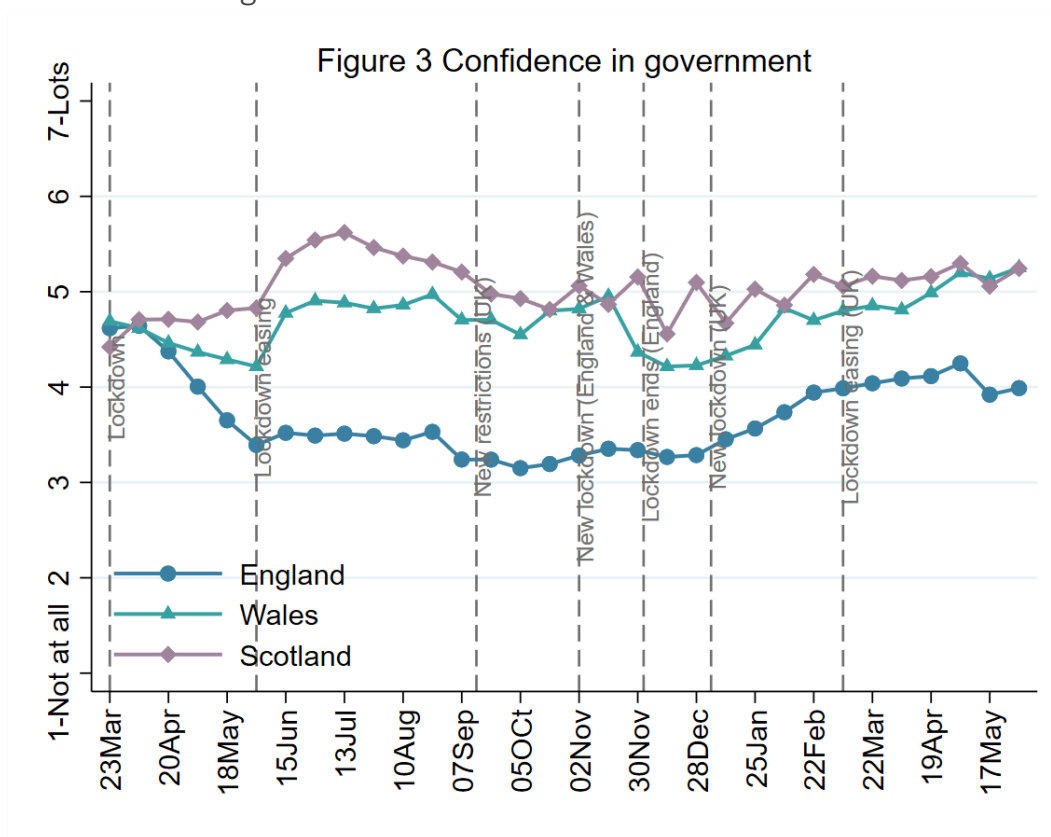


Figure 2t Majority compliance by living area





## 1.2 Confidence in government



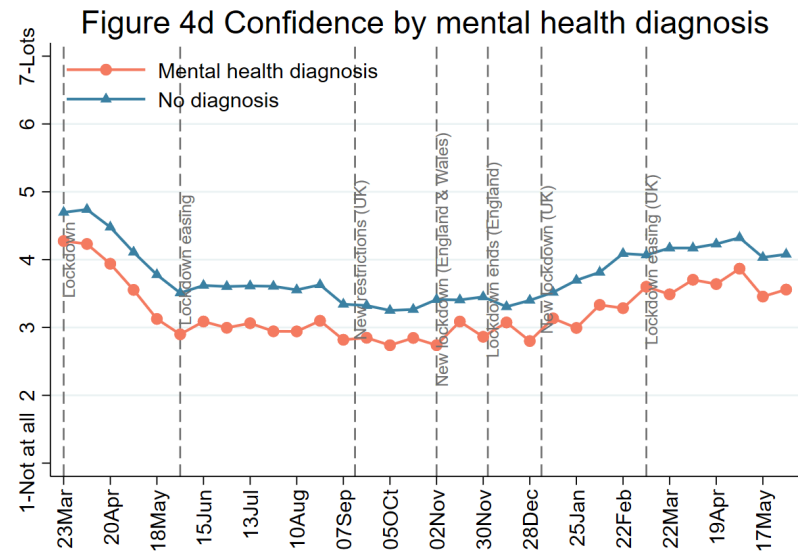
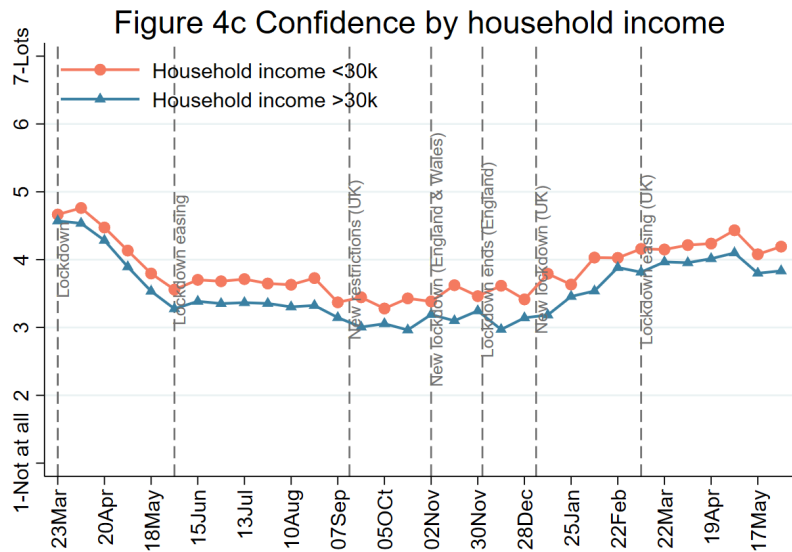
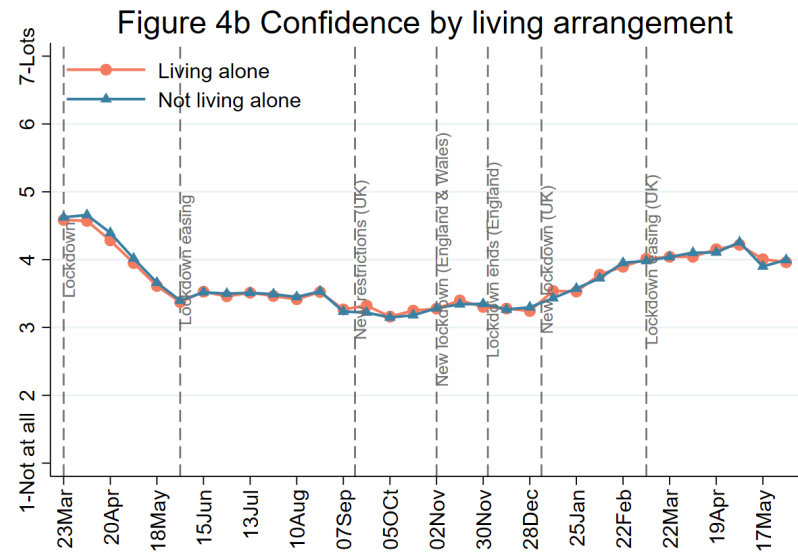
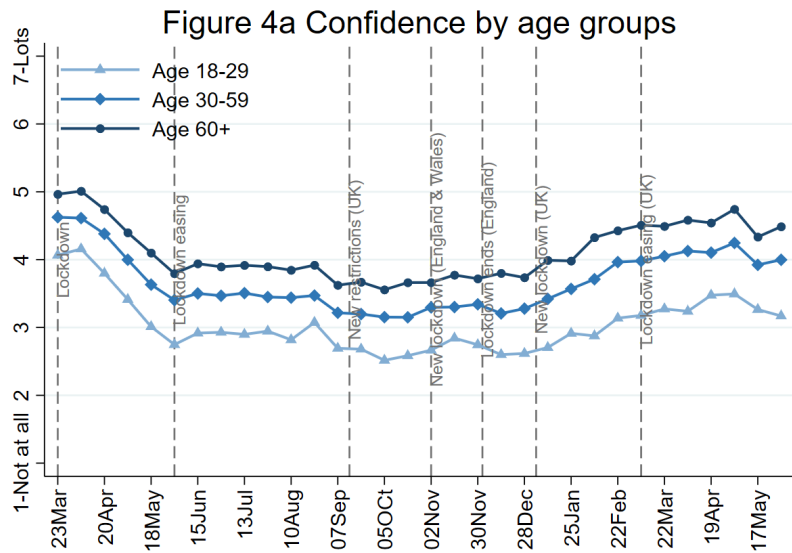
### FINDINGS

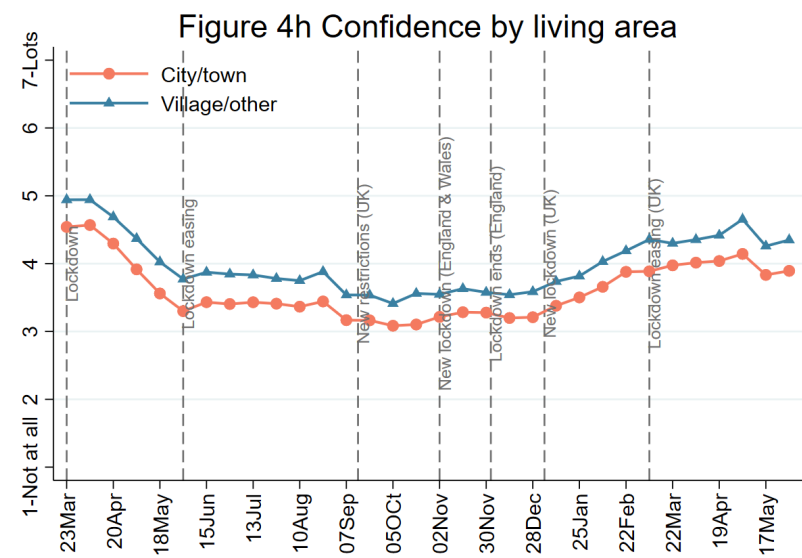
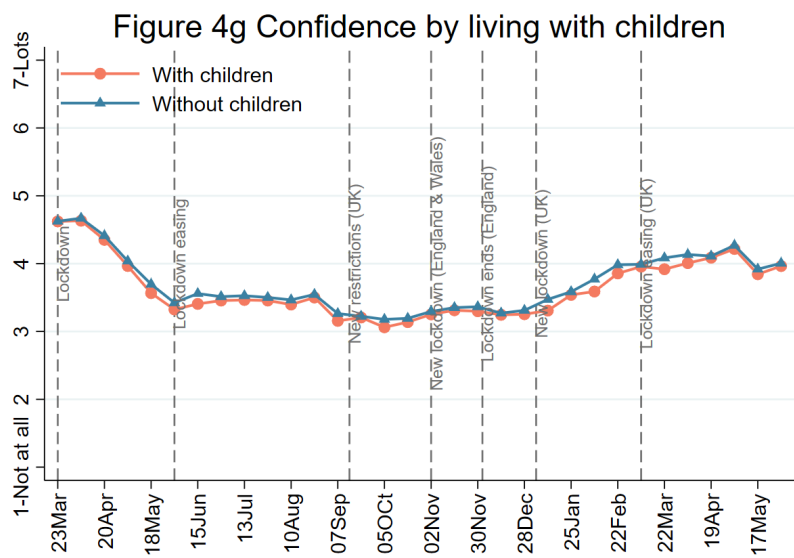
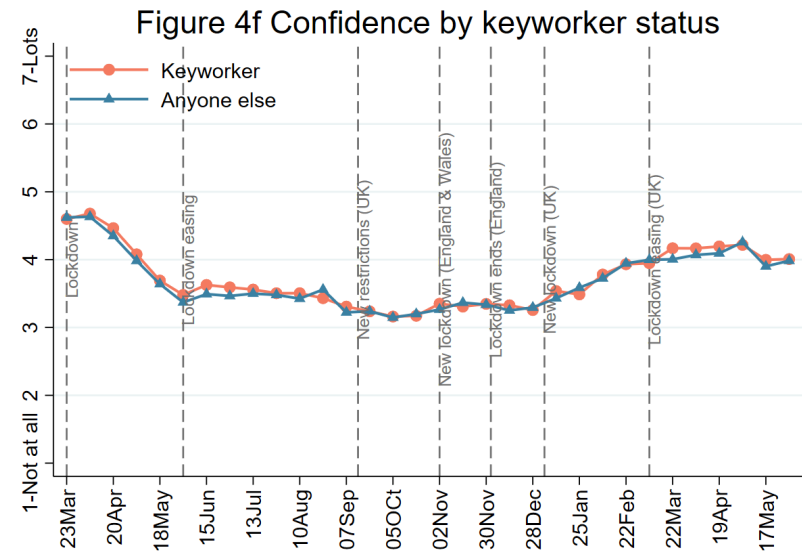
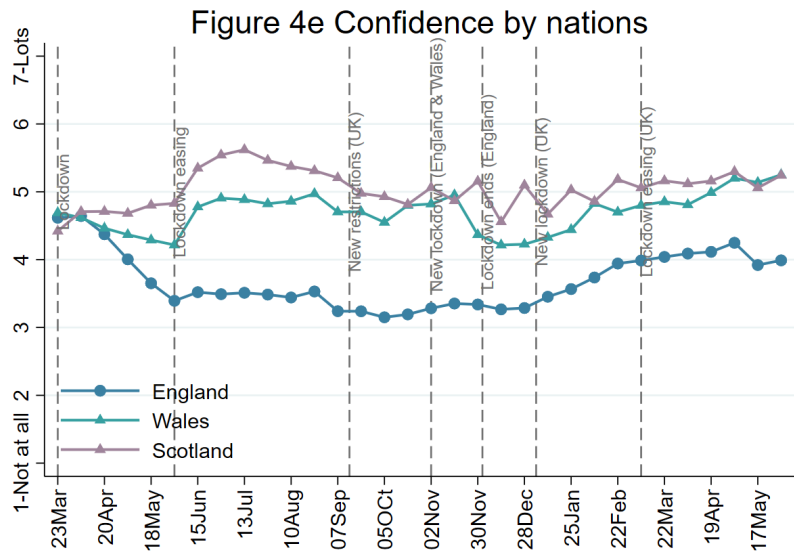
Respondents were asked how much confidence they had in the government to handle the Covid-19 pandemic from 1 (not at all) to 7 (lots). People living in devolved nations were asked to report their confidence in their own devolved governments.

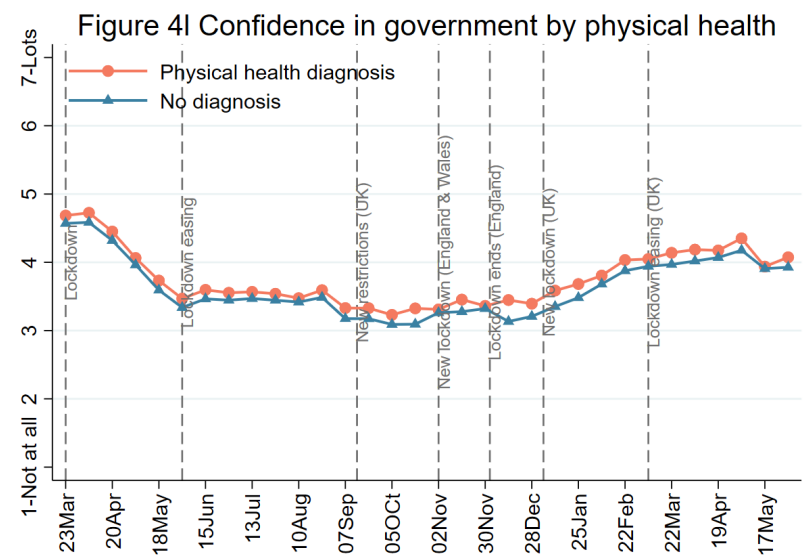
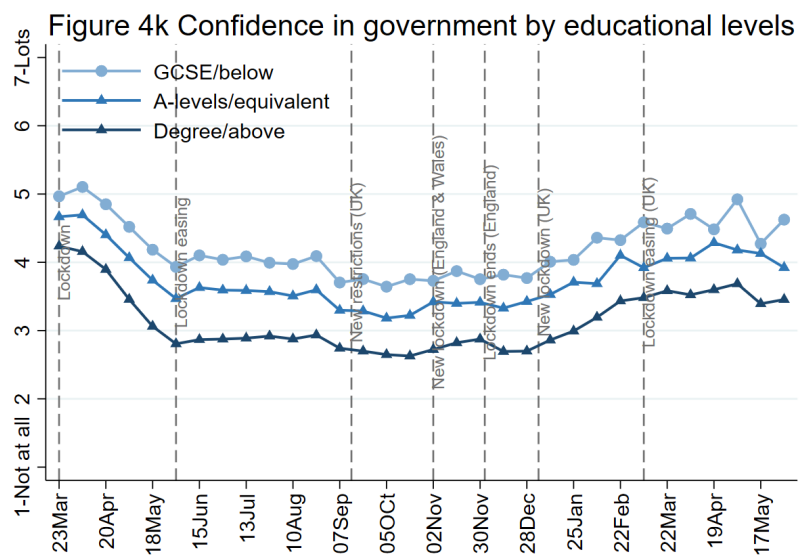
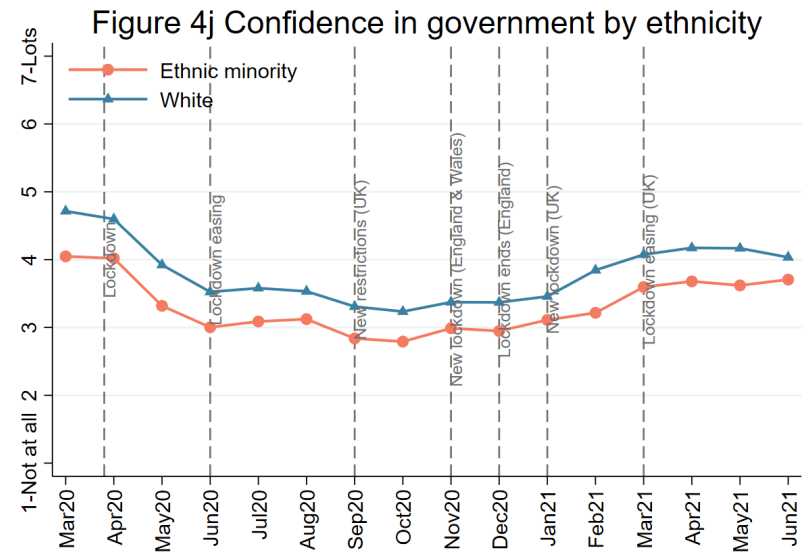
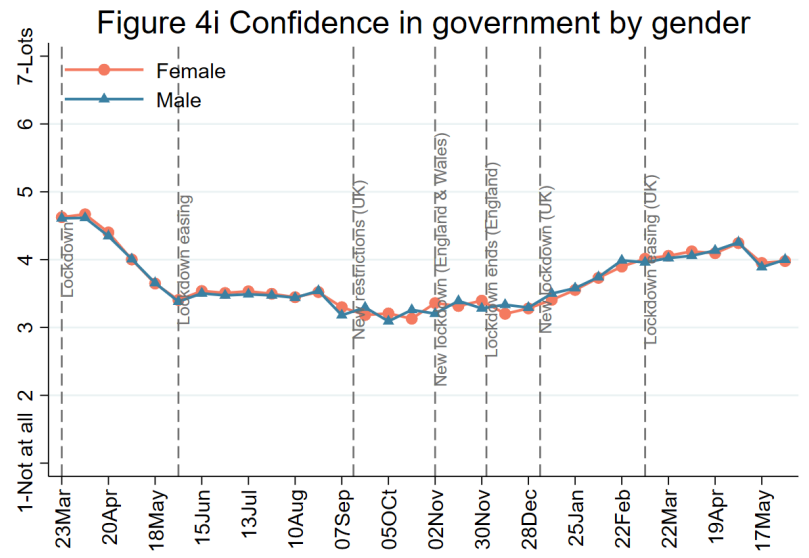
Confidence in the central government to handle the Covid-19 pandemic increased since the start of the new year in England, Wales, and Scotland, but then decreased slightly at the end of April. More data are needed to confirm this trend. Whilst levels remain lower in England than devolved nations, they are now back to levels recorded at the end of April 2020<sup>2</sup>.

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. In England, confidence in government is still lowest in those under the age of 30. Confidence also remains lower in urban areas, amongst people from ethnic minority backgrounds, in people with a mental health diagnosis, people with higher household incomes, and amongst people with higher educational qualifications.

<sup>2</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.

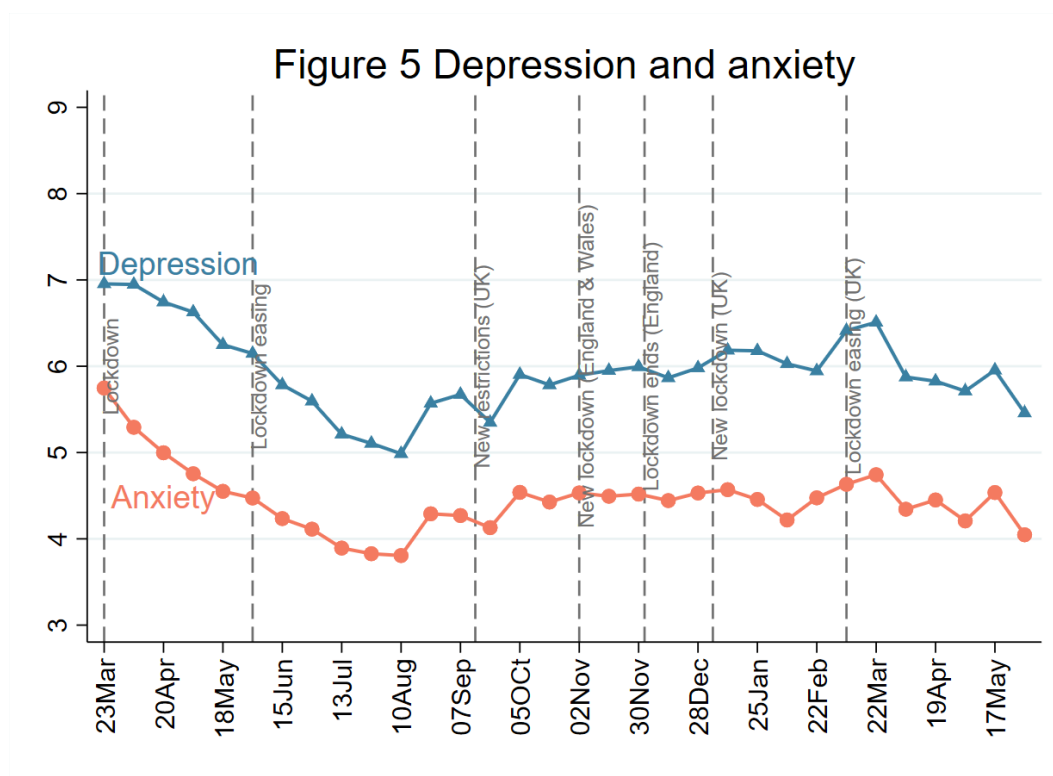






## 2. Mental Health

### 2.1 Depression and anxiety



#### FINDINGS

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

Depression and anxiety symptoms have generally been decreasing since the easing of restrictions for the latest lockdown, but remain similar to what they were in the autumn of 2020.

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<sup>3</sup>).

Depression and anxiety are still highest in young adults, women, people with lower household income, people from ethnic minority backgrounds, those with a physical health condition, and people living with children. People with a diagnosed mental illness are still reporting higher levels of depression and anxiety symptoms (as might be expected) (see Figures 6d and 7d).

<sup>3</sup> Löwe B, Decker O, Müller S, Brähler E, Schellberg D, Herzog W, et al. Validation and Standardization of the Generalized Anxiety Disorder Screener (GAD-7) in the General Population. *Medical Care*. 2008;46(3):266–74. | Tomitaka S, Kawasaki Y, Ide K, Akutagawa M, Ono Y, Furukawa TA. Stability of the Distribution of Patient Health Questionnaire-9 Scores Against Age in the General Population: Data From the National Health and Nutrition Examination Survey. *Front Psychiatry*. NB in the absence of identified directly comparable prevalence estimates in the UK, these studies look at prevalence in the US in the general population.

Figure 6a Depression by age groups

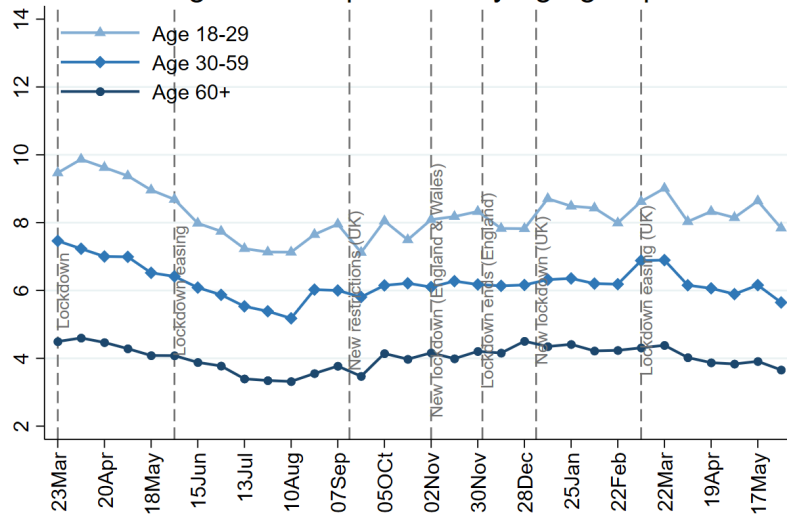


Figure 6b Depression by living arrangement

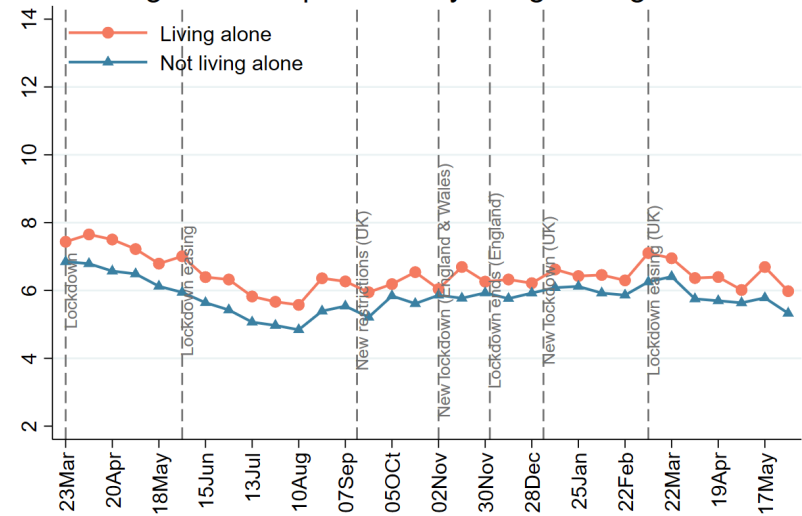


Figure 6c Depression by household income

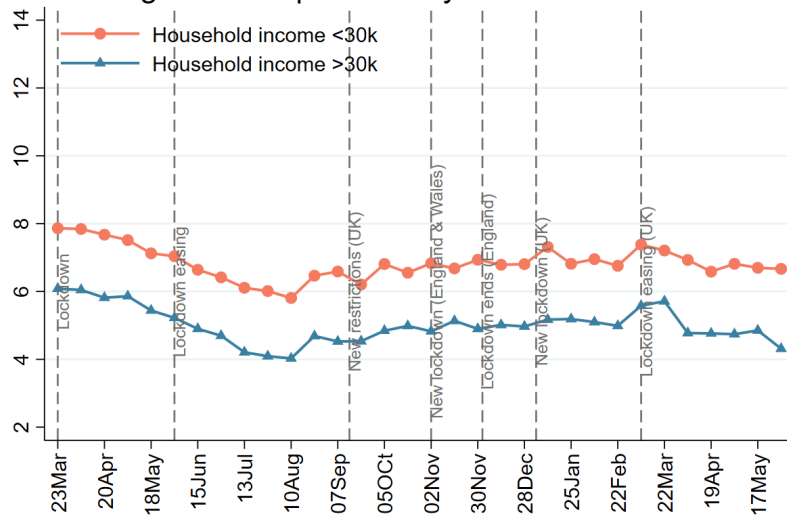


Figure 6d Depression by mental health diagnosis

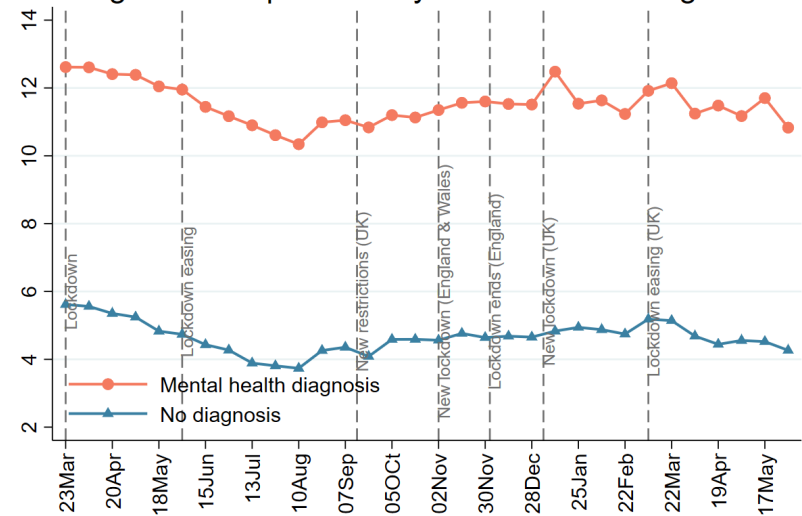




Figure 6e Depression by nations

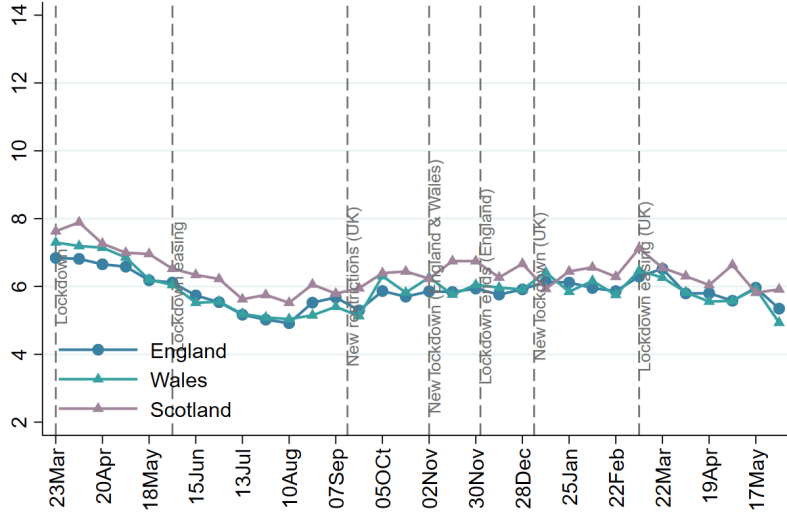


Figure 6f Depression by keyworker status

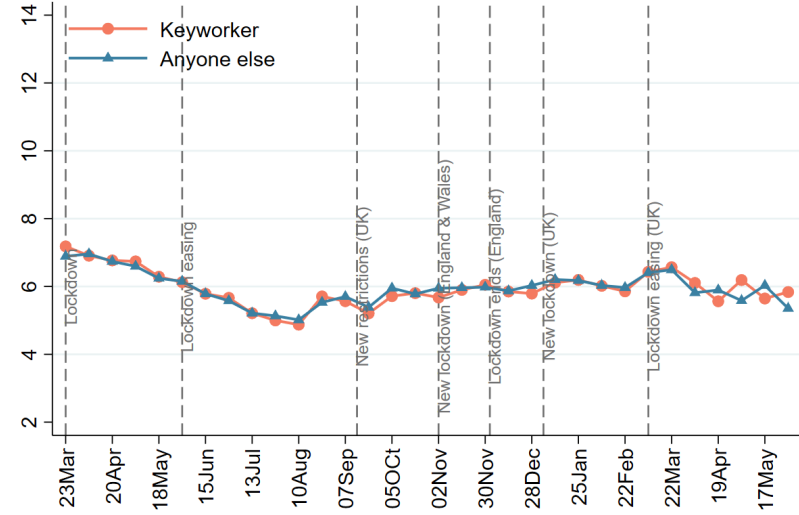


Figure 6g Depression by living with children

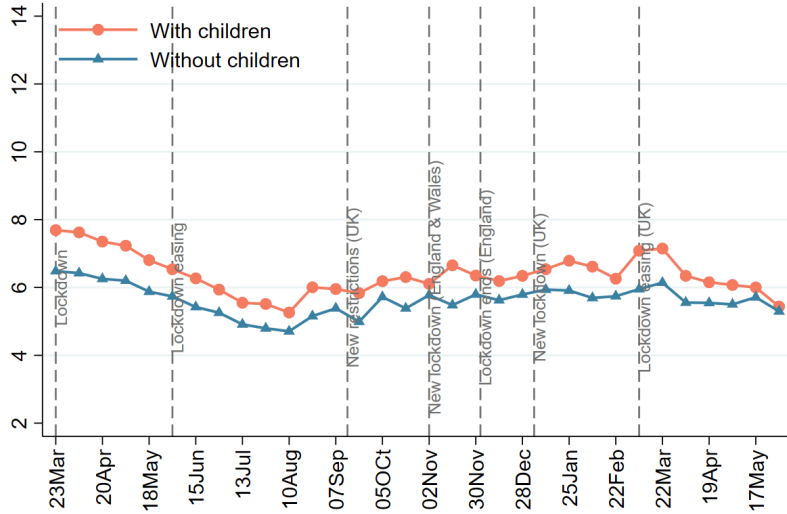


Figure 6h Depression by living area

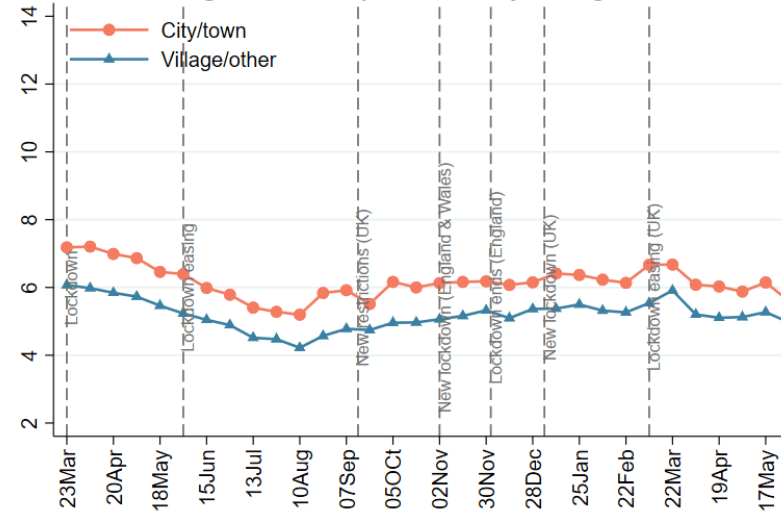


Figure 6i Depression by gender

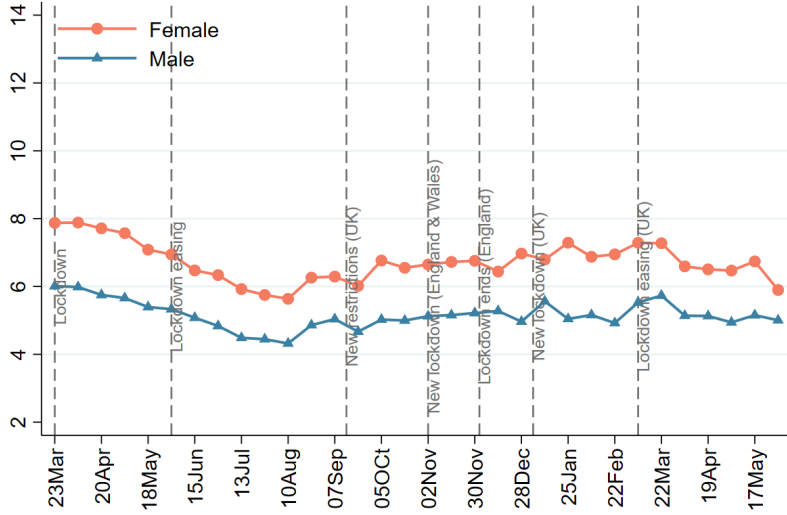


Figure 6j Depression by ethnicity

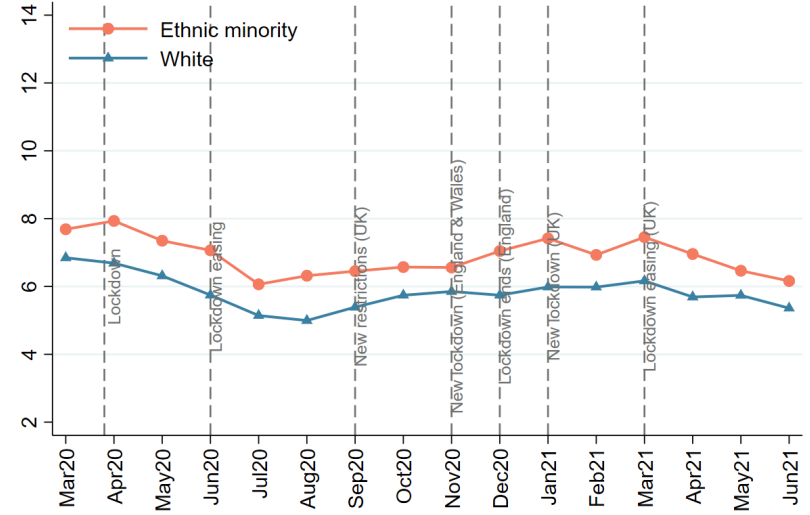


Figure 6k Depression by educational levels

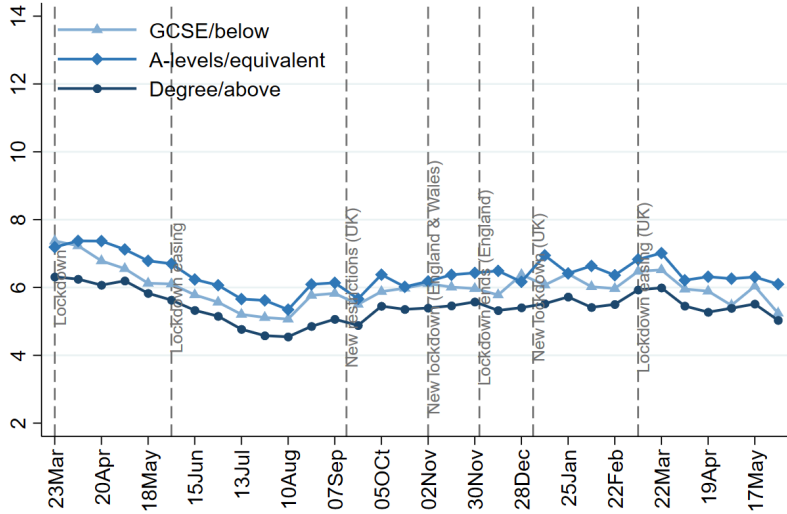


Figure 6l Depression by physical health diagnosis

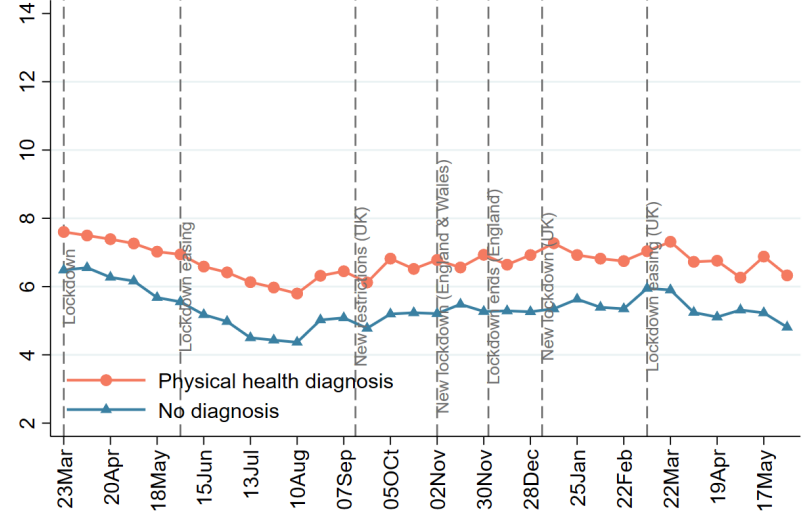


Figure 7a Anxiety by age groups

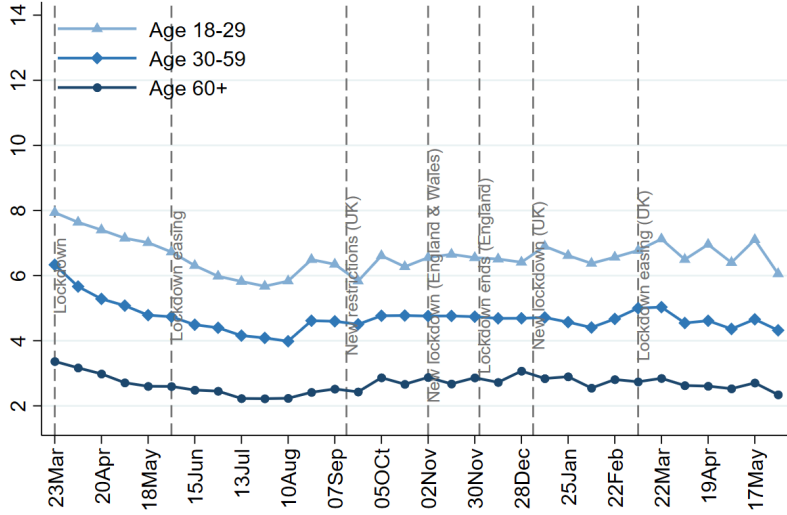


Figure 7b Anxiety by living arrangement

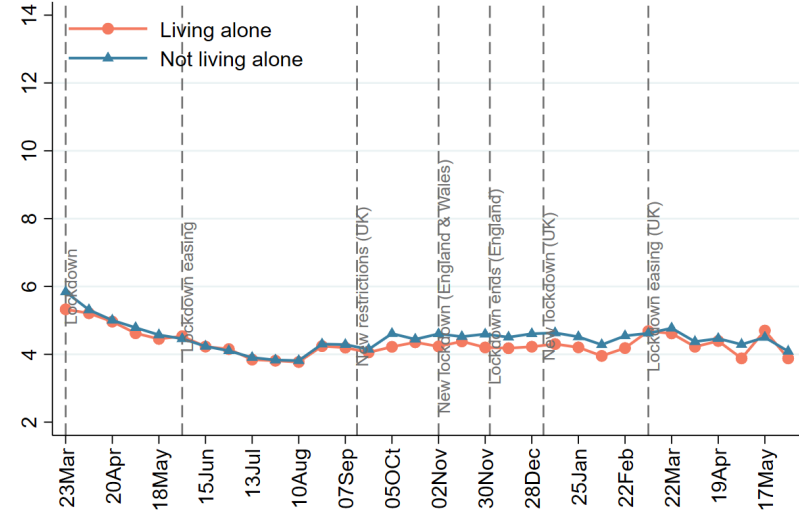


Figure 7c Anxiety by household income

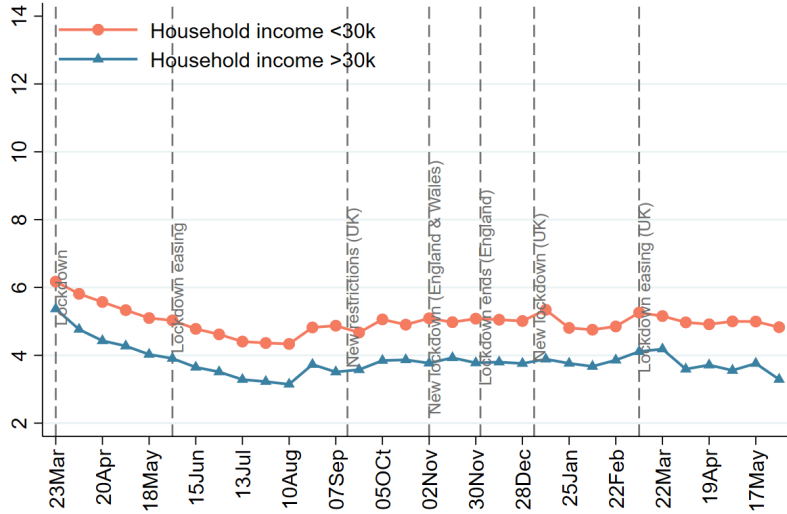


Figure 7d Anxiety by mental health diagnosis

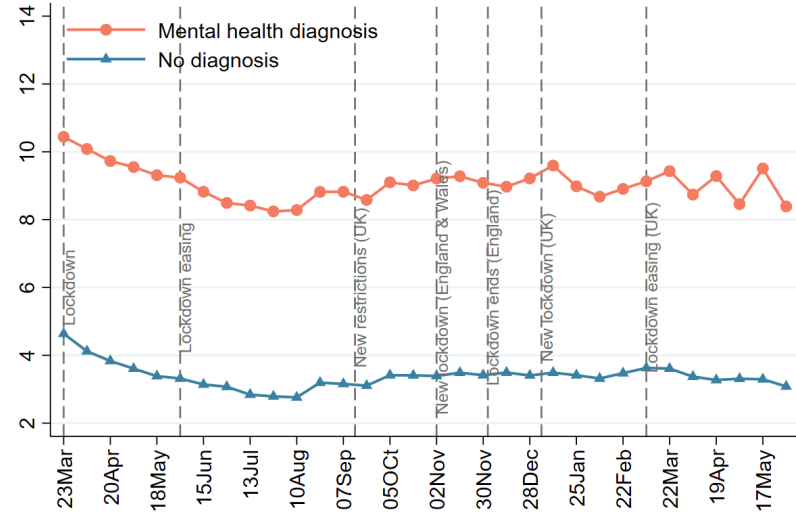


Figure 7e Anxiety by nations

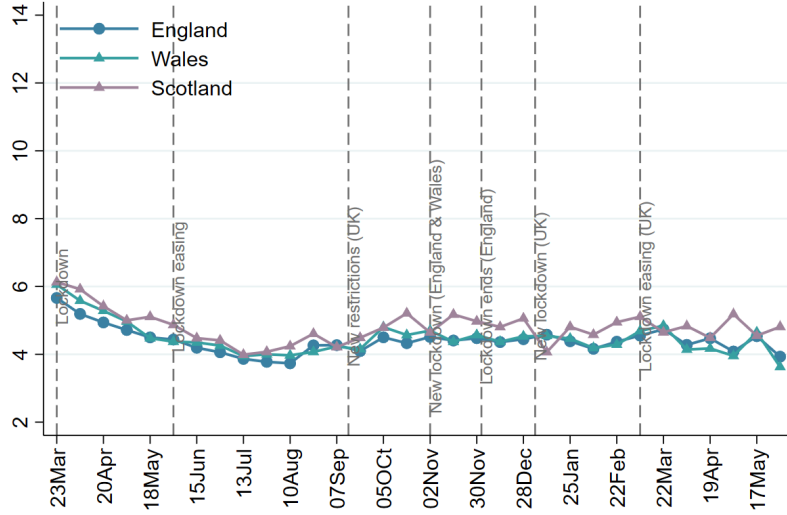


Figure 7f Anxiety by keyworker status

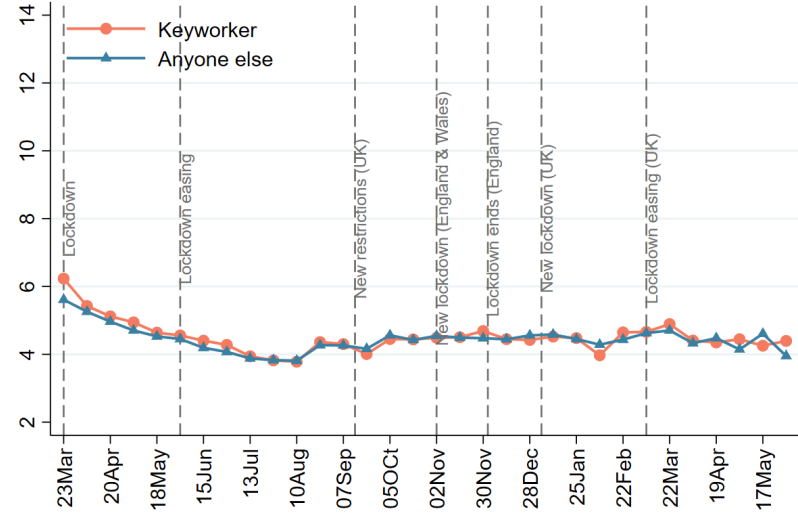


Figure 7g Anxiety by living with children

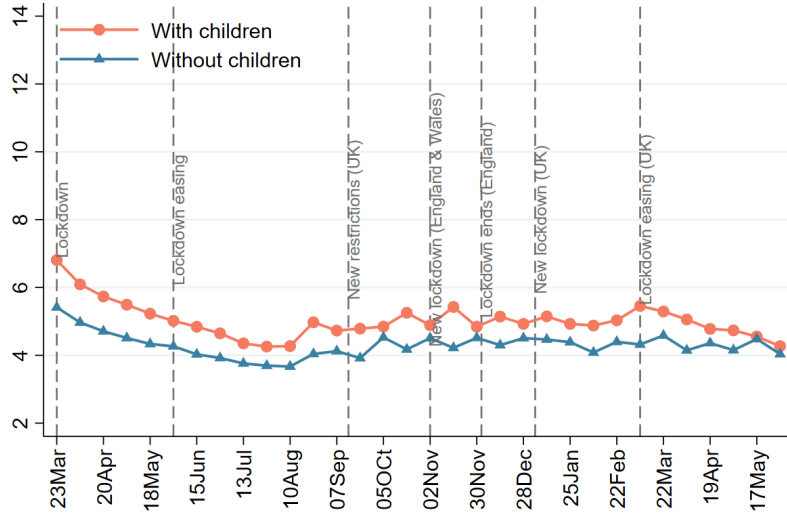


Figure 7h Anxiety by living area

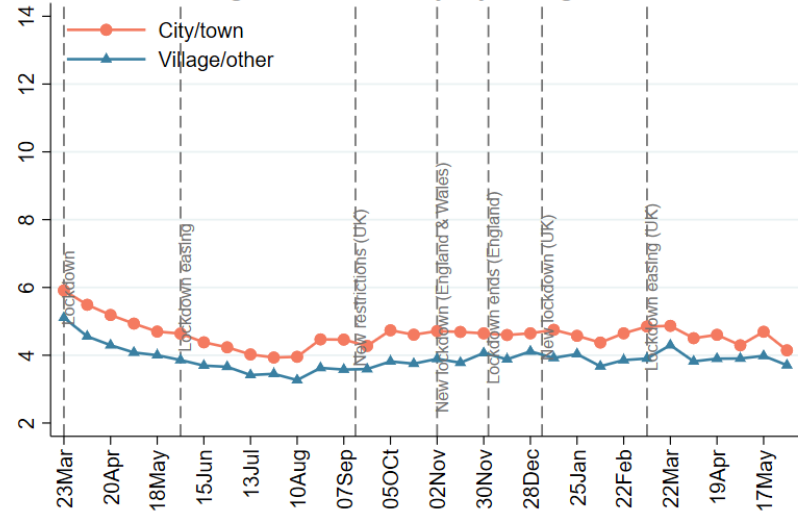


Figure 7i Anxiety by gender

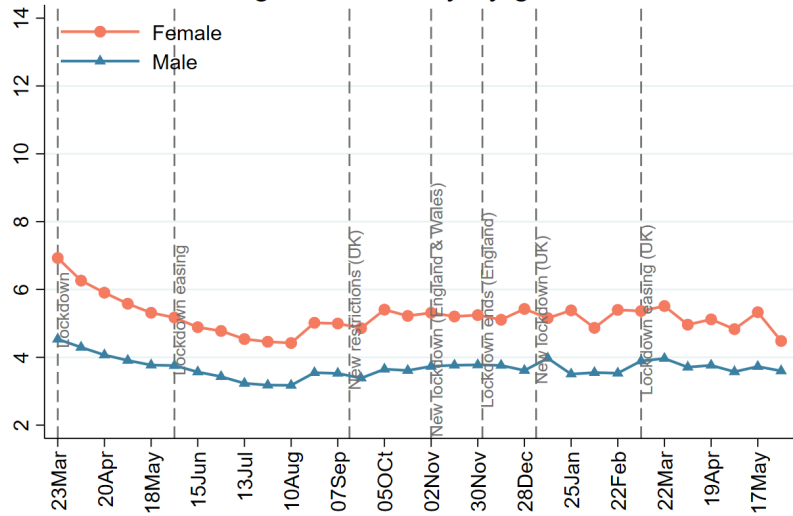


Figure 7j Anxiety by ethnicity

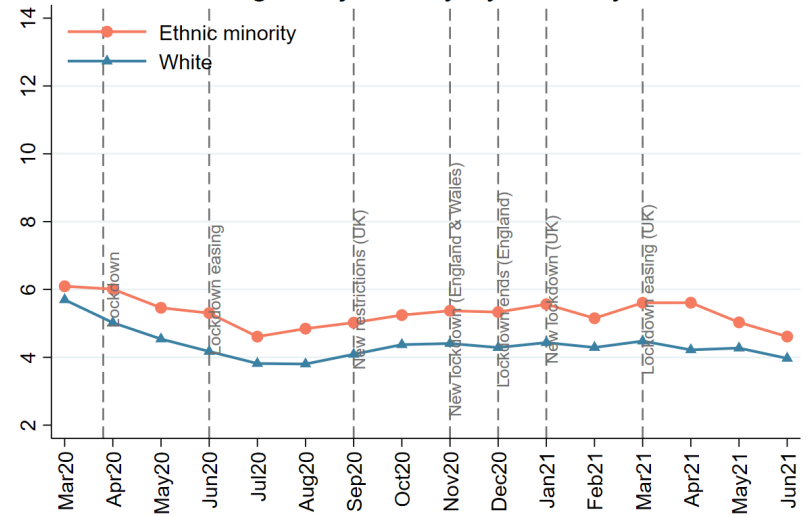


Figure 7k Anxiety by educational levels

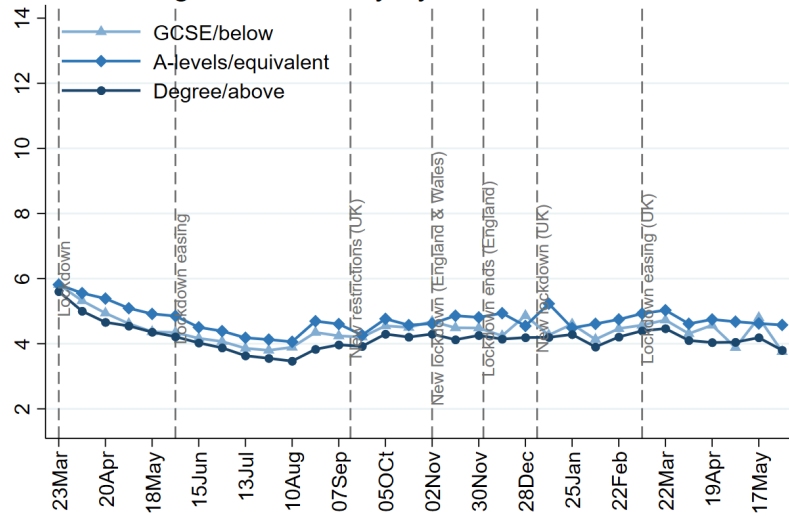
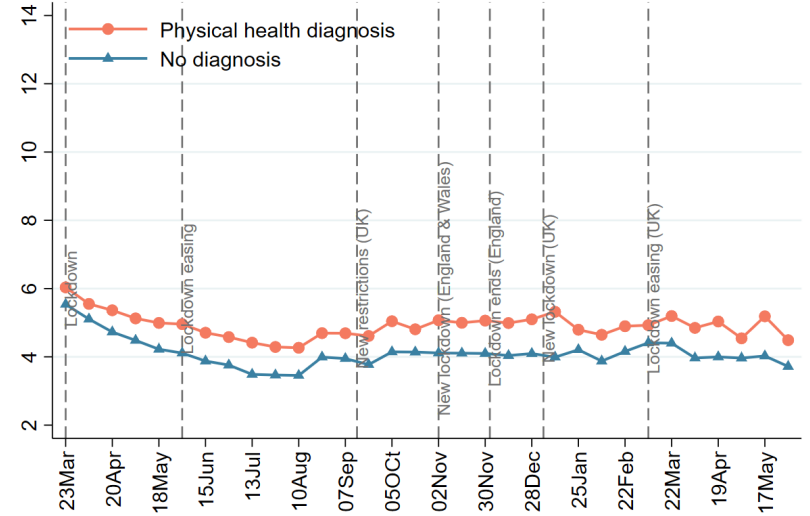
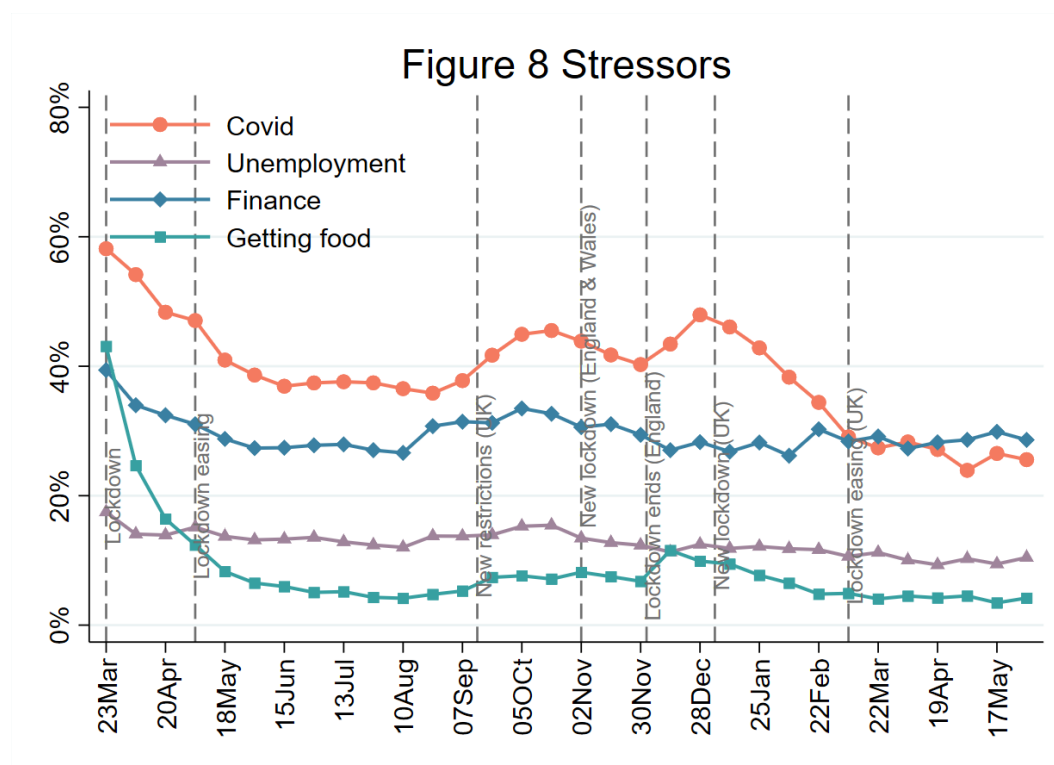


Figure 7l Anxiety by physical health diagnosis



## 2.2 Stress



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 been decreasing substantially since the end of 2020 and is now lower than it has ever been, with around 1 in 4 people reporting being worried. Women and people with a physical or mental health diagnosis remain more worried about catching or becoming seriously ill from Covid-19.

Worries about finance have remained relatively stable since the latest lockdown started and are comparable to their lowest levels of around 1 in 3 people over the summer of 2020. Concerns about finances remain highest amongst people with lower household incomes, those with a mental health condition, people living with children, people from ethnic minority groups, and adults of working age (18-59 years). Worries about finance have been increasing in young adults and in Scotland over the past three months.

Unemployment worries remain relatively low, but nevertheless concern 1 in 10 people. Unemployment stress is higher in people living with children, people with a mental health diagnosis, amongst people from ethnic minority groups, in people under the age of 60, and in urban areas. Worries about unemployment increased in Scotland from the end of March to the end of April and are higher than in Wales and England.

Worries about accessing food have been stable since the end of 2020 and are affecting approximately 5% of people; comparable to when lockdown easing began in May 2020. Most groups are showing similar concern about accessing food, although these concerns are higher in people with a diagnosed mental health condition and people with lower household incomes. People with physical health conditions are also more concerned about accessing food, which may be due to greater concerns about going to supermarkets.

Figure 9a Covid-19 stress by age groups

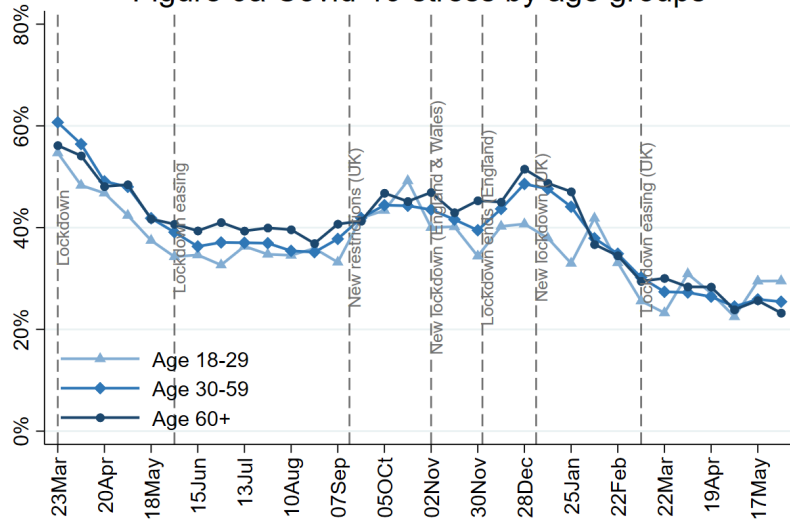


Figure 9b Covid-19 stress by living arrangement

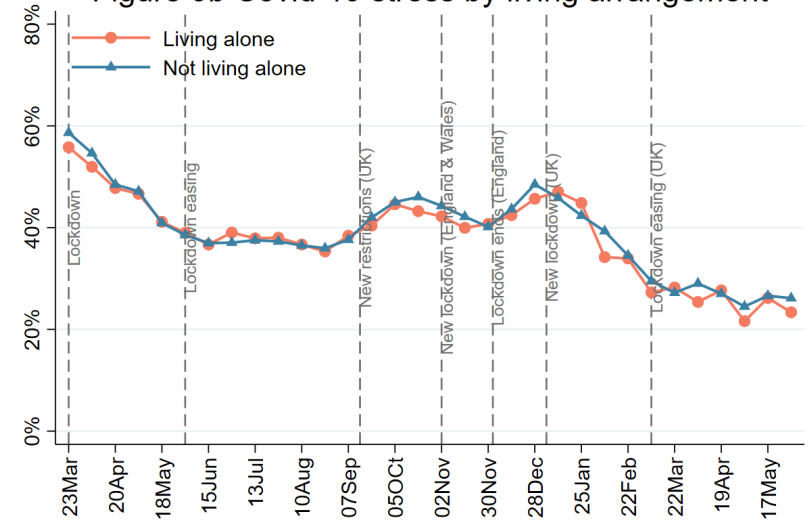


Figure 9c Covid-19 stress by household income

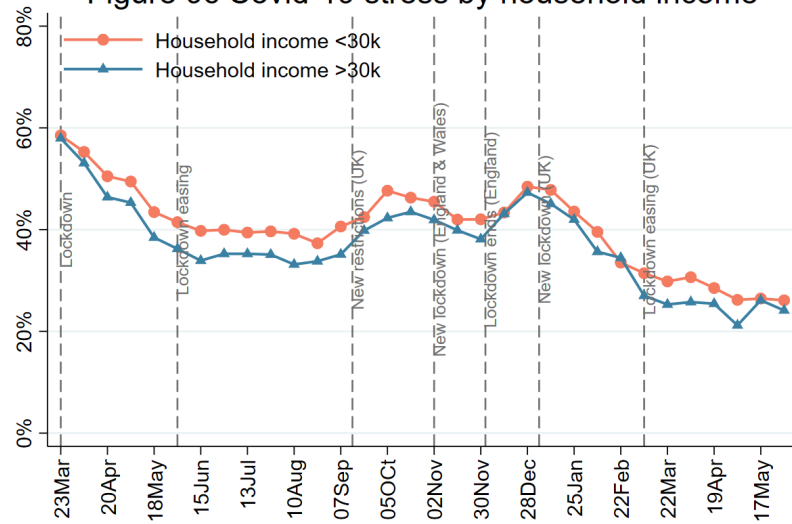


Figure 9d Covid-19 stress by mental health diagnosis

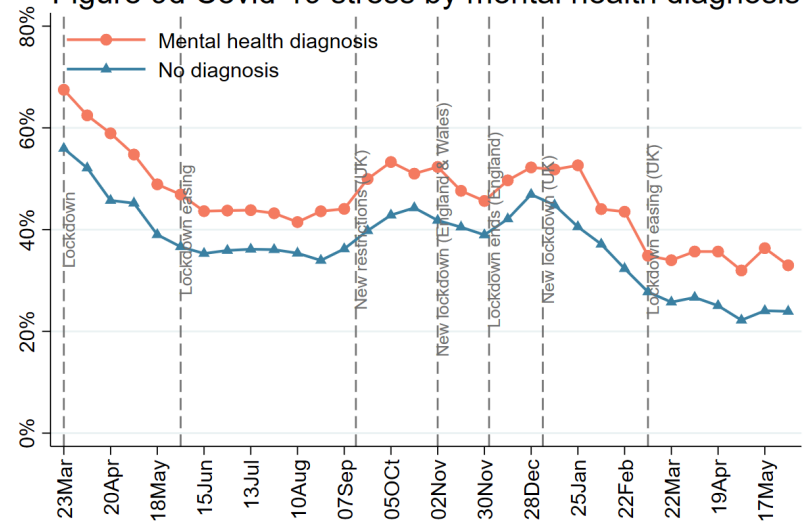


Figure 9e Covid-19 stress by nations

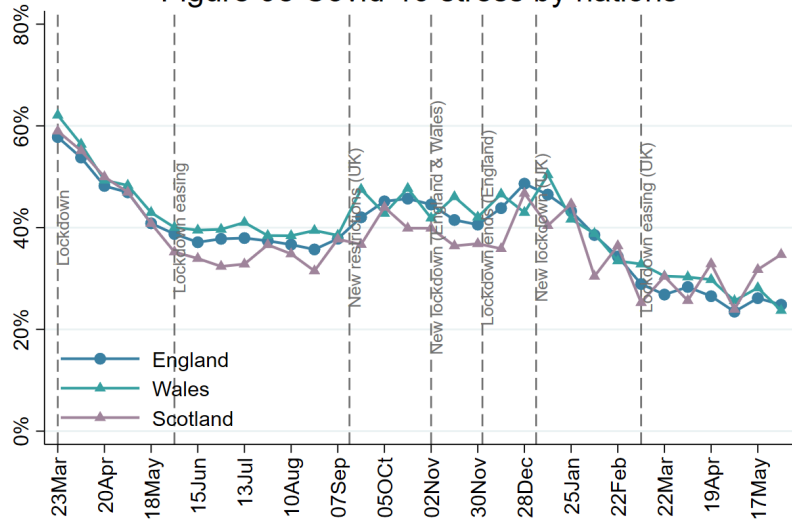


Figure 9f Covid-19 stress by keyworker status

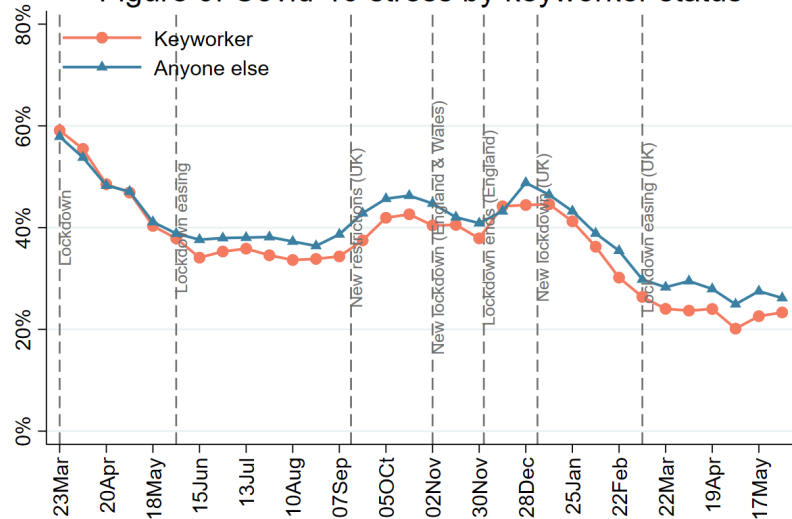


Figure 9g Covid-19 stress by living with children

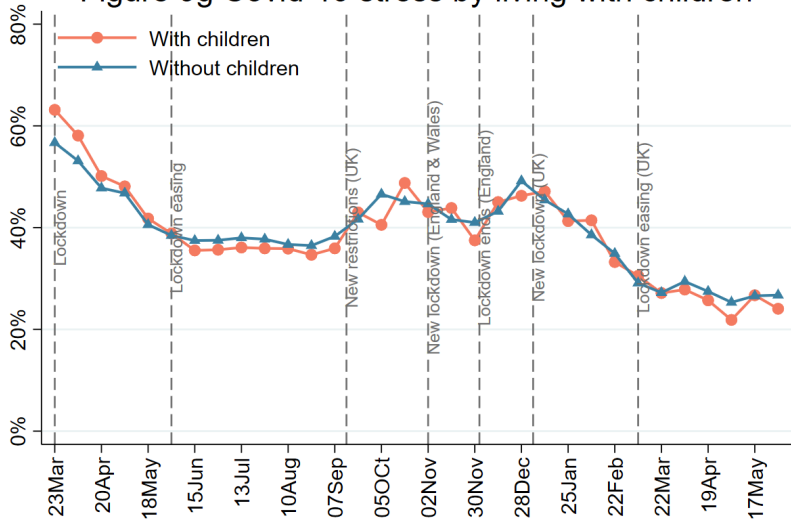


Figure 9h Covid-19 stress by living area

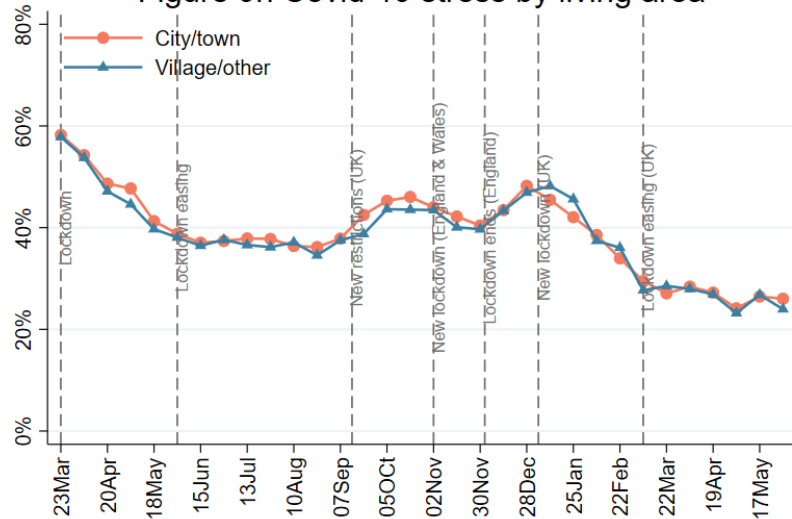




Figure 9i Covid-19 stress by gender

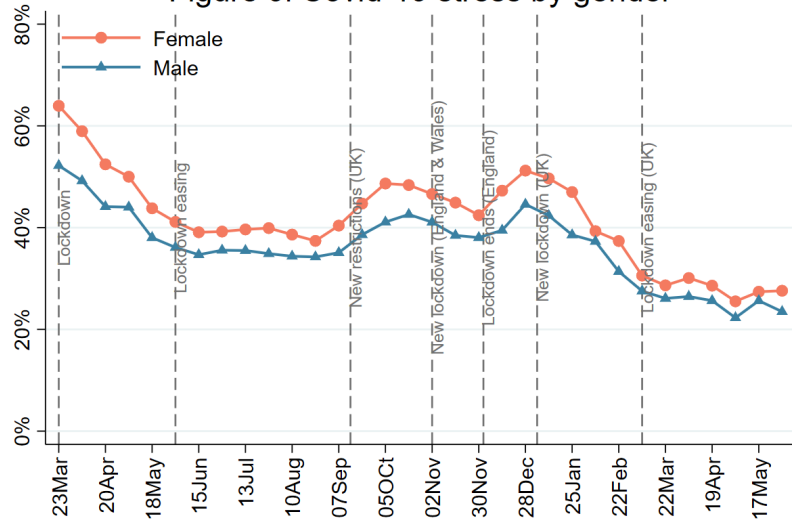


Figure 9j Covid-19 stress by ethnicity

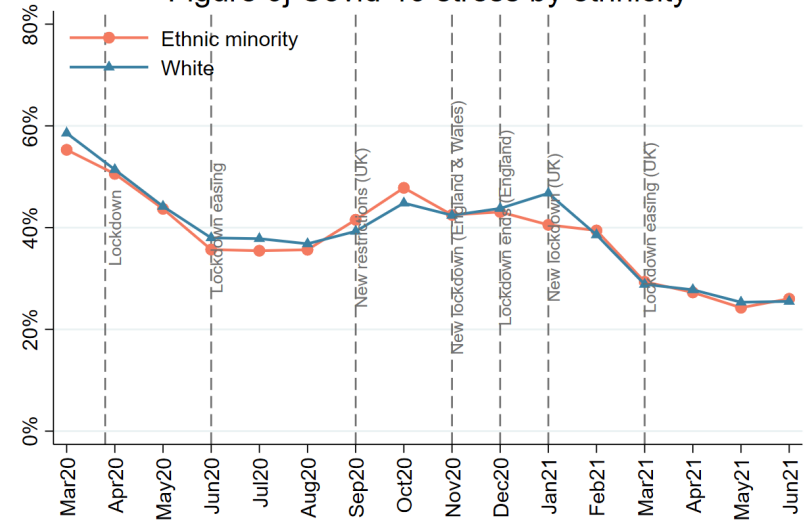


Figure 9k Covid-19 stress by educational levels

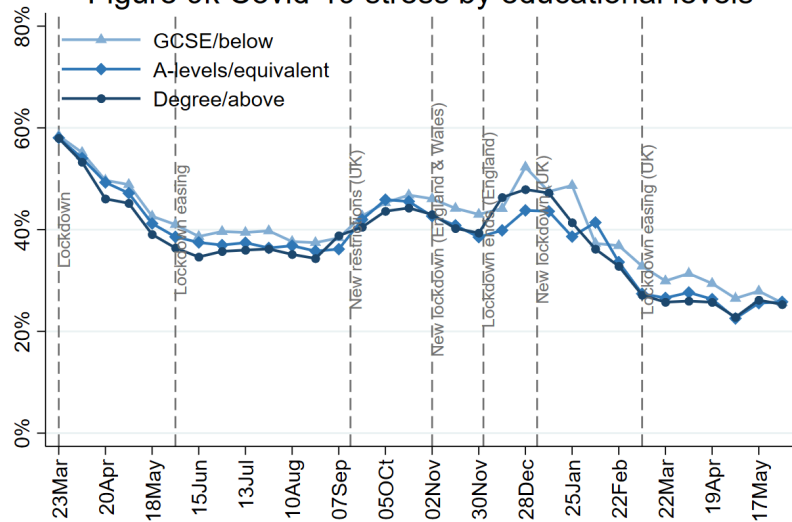


Figure 9l Covid-19 stress by physical health diagnosis

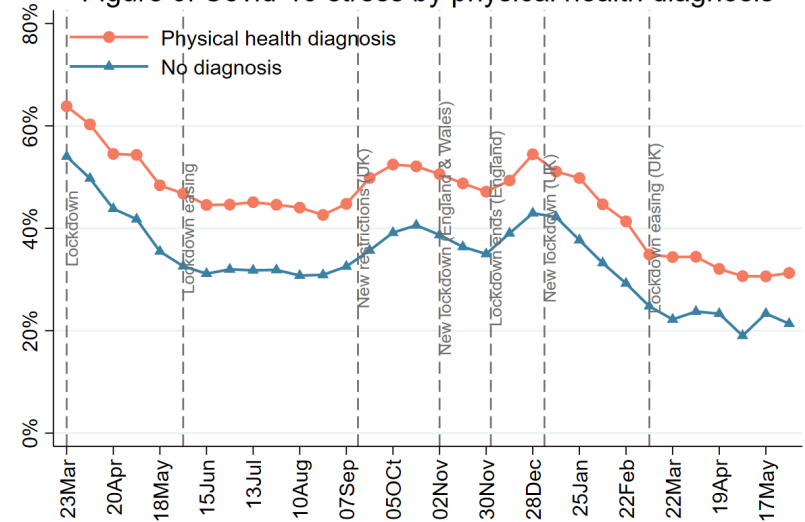


Figure 10a Unemployment stress by age groups

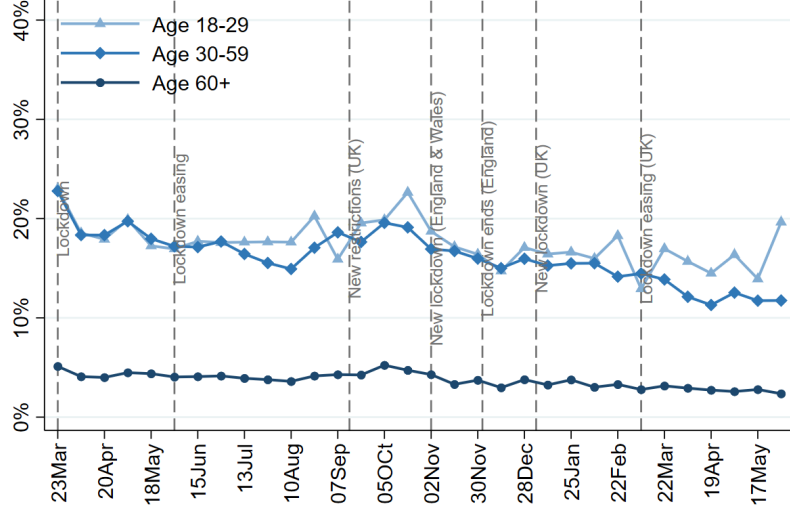


Figure 10b Unemployment stress by living arrangement

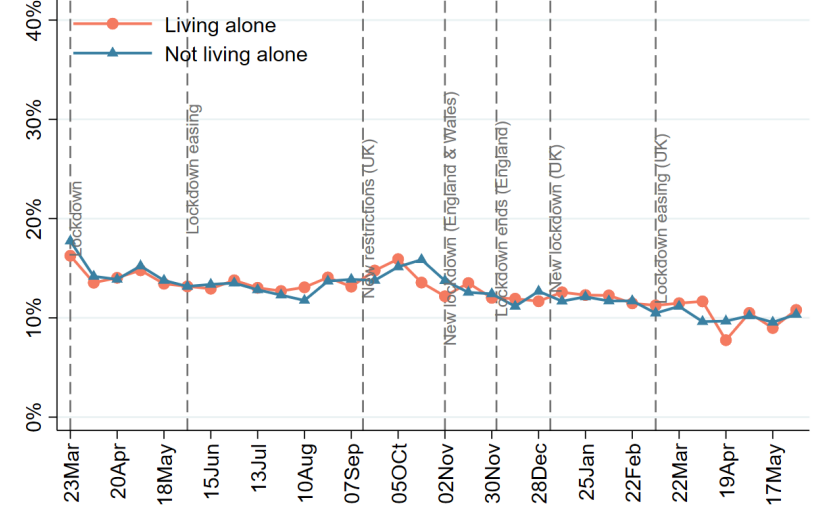


Figure 10c Unemployment stress by household income

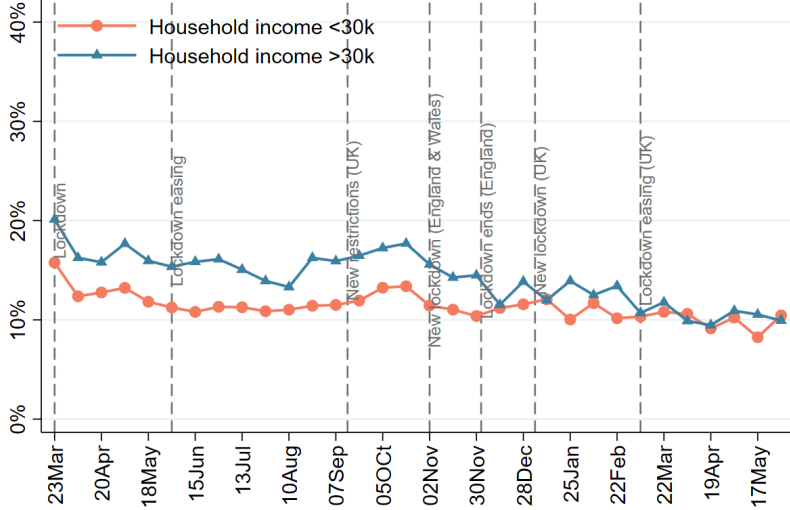


Figure 10d Unemployment stress by mental health

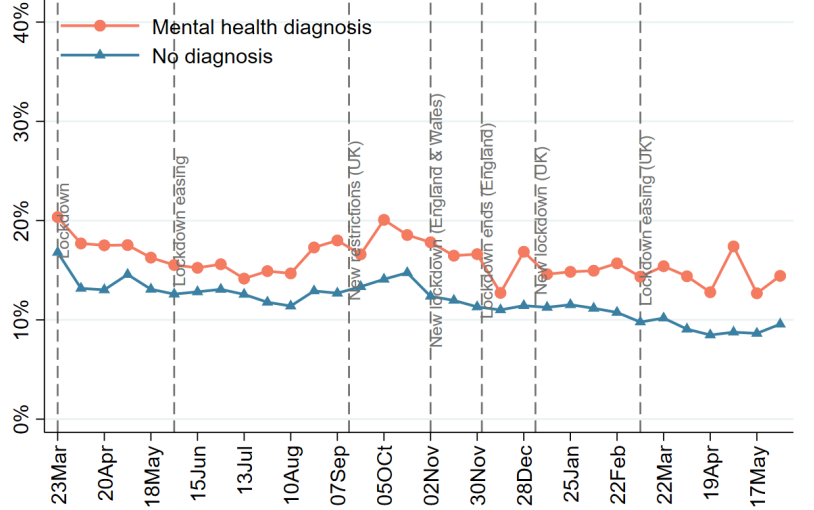


Figure 10e Unemployment stress by nations

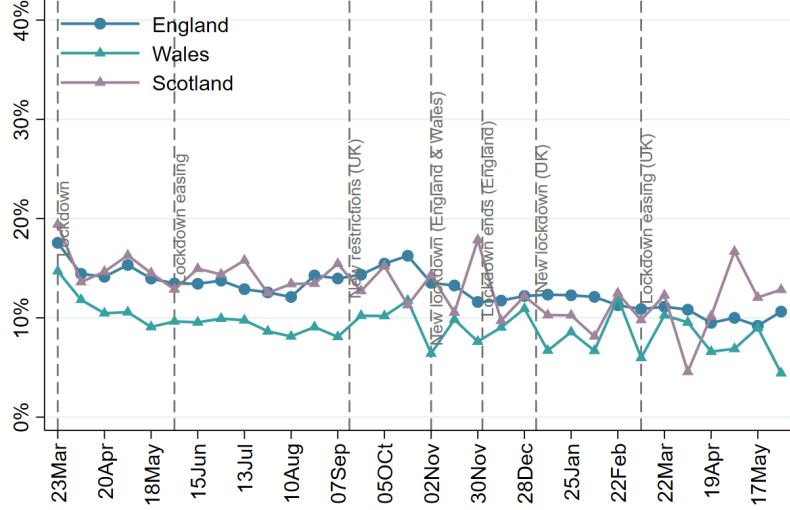


Figure 10f Unemployment stress by keyworker status

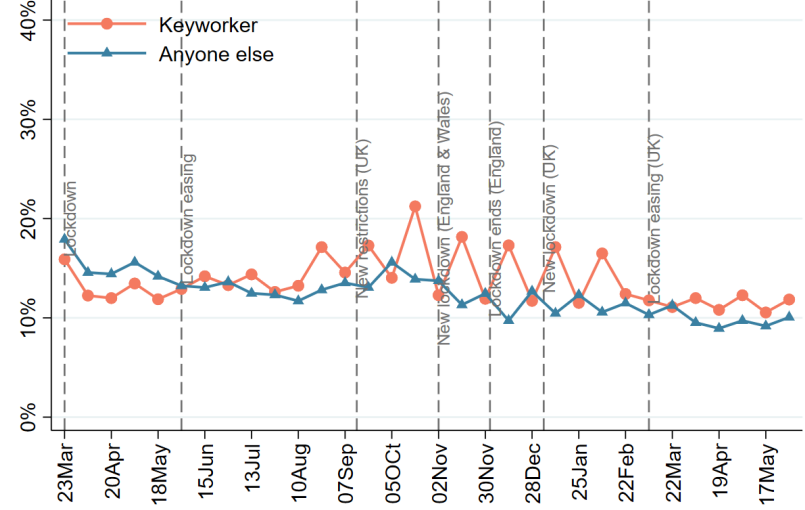


Figure 10g Unemployment stress by living with children

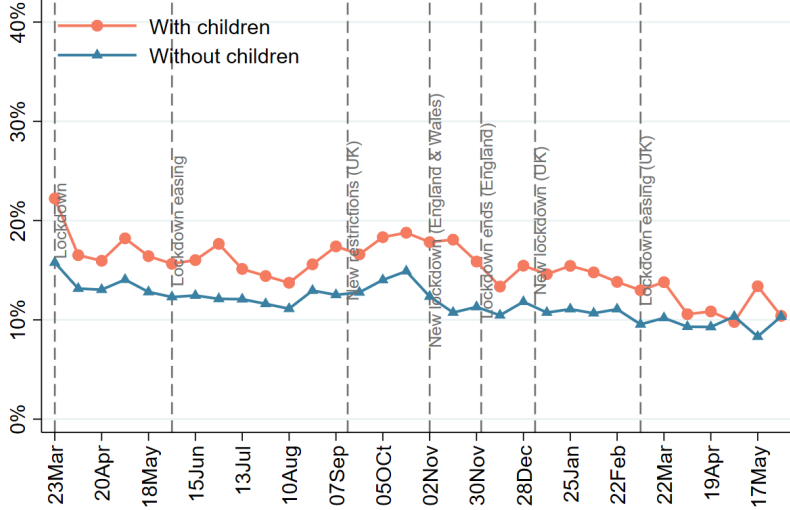


Figure 10h Unemployment stress by living area

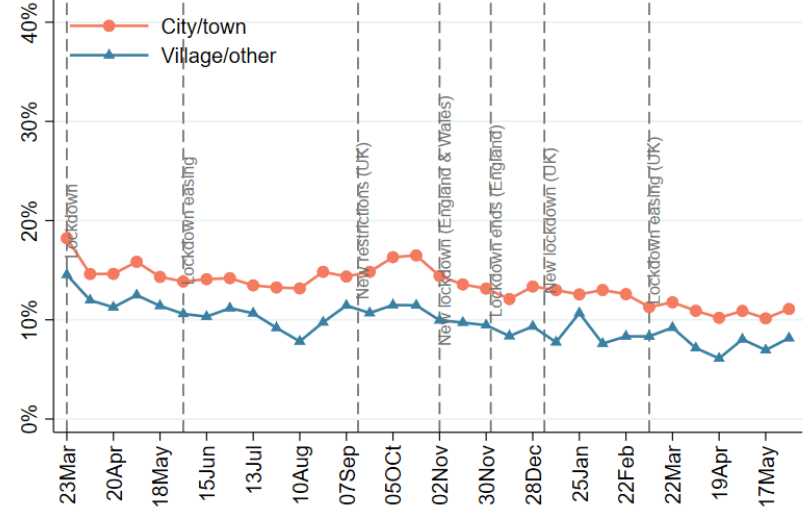


Figure 10i Unemployment stress by gender

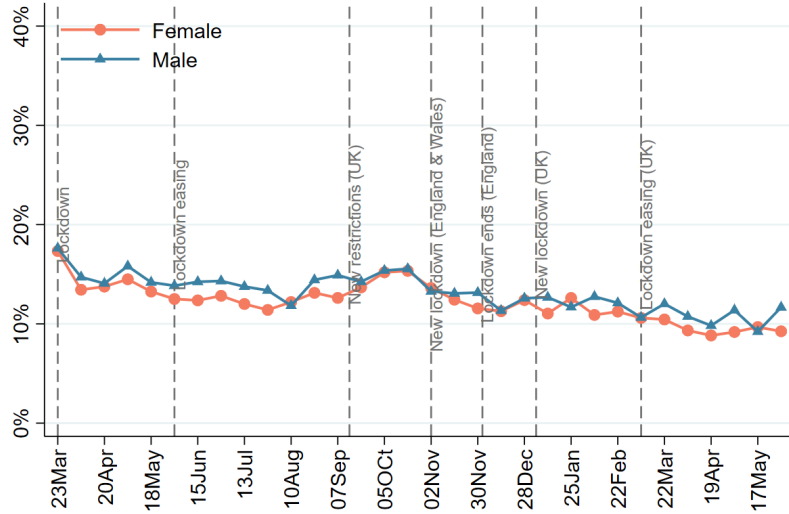


Figure 10j Unemployment stress by ethnicity

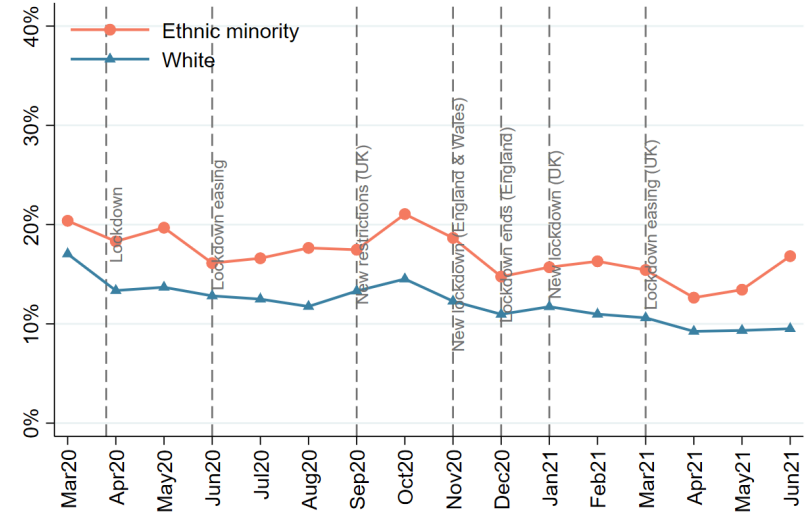


Figure 10k Unemployment stress by educational levels

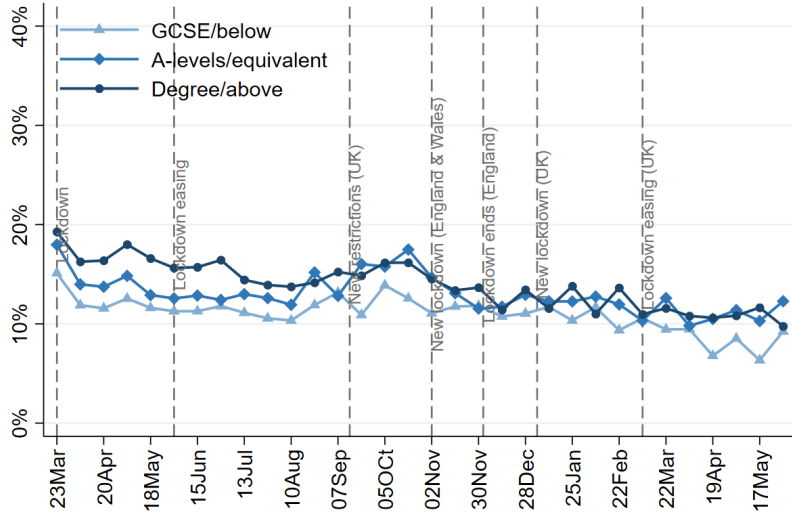


Figure 10l Unemployment stress by physical health diagnosis

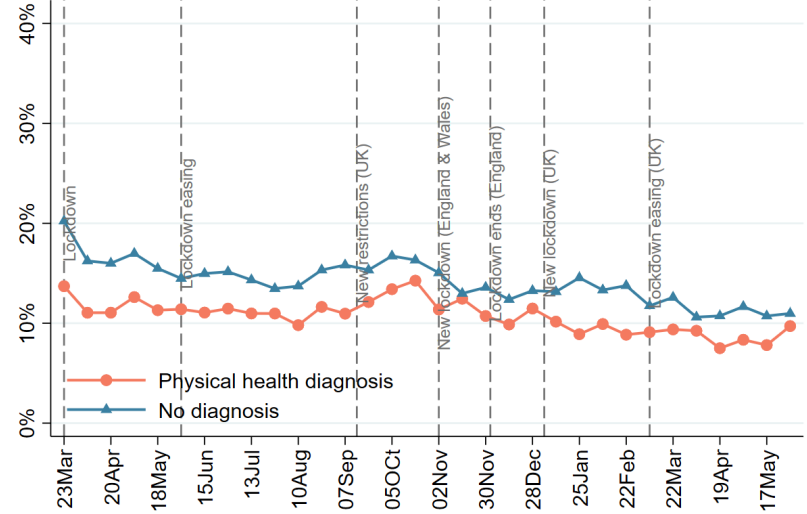


Figure 11a Financial stress by age groups

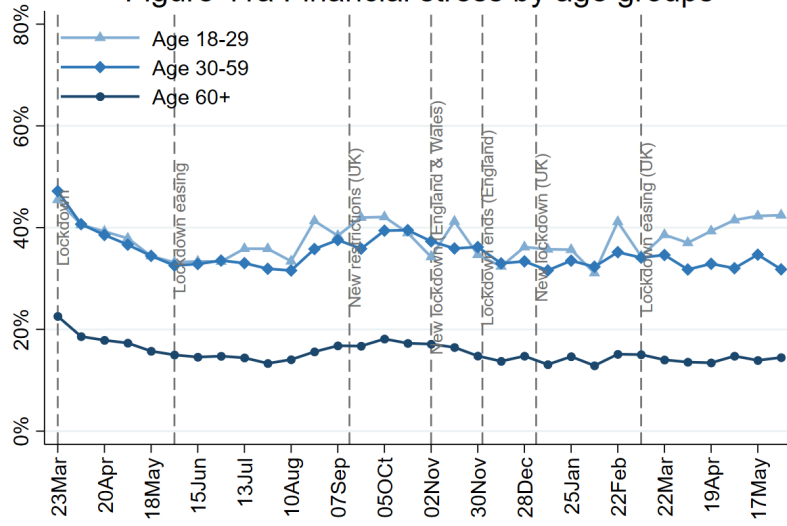


Figure 11b Financial stress by living arrangement

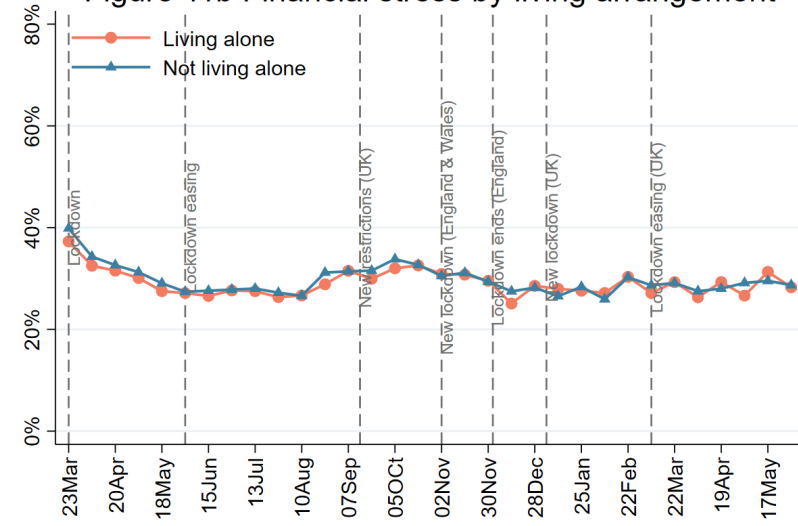


Figure 11c Financial stress by household income

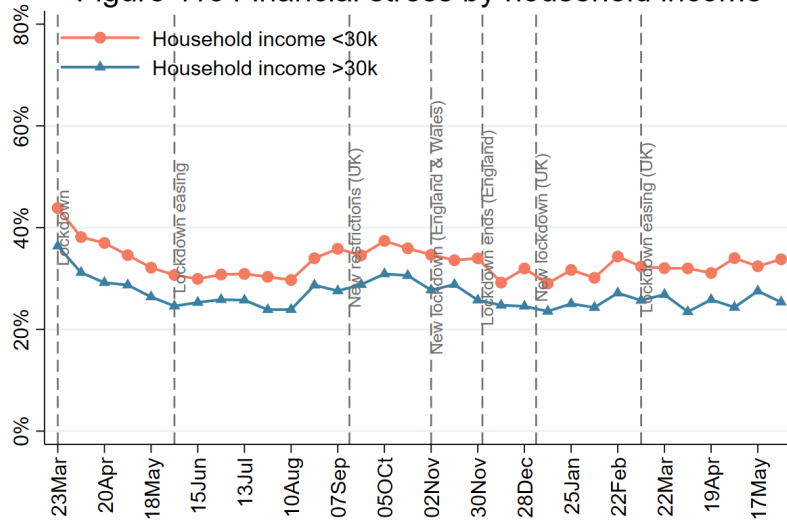


Figure 11d Financial stress by mental health diagnosis

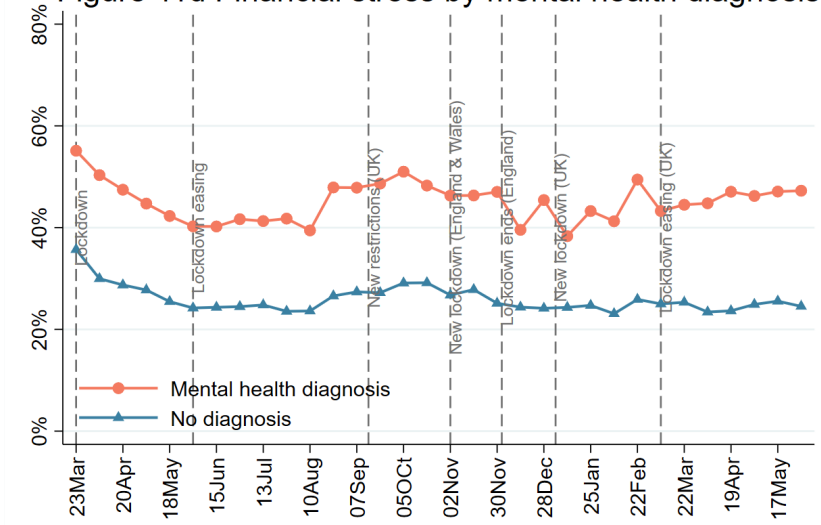


Figure 11e Financial stress by nations

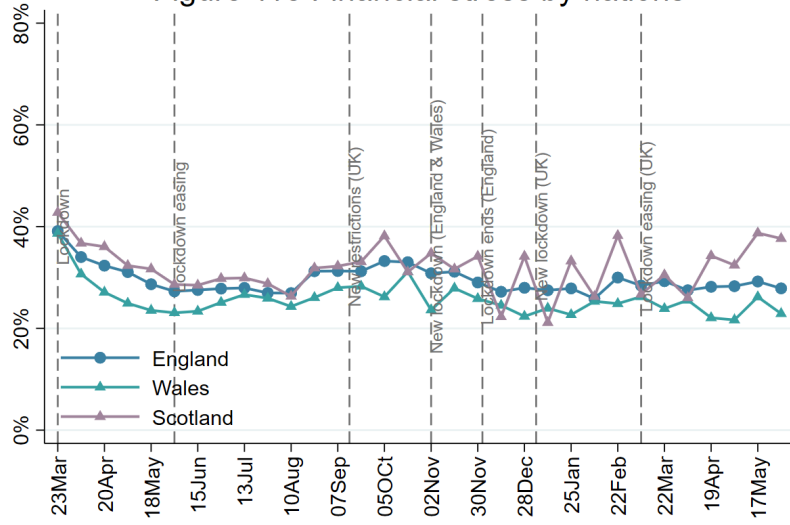


Figure 11f Financial stress by keyworker status

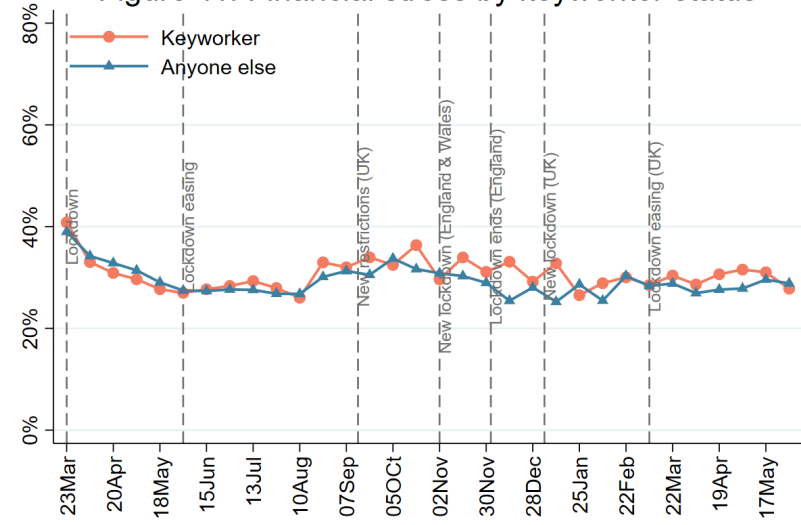


Figure 11g Financial stress by living with children

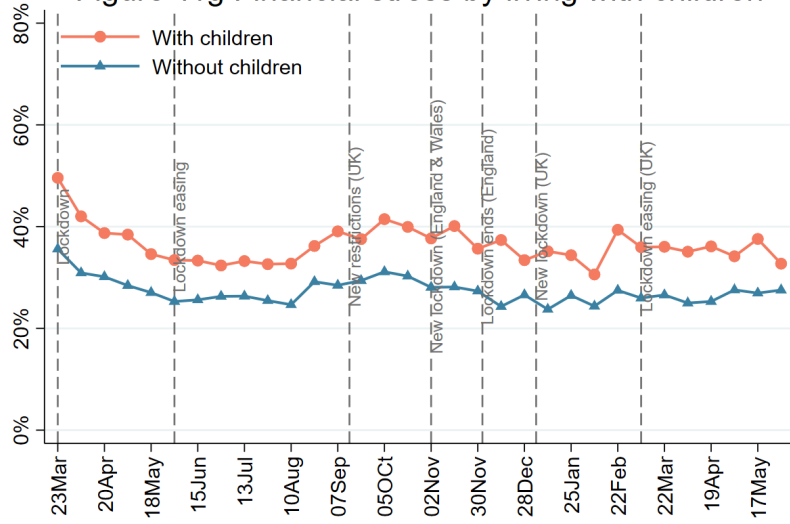


Figure 11h Financial stress by living area

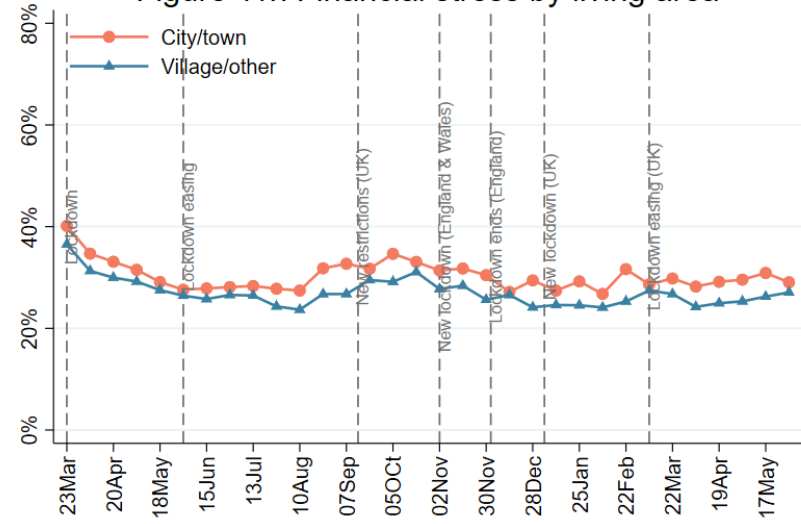


Figure 11i Financial stress by gender

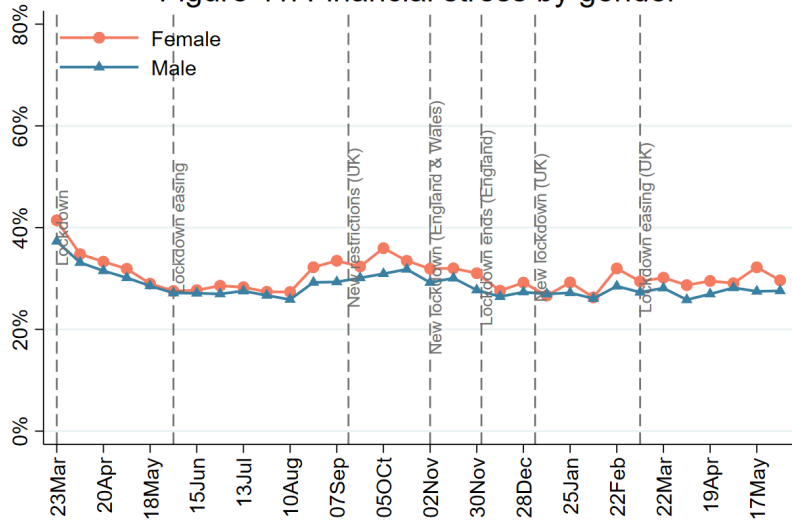


Figure 11j Financial stress by ethnicity

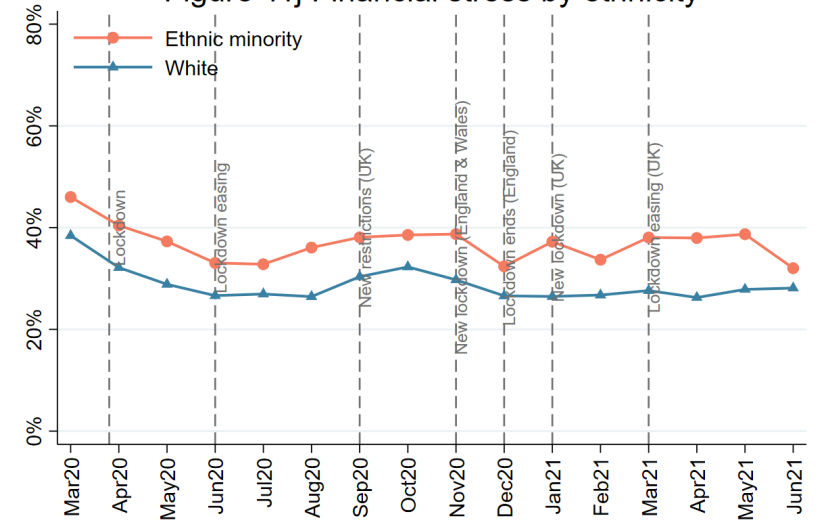


Figure 11k Financial stress by educational levels

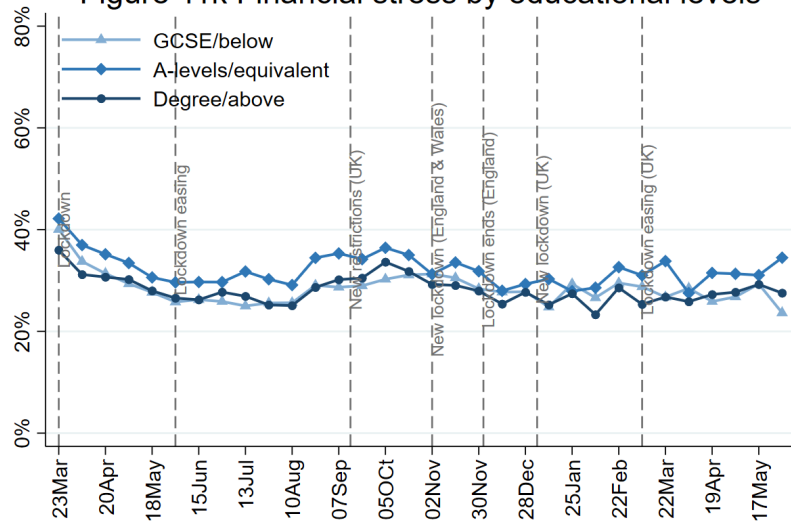


Figure 11l Financial stress by physical health diagnosis

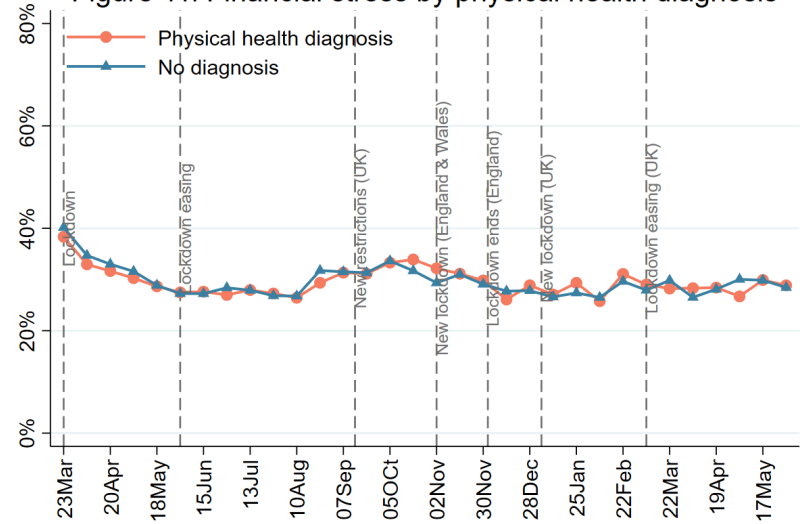


Figure 12a Food security stress by age groups

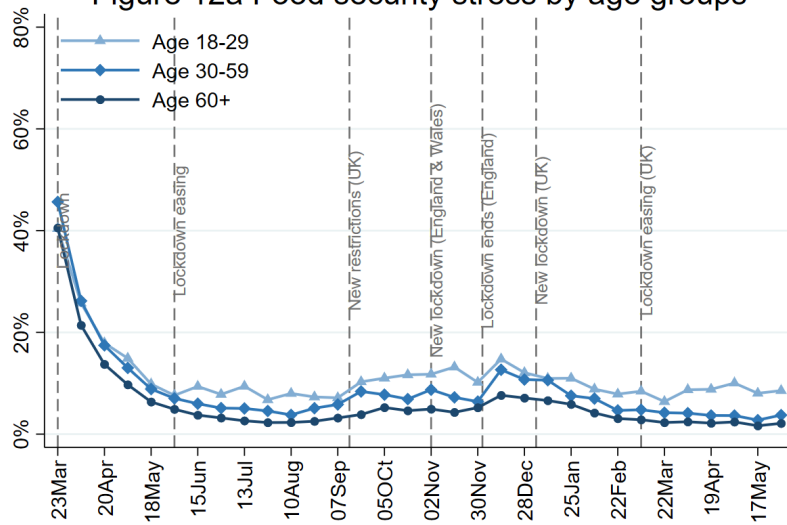


Figure 12b Food security stress by living arrangement

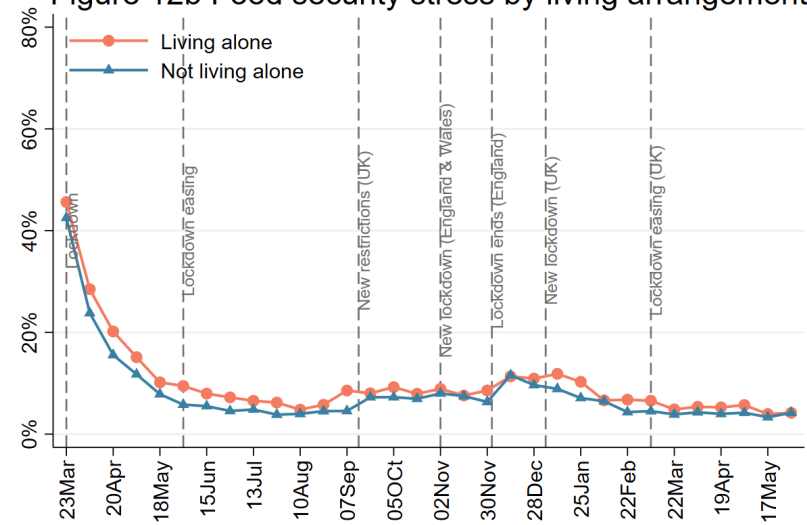


Figure 12c Food security stress by household income

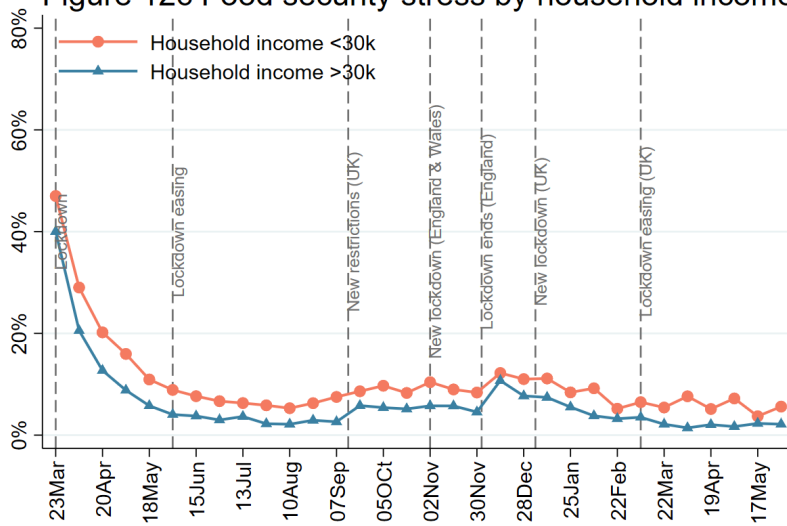


Figure 12d Food security stress by mental health

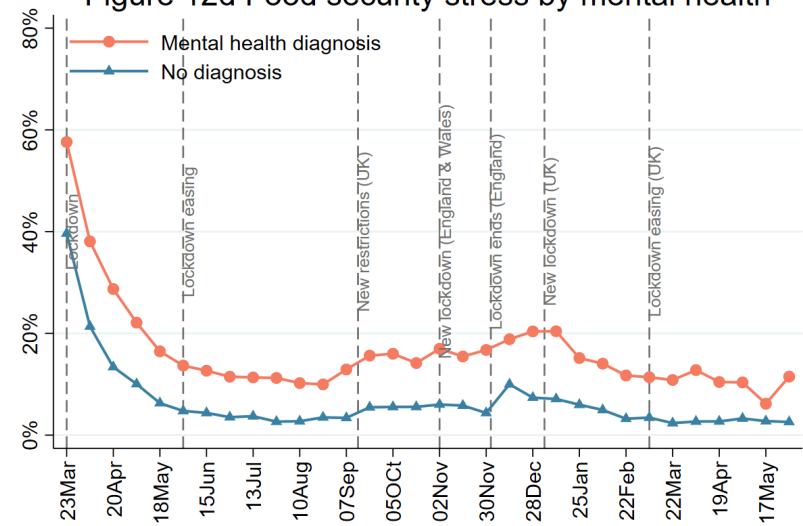




Figure 12e Food security stress by nations

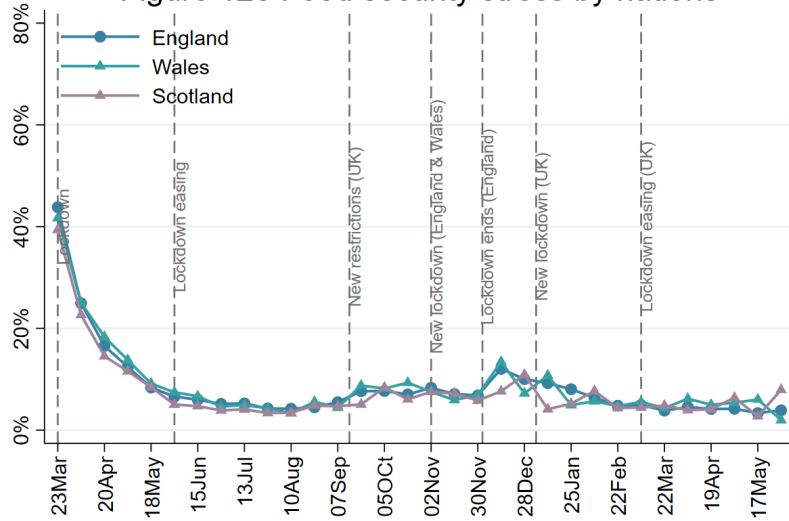


Figure 12f Food security stress by keyworker status

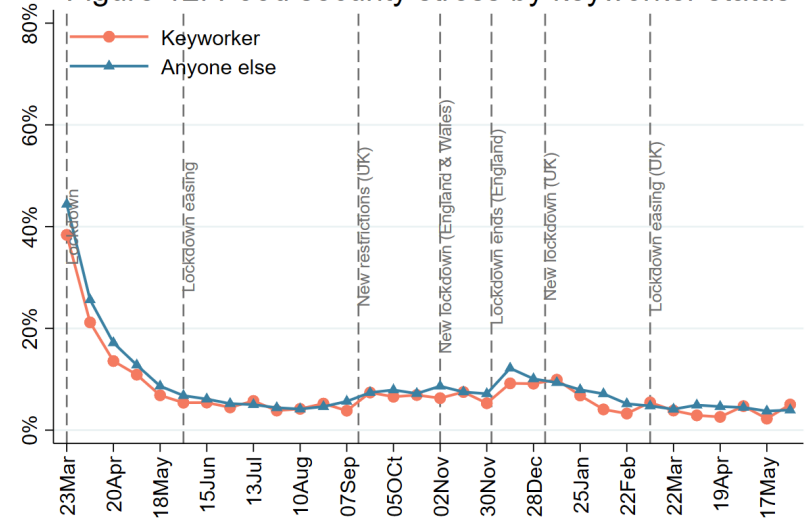


Figure 12g Food security stress by living with children

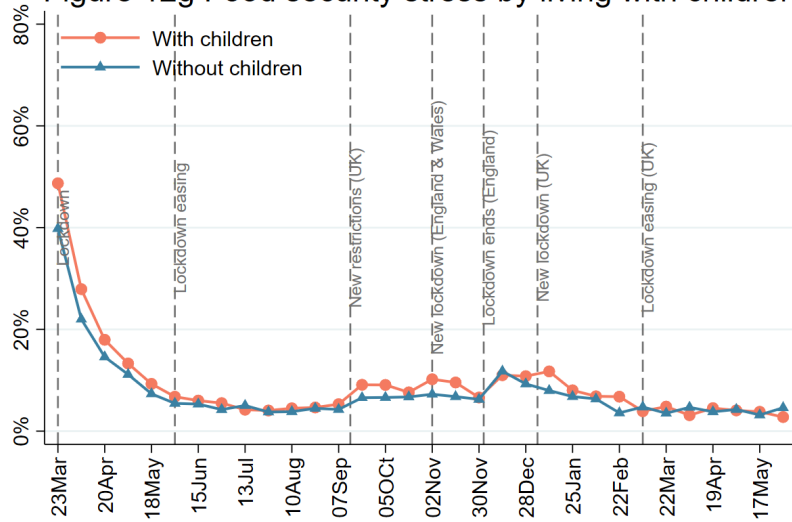


Figure 12h Food security stress by living area

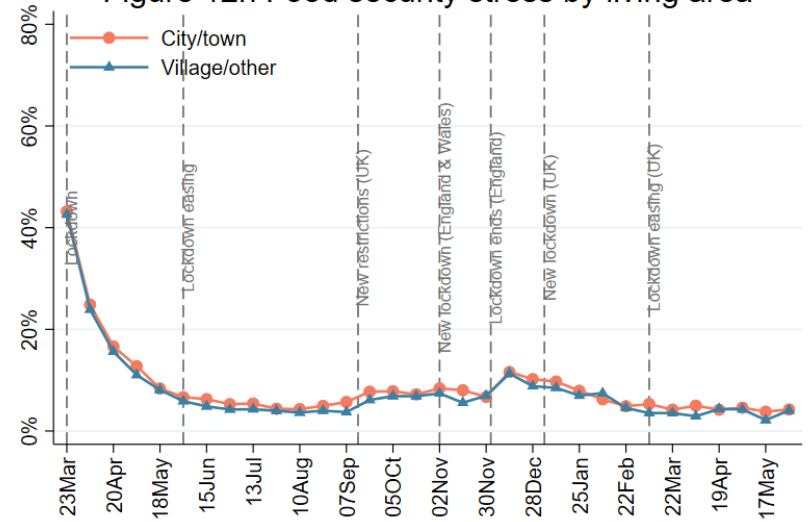


Figure 12i Food security stress by gender

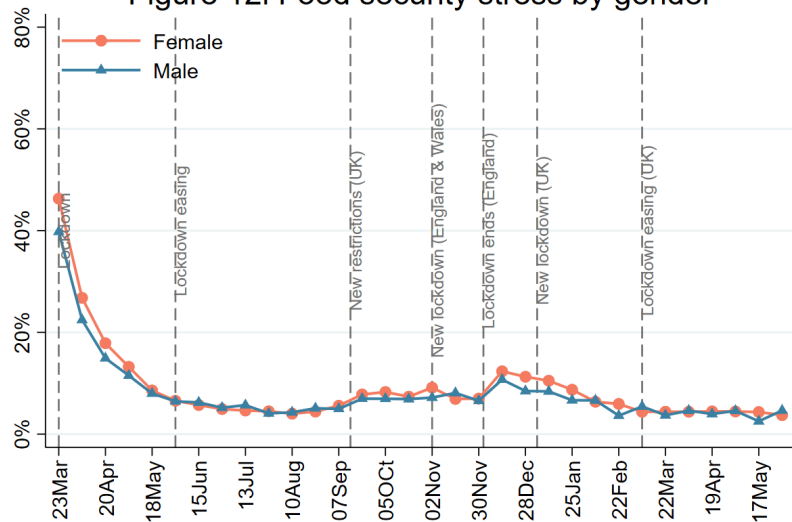


Figure 12j Food security stress by ethnicity

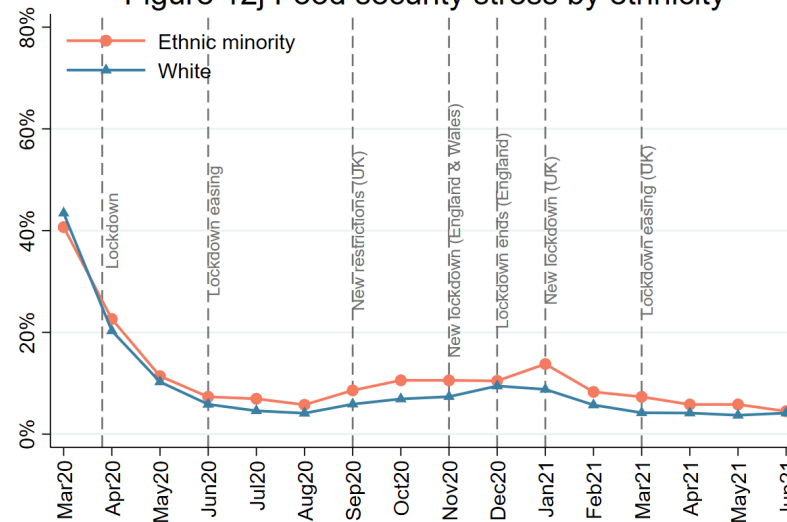


Figure 12k Food security stress by educational levels

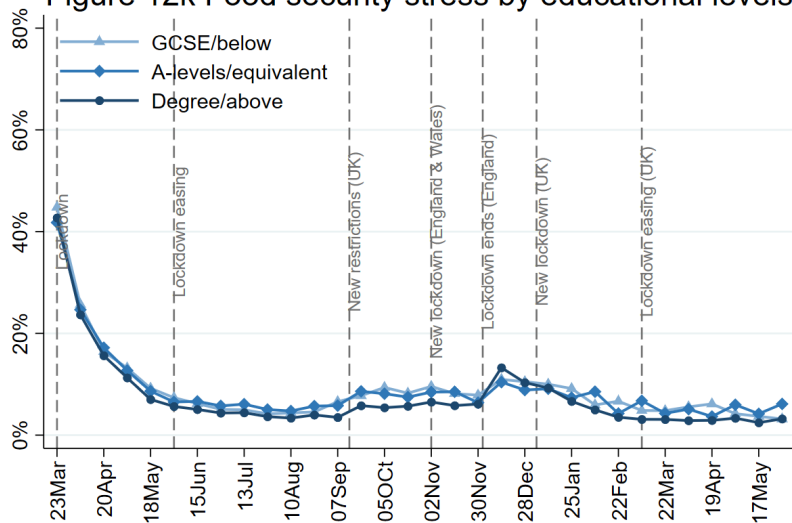
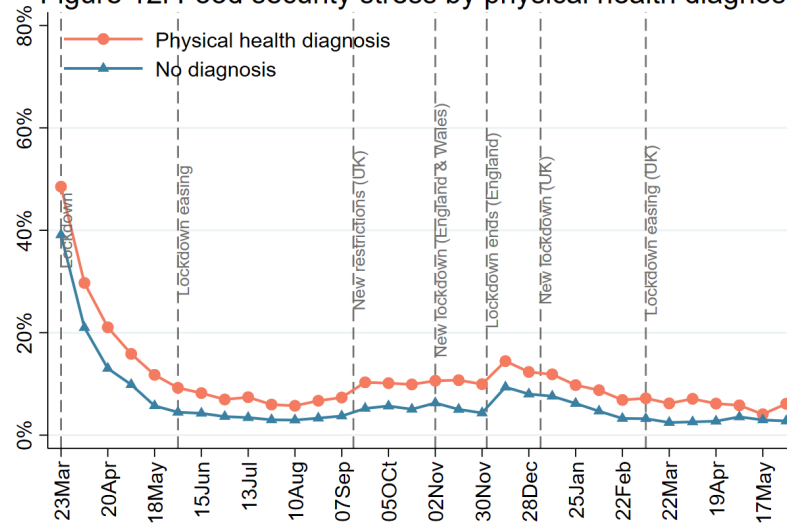
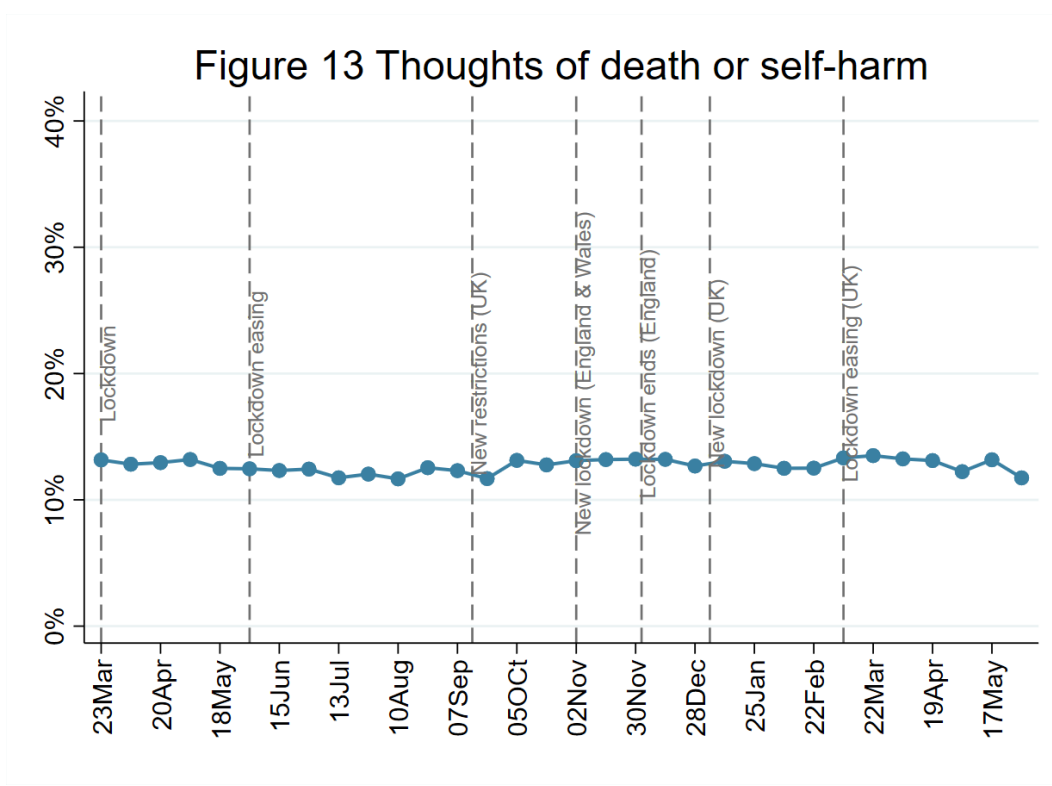


Figure 12l Food security stress by physical health diagnosis



### 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, the respondent 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 the proportion of people reporting thoughts of death or self-harm. Percentages of people having thoughts of death or self-harm have been relatively stable throughout the pandemic. They remain higher amongst younger adults, with around 1 in 5 reporting thoughts of death or self-harm in this age group. Thoughts of death or self-harm are also higher in those with a diagnosed mental health condition, people with a physical health diagnosis, people living alone, those with lower incomes, and in urban areas.

Figure 14a Thoughts of death by age groups

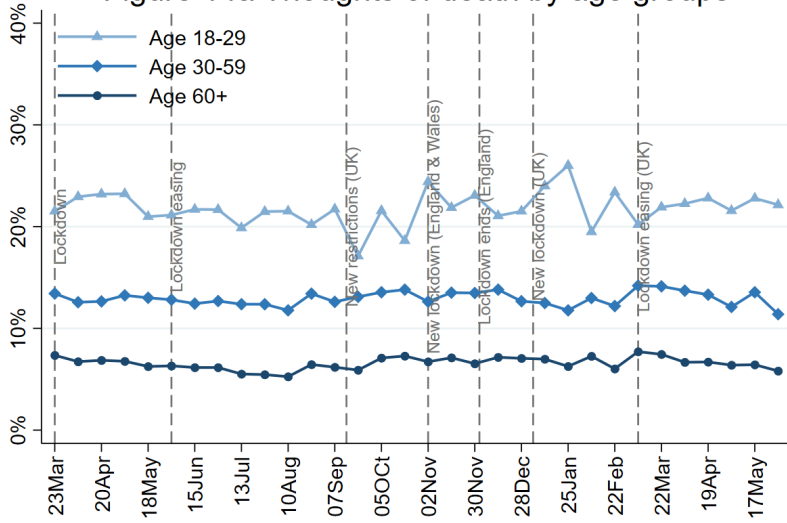


Figure 14b Thoughts of death by living arrangement

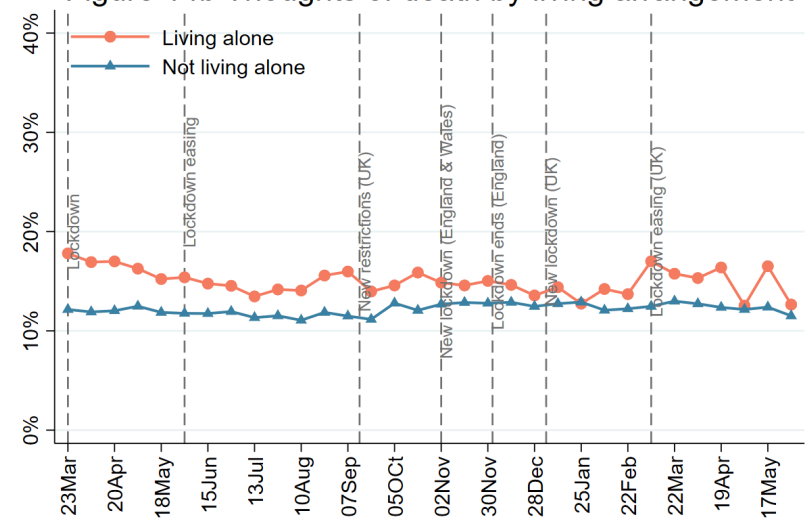


Figure 14c Thoughts of death by household income

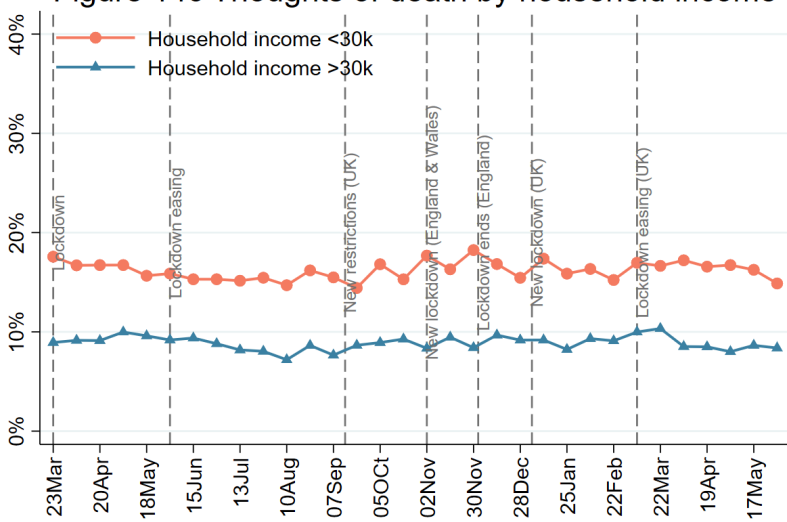


Figure 14d Thoughts of death by mental health diagnosis

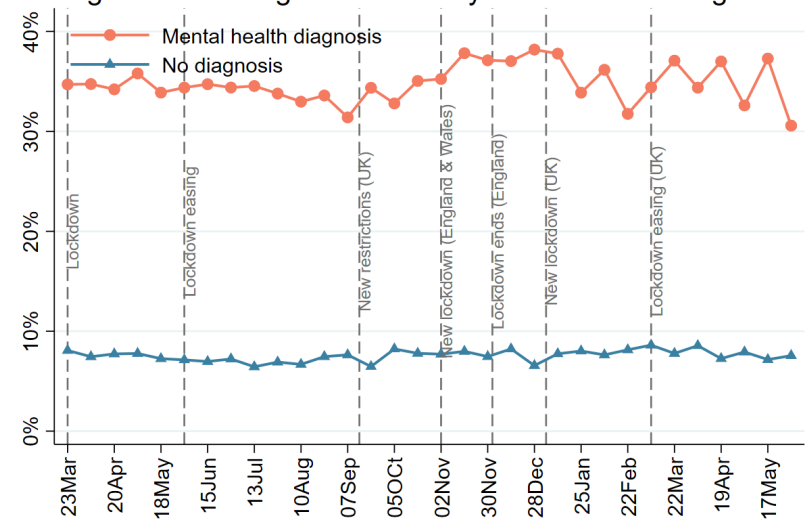


Figure 14e Thoughts of death by nations

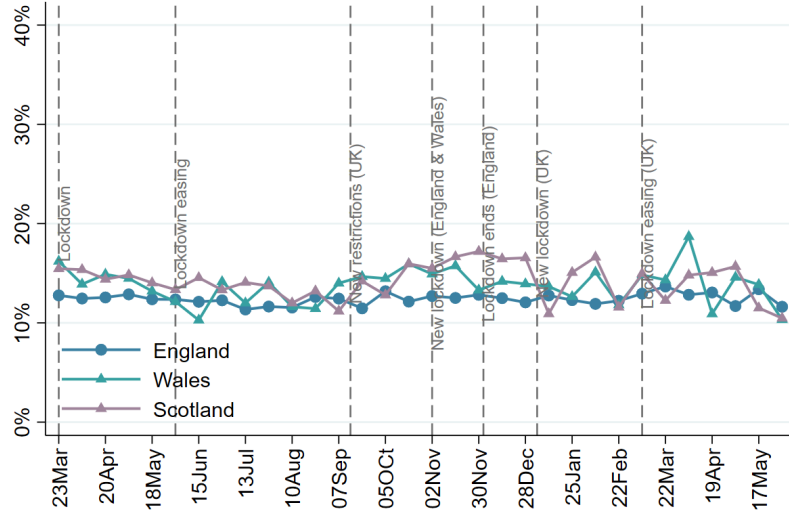


Figure 14f Thoughts of death by keyworker status

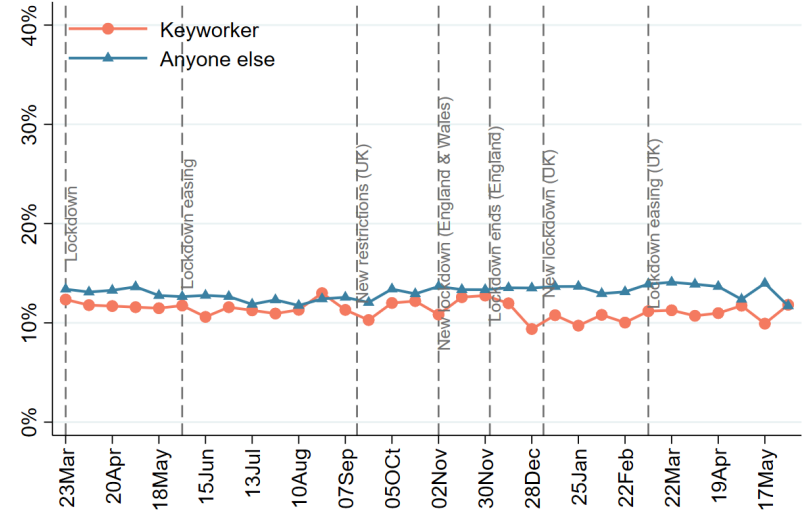


Figure 14g Thoughts of death by living with children

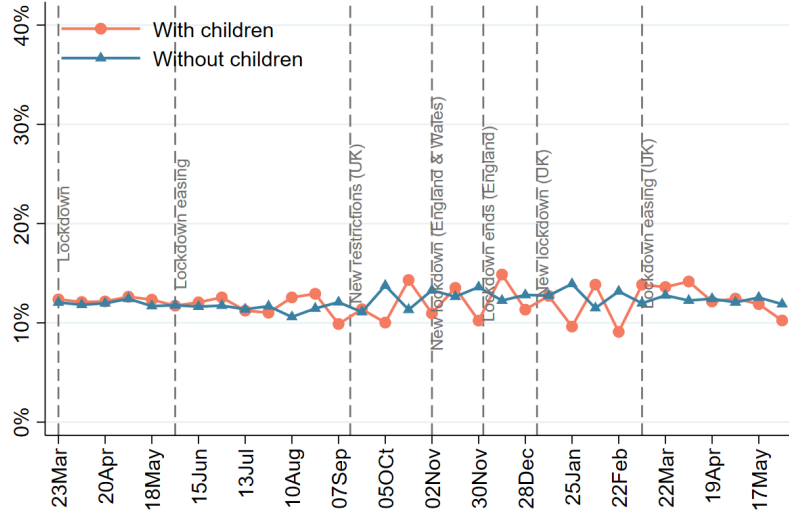


Figure 14h Thoughts of death by living area

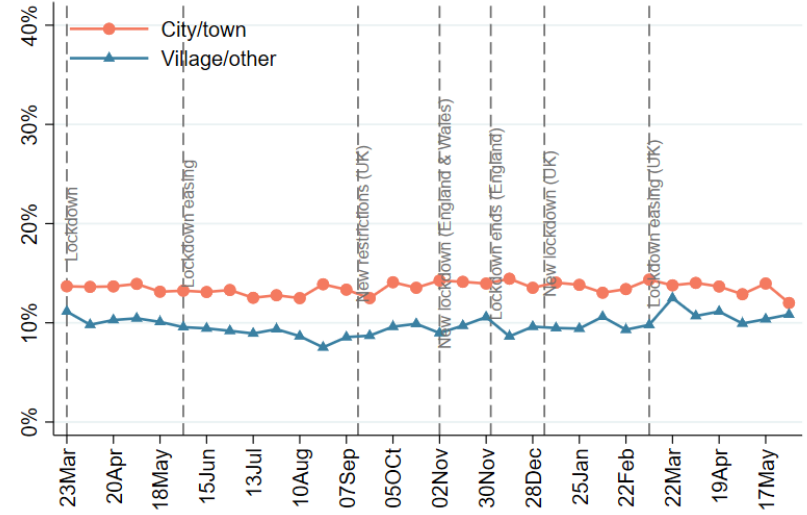


Figure 14i Thoughts of death by gender

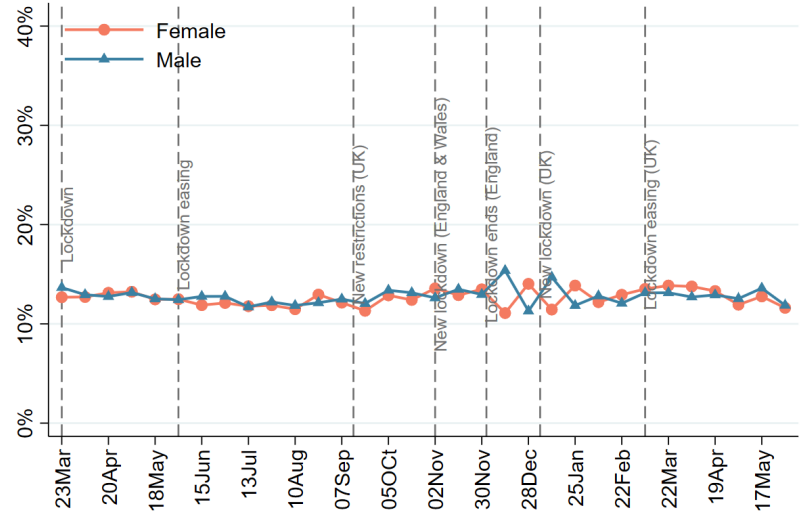


Figure 14j Thoughts of death by ethnicity

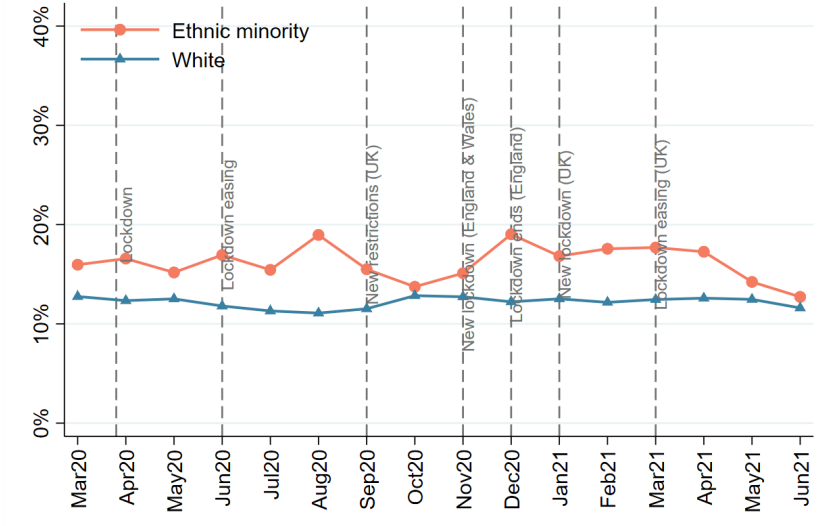


Figure 14k Thoughts of death by educational levels

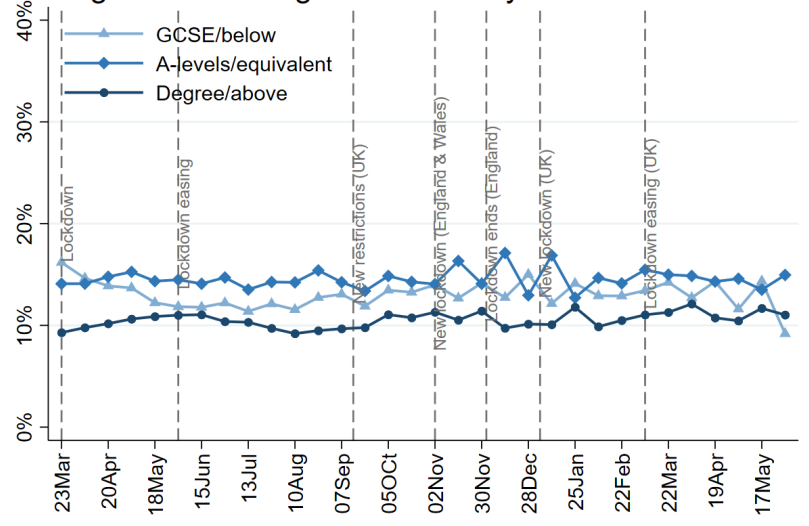
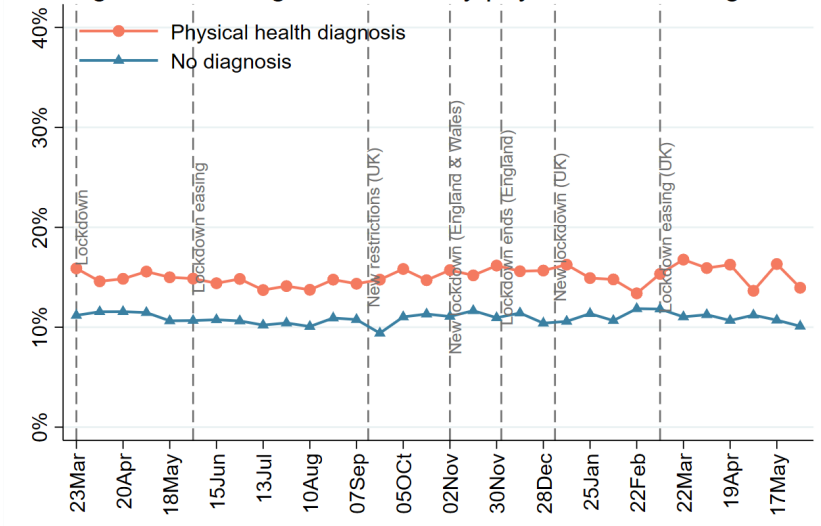
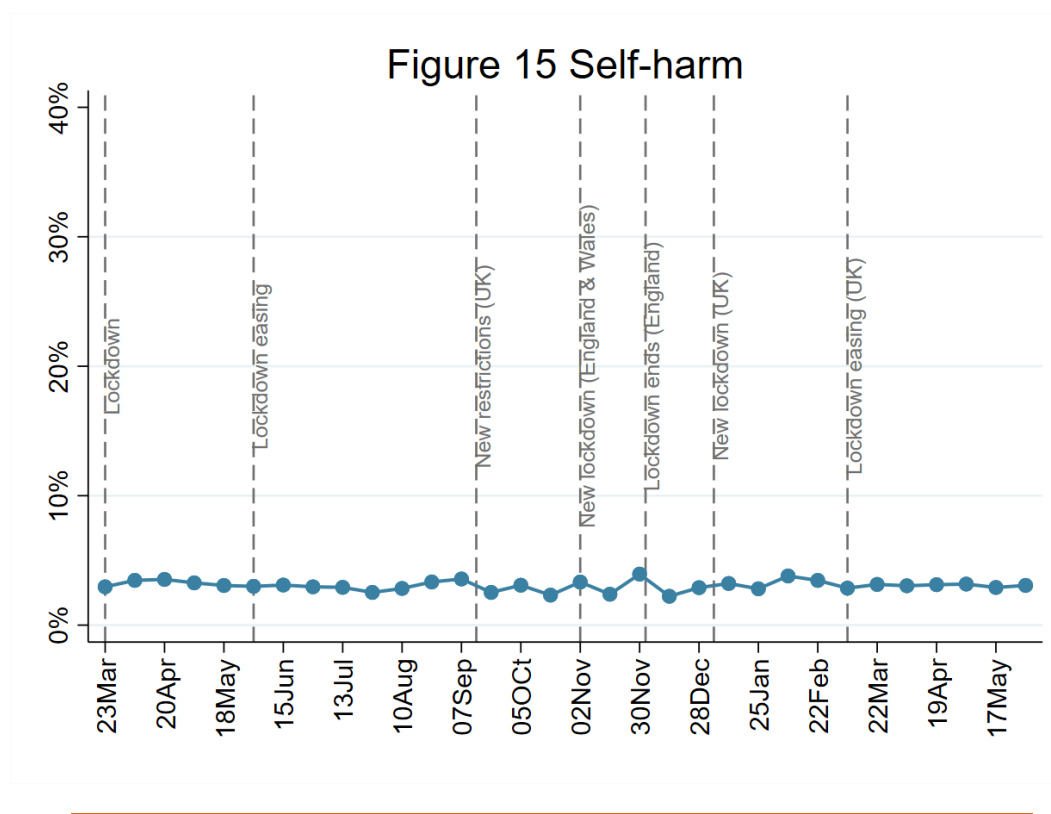


Figure 14l Thoughts of death by physical health diagnosis



### 3.2 Self-harm



#### FINDINGS

Self-harm was assessed using a question that asks whether in the last week the respondent 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 continues to remain relatively stable over the course of the pandemic. Throughout most of the pandemic, self-harm has been higher amongst younger adults, people with lower household incomes, and those with a mental or physical health condition.

It should be noted that not all people who self-harm will necessarily report it, so these levels are anticipated to be an under-estimation of actual levels<sup>4</sup>.

<sup>4</sup> Spikes on particular days are likely due to variability in the data as opposed to indications of particularly adverse experiences on certain days.

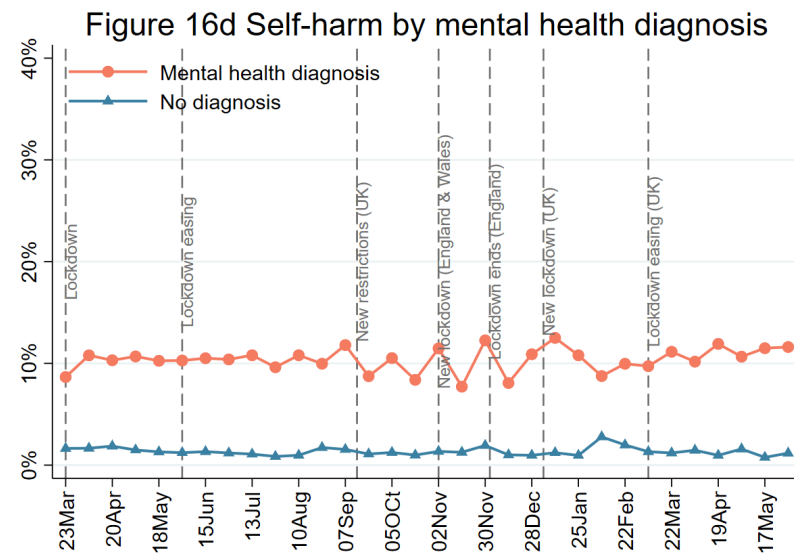
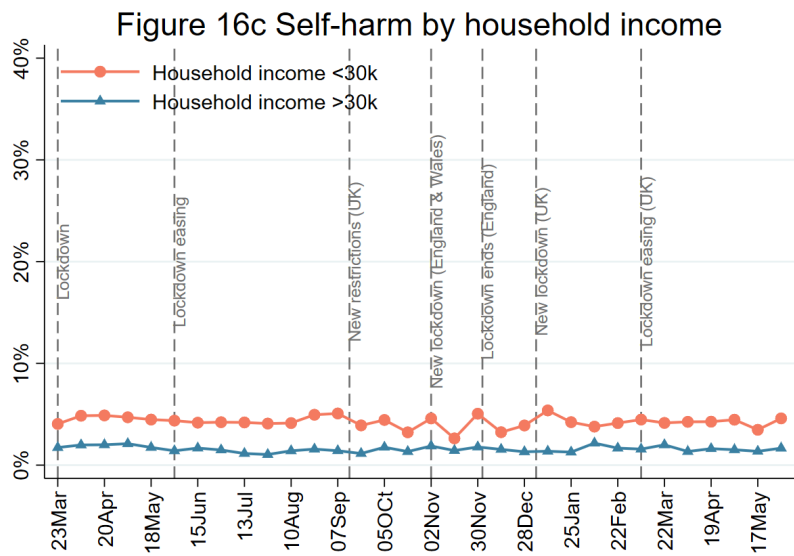
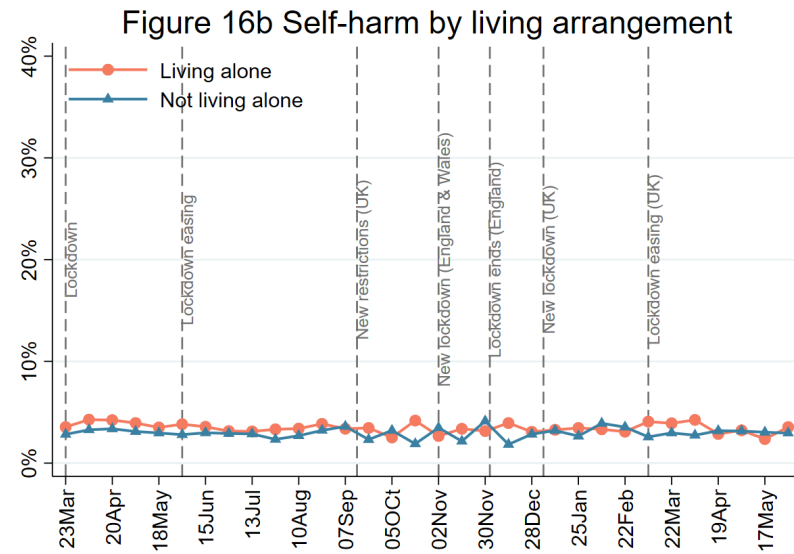
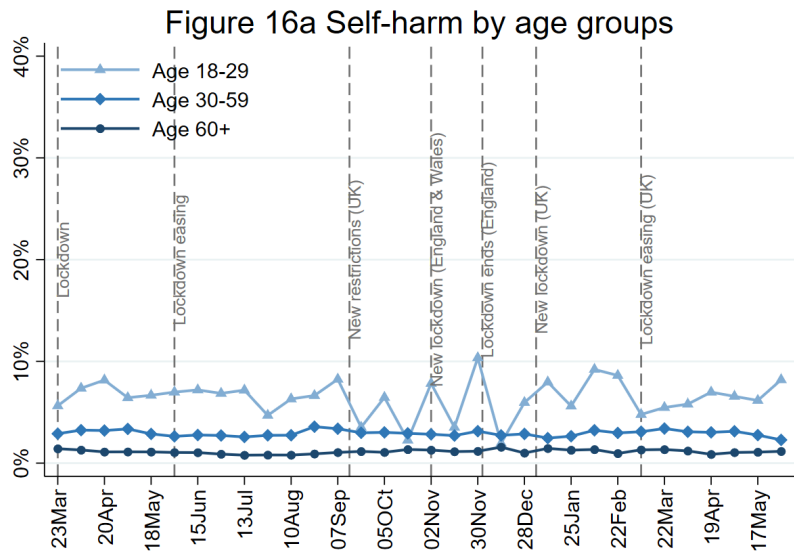




Figure 16e Self-harm by nations

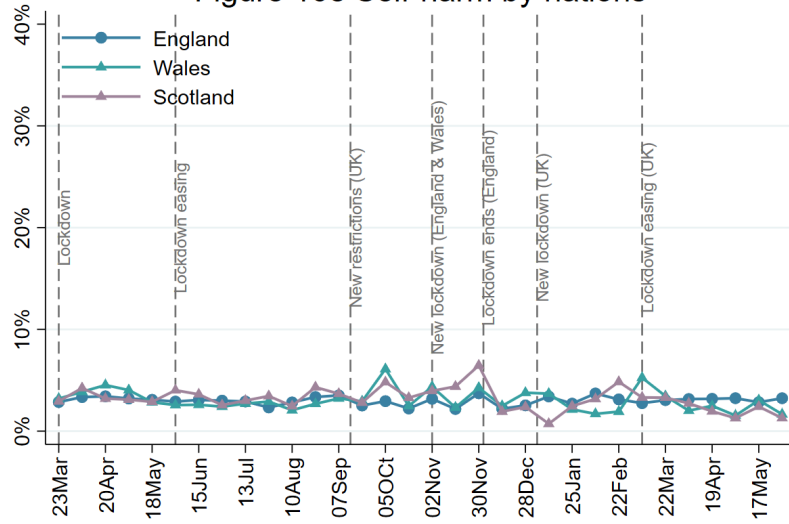


Figure 16f Self-harm by keyworker status

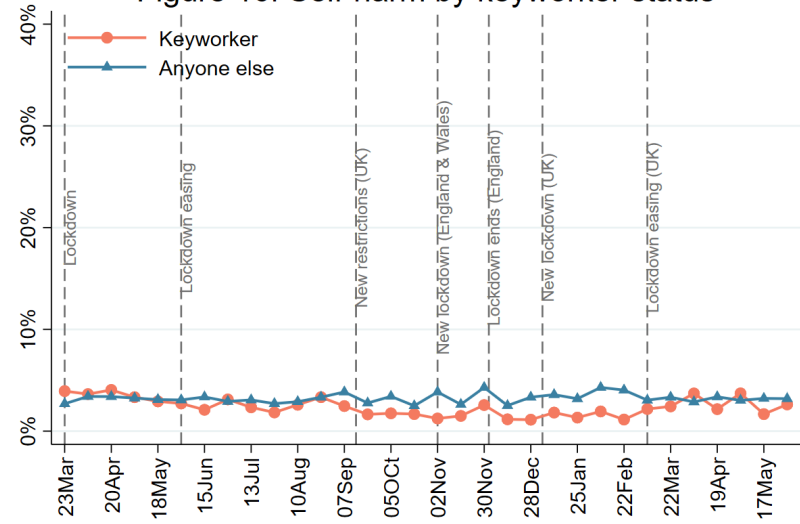


Figure 16g Self-harm by living with children

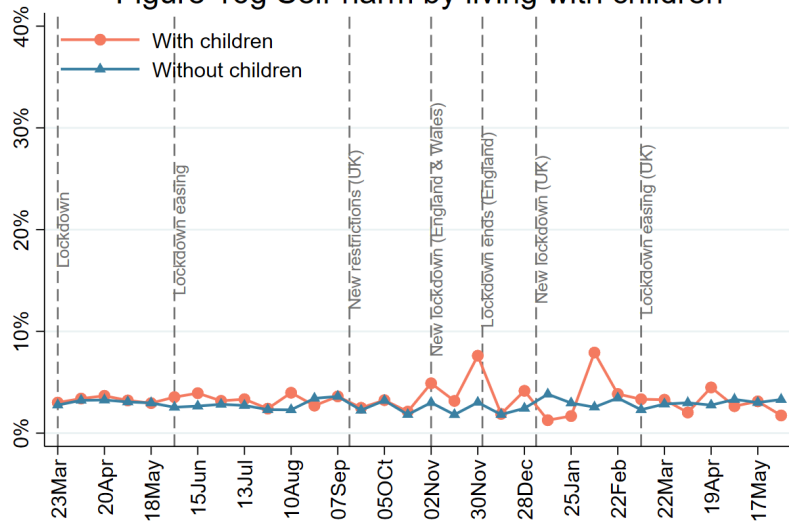


Figure 16h Self-harm by living area

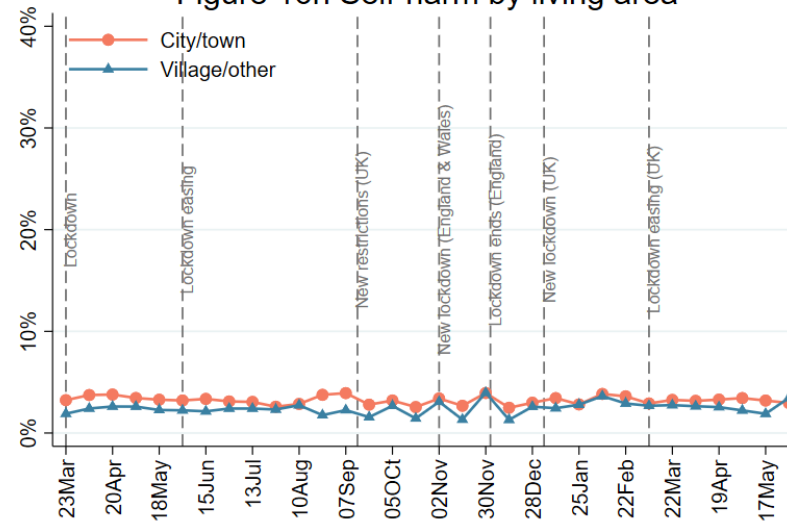


Figure 16i Self-harm by gender

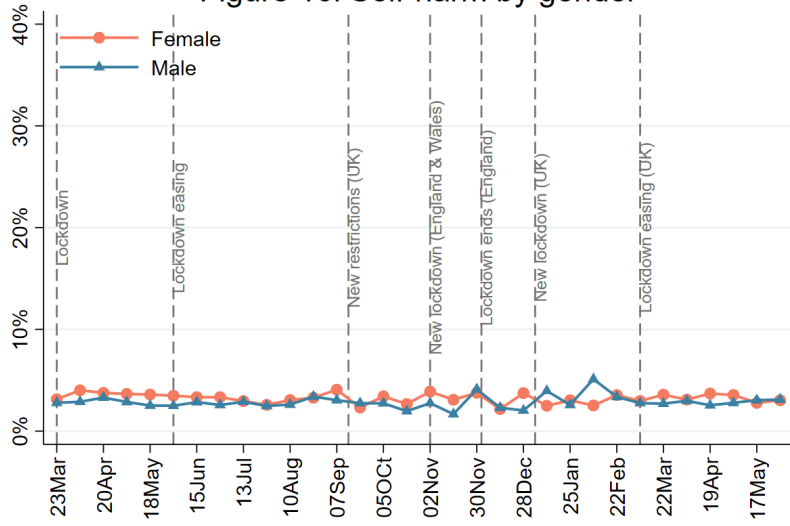


Figure 16j Self-harm by ethnicity

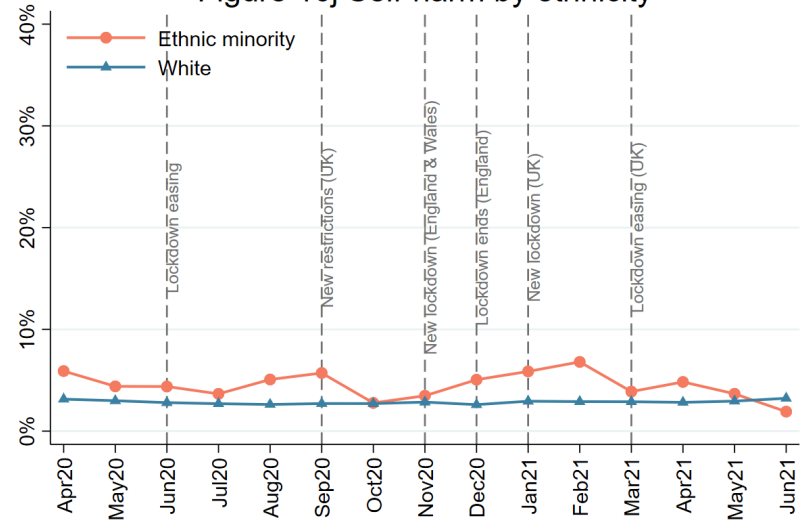


Figure 16k Self-harm by educational levels

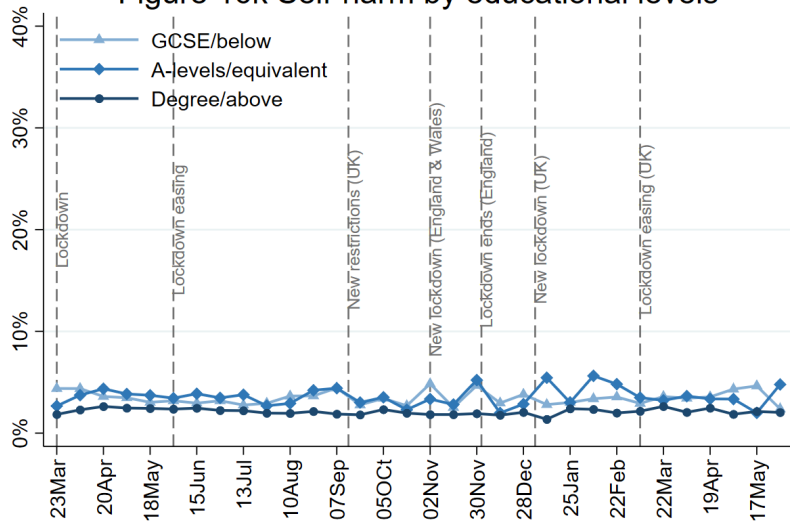
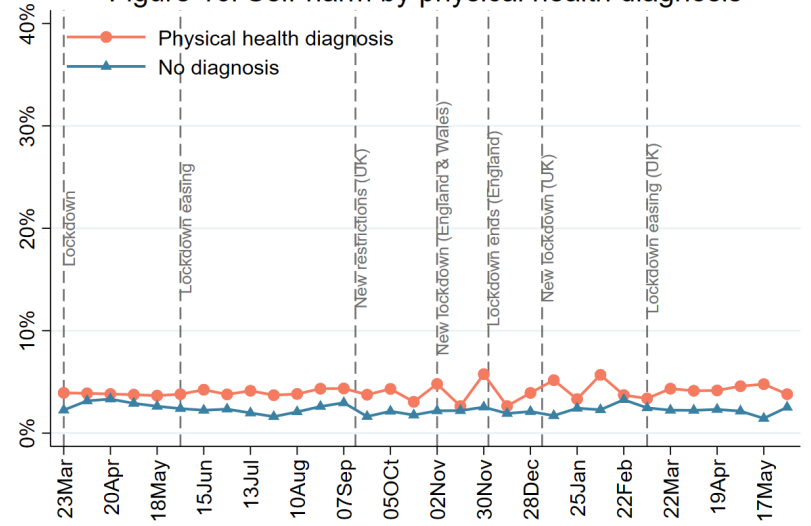
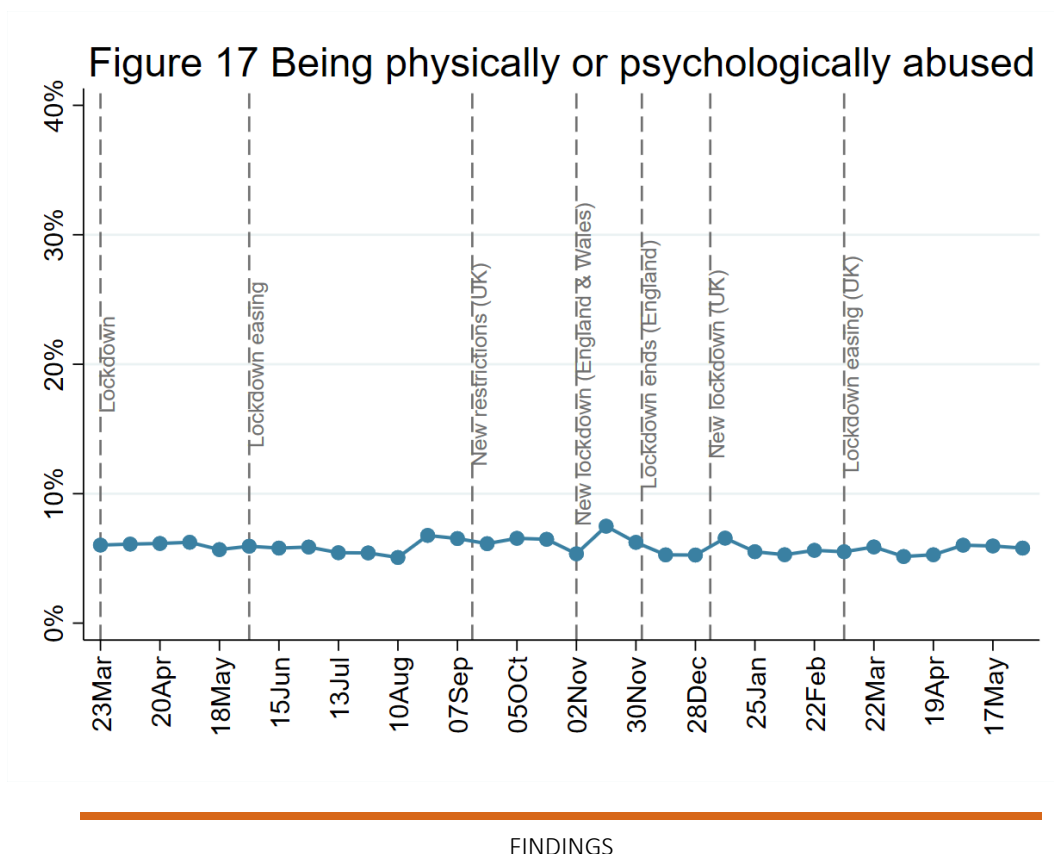


Figure 16l Self-harm by physical health diagnosis



### 3.3 Abuse



Abuse was measured using two questions that ask if the respondent 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 on average over the course of the pandemic. It remains more common amongst people with a diagnosed mental health condition, amongst people with lower household income, in people from ethnic minority groups, and in those with a physical health condition.

It should be noted that not all people who experienced physical or psychological abuse will necessarily report it, so these levels are anticipated to be an under-estimation of actual levels<sup>5</sup>.

<sup>5</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 18a Abuse by age groups

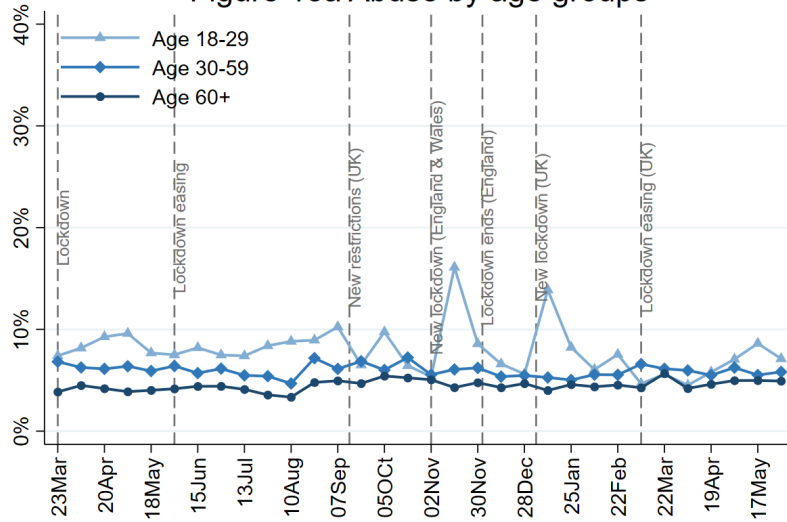


Figure 18b Abuse by living arrangement

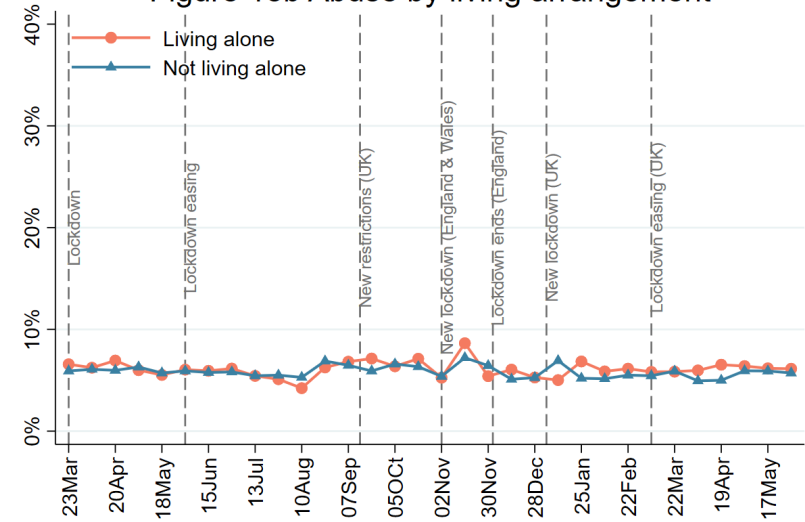


Figure 18c Abuse by household income

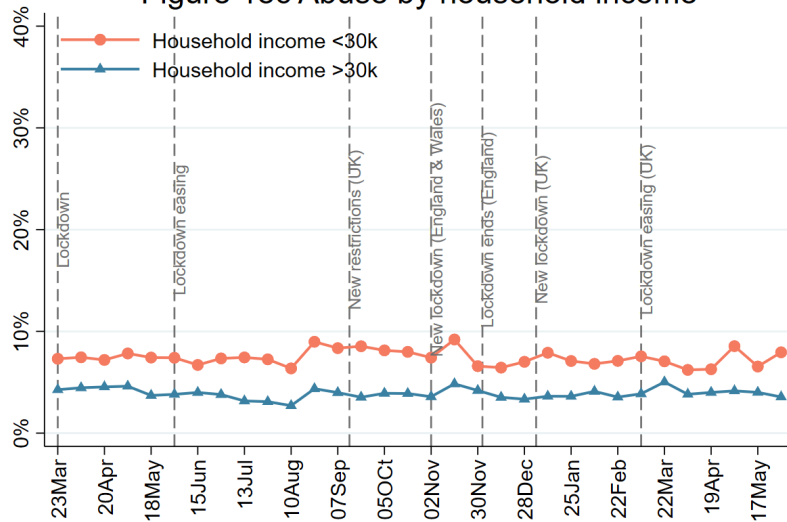


Figure 18d Abuse by mental health diagnosis

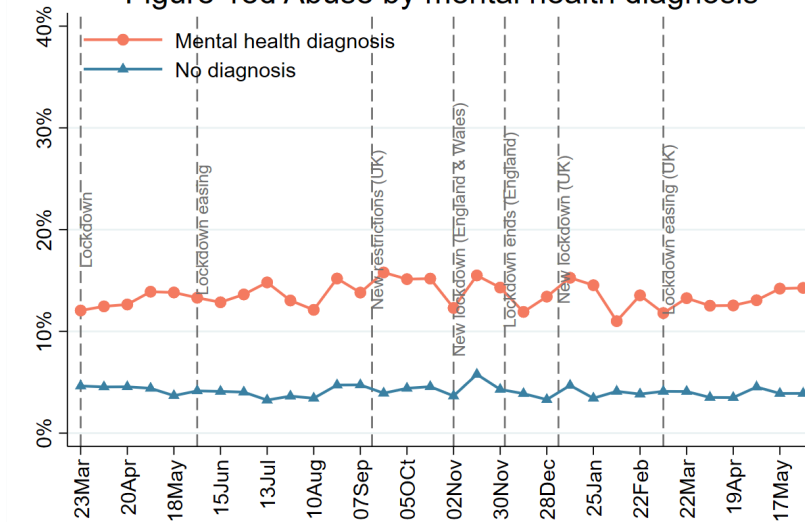


Figure 18e Abuse by nations

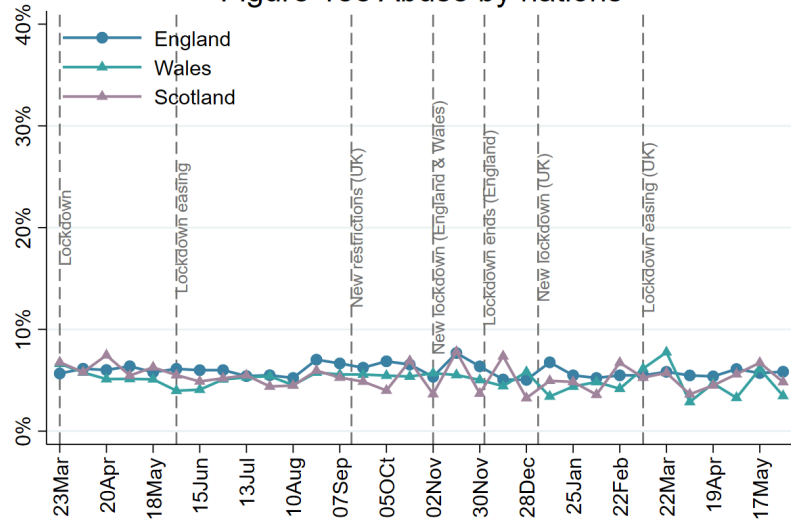


Figure 18f Abuse by keyworker status

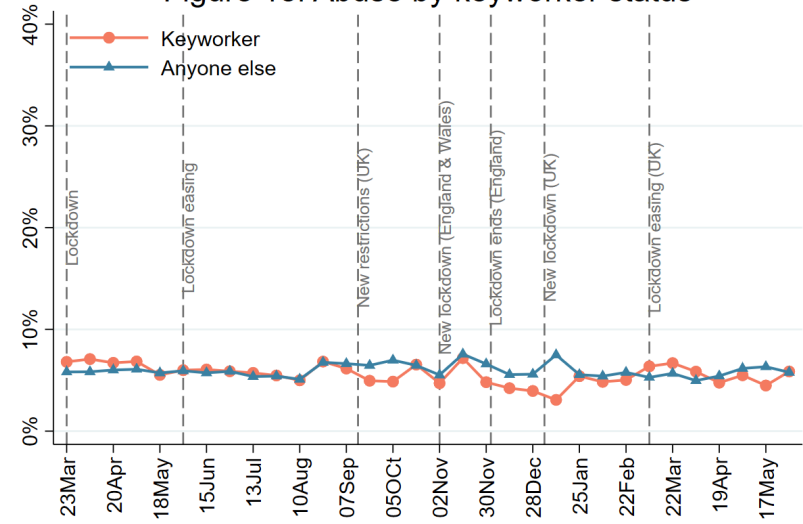


Figure 18g Abuse by living with children

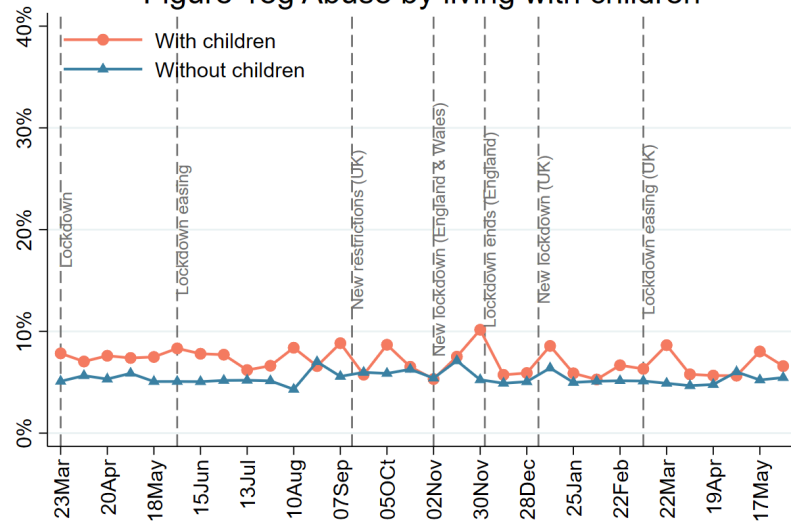


Figure 18h Abuse by living area

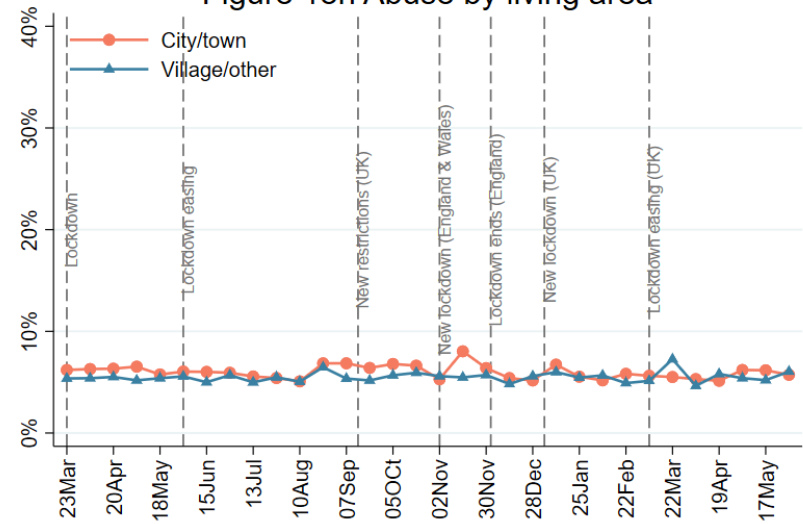


Figure 18i Abuse by gender

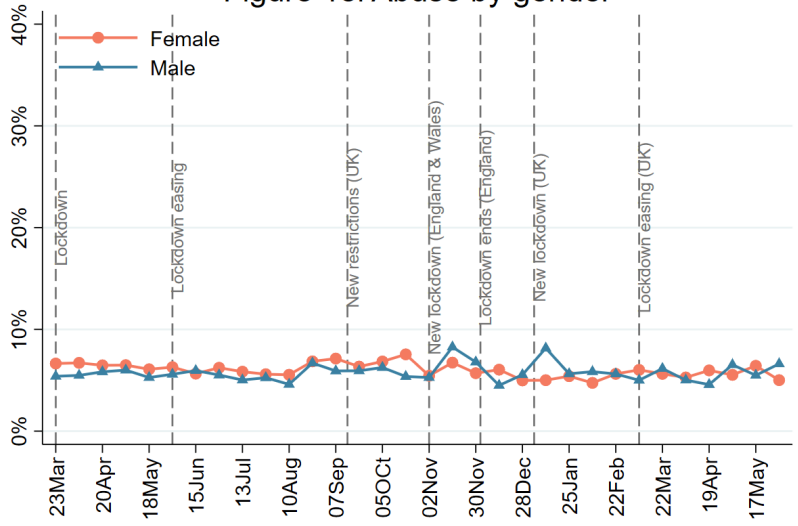


Figure 18j Abuse by ethnicity

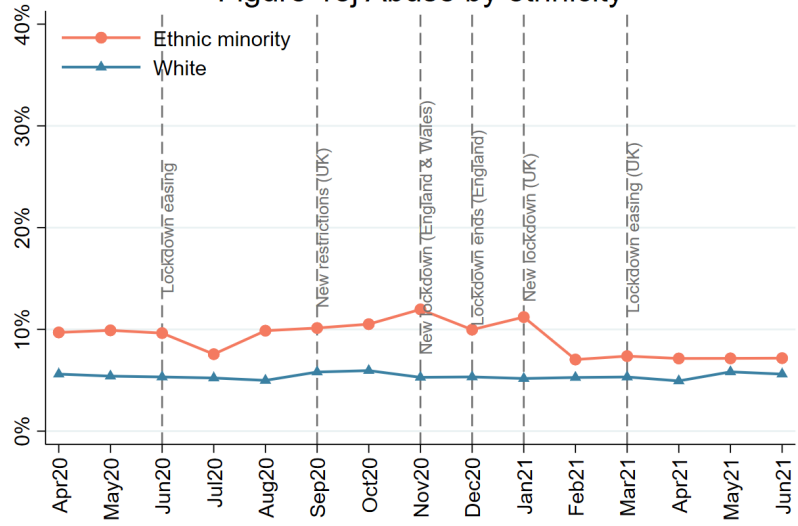


Figure 18k Abuse by educational levels

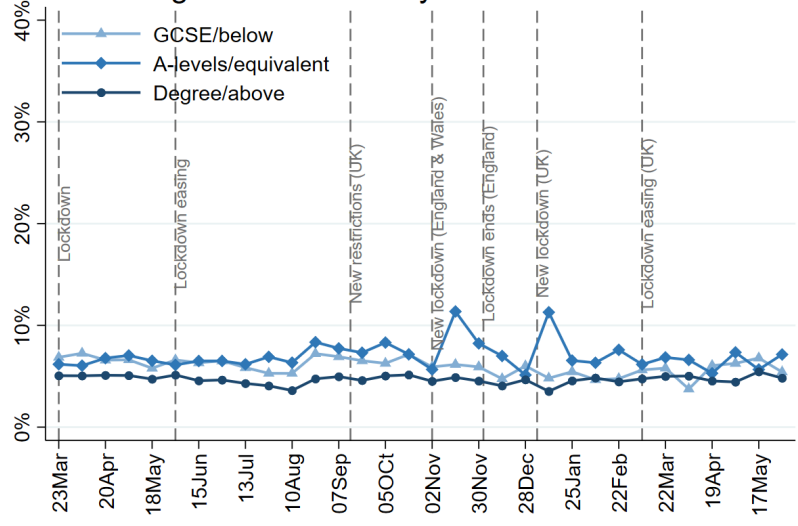
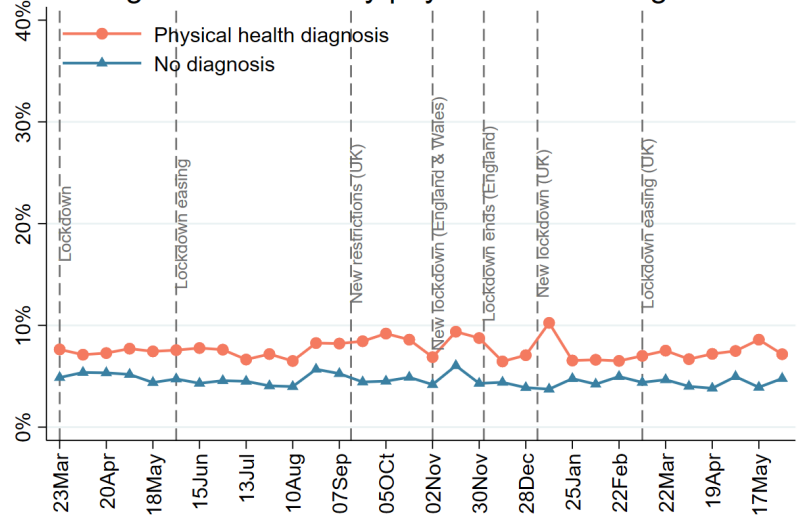
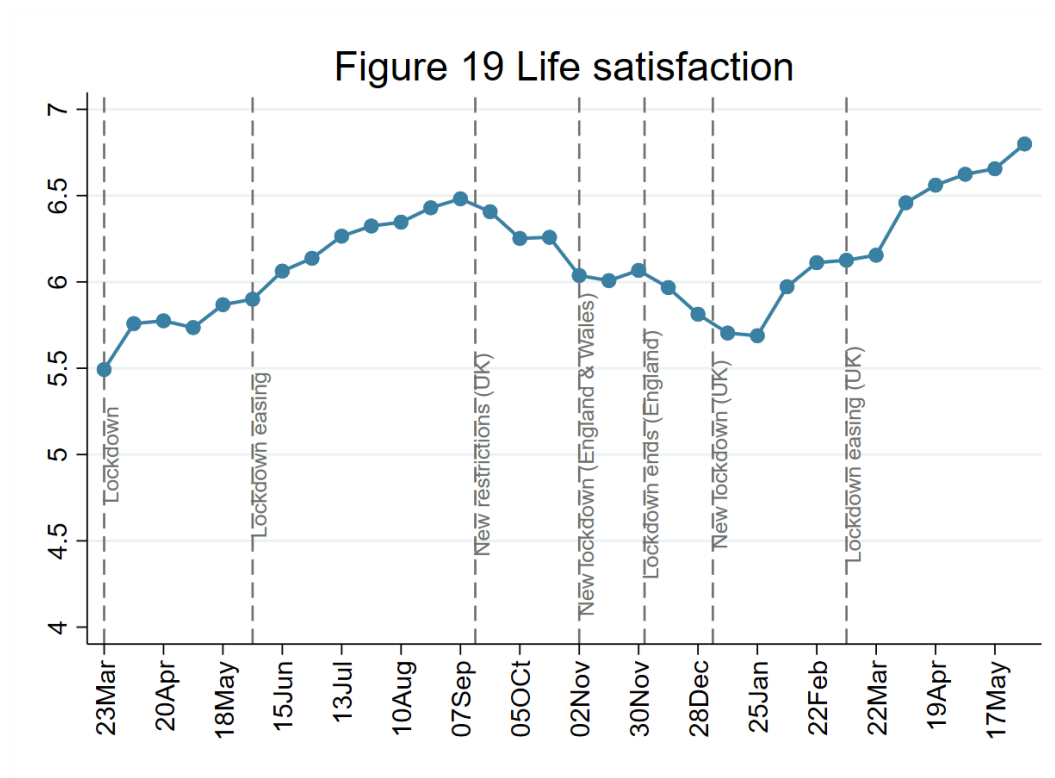


Figure 18l Abuse by physical health diagnosis



## 4. General well-being

### 4.1 Life satisfaction



#### FINDINGS

Respondents were asked to rate their life satisfaction during the past week using the Office of National Statistics (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 been steadily increasing since the start of the new year and is now higher than it was at the end of summer 2020. This increase in life satisfaction since the start of the new year has generally been seen across all demographic groups.

However, younger adults and women continue to have lower levels of life satisfaction, as do people living alone, those with a mental health condition, those with lower household incomes, people living in urban areas, people with a physical health condition, and people from ethnic minority groups (although smaller sample sizes compared to people with white ethnicity mean there has been greater volatility in these data).

Although this study focuses on trajectories rather than prevalence, the levels of life satisfaction are lower than usual averages reported before the Covid-19 pandemic using the same scale (7.7)<sup>6</sup>.

<sup>6</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

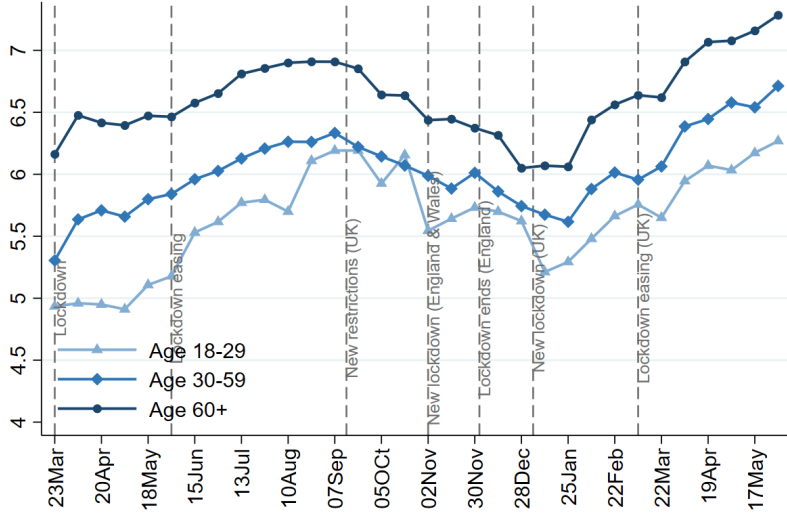


Figure 20b Life satisfaction by living arrangement

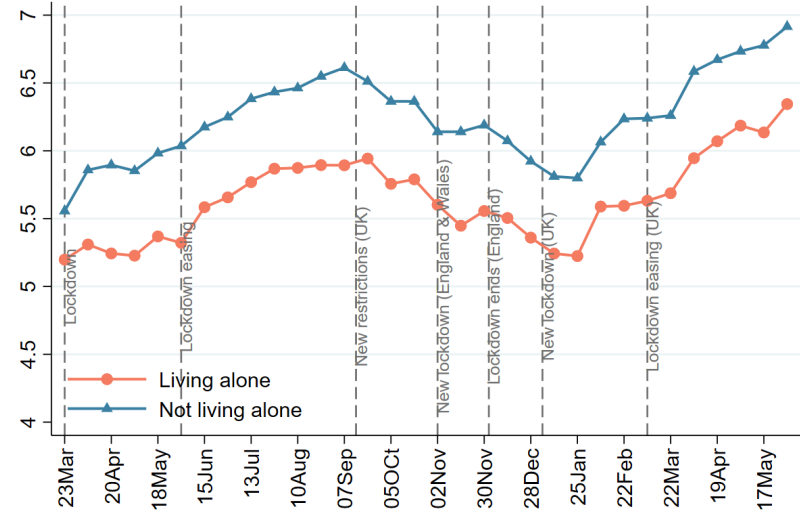


Figure 20c Life satisfaction by household income

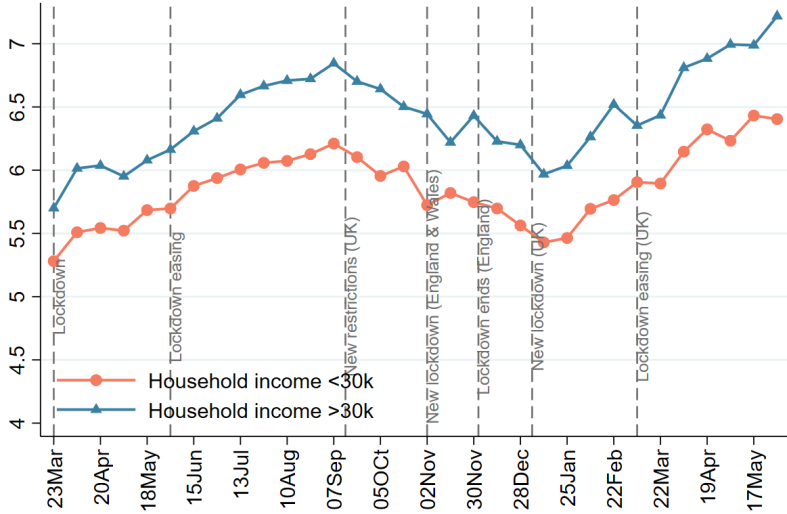


Figure 20d Life satisfaction by mental health diagnosis

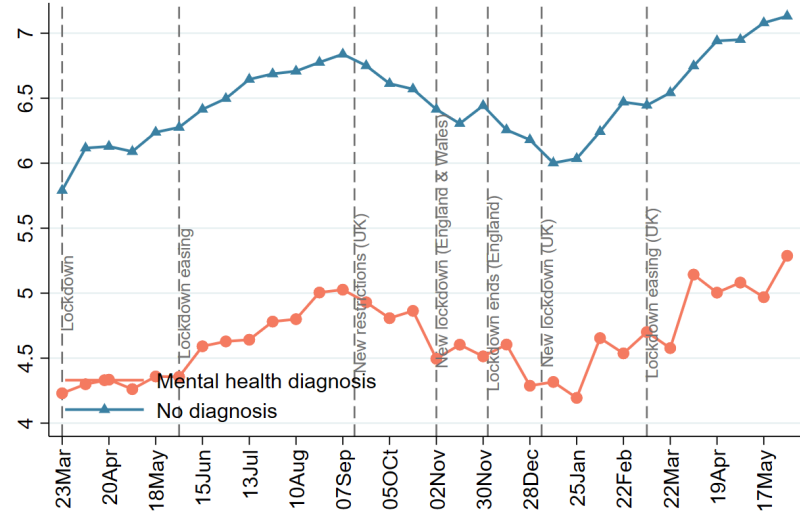




Figure 20e Life satisfaction by nations

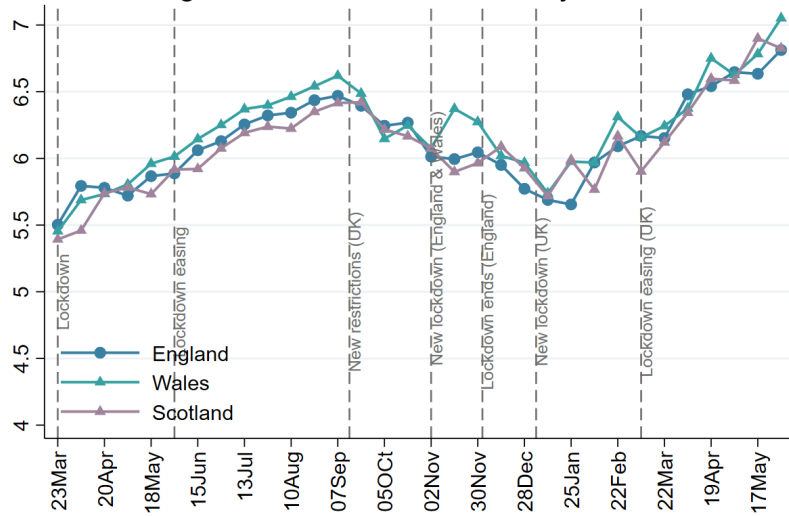


Figure 20f Life satisfaction by keyworker status

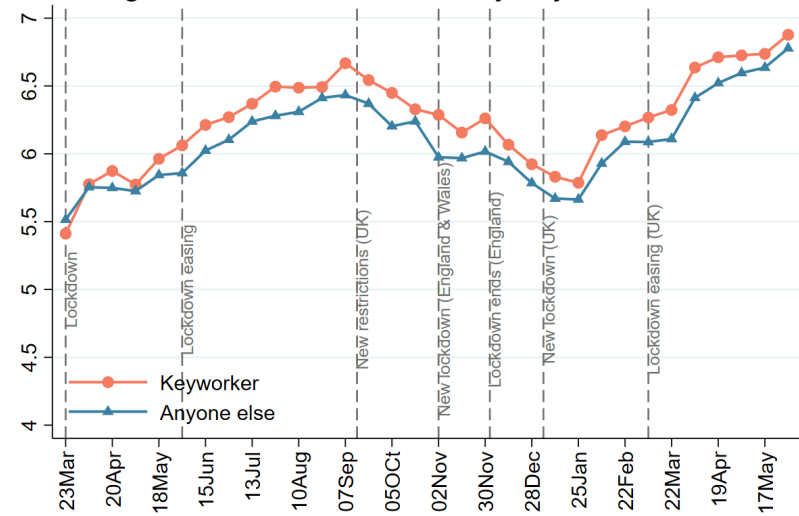


Figure 20g Life satisfaction by living with children

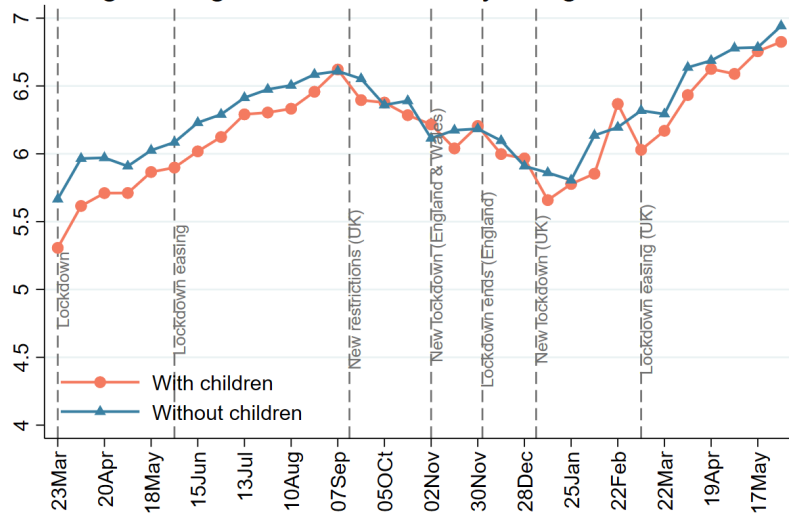


Figure 20h Life satisfaction by living area

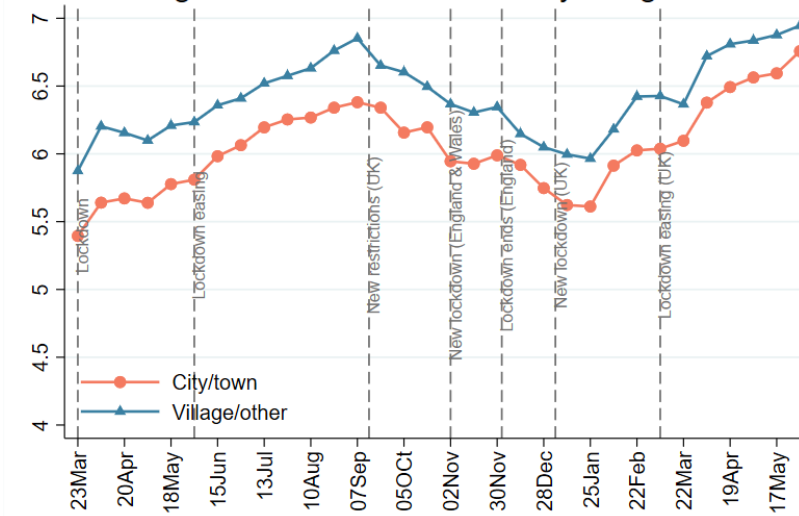


Figure 20i Life satisfaction by gender

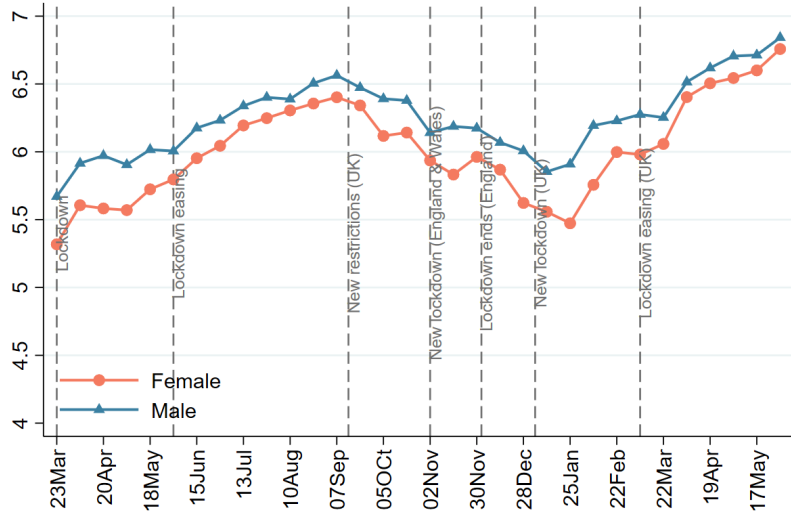


Figure 20j Life satisfaction by ethnicity

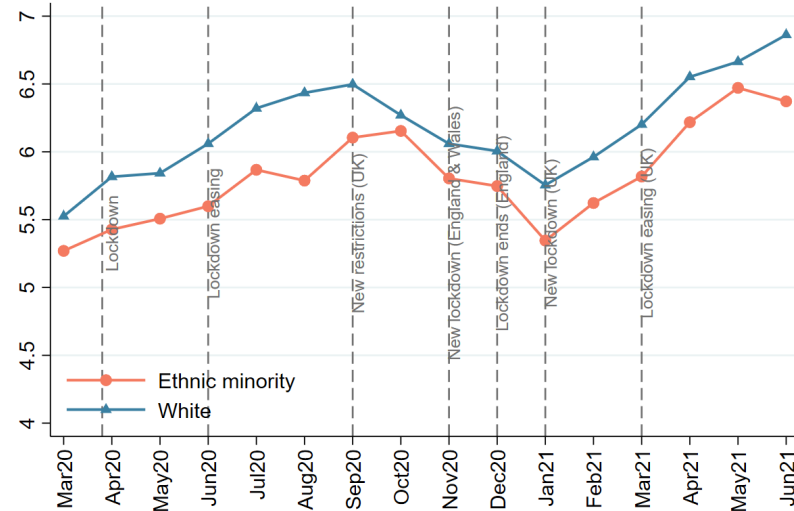


Figure 20k Life satisfaction by educational levels

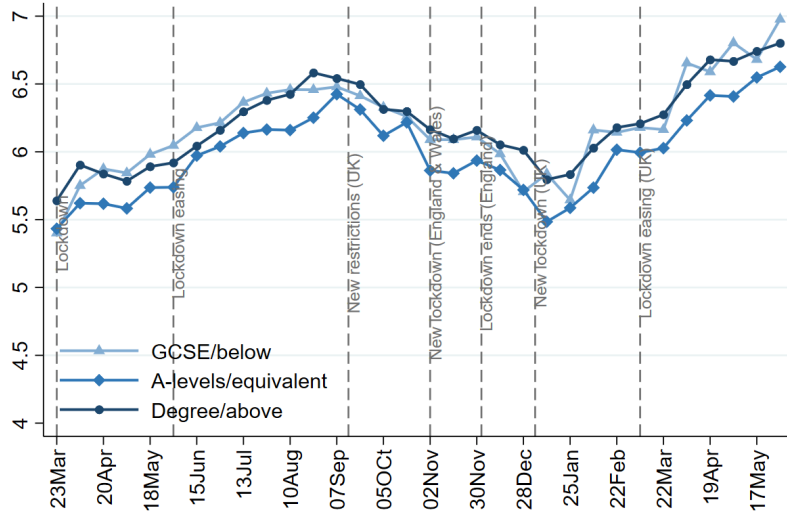
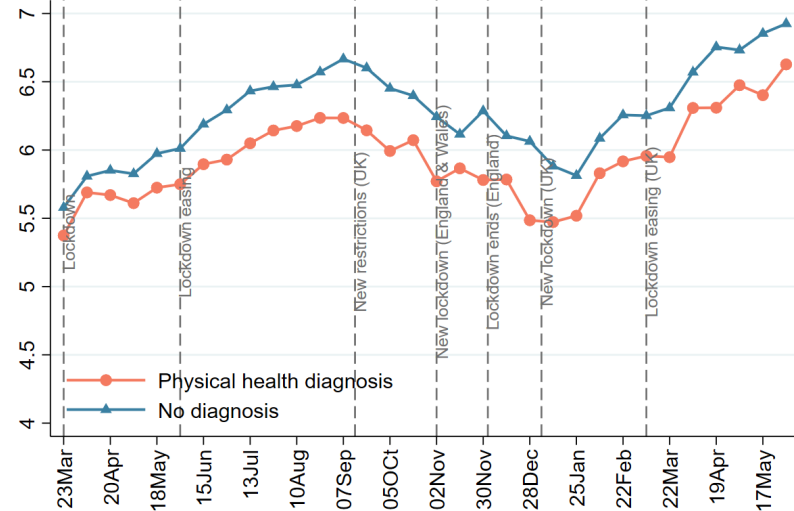
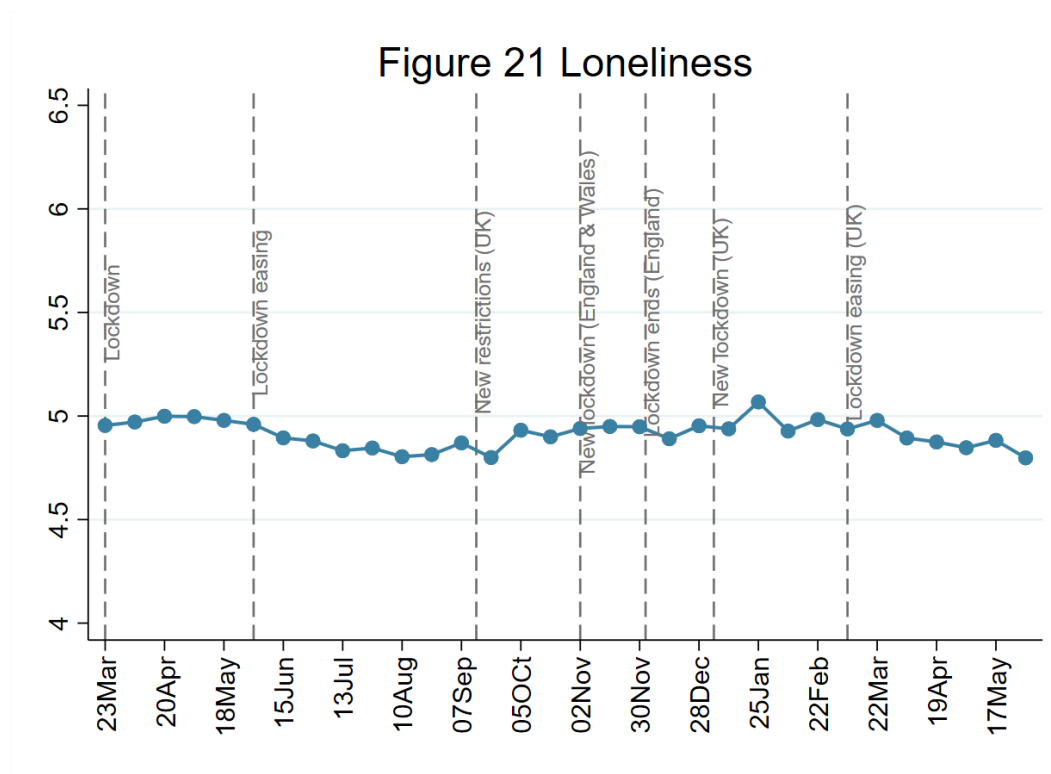


Figure 20l Life satisfaction by physical health diagnosis



## 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 scale, ranging from “never” to “always”, with higher scores indicating greater loneliness.

Loneliness levels have been decreasing slightly since the easing of restrictions for the latest lockdown but remain similar to what they were in summer 2020. Loneliness remains highest in young adults, people living alone, those with a mental health condition, amongst those from ethnic minority groups, people living with children, people with lower household income, women, and those living in urban areas.

Figure 22a Loneliness by age groups

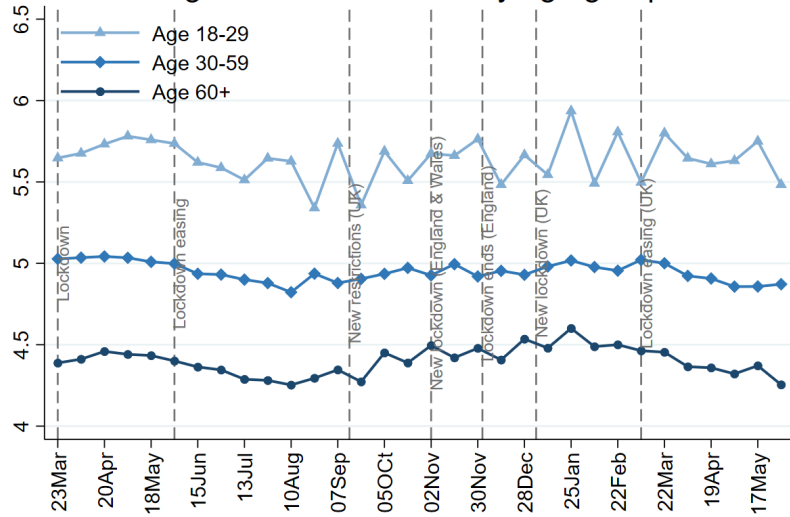


Figure 22b Loneliness by living arrangement

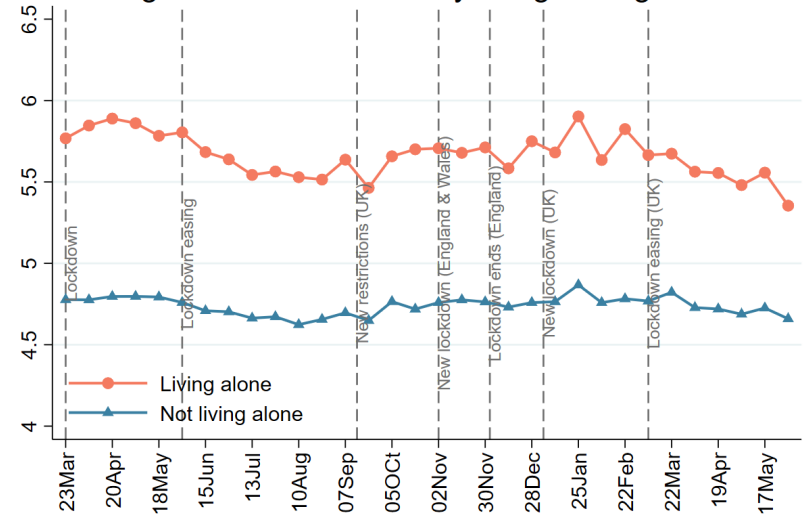


Figure 22c Loneliness by household income

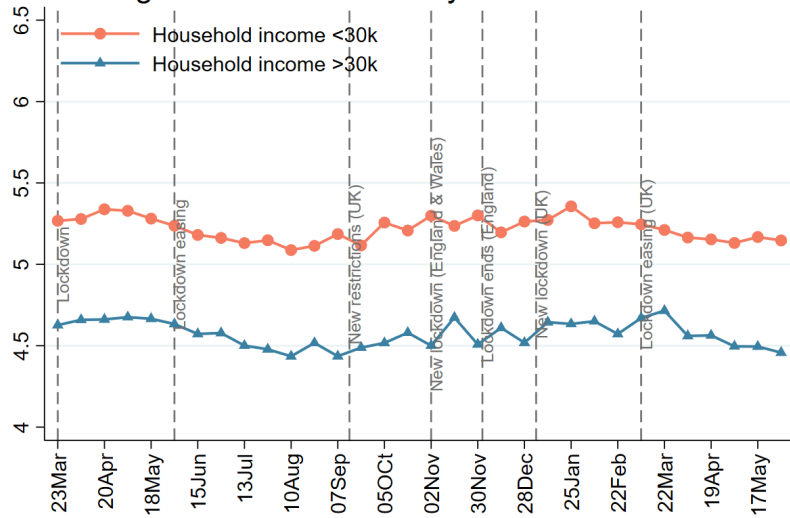


Figure 22d Loneliness by mental health diagnosis

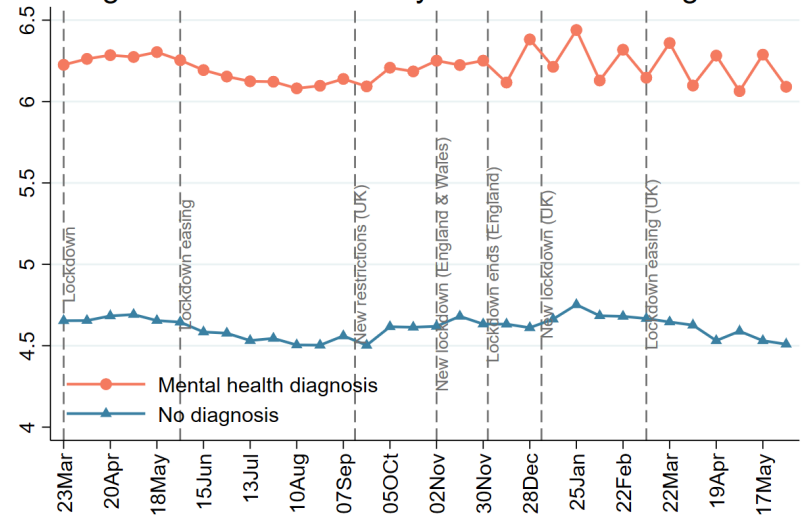


Figure 22e Loneliness by nations

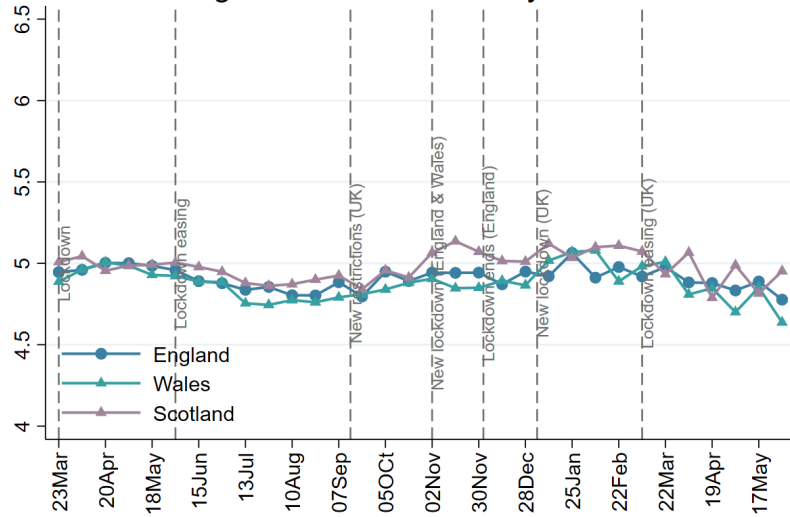


Figure 22f Loneliness by keyworker status

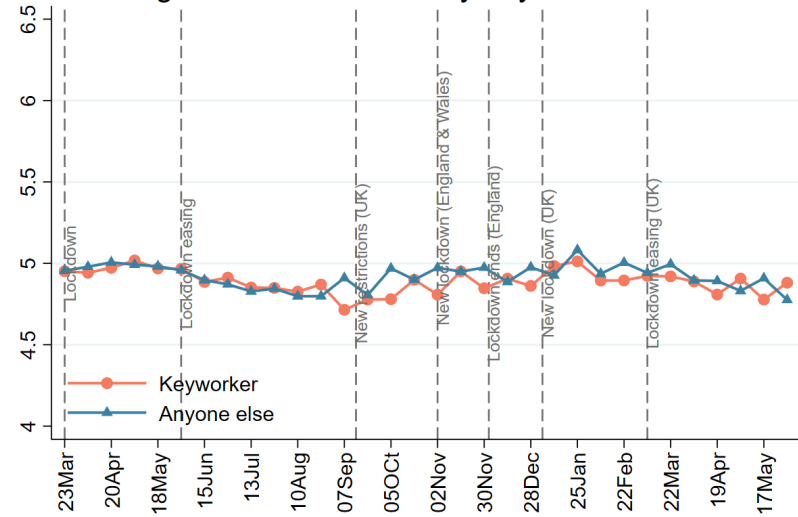


Figure 22g Loneliness by living with children

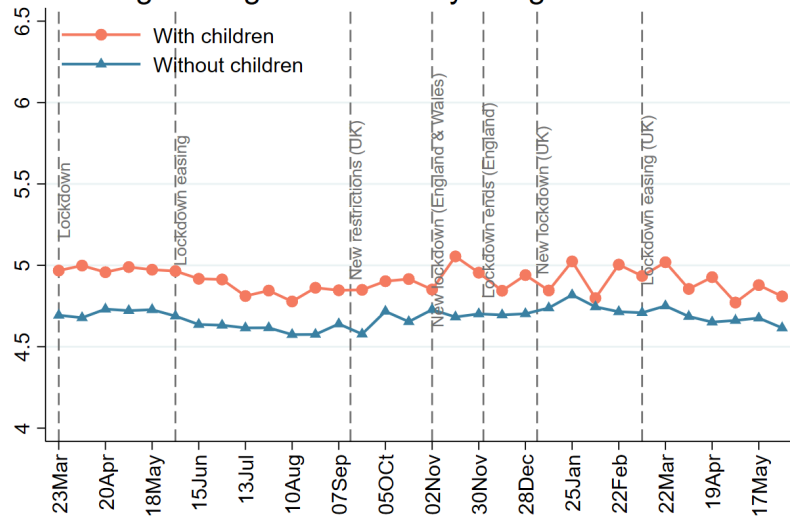


Figure 22h Loneliness by living area

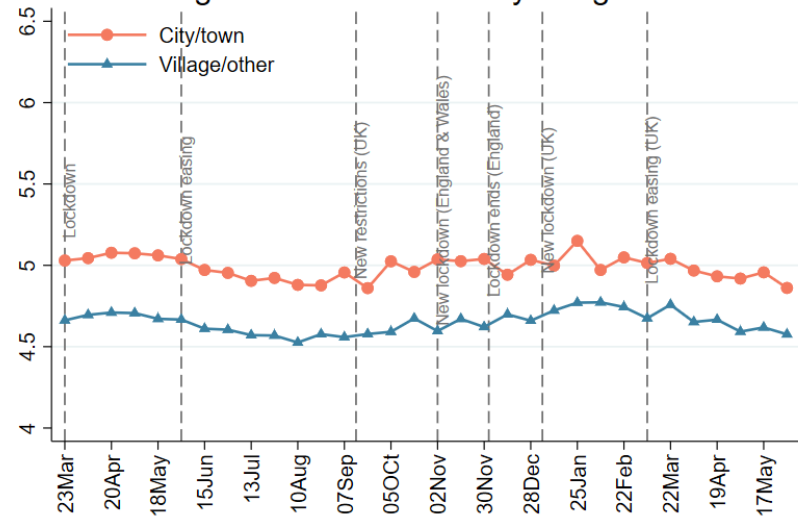


Figure 22i Loneliness by gender

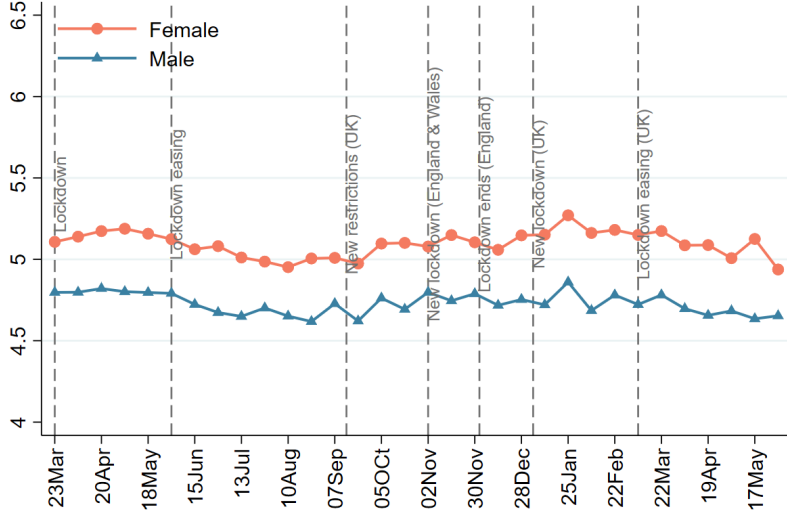


Figure 22j Loneliness by ethnicity

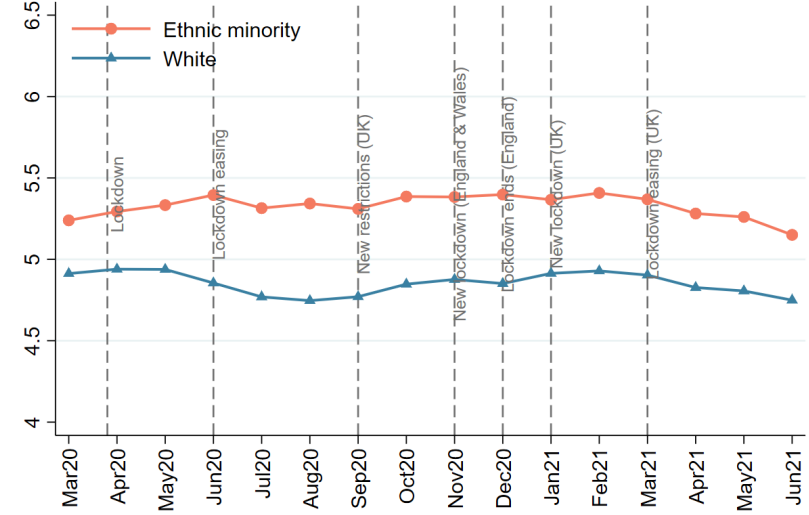


Figure 22k Loneliness by educational levels

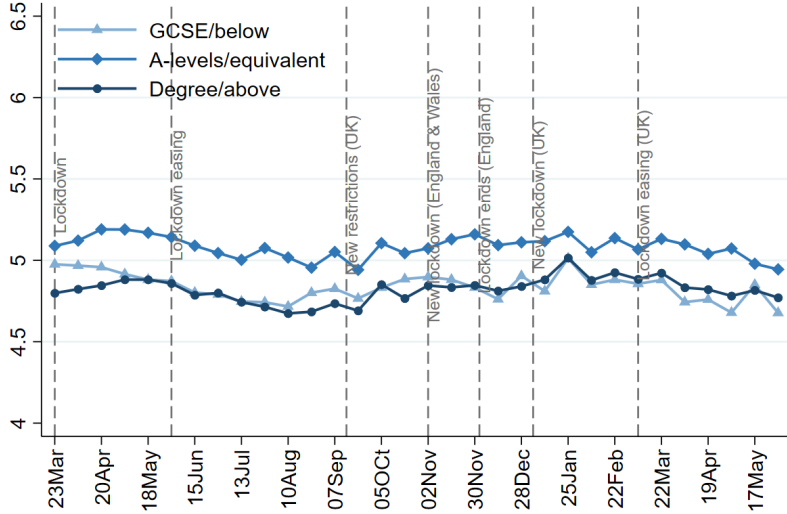
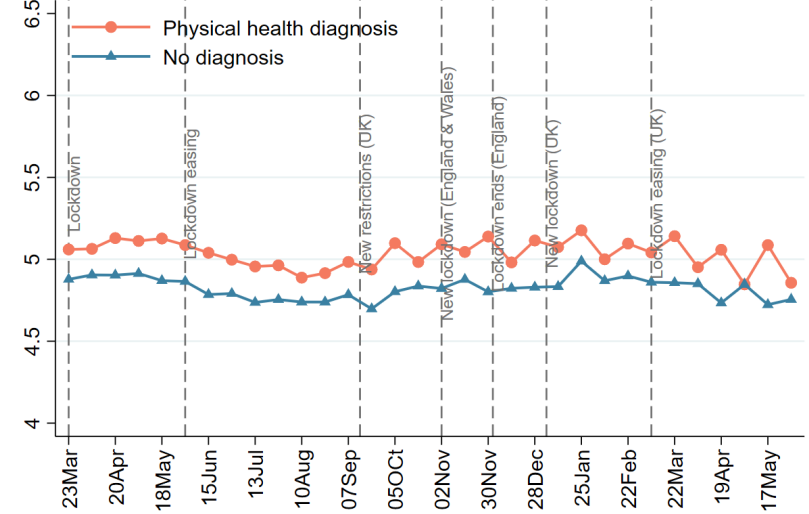
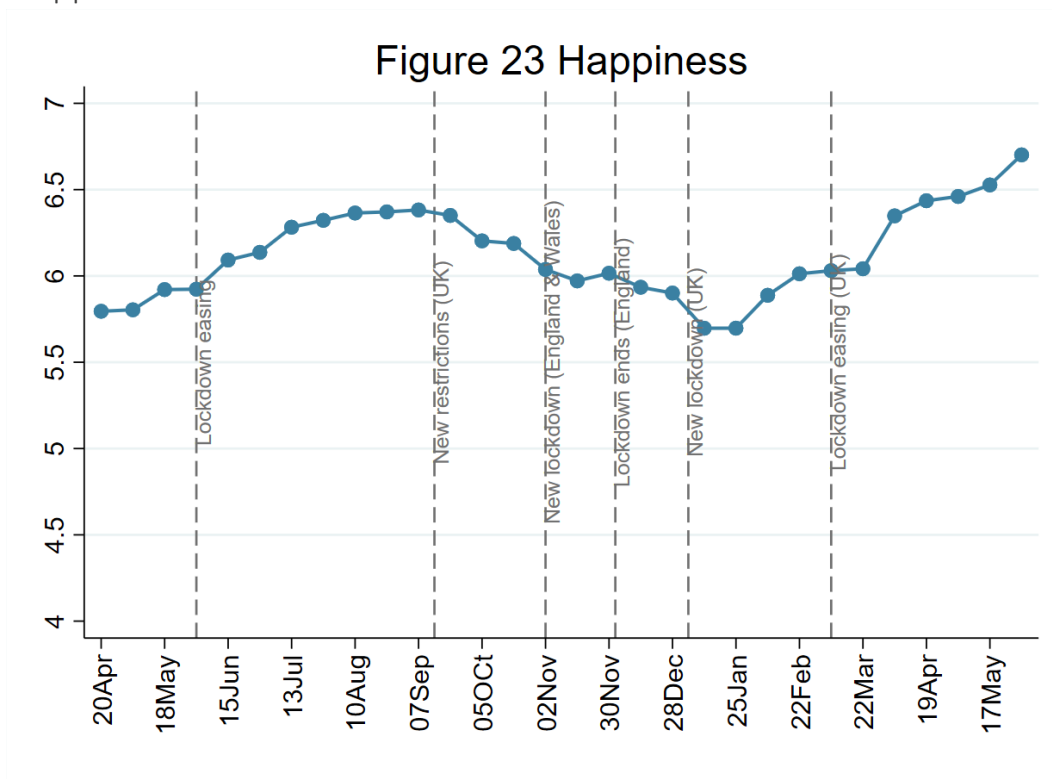


Figure 22l Loneliness by physical health diagnosis



### 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 (ONS) wellbeing scale on a scale from 0 (not at all) to 10 (completely). Happiness ratings are only available from 21<sup>st</sup> April 2020 onwards.

Happiness levels have been increasing since the easing of restrictions for the latest lockdown and are now higher than they were last summer.

There continue to be differences in reported levels of happiness across demographic groups. Levels of happiness remain lower in adults under the age of 60, people living alone, people with lower household incomes, people with a diagnosed mental or physical health condition, in urban areas, in women, and people from ethnic minority groups.

Figure 24a Happiness by age groups

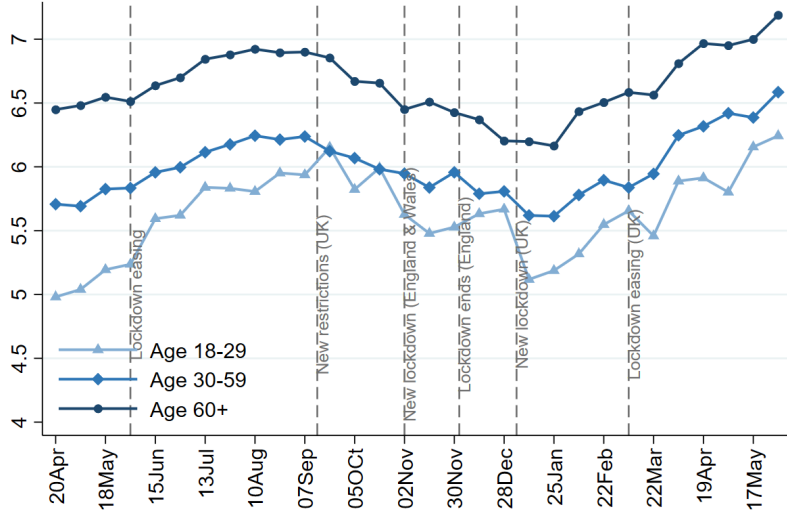


Figure 24b Happiness by living arrangement

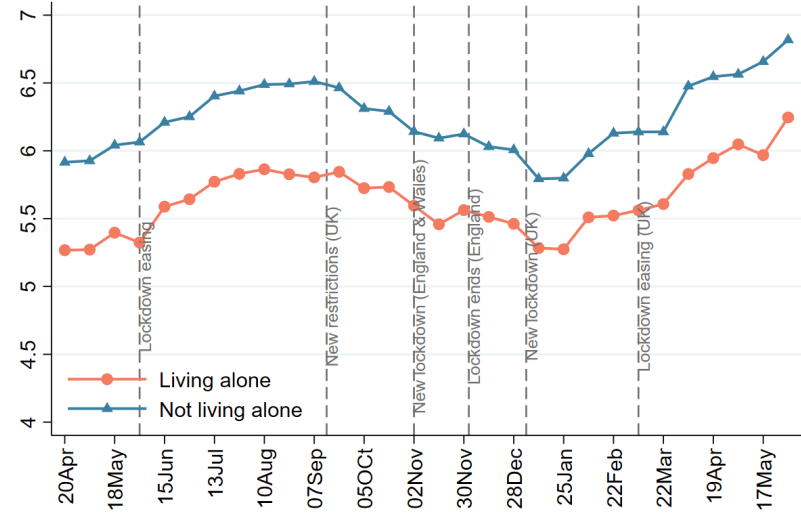


Figure 24c Happiness by household income

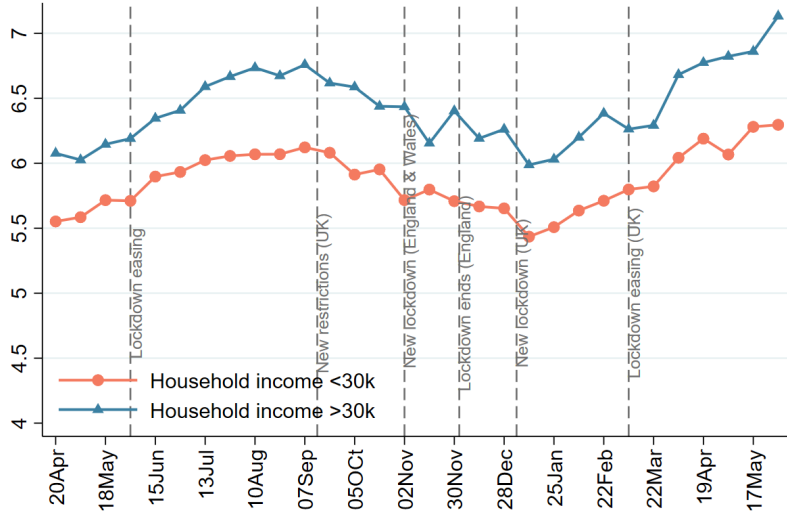


Figure 24d Happiness by mental health

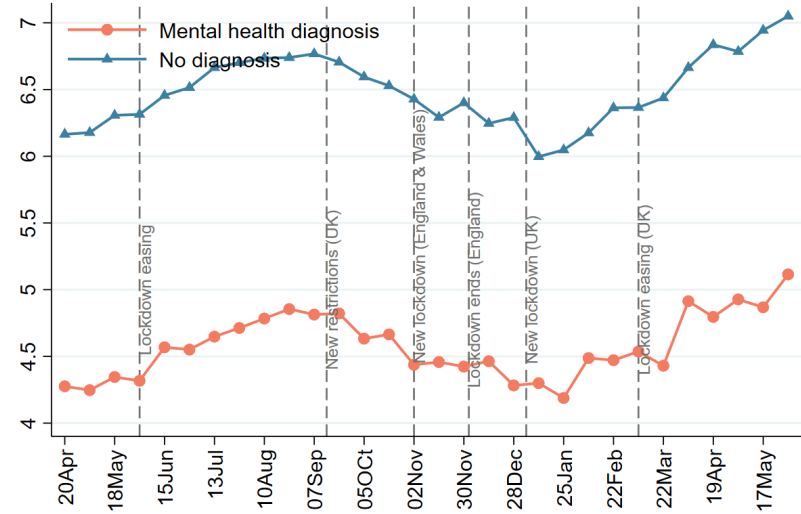




Figure 24e Happiness by nations

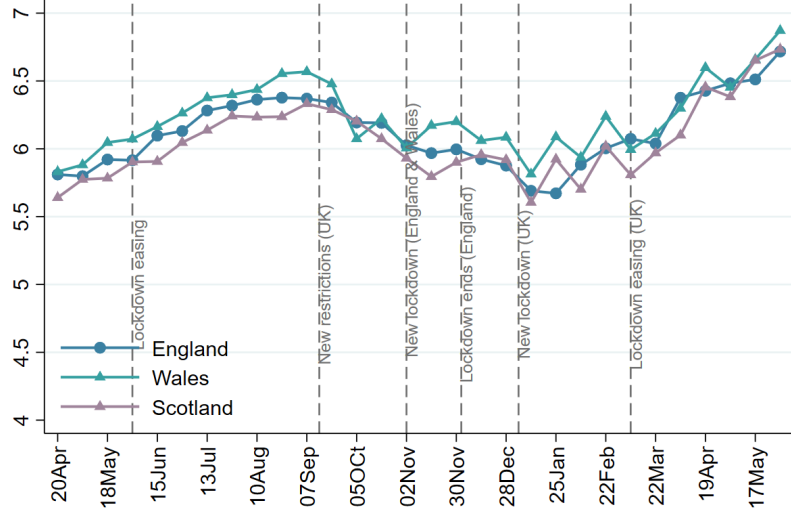


Figure 24f Happiness by keyworker status

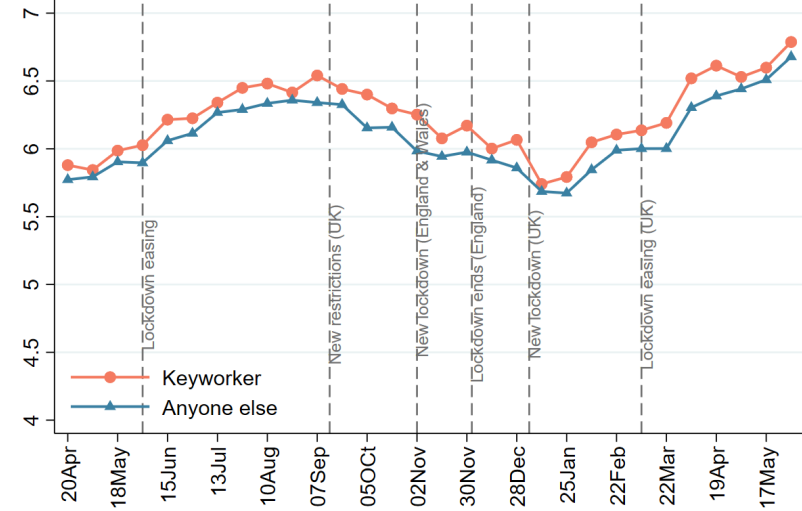


Figure 24g Happiness by living with children

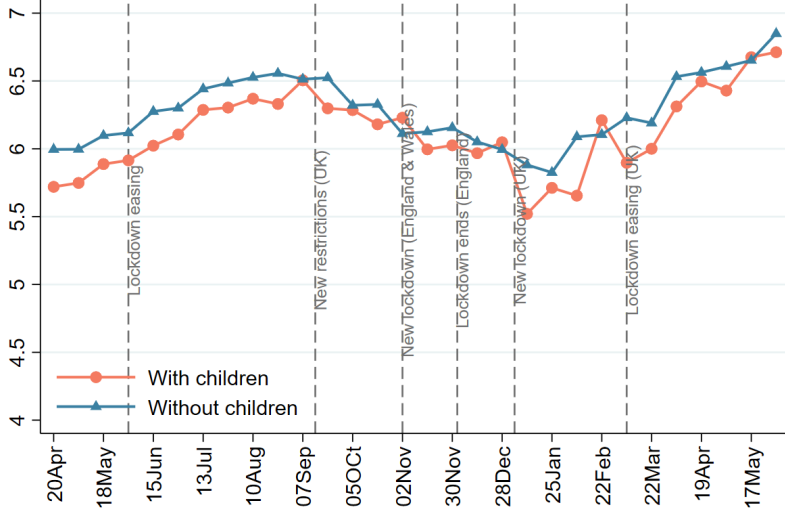
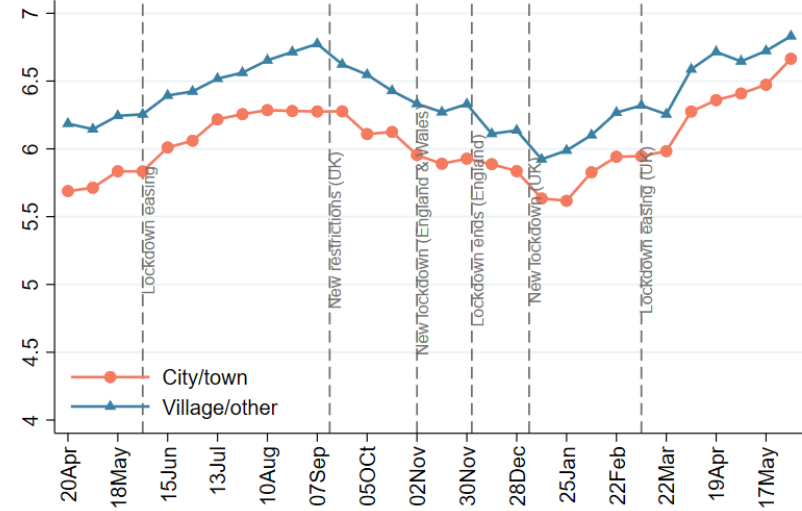


Figure 24h Happiness by living area



#

Figure 24i Happiness by gender

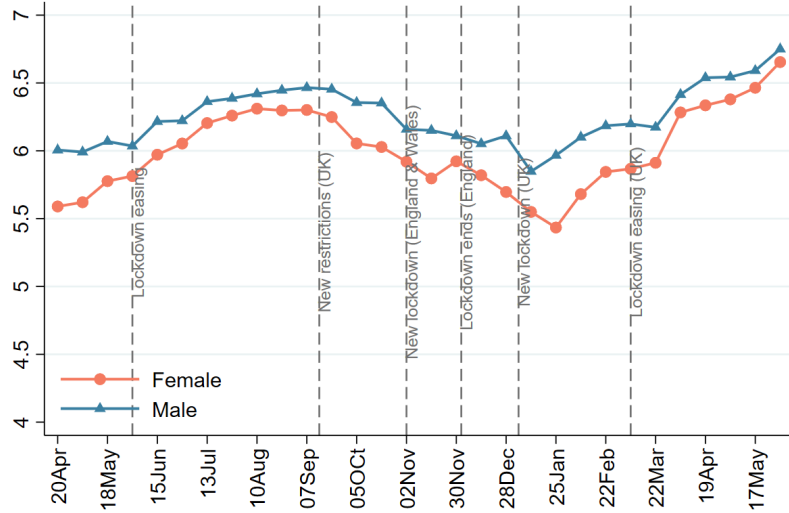


Figure 24j Happiness by ethnicity

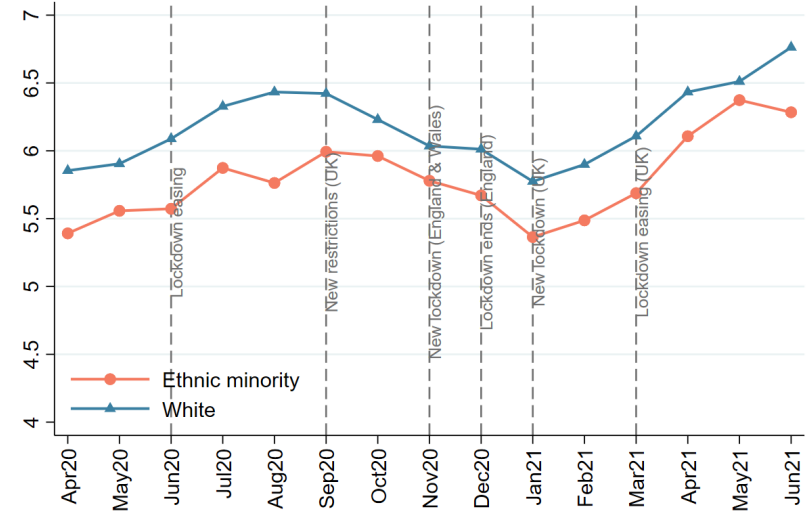


Figure 24k Happiness by educational levels

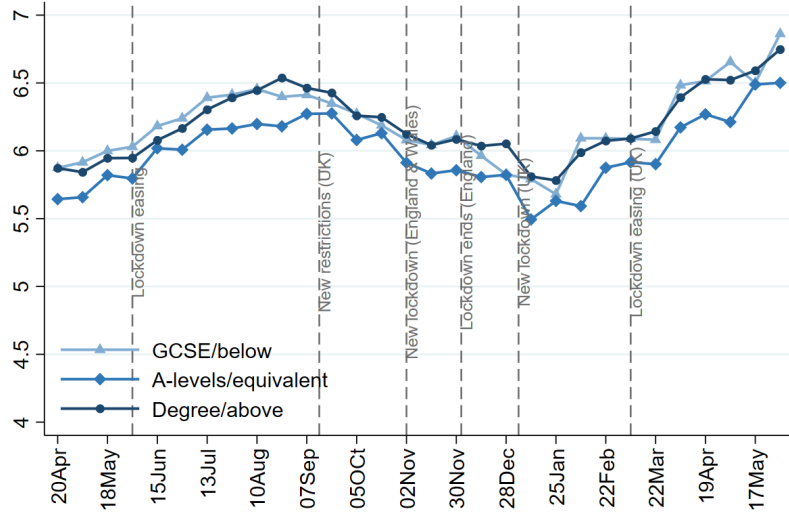
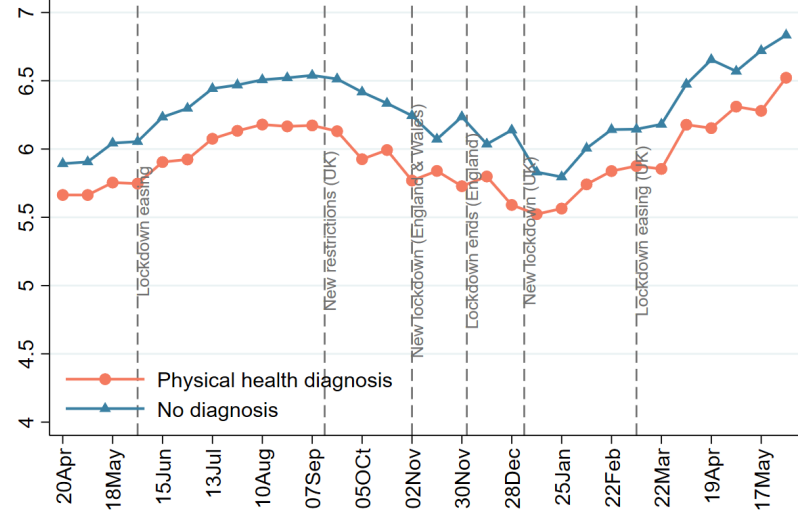
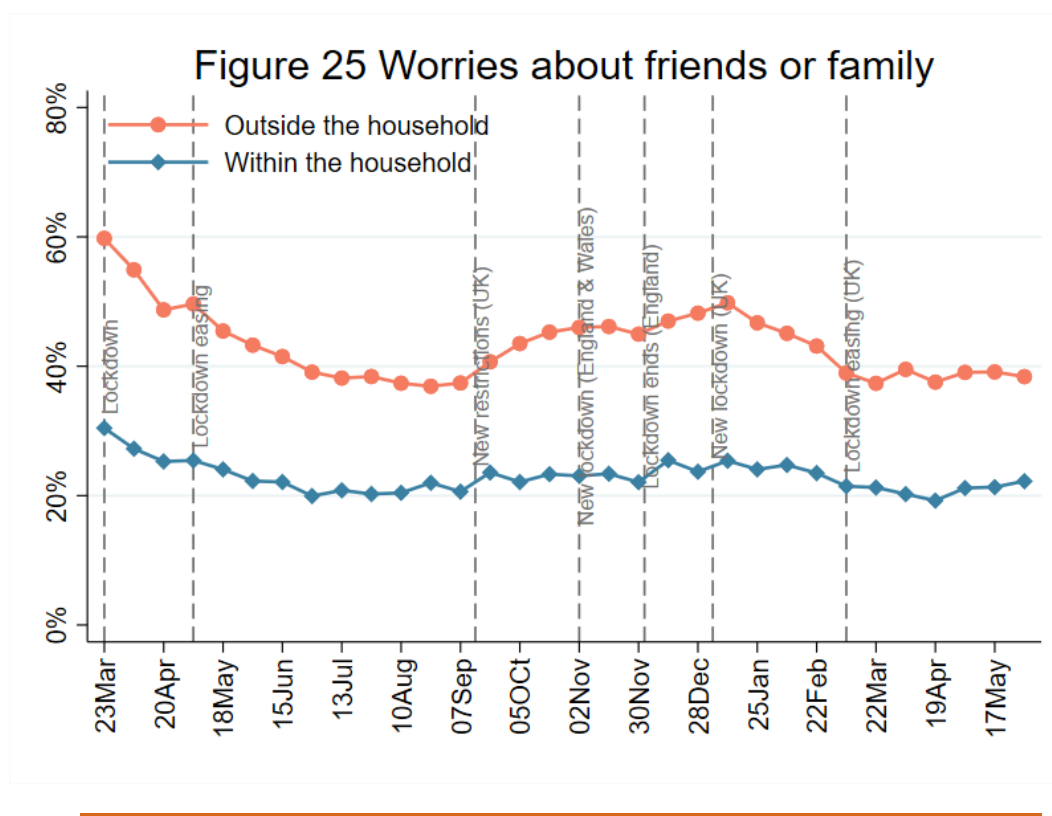


Figure 24l Happiness by physical health diagnosis



## 5. Further worries

### 5.1 Worries about friends or family



#### FINDINGS

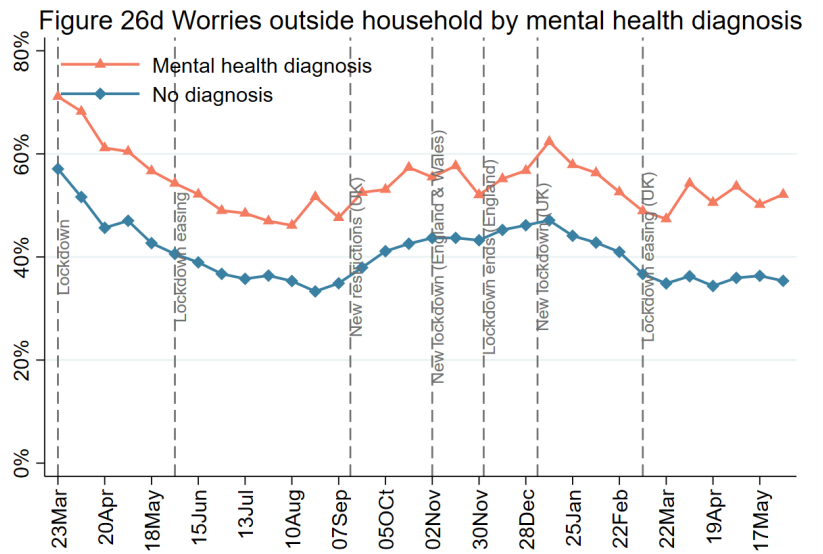
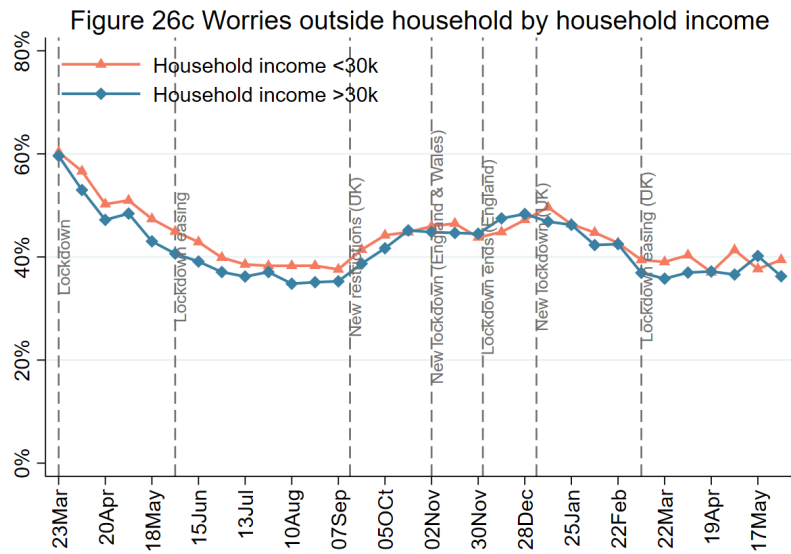
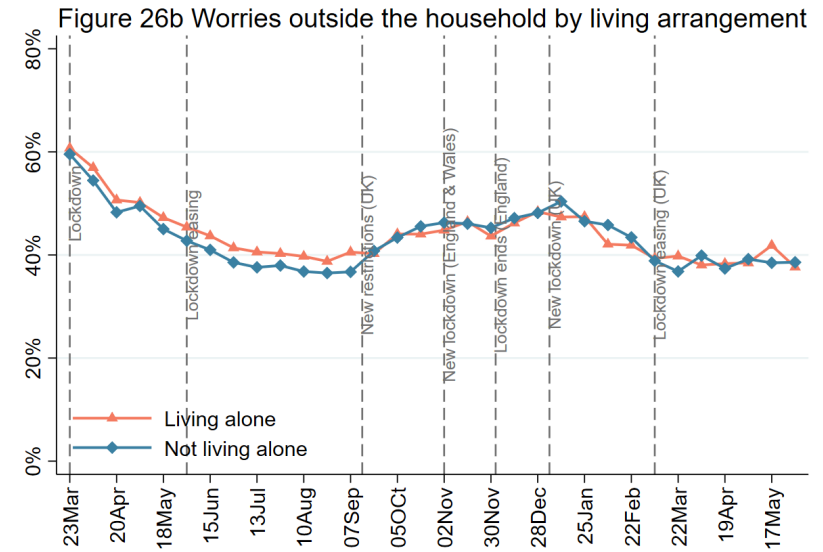
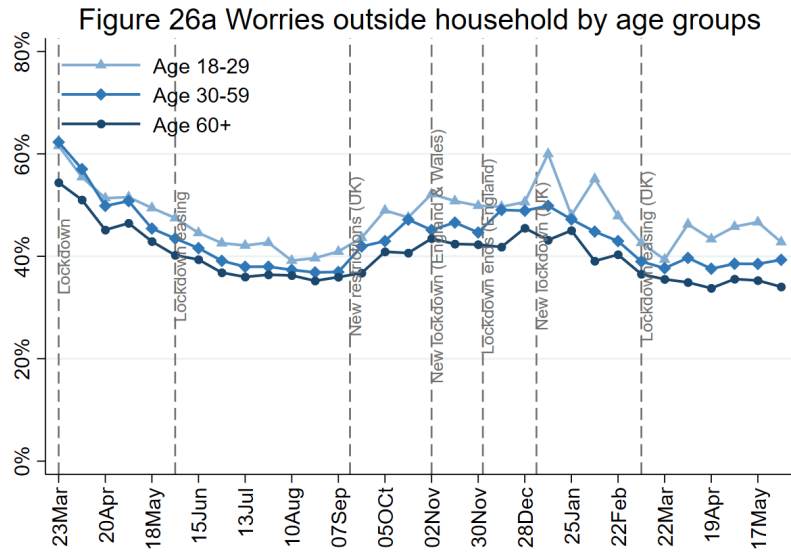
We asked participants if they had been stressed (either in a minor or a major way) about either family or friends living in their home<sup>7</sup> or family or friends outside of their household. At the start of the first lockdown, around 60% of adults were worried about family or friends outside of their household and 30% of people living with others were worried about family or friends in their households. These numbers then decreased over the summer of 2020 to 40% and 20% respectively, but then increased over the autumn as the second wave of Covid-19 infection developed.

Worries about family and friends in and outside the household decreased from the start of the new year until the easing of restrictions for the latest lockdown, but have since been stable. This decrease was more pronounced for worries about people outside of the household.

Worries have been consistently higher across both measures amongst people with a mental health diagnosis, of whom over 50% are currently worried about family and friends outside of the household and over 25% inside of the household. Women have also been consistently more worried about friends or family both in and outside the household.

Younger adults have been more worried about people living in and outside of the same household than other age groups for the past several months. Adults living with children reported being more worried for people living within the same household but not outside the household. Keyworkers have been slightly more worried about people within their household over the course of the pandemic, but differences between keyworkers and non-keyworkers in worries about people outside the household have been negligible.

<sup>7</sup>We show results for worries about people inside the household both on the main graph and in sub-group graphs only for people not living alone.



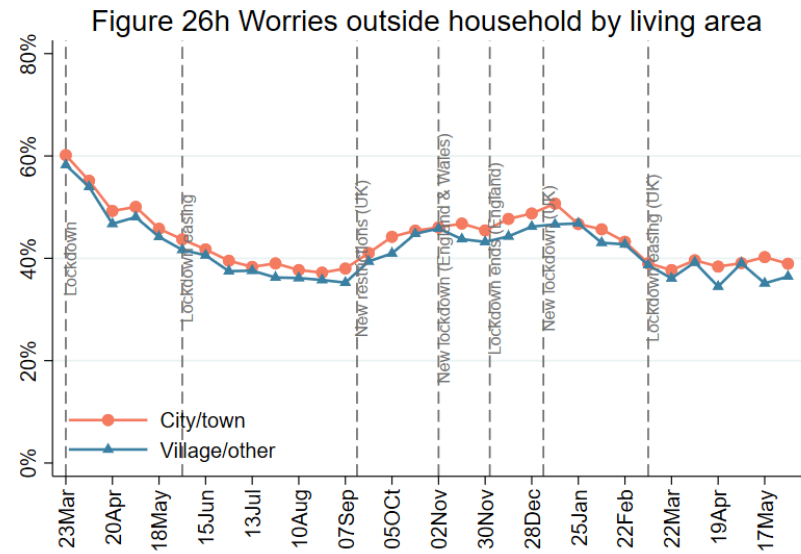
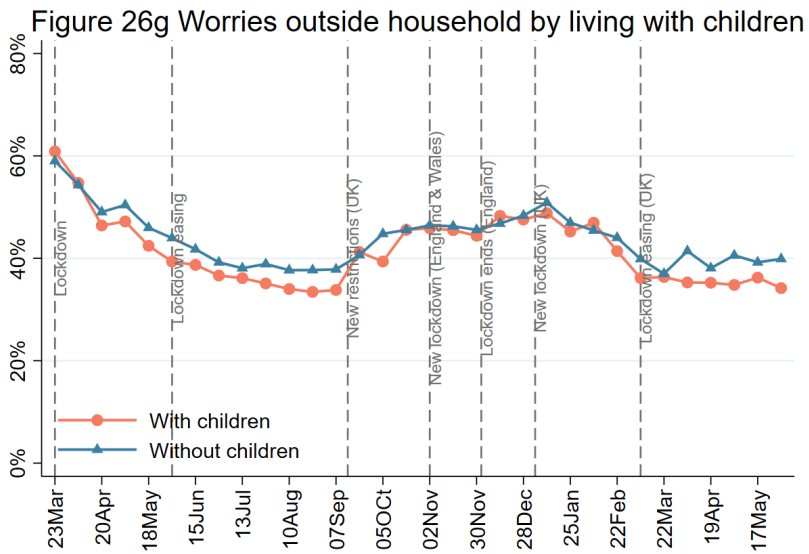
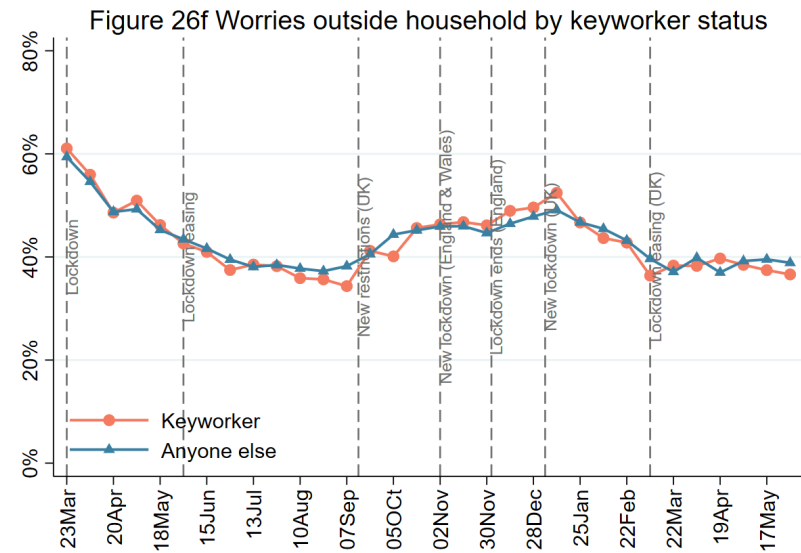
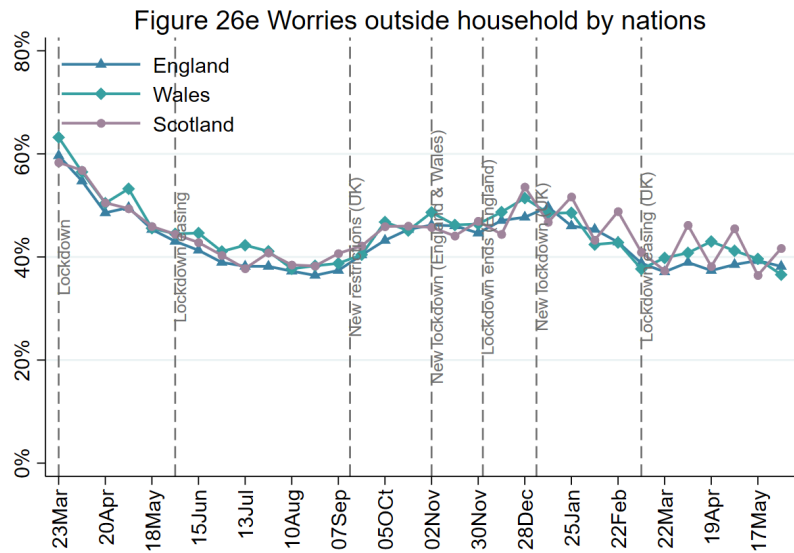


Figure 26i Worries outside household by gender

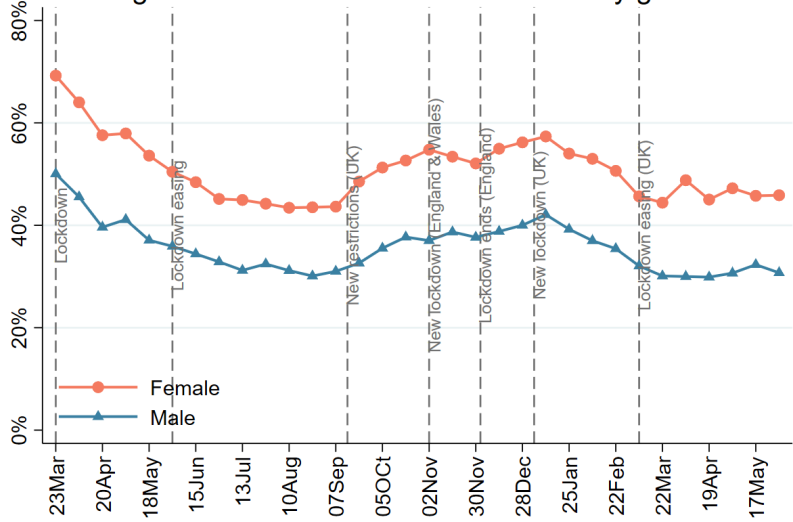


Figure 26j Worries outside household by ethnicity

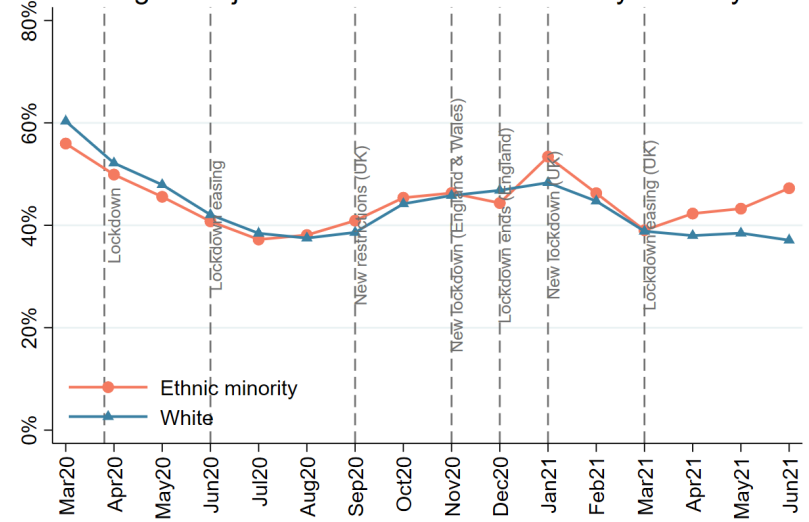


Figure 26k Worries outside household by educational levels

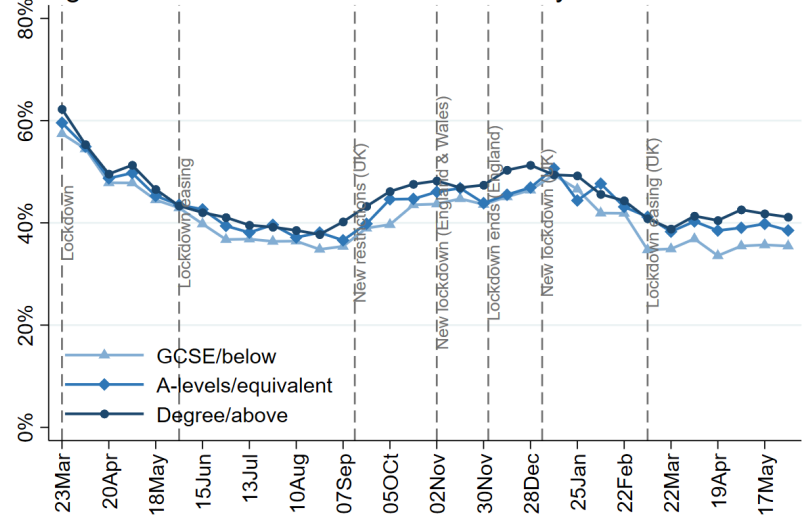


Figure 26l Worries outside household by physical health

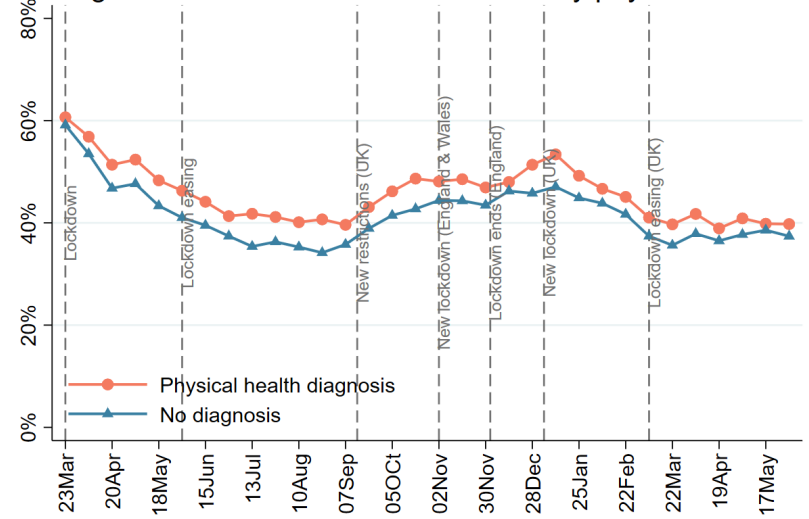
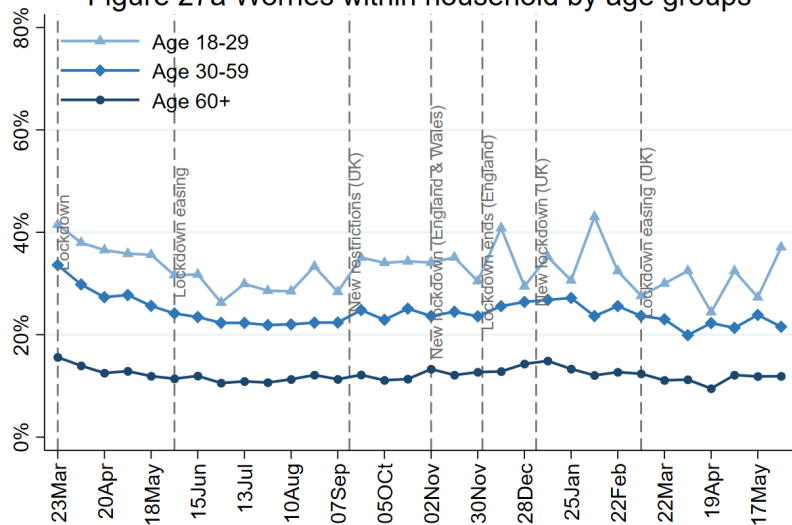


Figure 27a Worries within household by age groups



Not shown as not applicable

Figure 27c Worries within household by household income

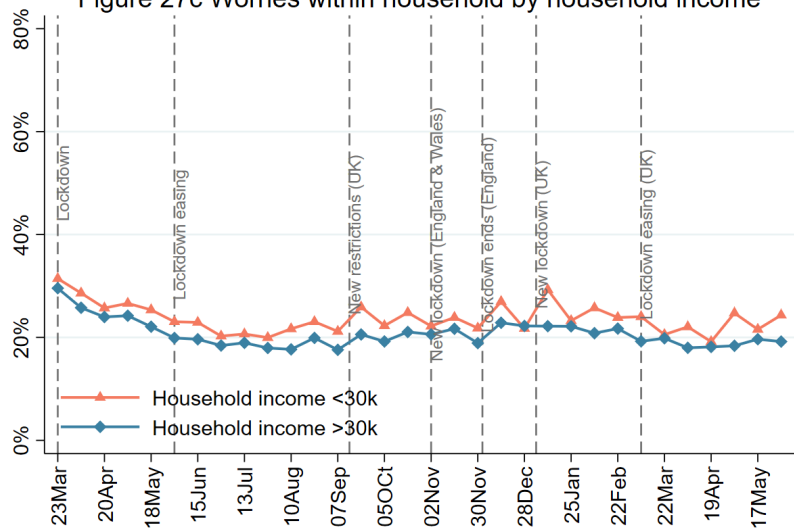
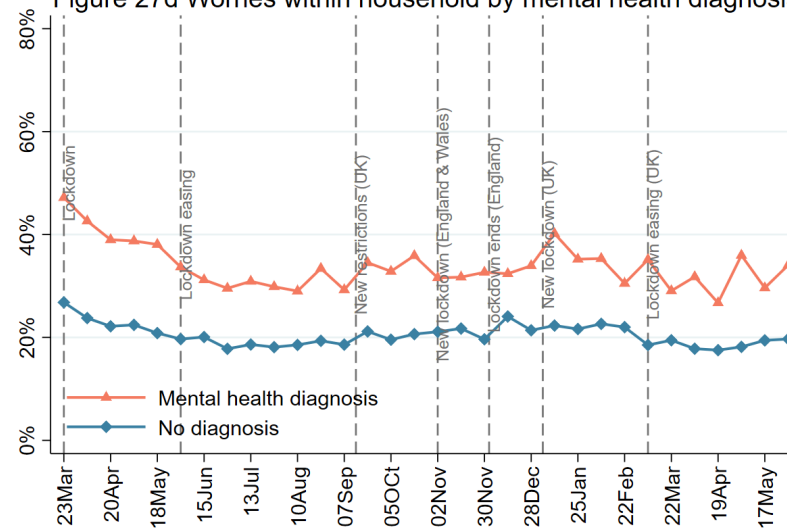


Figure 27d Worries within household by mental health diagnosis



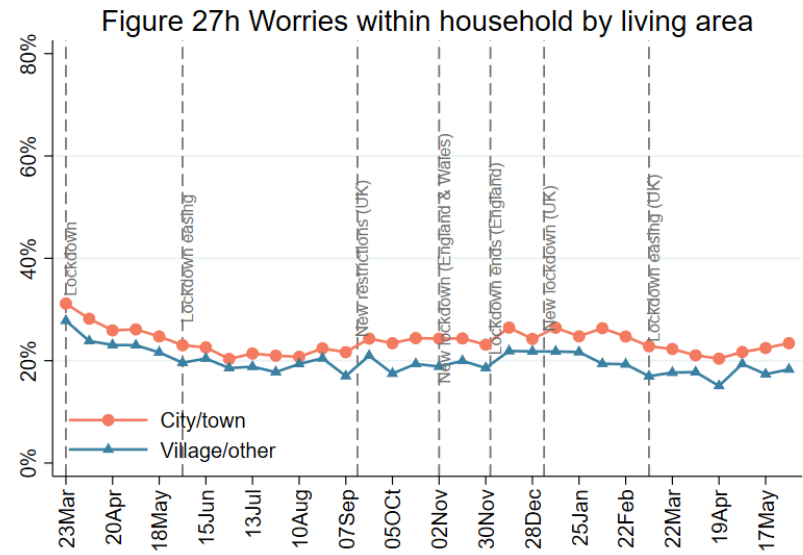
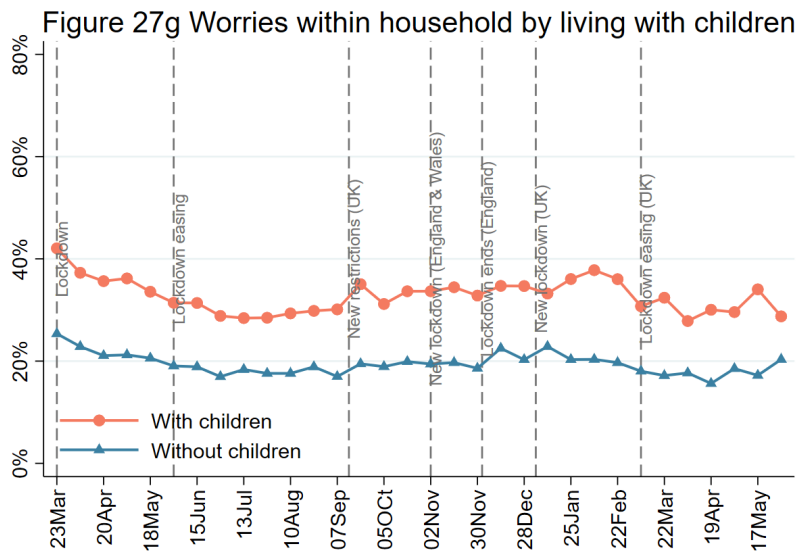
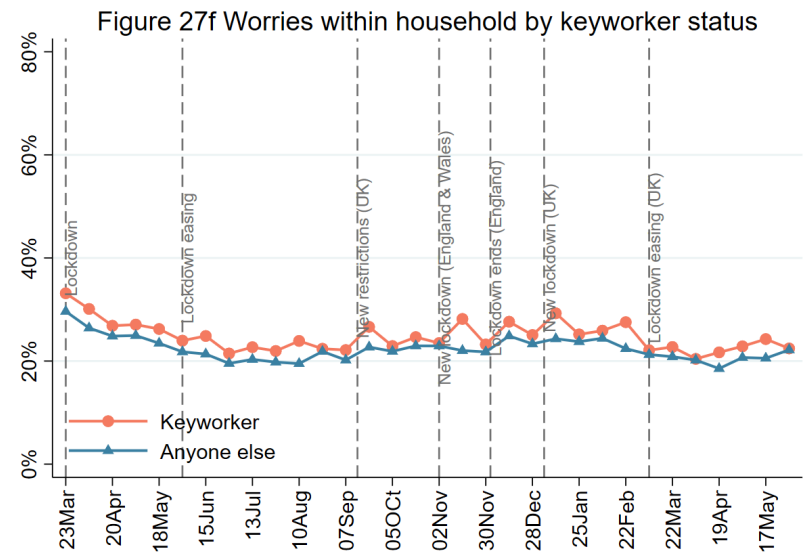
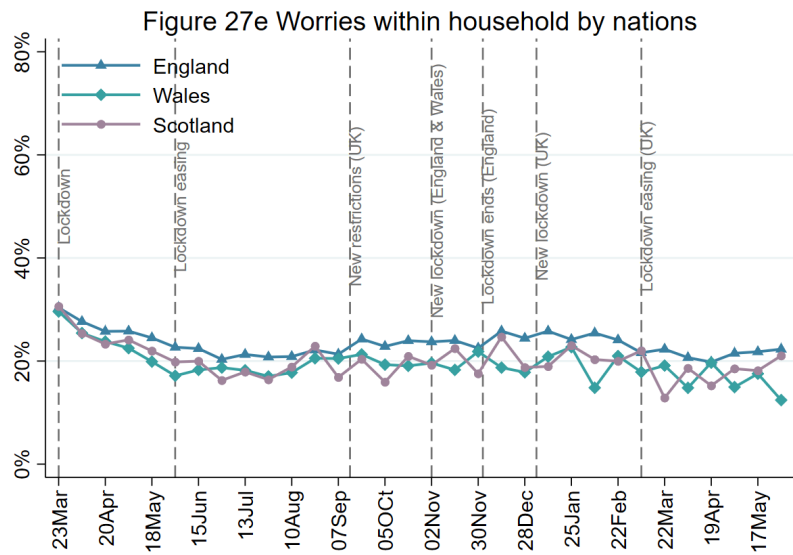




Figure 27i Worries within household by gender

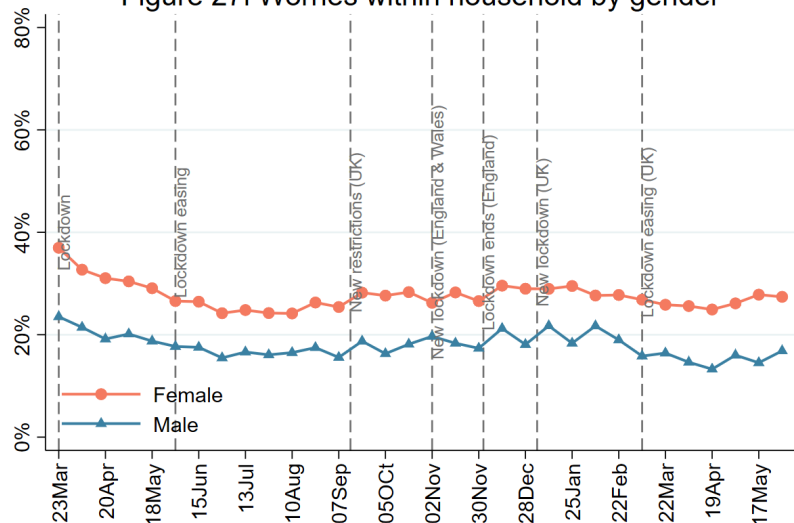


Figure 27j Worries within household by ethnicity

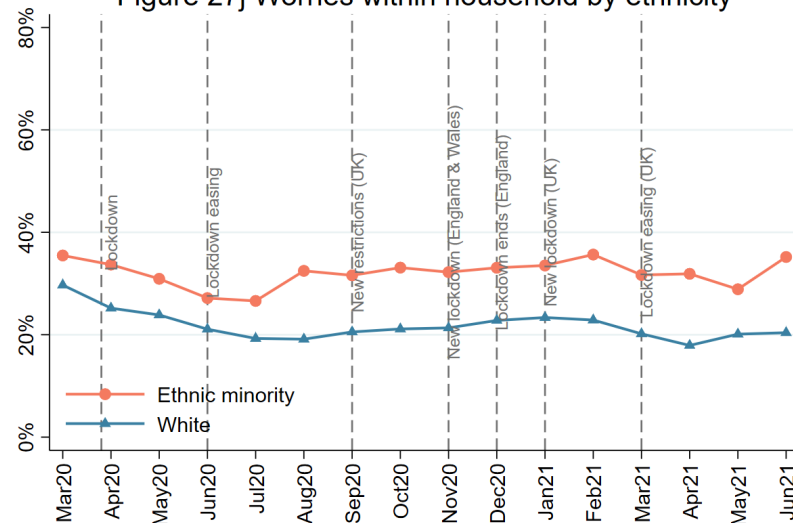


Figure 27k Worries within household by educational levels

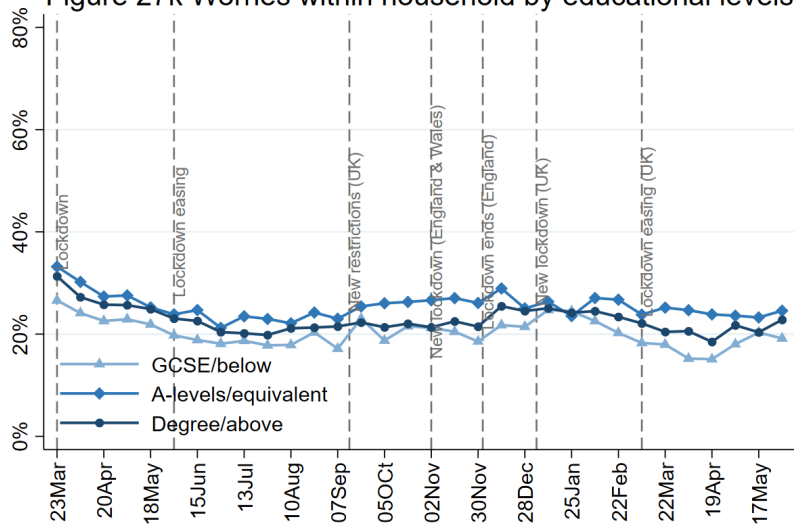
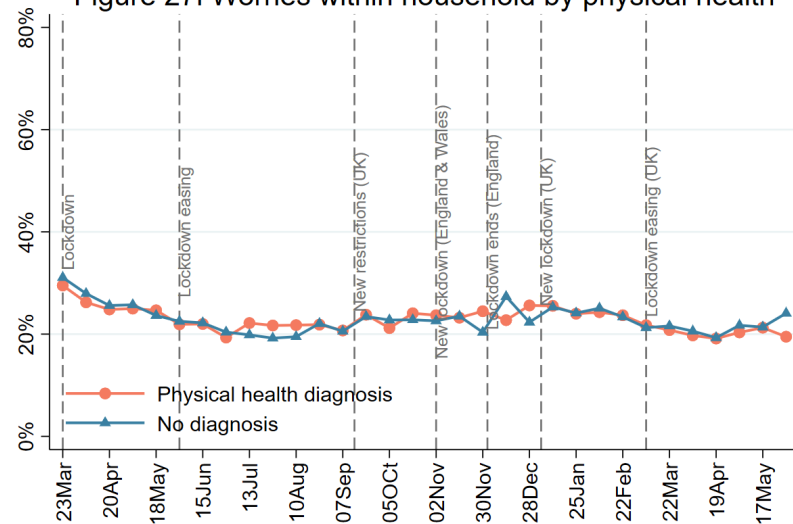
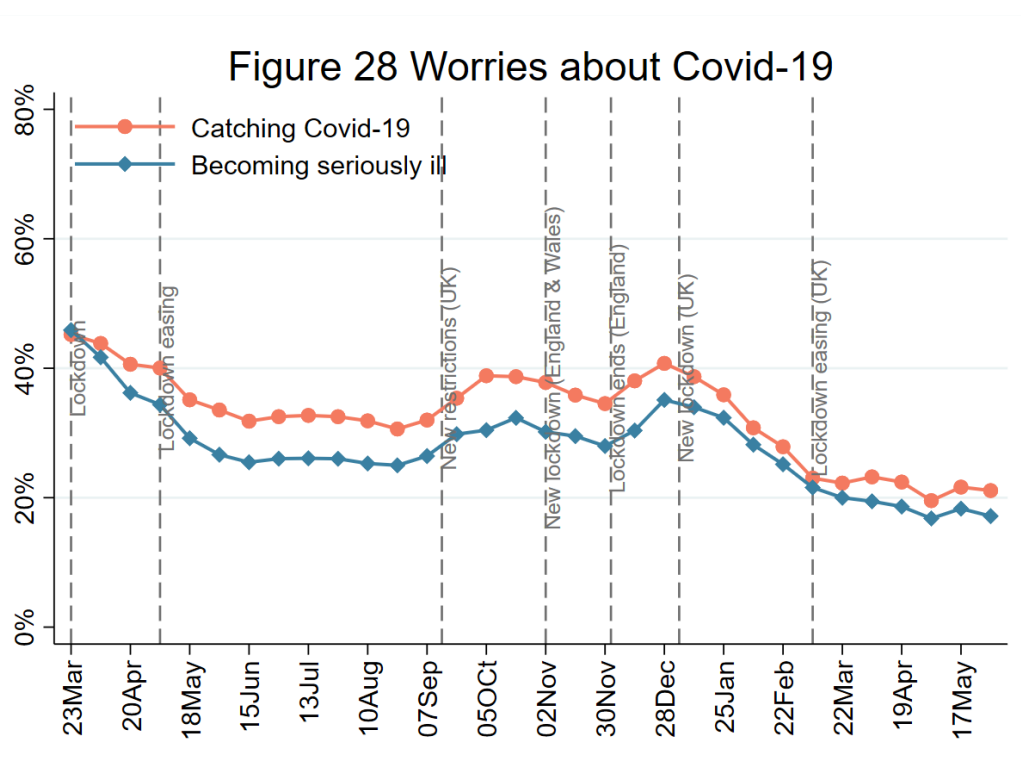


Figure 27l Worries within household by physical health



## 5.2 Worries 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.

Worries about catching and becoming seriously ill from Covid-19 were common in the autumn but have been steadily decreasing since the start of the new year when the third lockdown was introduced and when the vaccine programme began. Around 1 in 5 are now worried about both, which are the lowest levels since the start of the pandemic. Slightly more people (20.8%) are worried about catching it than becoming seriously ill from it (17.6%).

Age differences in worries about catching Covid-19 (but not becoming seriously ill from it) have been minimal since the start of the pandemic, but have started to increase in young adults over the past two months, coinciding with the proliferation of the Delta variant. More data are needed to confirm this trend. Since the easing of restrictions for the latest lockdown, people with children have been less worried about catching Covid-19 than people not living with children.

Keyworkers have been less worried about catching the virus than non-keyworkers since last summer, but differences between these two groups in worries about falling seriously ill from it have been negligible. People with a mental or physical health diagnosis, people with lower household incomes, and women have generally been more worried about both catching and falling ill from Covid-19 over the course of the pandemic.

Figure 29a Worries about catching Covid-19 by age groups

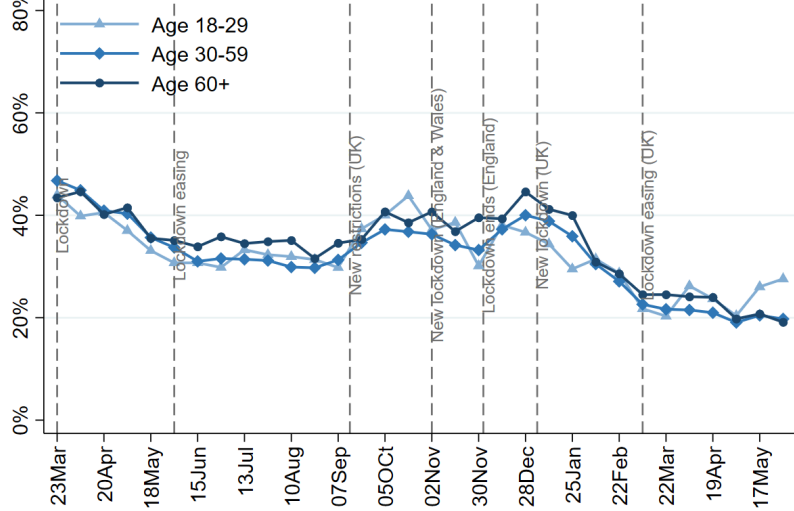


Figure 29b Worries about catching Covid-19 by living arrangement

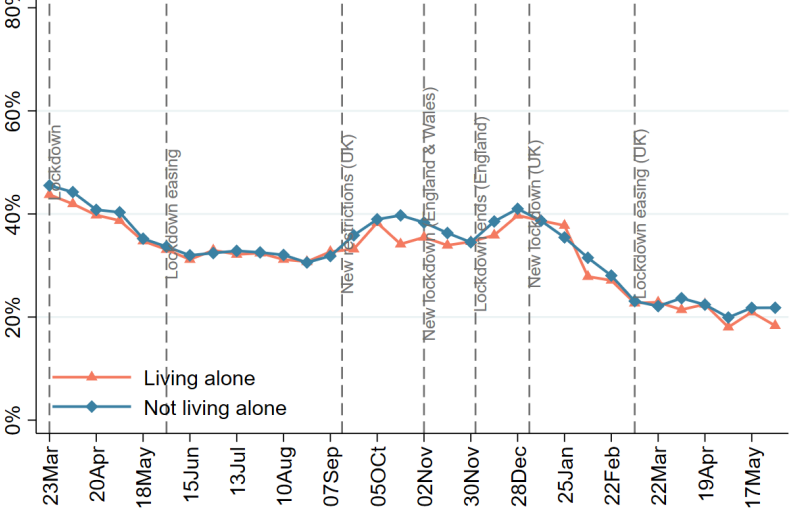


Figure 29c Worries about catching Covid-19 by household income

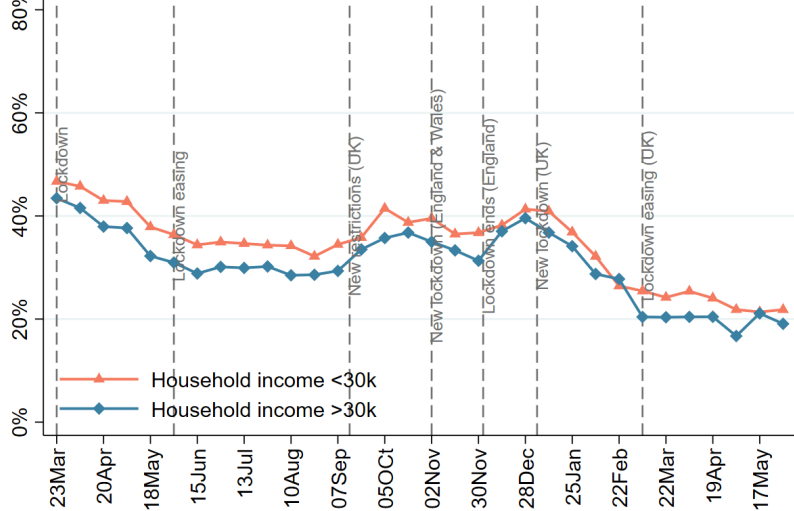
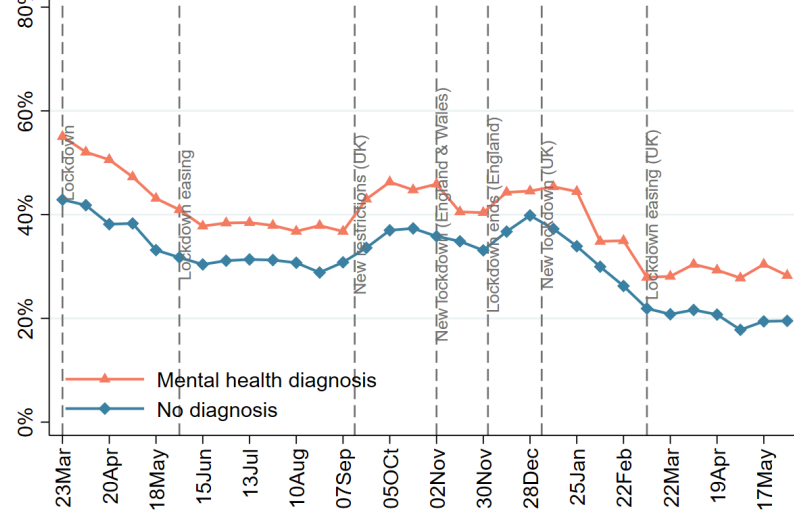


Figure 29d Worries about catching Covid-19 by mental health diagnosis



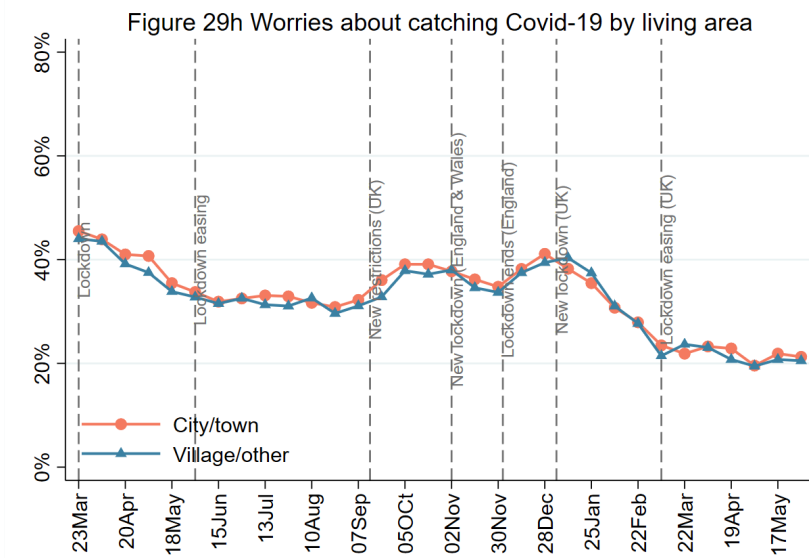
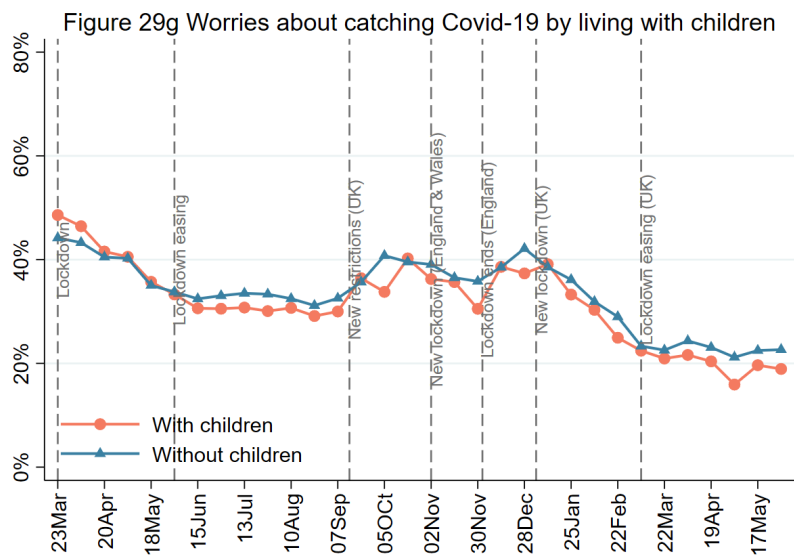
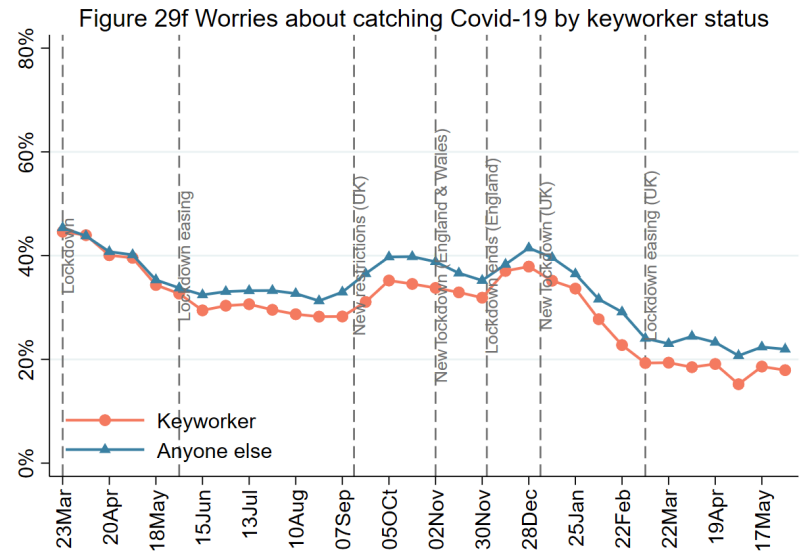
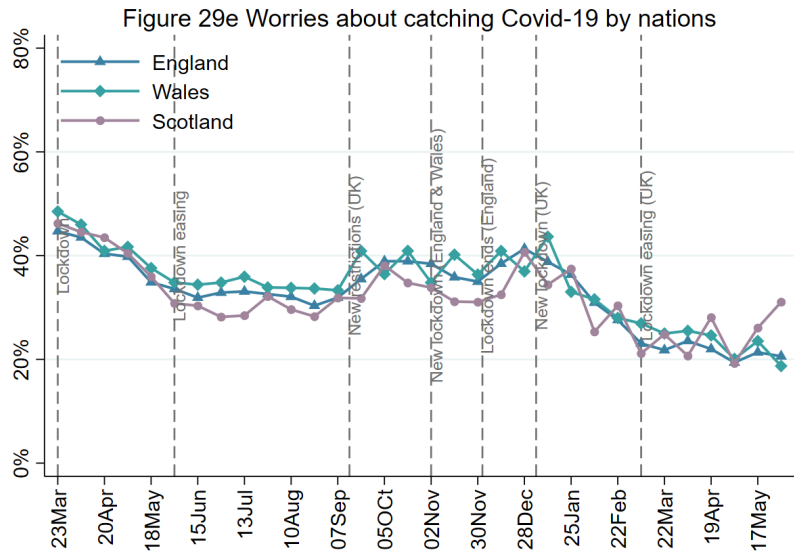


Figure 29i Worries about catching Covid-19 by gender

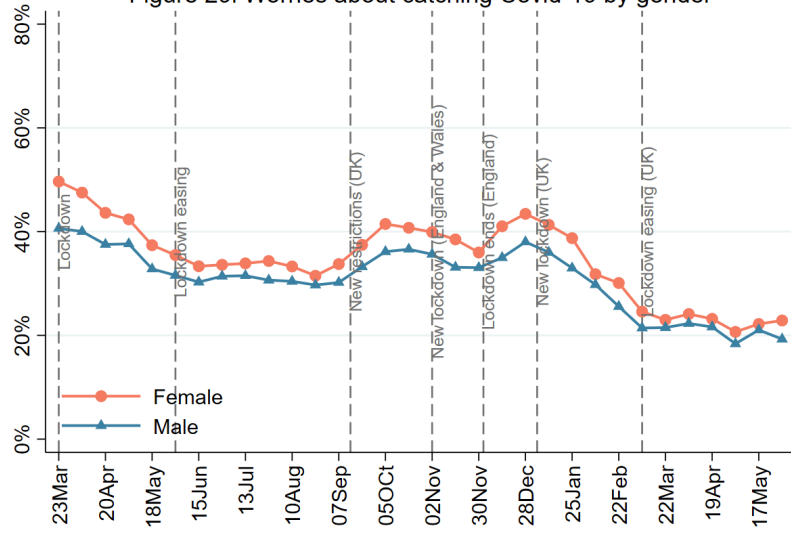


Figure 29j Worries about catching Covid-19 by ethnicity

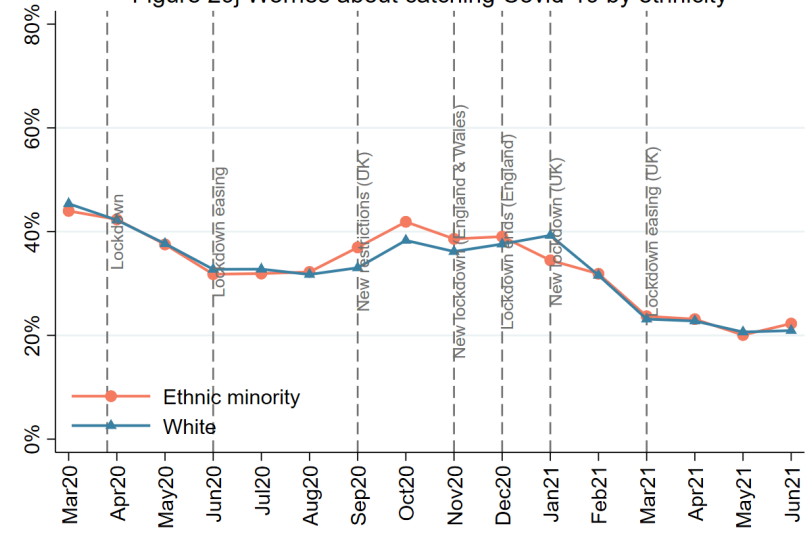


Figure 29k Worries about catching Covid-19 by educational levels

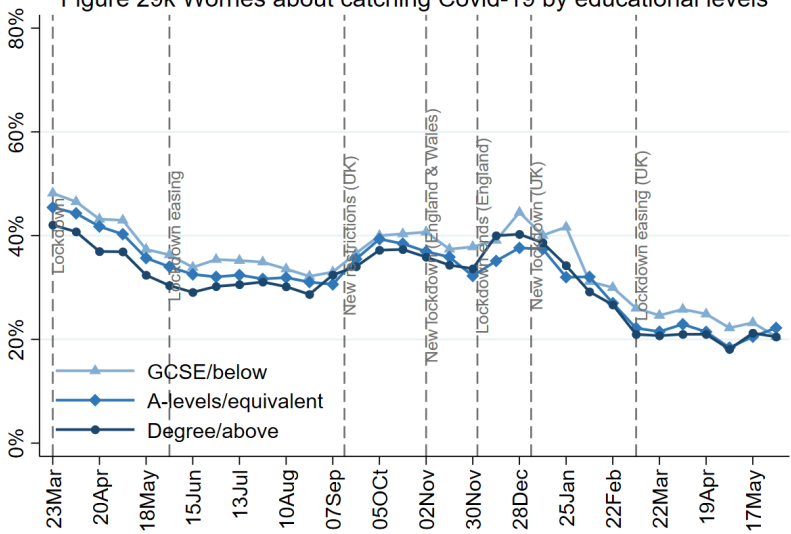


Figure 29l Worries about catching Covid-19 by physical health

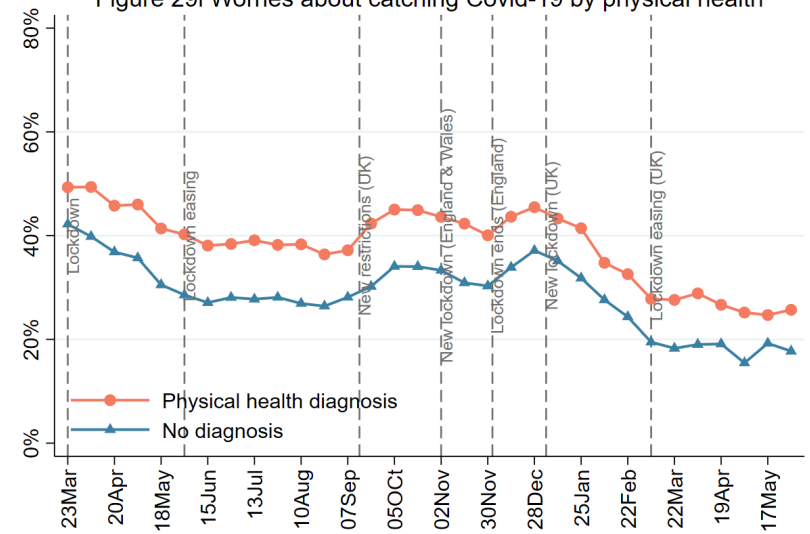


Figure 30a Worries about becoming seriously ill by age groups

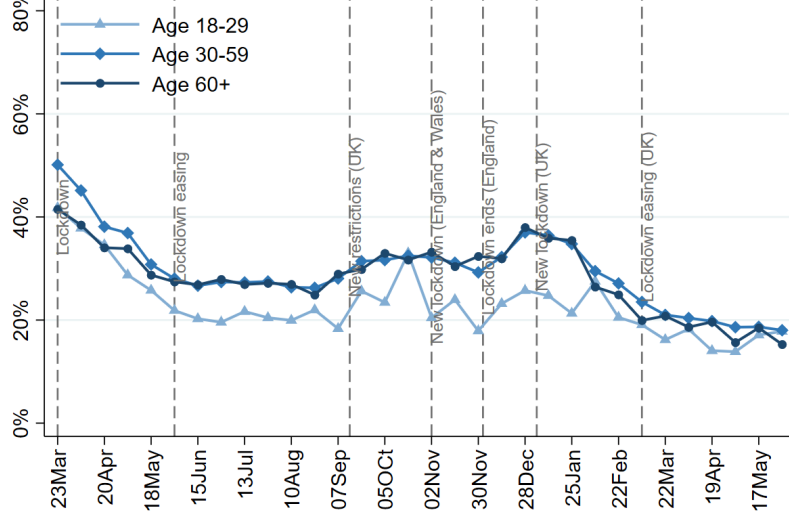


Figure 30b Worries about becoming seriously ill by living arrangement

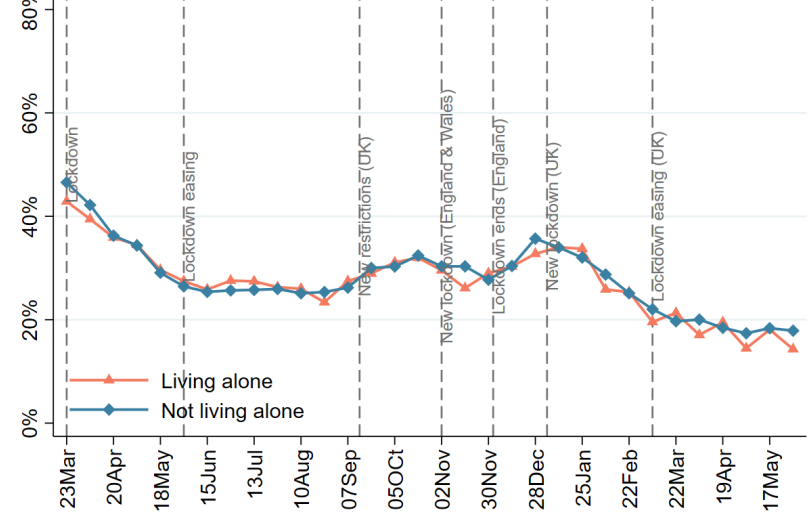


Figure 30c Worries about becoming seriously ill by household income

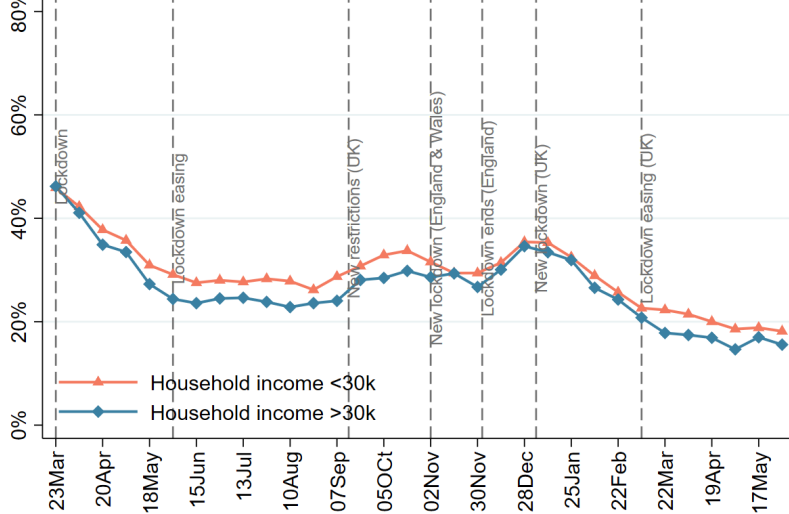


Figure 30d Worries about becoming seriously ill by mental health diagnosis

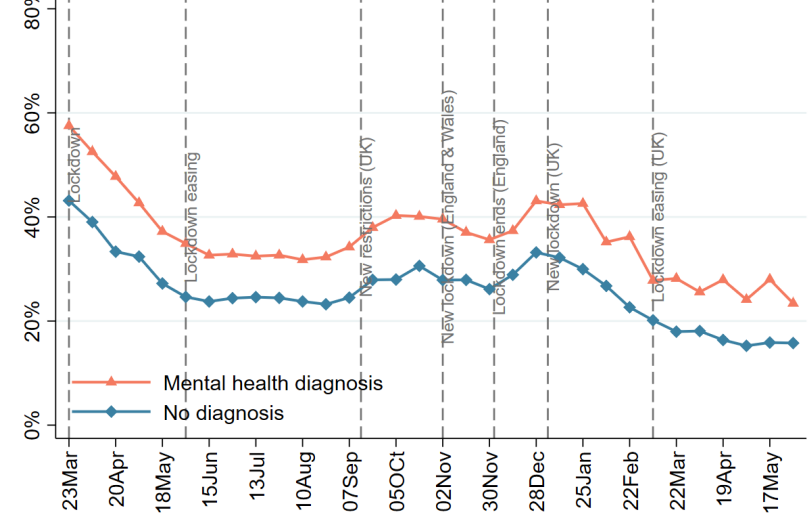


Figure 30e Worries about becoming seriously ill by nations

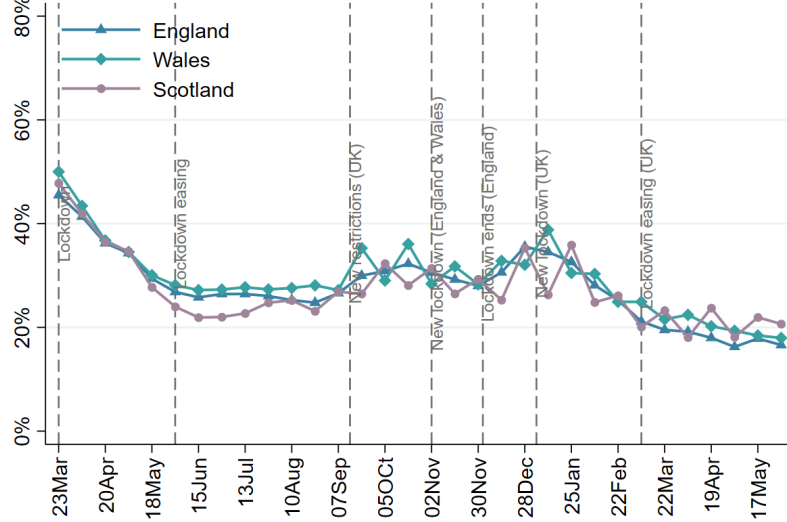


Figure 30f Worries about becoming seriously ill by keyworker status

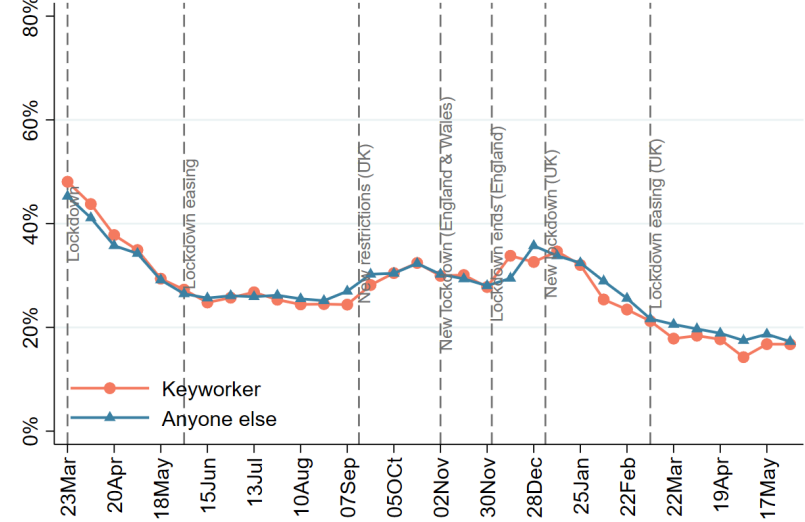


Figure 30g Worries about becoming seriously ill by living with children

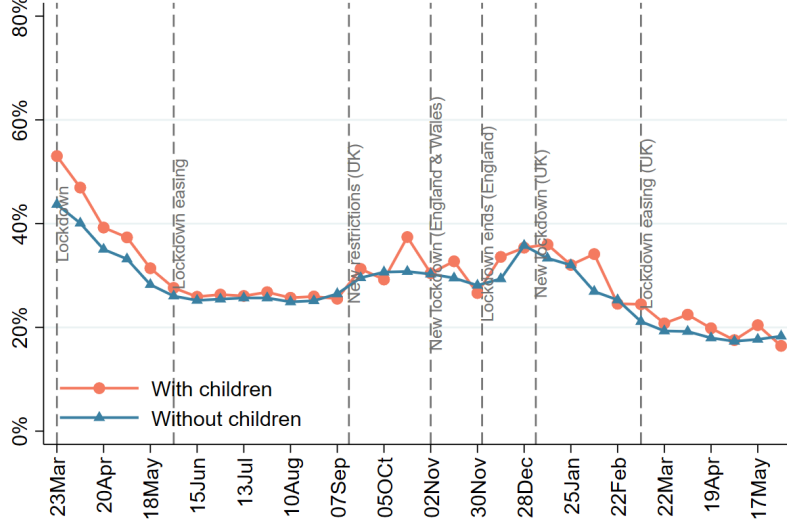


Figure 30h Worries about becoming seriously ill by living area

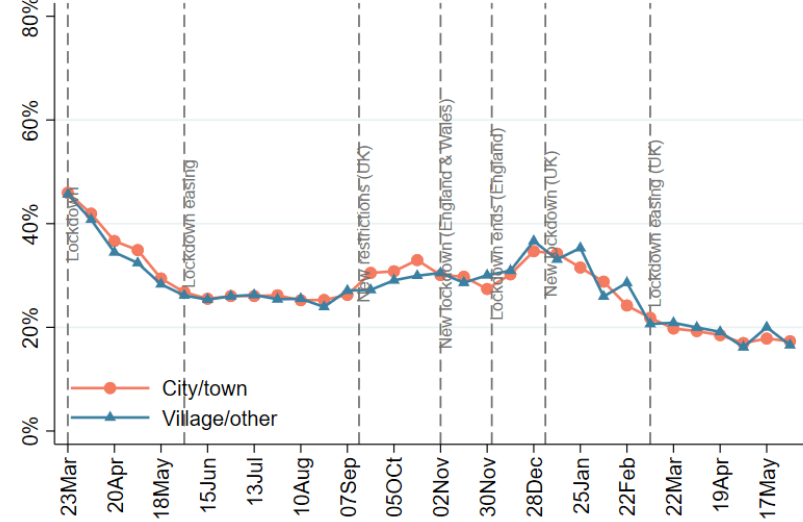


Figure 30i Worries about becoming seriously ill by gender

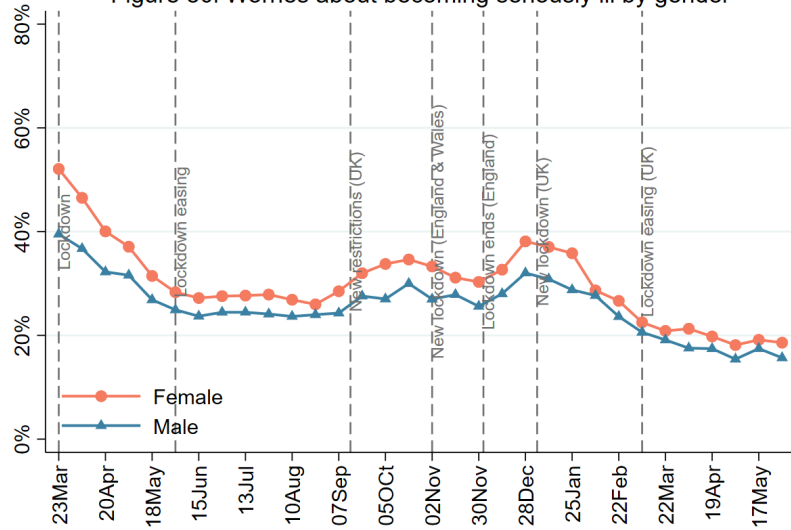


Figure 30j Worries about becoming seriously ill by ethnicity

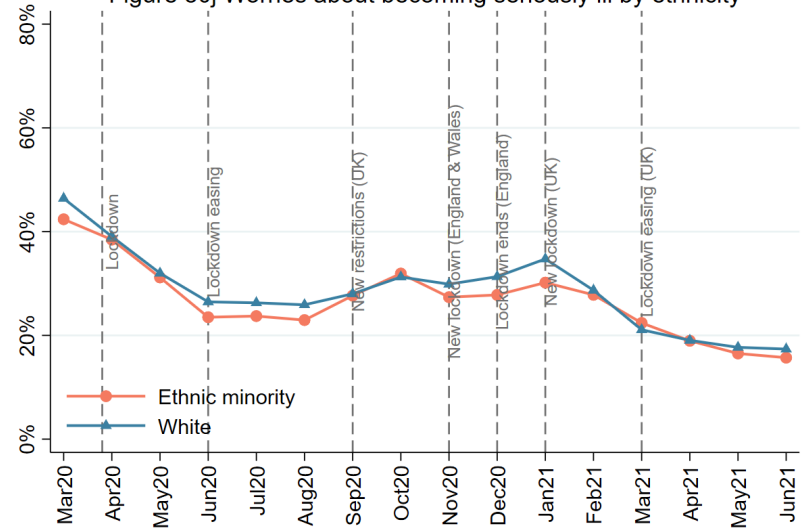


Figure 30k Worries about becoming seriously ill by educational levels

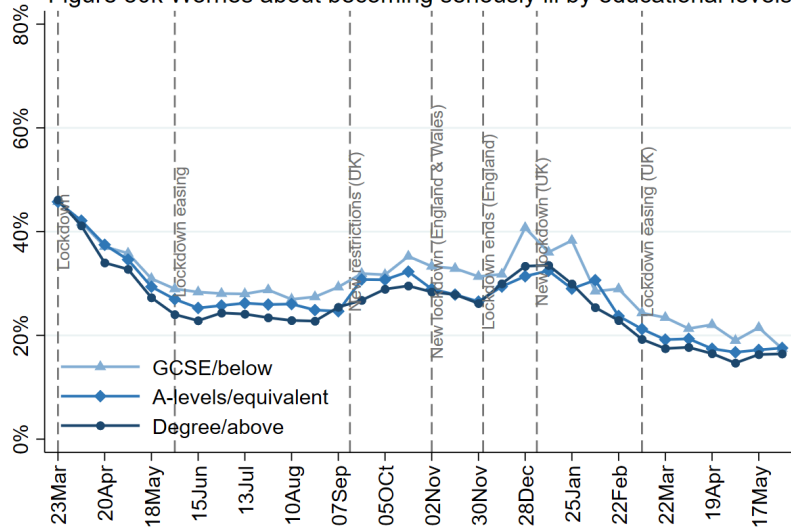
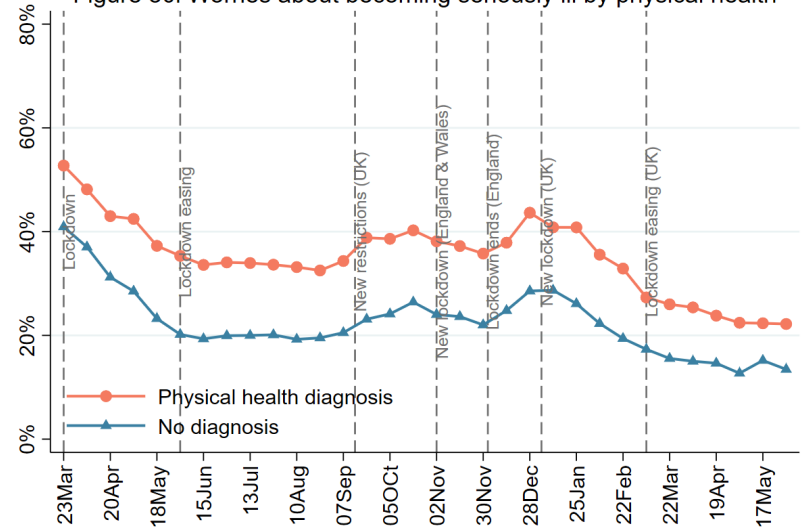


Figure 30l Worries about becoming seriously ill by physical health





## 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 2020 to the 13<sup>th</sup> June 2021 (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>		
18-29	55,584	5.65	GCSE or below	138,900	14.1
30-59	538,090	54.7	A-levels of equivalent	169,850	17.3
60+	390,896	39.7	Degree or above	675,820	68.6
<b>Gender</b>			<b>Any diagnosed mental health conditions</b>		
Male	247,434	25.2	No	820,864	83.4
Female	733,223	74.8	Yes	163,706	16.6
<b>Ethnicity</b>			<b>Any diagnosed physical health conditions</b>		
White	942,895	96.1	No	565,206	57.4
Ethnic minority	38,571	3.93	Yes	419,364	42.6
<b>UK nations</b>			<b>Keyworker</b>		
England	794,802	81.5	No	780,179	79.2
Wales	119,722	12.3	Yes	204,391	20.8
Scotland	60,521	6.21	<b>Living with children</b>		
<b>Living arrangement</b>			No (excluding those who live alone)	560,432	72.2
Not living alone	776,346	78.9	Yes	215,914	27.8
Living alone	208,224	21.2	<b>Living area</b>		
<b>Annual household income</b>			Village/hamlet/isolated dwelling	247,480	25.1
>30k	527,370	59.5	<b>City/large town/small town</b>	737,090	74.9
<30k	359,310	40.5			