Covid-19 Social Study

Results Release 29

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Executive summary

Background

This report provides data from the last 44 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-NINTH report, we focus on psychological responses to the first forty-two weeks since just before the UK lockdown was first announced (21/03 to 24/01). 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***** Perceived life differences, changes in time use, and health behaviours between lockdowns in spring 2020 and January 2021.

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

Findings

- Compliance has continued increasing since Christmas across the latest lockdown, and is now as high as it was at the end of the strict lockdown in the UK in May 2020. Majority compliance is being reported by 97% of people - a continued improvement across all demographic groups – while complete compliance (no bending of the rules) by 60% of people.
- However, the lockdown itself is being perceived as very different by people to the lockdown in spring 2020. Just 25% of people are finding this current lockdown alike to the first lockdown in terms of changes to their lives. The remainder are finding it different, ranging from 42% finding it a little different to 15% finding it very or completely different. This suggests that this lockdown is not causing the same changes to people's lives or behaviours as the first lockdown did.
- Younger adults have been finding this lockdown most different to the first, with only 16% of those aged 18-29 finding it comparable to the first lockdown (compared to 30% of over 60s), and 27% finding it very or completely different (compared to 11% of over 60s).
- Fewer people with higher educational qualifications have reported finding things the same as during the first lockdown (20% vs 30% of people with lower levels of qualifications), perhaps as more have returned to working in offices. But more people with diagnosed physical health conditions have reported finding the lockdowns the same (28% vs 23% without diagnosed conditions), perhaps as these individuals have been more likely to take equally careful precautions to avoid the virus. There has been no meaningful difference amongst keyworkers and non-keyworkers (perhaps as their work has continued through both lockdowns).
- Overall, the most ubiquitous activity during the January 2021 lockdown has been watching TV, streaming films or gaming (97% of participants), followed closely by 96% spending time communicating digitally with family and friends, 95% following the news on COVID-19, and 93% listening to music.
- However, within these behaviours there are some changes since the first lockdown in 2020. Of those engaging in activities (discounting those who reported not doing the activity), 41% reported following the news on COVID-19 less than during the first lockdown, with only 9% reporting watching the news more. Younger adults in particular have been following the news less (64% aged 18-29 report decreasing this activity compared to just 21% of adults aged 60+), as have women (46% decreasing this activity compared to 36% of men).
- 36% are reporting engaging less with arts and crafts and 30% less with other hobbies compared with just 11% and 9% reporting doing these activities more. Volunteering has also decreased, with 36% spending less time volunteering and just 13% increasing their volunteering. 40% are reporting exercising less than during first lockdown, compared to just 13% reporting exercising more. Women have decreased exercise more than men (43% decreasing vs 38%).

- Conversely, activities that have particularly increased include working (34% working more vs just 15% working less), and watching television, streaming films and gaming (19% doing these activities more and just 13% doing them less). Younger adults in particular have increased their working (45% vs 21% of adults over 60) and are compensating with less time watching television (28% of younger adults reporting a decrease vs 6% of older adults). By contrast, 20% of older adults have increased their time spent watching television.

- In terms of diet, 71% of participants reported that their food consumption had been about the same as in the first lockdown, with equal numbers (15% and 14%) respectively reporting that they had eaten less or more. The quality of the diet had also largely stayed the same (for 72% of participants), with 11% reporting that they were eating a healthier diet than during the first lockdown and 17% reporting a worse diet. More details on how changing patterns of diet in first lockdown have continued into this current lockdown are shown in the report (section 5.3).

- Of our sample, 13% reported smoking. Of these, 61% reported smoking the same amount that they did during first lockdown, whilst an even number reported increasing and decreasing their smoking (20% vs 19%). Of our sample, 70% reported drinking alcohol. Of these, 57% reported drinking the same amount as in first lockdown, with 30% drinking less and 14% drinking more. More details on how changing patterns of diet in first lockdown have continued into this current lockdown are shown in the report (section 5.3).

- The pandemic continues to affect mental health. Depression and anxiety levels are the worst they've been since June 2020, with clear worsening since the summer. Stress about catching Covid-19 or becoming seriously ill from it is substantially higher than in the autumn, especially since news of the new more contagious variant was released. Around 45% of people are now worried; the highest level since the middle of the first lockdown back in April. Life satisfaction has continued to deteriorate in lockdown, with levels now comparable to those near the start of lockdown in spring 2020. Happiness levels have further decreased in the past few month during lockdown, reaching levels that are lower than during lockdown in April 2020.

1. Compliance and confidence

1.1 Compliance with guidelines

Figure 1a Compliance with guidelines
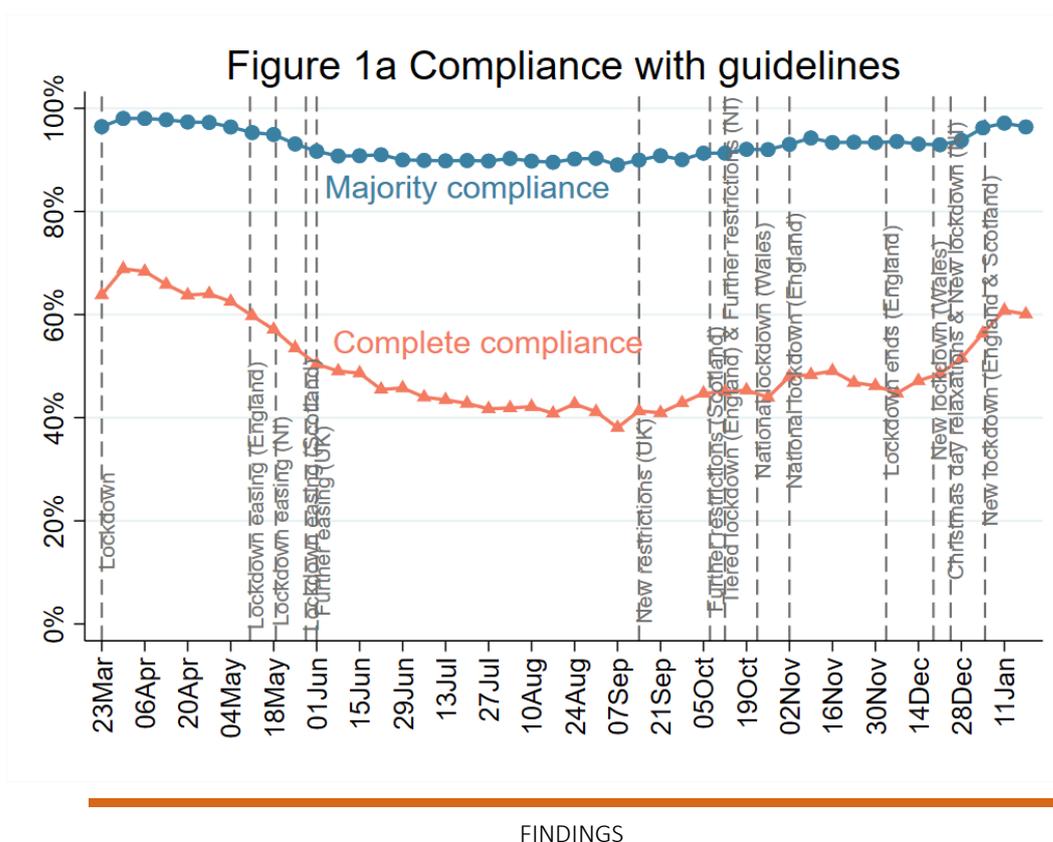
Respondents were asked to what extent they are following the recommendations from government such as social distancing and staying at home, ranging from 1 (not at all) to 7 (very much so). Of note, we ask participants to self-report their compliance, which relies on participants understanding the regulations. 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).

Compliance has continued increasing since Christmas, and is now as high as it was in May 2020 just before the first lockdown began to be eased.

Majority compliance is being reported by 97% of people; a continued improvement across all demographic groups (Figures 2m-2x). Complete compliance with the rules (i.e. following them with no bending or even minor infringements) is being reported by the majority of people (60% for the week ending 24th January) (Figures 2m-2x).

The patterns of compliance remain as they were for the last few months though, with compliance lower in higher income households, in urban areas, amongst men, and amongst people in good physical health. But the improvements have been seen across all groups.

Figure 2a Complete compliance by age groups
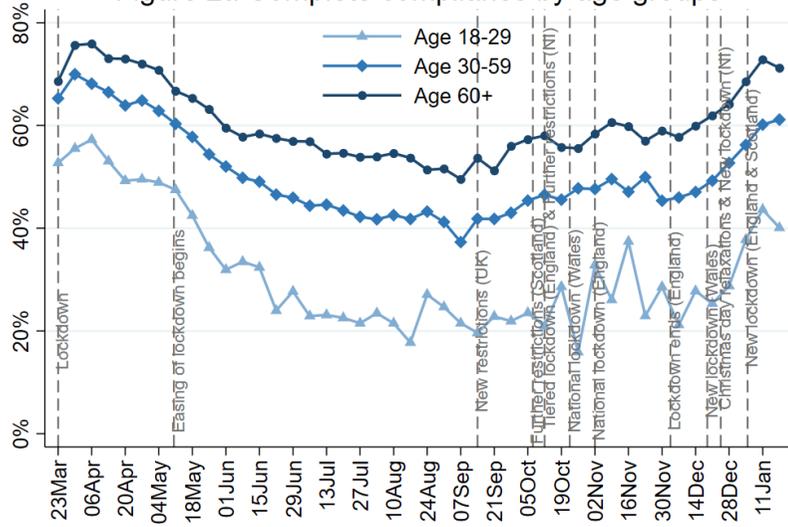
Figure 2b Complete compliance by living arrangement
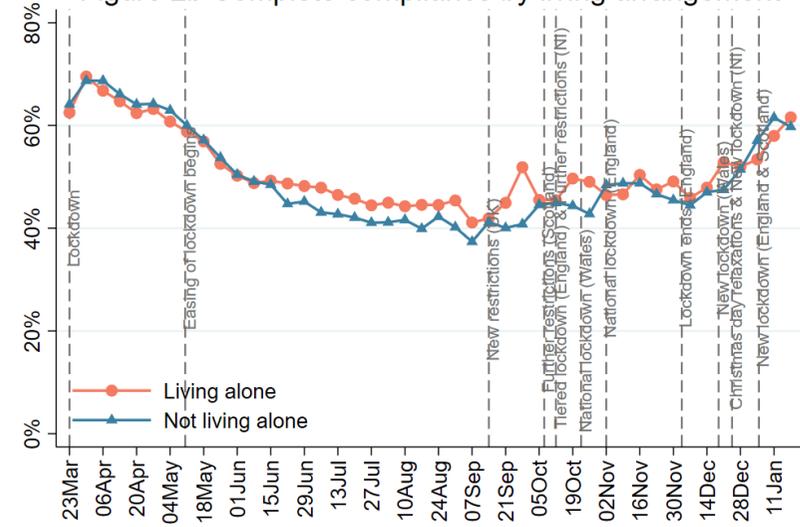
Figure 2c Complete compliance by household income
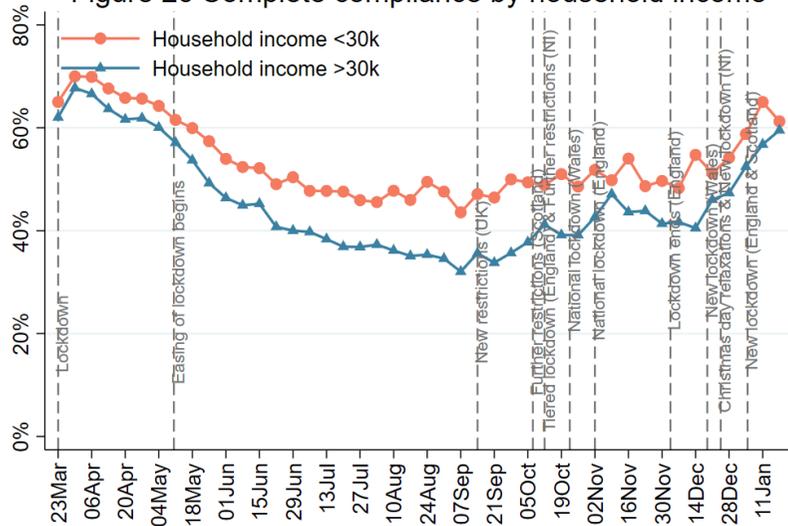
Figure 2d Complete compliance by mental health
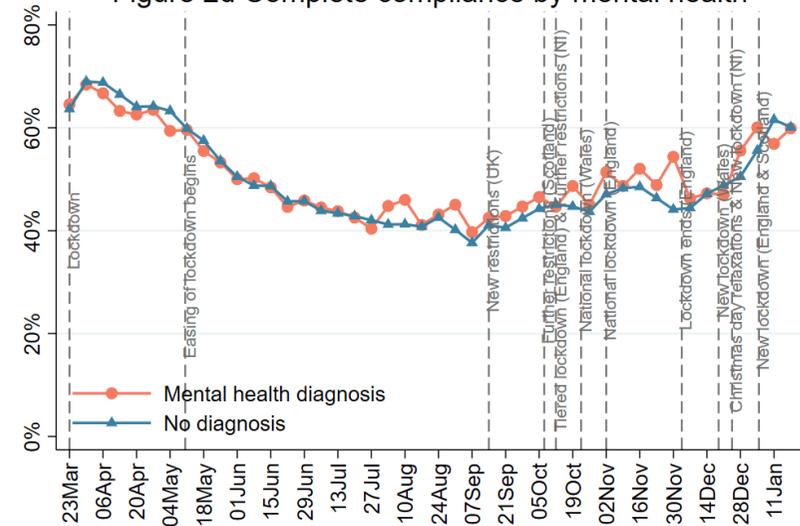
Figure 2e Complete compliance by nations
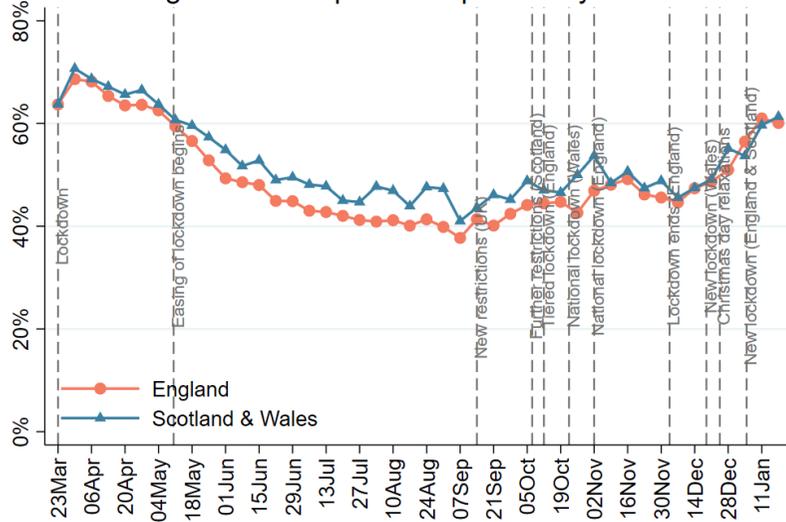
Figure 2f Complete compliance by keyworker status
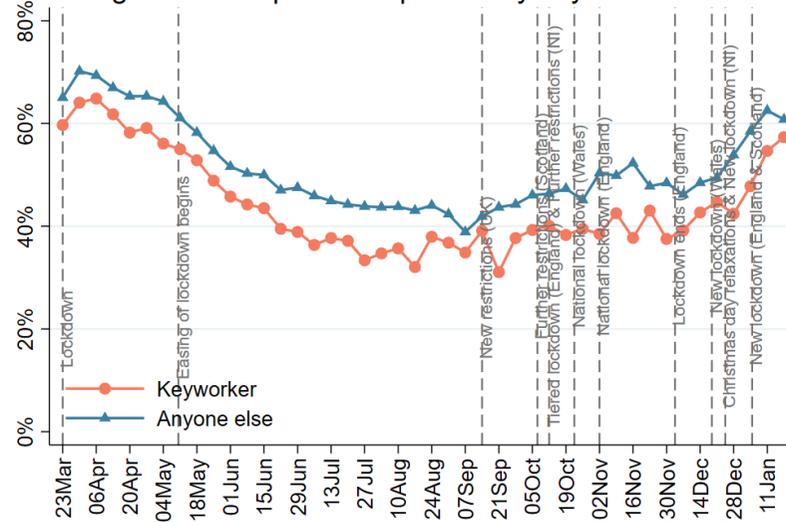
Figure 2g Complete compliance by living with children
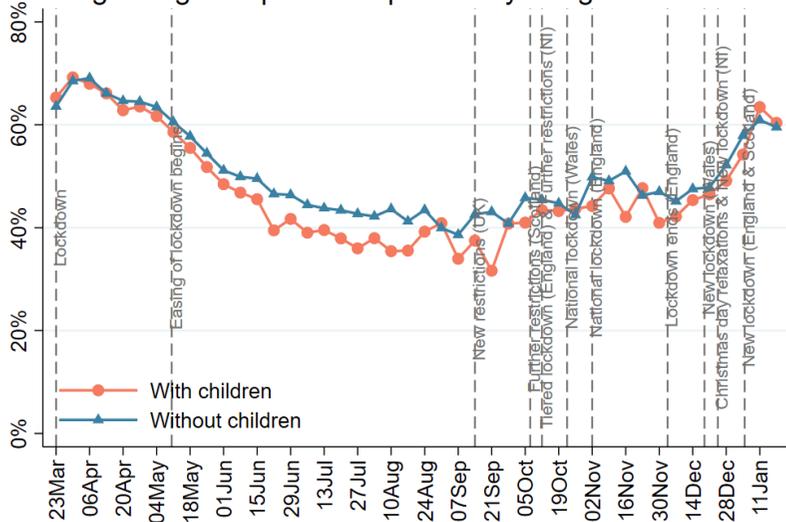
Figure 2h Complete compliance by living area
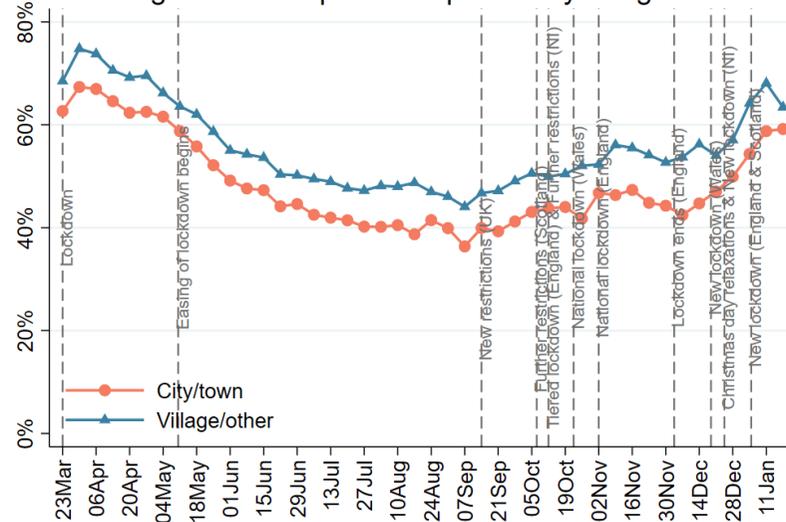
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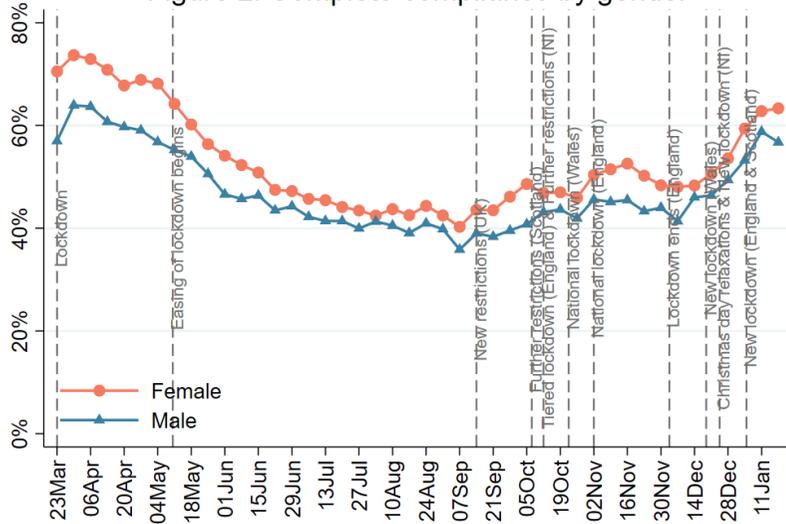
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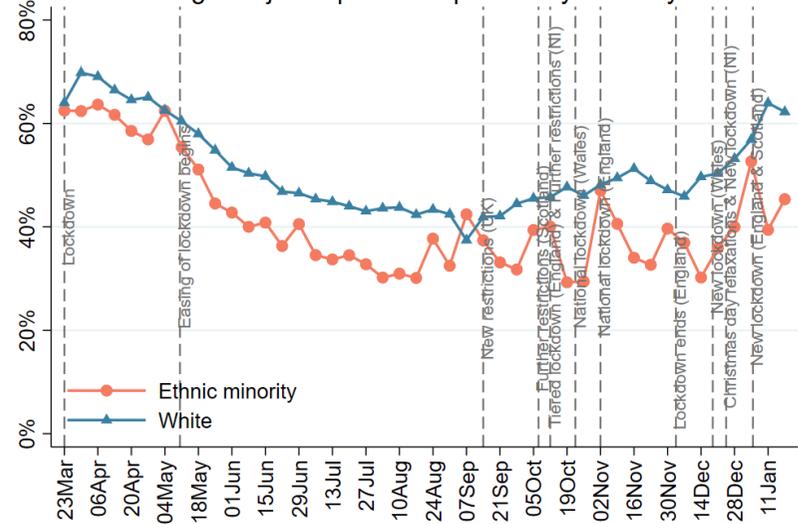
Figure 2k Complete compliance by educational levels
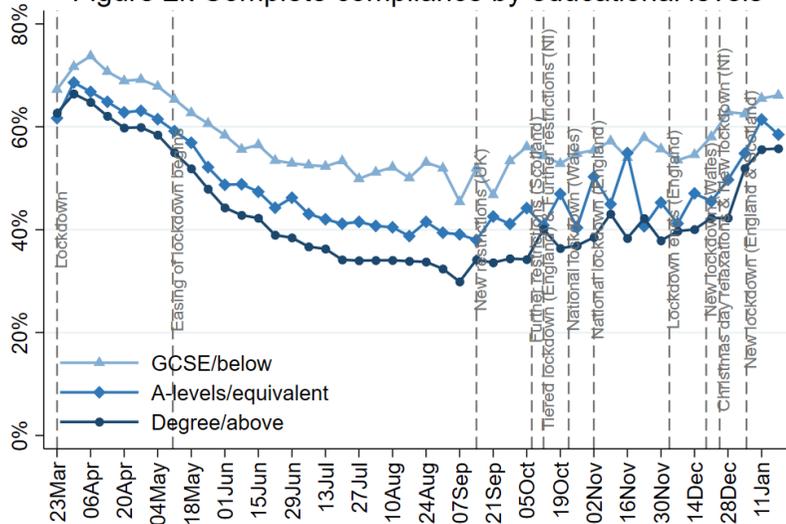

Figure 2l Complete compliance by physical health

Figure 2m Majority compliance by age groups

Figure 2n Majority compliance by living arrangement

Figure 2o Majority compliance by household income

Figure 2p Majority compliance by mental health

Figure 2q Majority compliance by nations

Legend:
- England
- Scotland & Wales

Figure 2r Majority compliance by keyworker status

Legend:
- Keyworker
- Anyone else

Figure 2s Majority compliance by living with children

Legend:
- With children
- Without children

Figure 2t Majority compliance by living area

Legend:
- City/town
- Village/other

Figure 2u Majority compliance by gender

Figure 2v Majority compliance by ethnicity

Figure 2w Majority compliance by educational levels

Figure 2x Majority compliance by physical health

1.2   Confidence in Government

Figure 3 Confidence in government
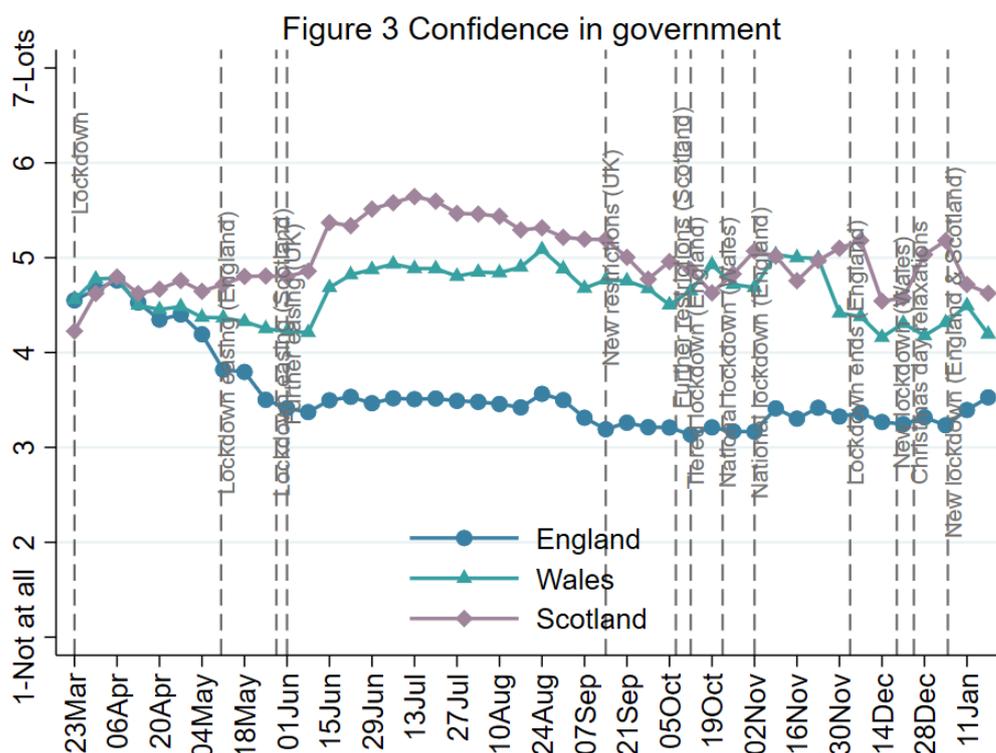
FINDINGS

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 government to handle the Covid-19 epidemic are slightly higher than in the autumn, with levels similar to in August 2020. But levels in Wales and Scotland are lower than they were in the summer, narrowing the gap between the nations in terms of trust. Nonetheless, levels remain lower in England than for devolved nations[1].

For subgroup analyses in Figures 4a-d and 4f-h, we restrict our results to respondents living in England in order to have sufficient sample sizes for meaningful subgroup analyses (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 ethnic minority 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.

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[1] 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 4a Confidence by age groups

Figure 4b Confidence by living arrangement

Figure 4c Confidence by household income

Figure 4d Confidence by mental health diagnosis

Figure 4e Confidence by nations

Figure 4f Confidence by keyworker status

Figure 4g Confidence by living with children

Figure 4h Confidence by living area

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

Figure 5 Depression and anxiety
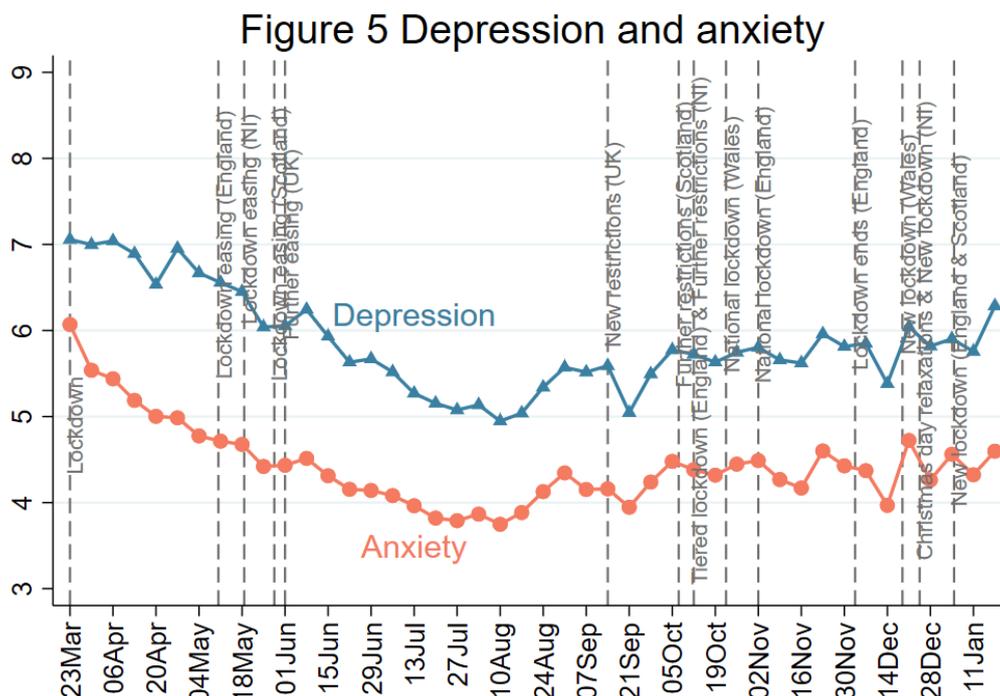
FINDINGS

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

Depression and anxiety levels are the worst they've been since June 2020, with clear worsening since the summer. Although this study focuses on trajectories rather than prevalence, the levels overall are higher than usual reported averages using the same scales (2.7-3.2 for anxiety and 2.7-3.7 for depression[2]).

Depression and anxiety are still highest in young adults, women, people living alone, people with lower household income, people with a long-term physical health condition, people with lower educational qualifications, people from ethnic minority backgrounds, people living with children, and people living in urban areas. People with a diagnosed mental illness have still been reporting higher levels of symptoms (as might be expected), but there appears to have been a particular increase in depression and anxiety symptoms amongst this group in recent weeks (see Figures 6).

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

Figure 6a Depression by age groups
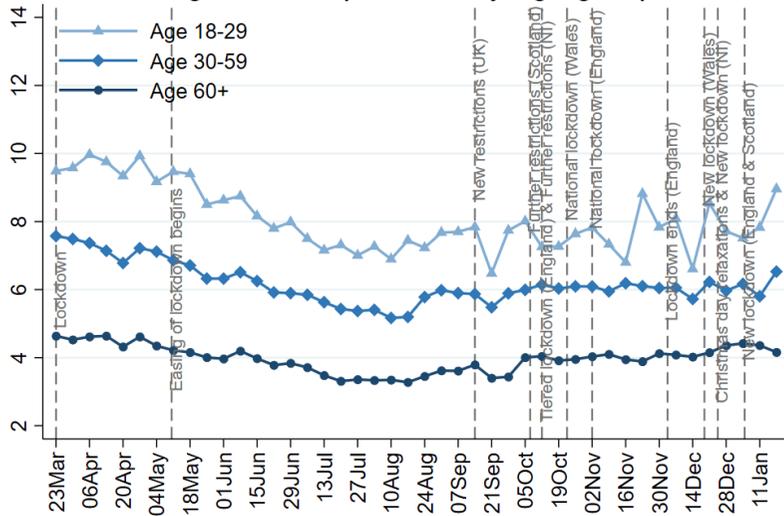
Figure 6b Depression by living arrangement
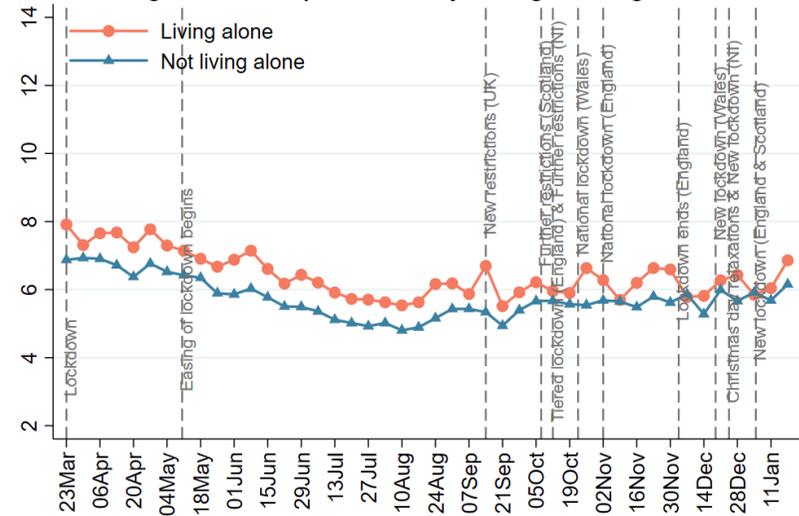

Figure 6c Depression by household income
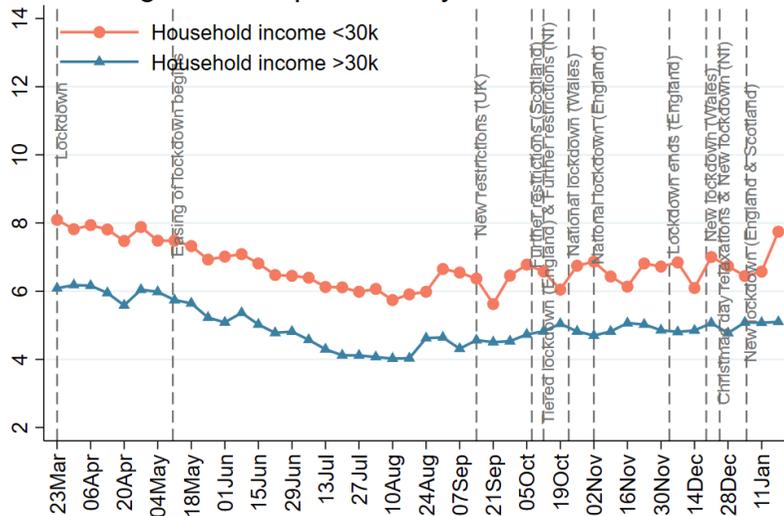
Figure 6d Depression by mental health diagnosis
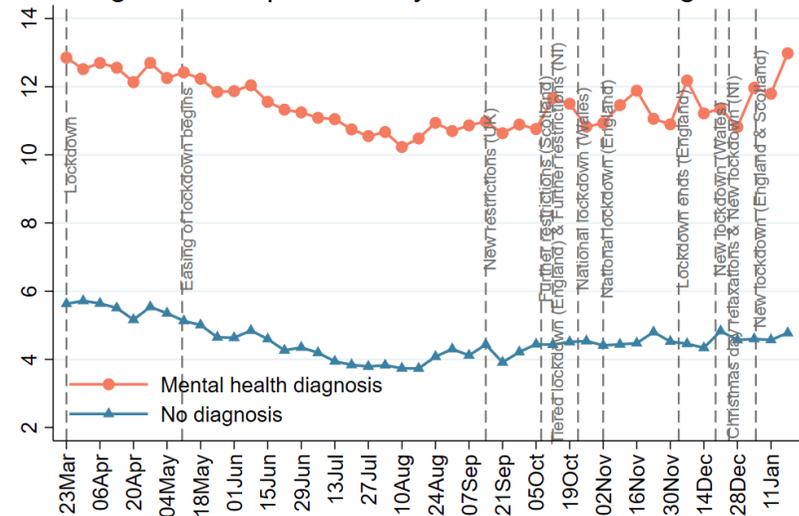
Figure 6e Depression by nations
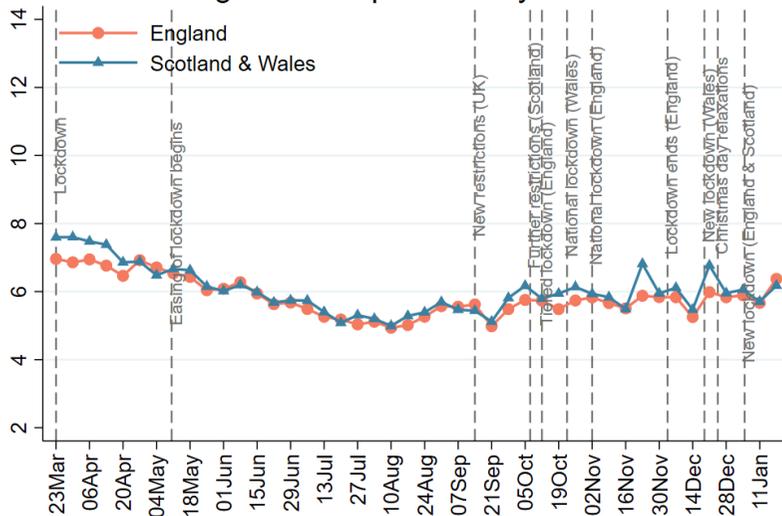

Figure 6f Depression by keyworker status
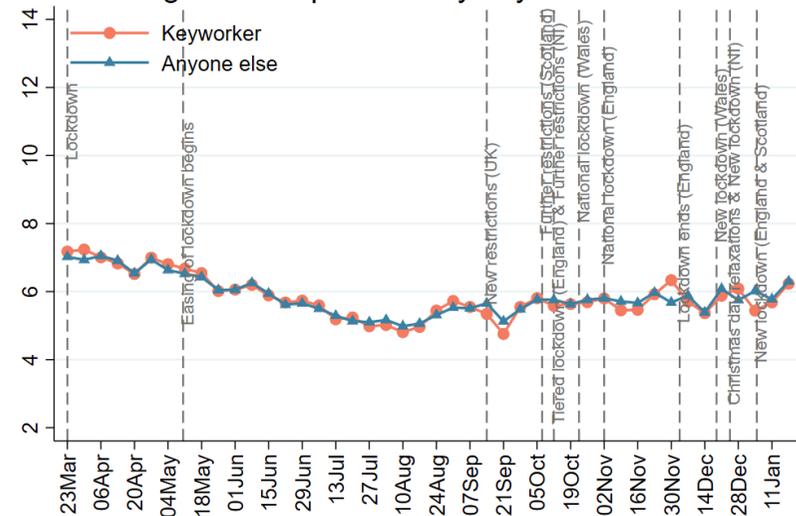
Figure 6g Depression by living with children
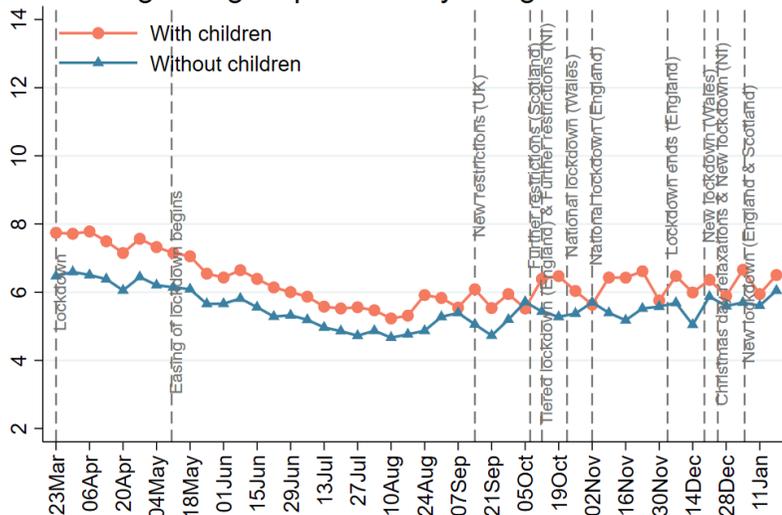

Figure 6h Depression by living area
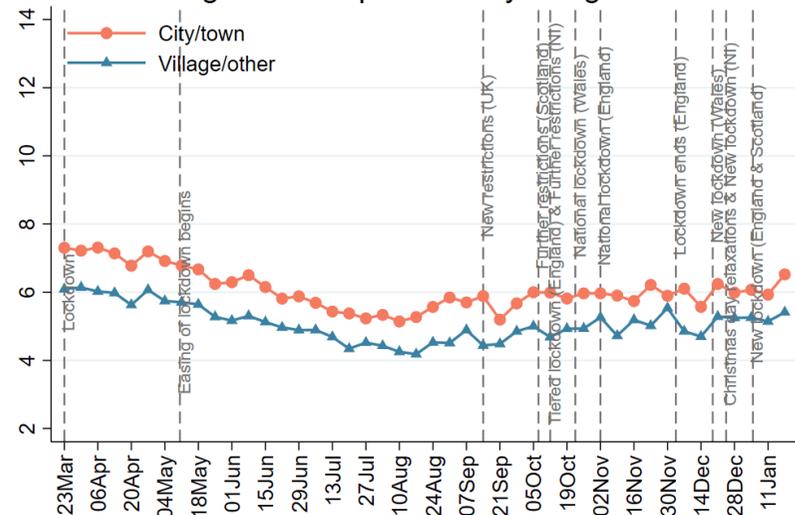
Figure 6i Depression by gender
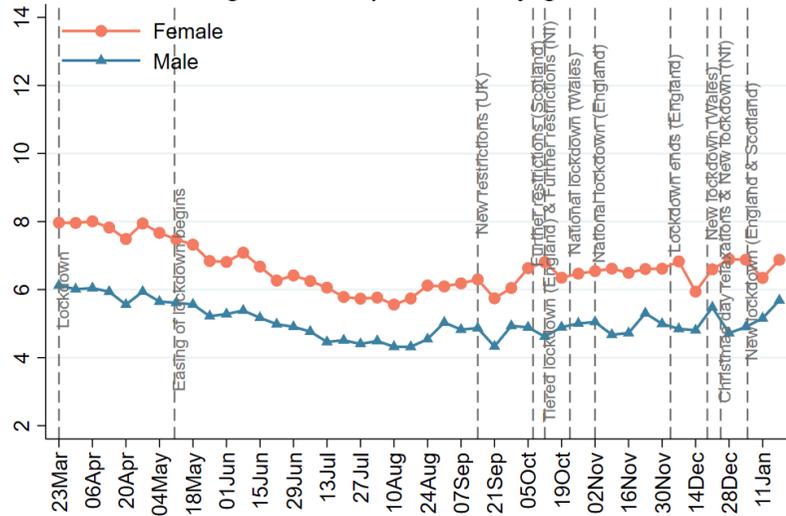
Figure 6j Depression by ethnicity
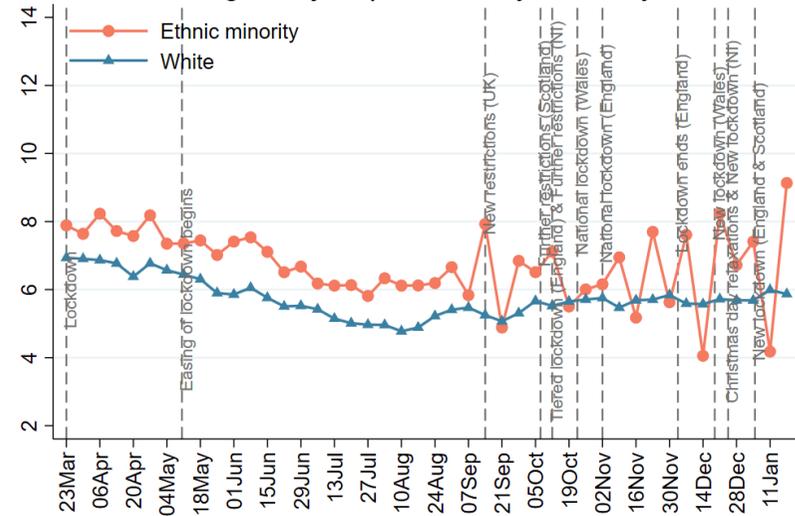
Figure 6k Depression by educational levels
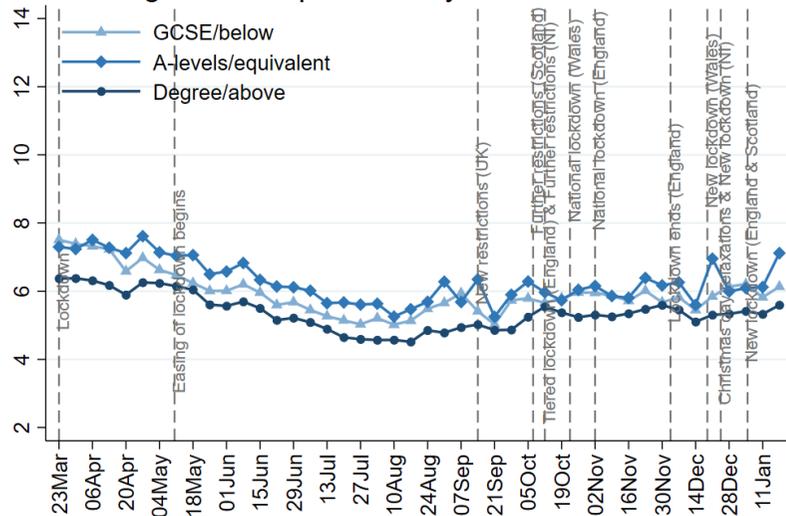
Figure 6l Depression by physical health diagnosis
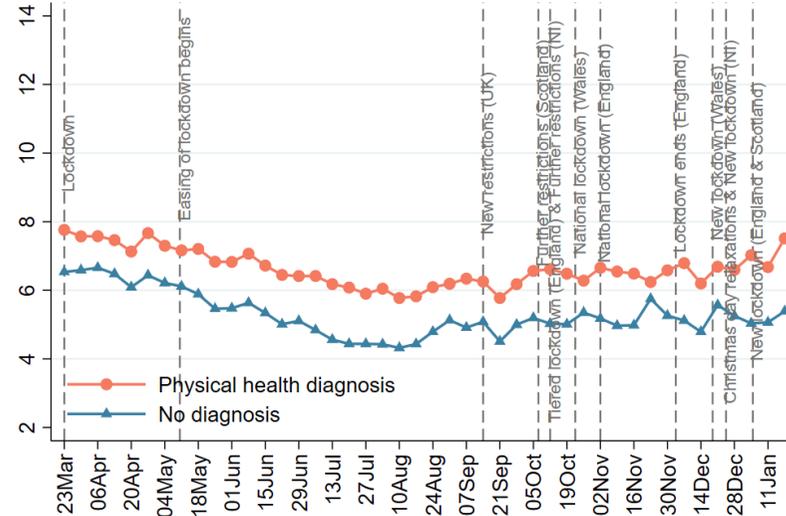
Figure 7a Anxiety by age groups
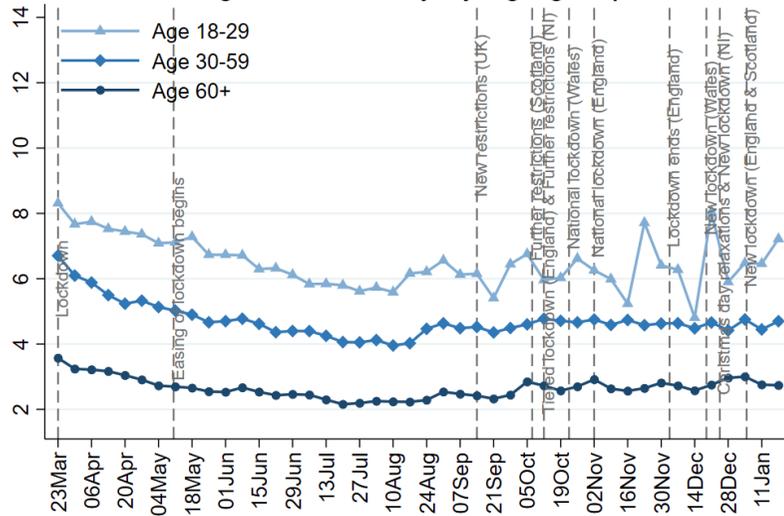
Figure 7b Anxiety by living arrangement
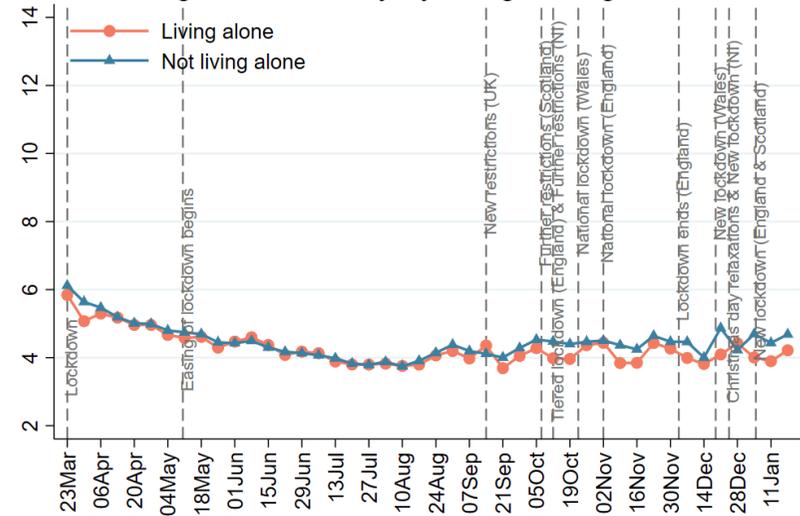
Figure 7c Anxiety by household income
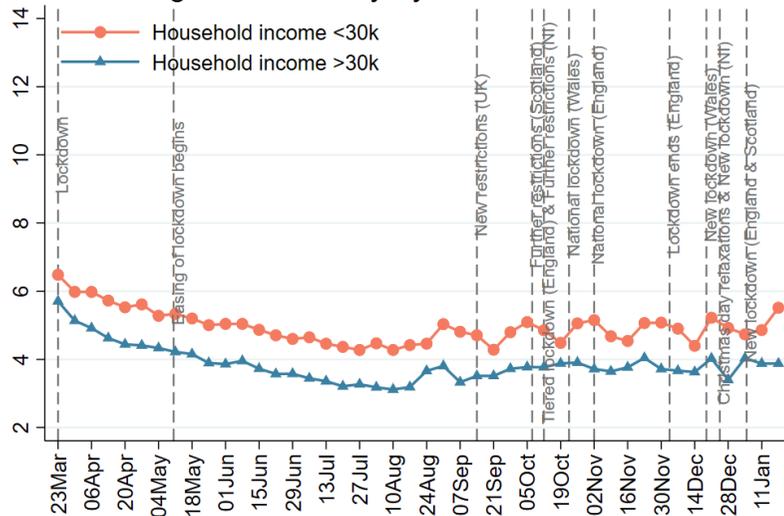

Figure 7d Anxiety by mental health diagnosis
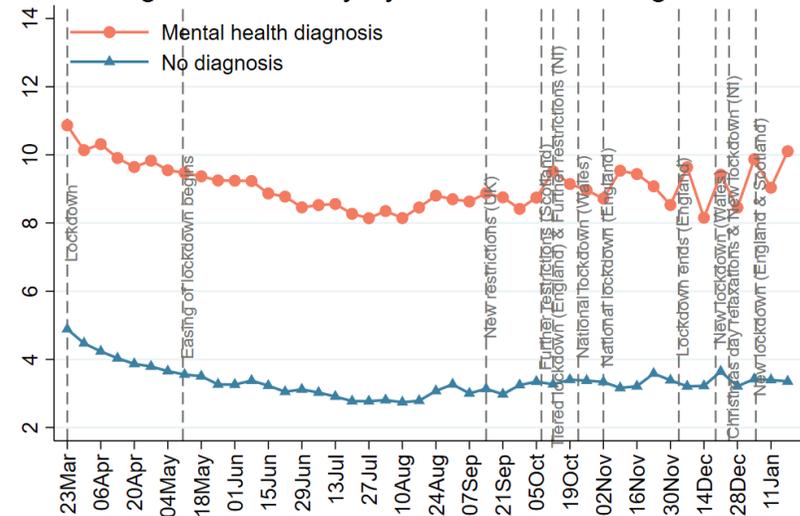
Figure 7e Anxiety by nations
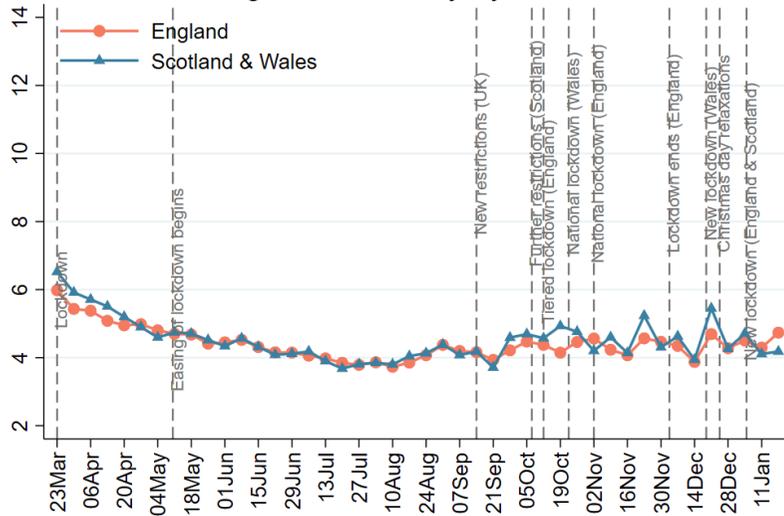
Figure 7f Anxiety by keyworker status
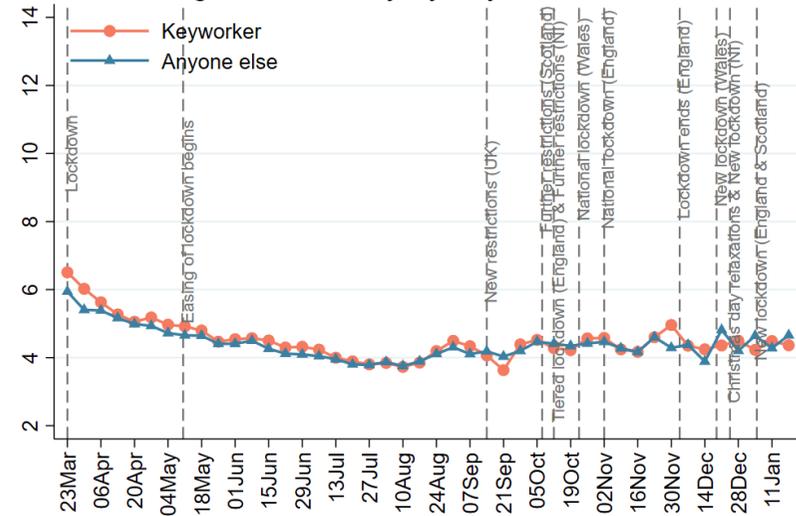

Figure 7g Anxiety by living with children
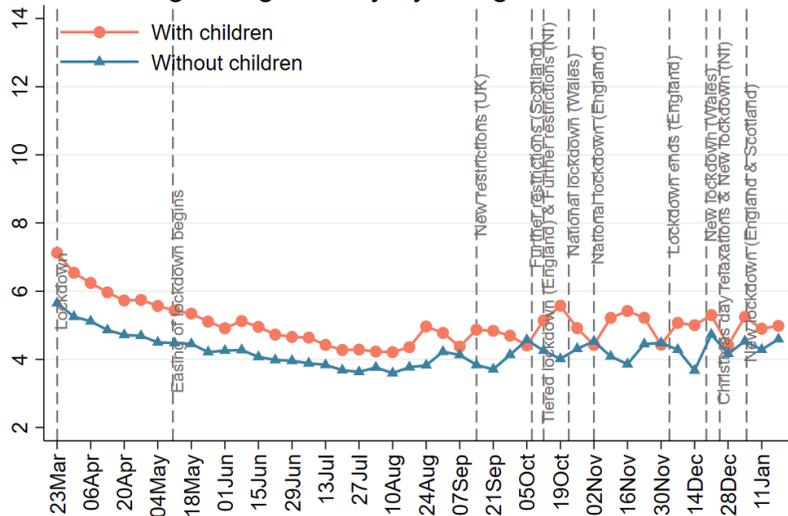

Figure 7h Anxiety by living area
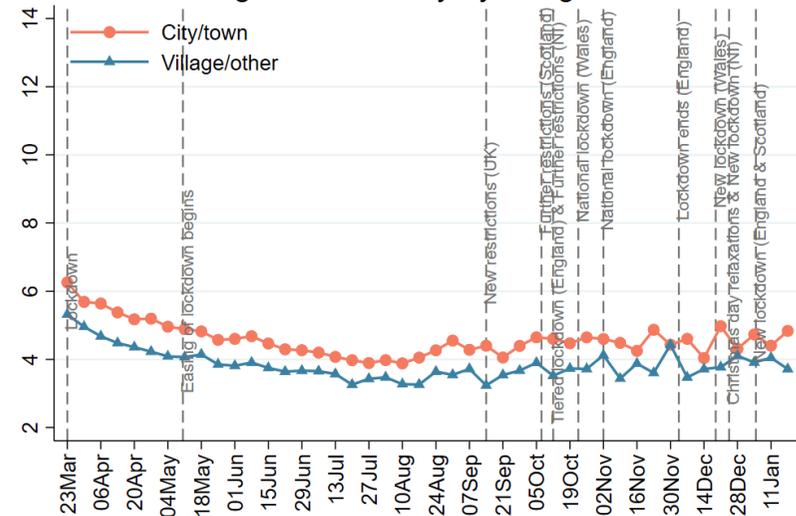
Figure 7i Anxiety by gender
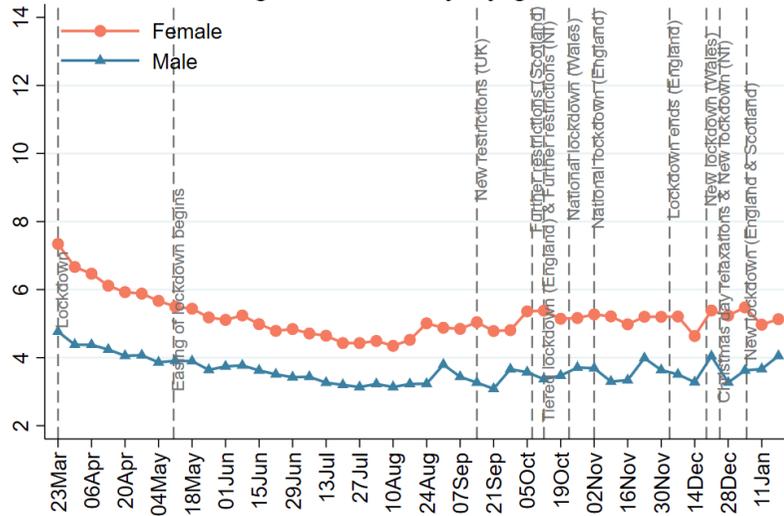

Figure 7j Anxiety by ethnicity
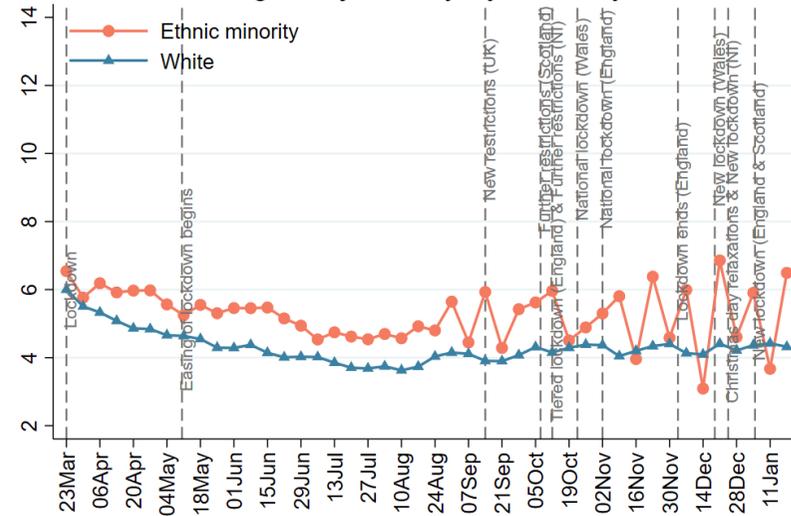

Figure 7k Anxiety by educational levels
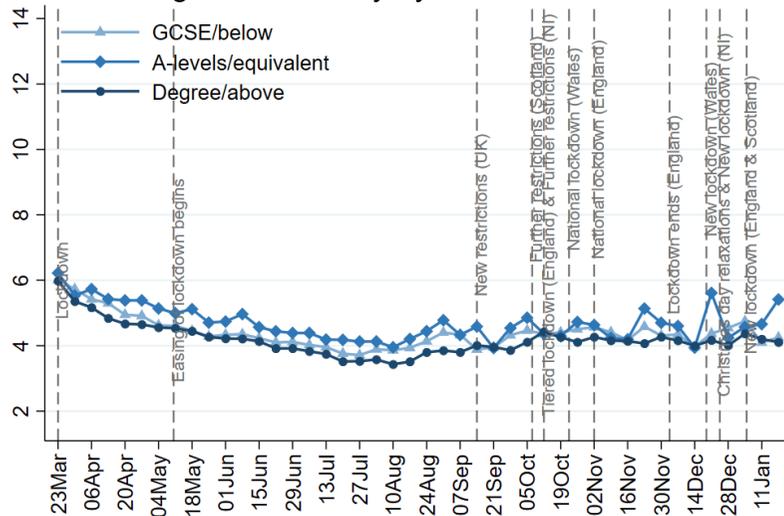
Figure 7l Anxiety by physical health diagnosis

2.2 Stress

Figure 8 Stressors
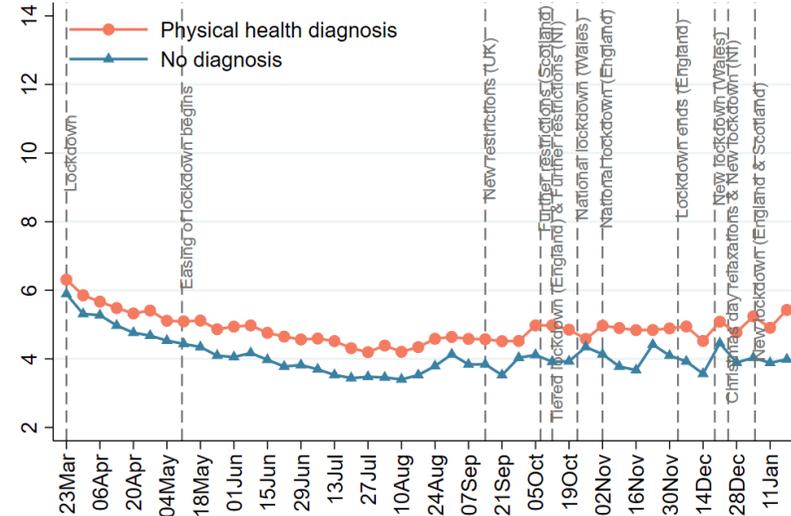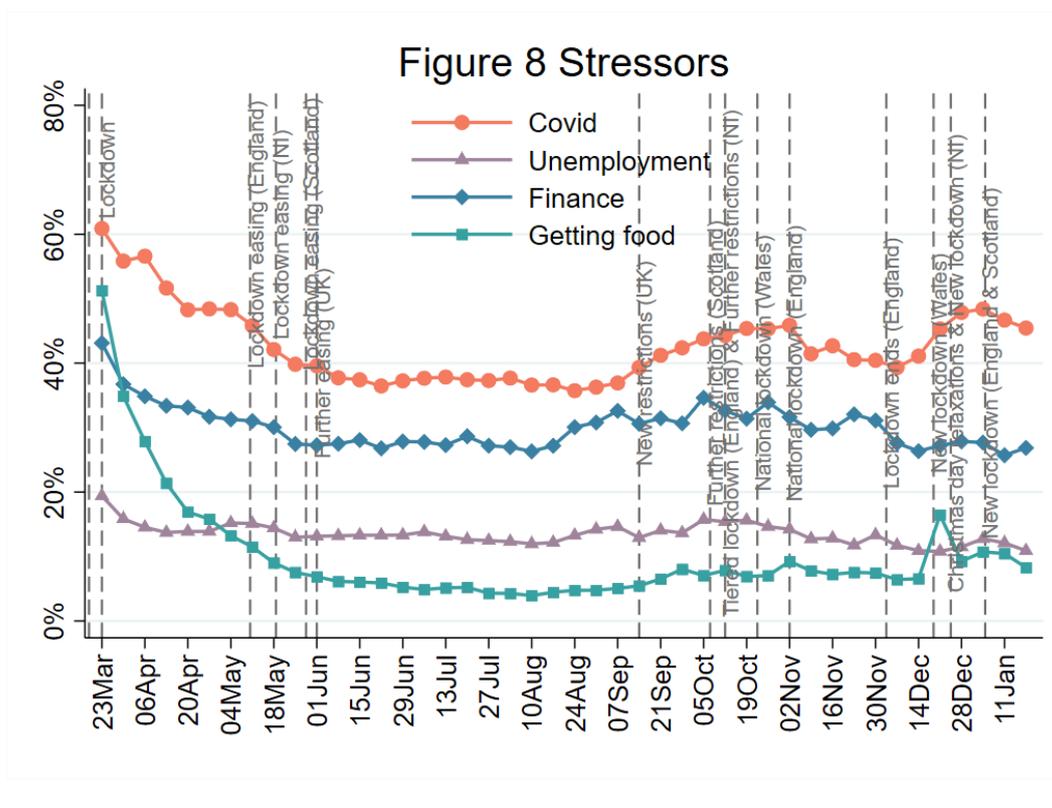
We asked participants to report which factors were causing them stress in the last week, either minor stress or major stress (which was defined as stress that was constantly on their mind or kept them awake at night).

Stress about catching Covid-19 or becoming seriously ill from it is substantially higher than in the autumn, especially since news of the new more contagious variant was released. Around 45% of people are now worried; the highest level since the middle of the first lockdown back in April.

Worries about finance have remained stable since the latest lockdown started, comparable to their lowest levels of 1 in 4 people over the summer. Similarly, worries about unemployment remain relatively low, concerning just 1 in 8 people. However, worries about accessing food remain higher than in the summer, affecting 1 in 10 people; the highest level since lockdown easing began in May.

People with diagnosed mental illness have been more worried about all factors. But other predictors of stressors have varied. Specifically in relation to worries about Covid-19, these levels are highest in adults over the age of 30, women, and people with diagnosed physical health conditions, but they have been rising across other groups too. They are similar across most other demographic factors. Concerns about unemployment and finances are highest in lower income households, amongst those under the age of 60, those living with children, those from ethnic minority groups, and those living in urban areas. All groups are showing similar concern about accessing food, although these concerns are highest in people with a diagnosed physical health condition, where going to supermarkets may be more of a concern.

Figure 9a Covid-19 stress by age groups
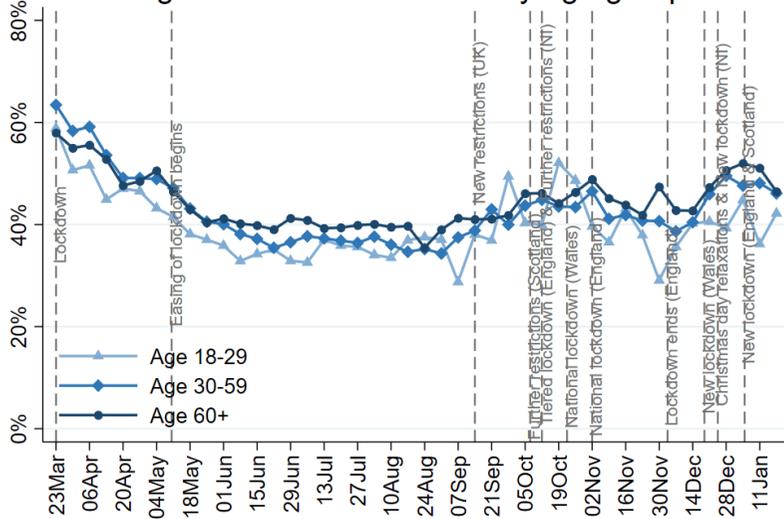
Figure 9b Covid-19 stress by living arrangement
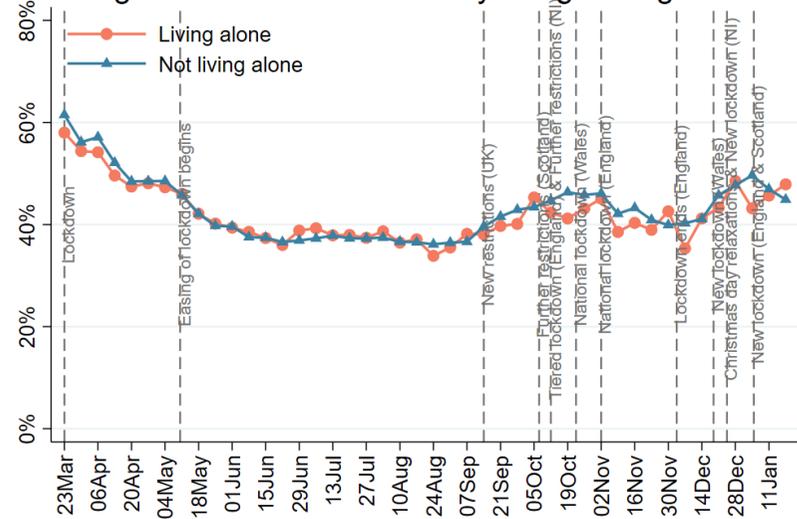
Figure 9c Covid-19 stress by household income
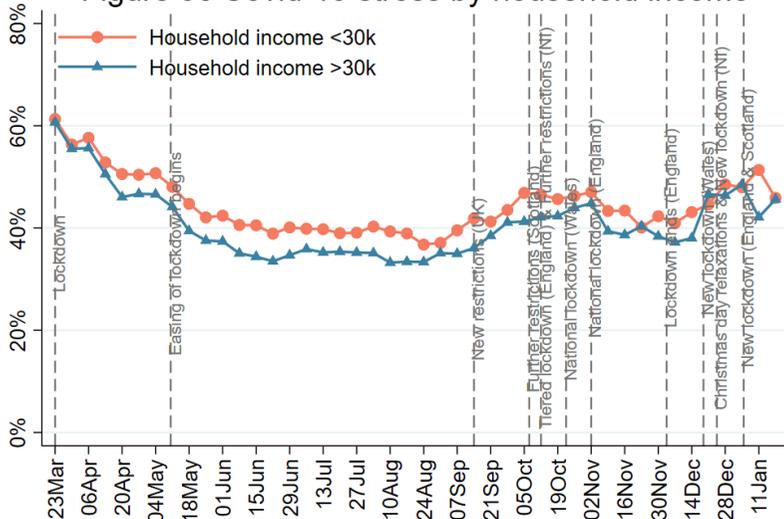
Figure 9d Covid-19 stress by mental health diagnosis
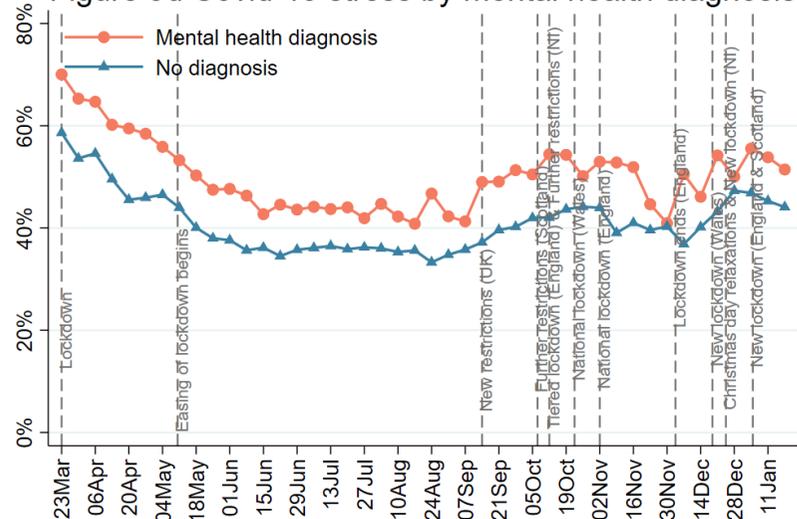
Figure 9e Covid-19 stress by nations
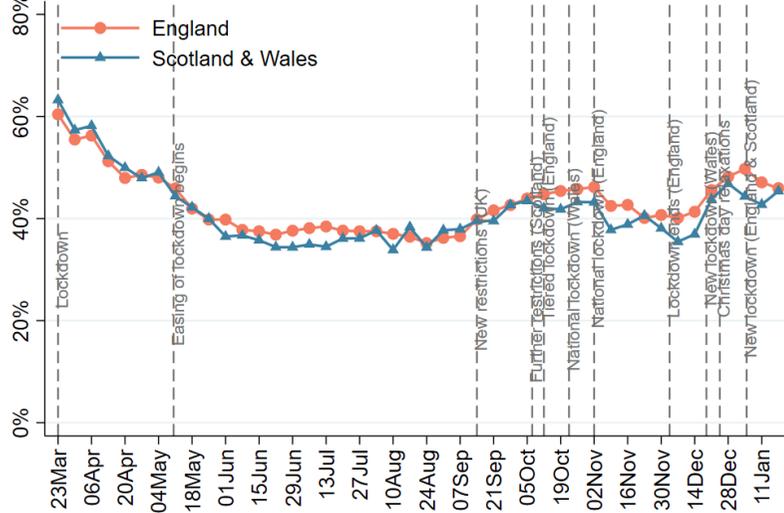
Figure 9f Covid-19 stress by keyworker status
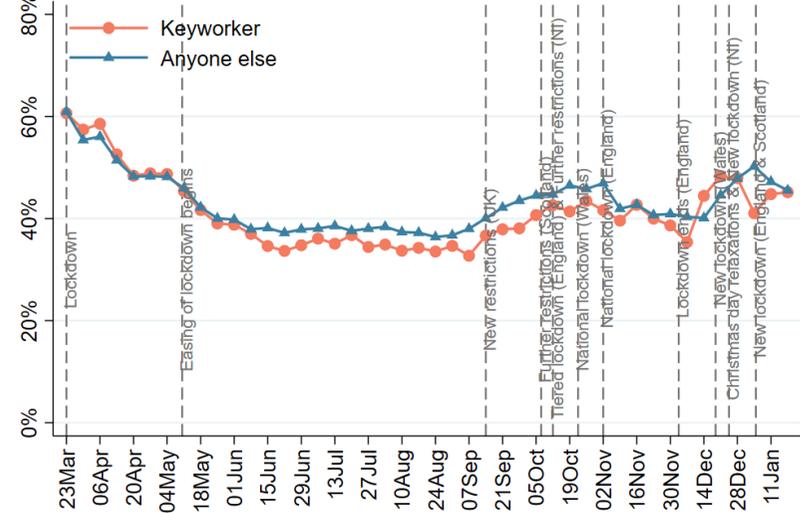

Figure 9g Covid-19 stress by living with children
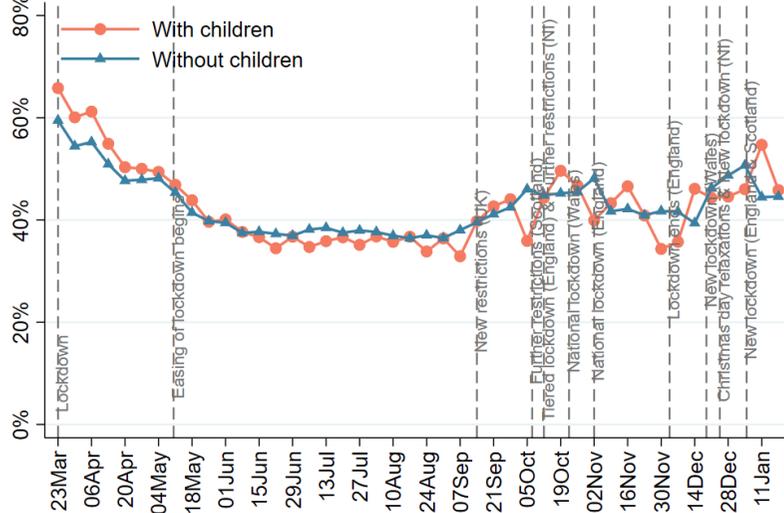
Figure 9h Covid-19 stress by living area

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
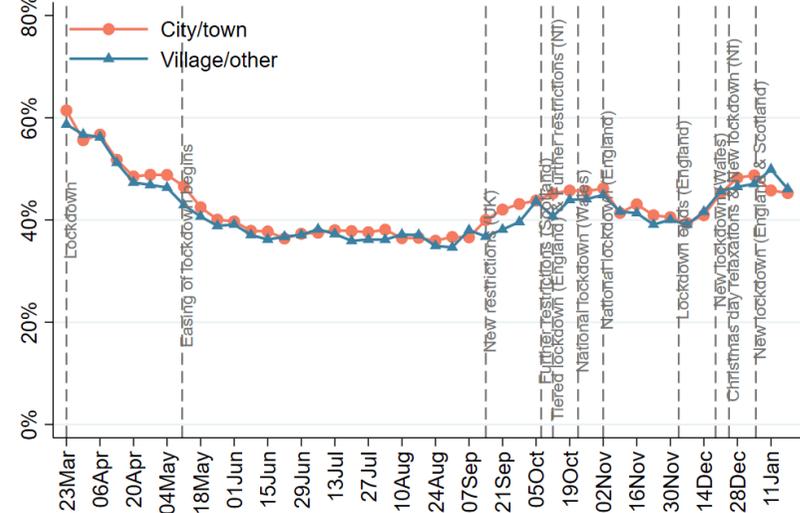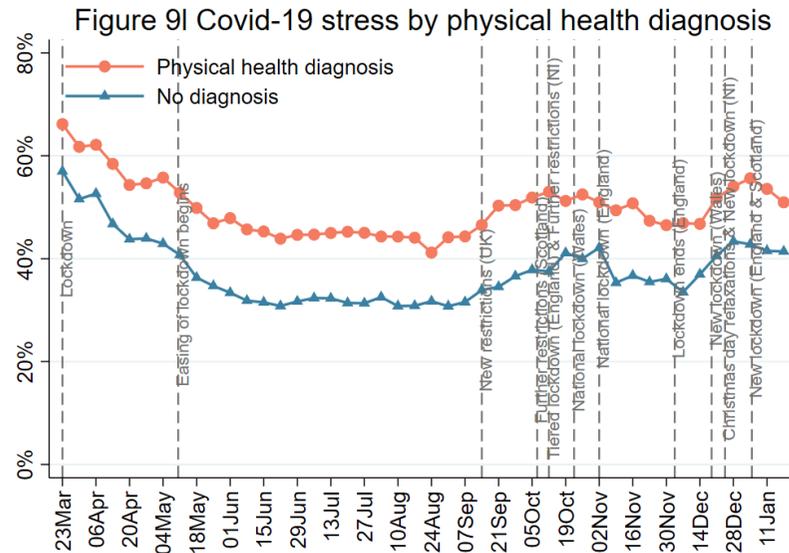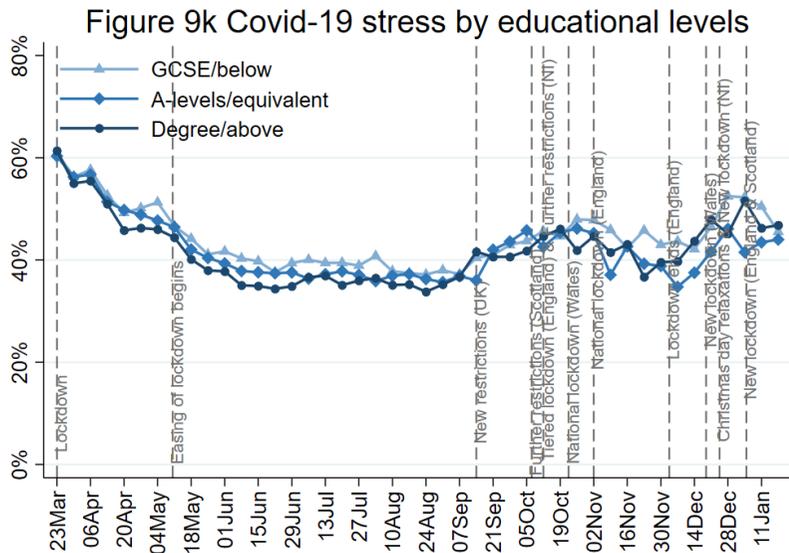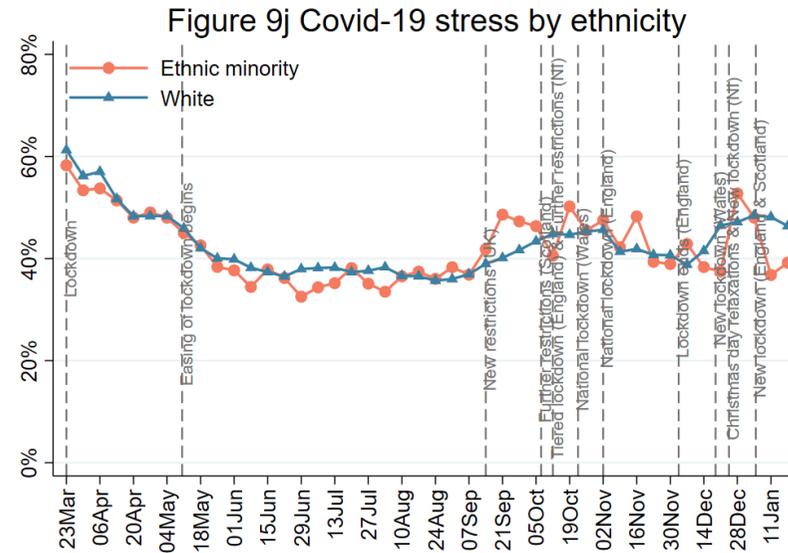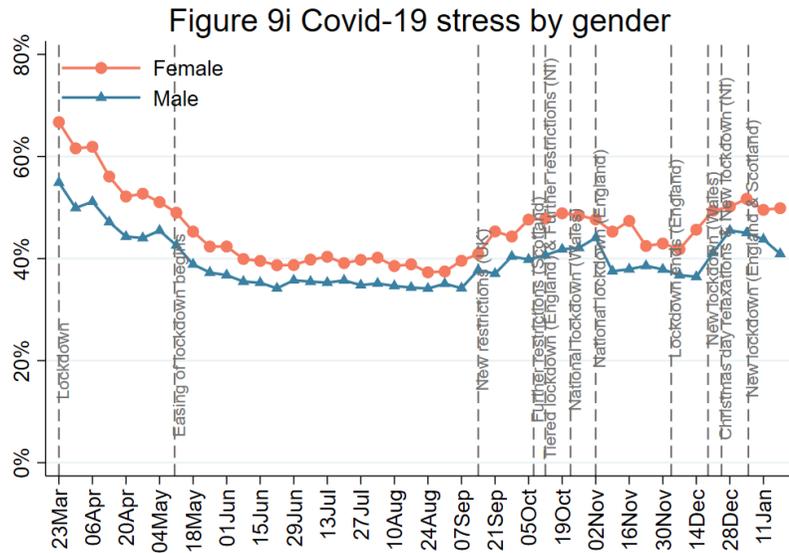
Figure 10a Unemployment stress by age groups
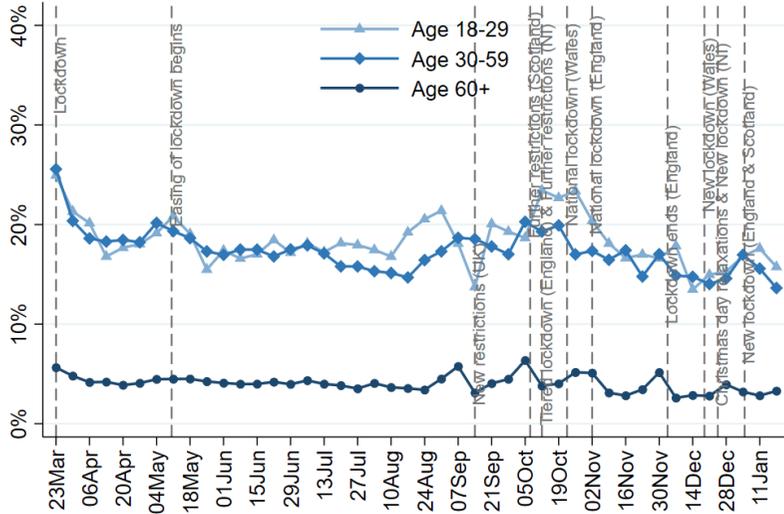
Figure 10b Unemployment stress by living arrangement
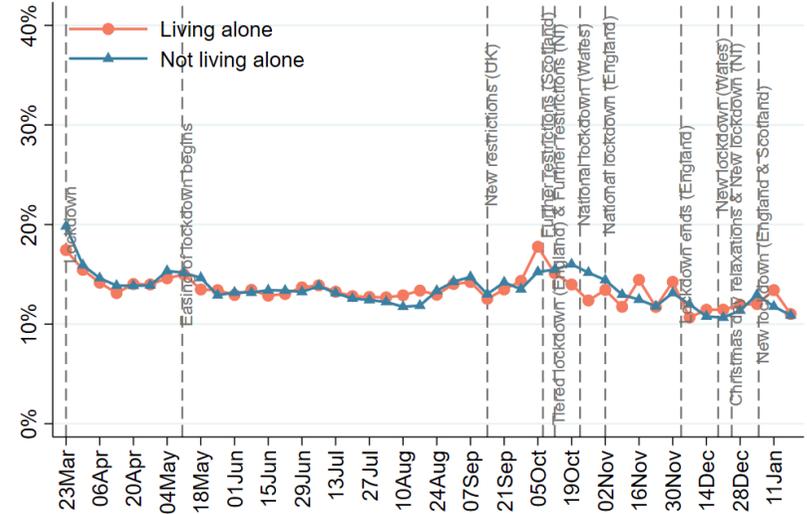
Figure 10c Unemployment stress by household income
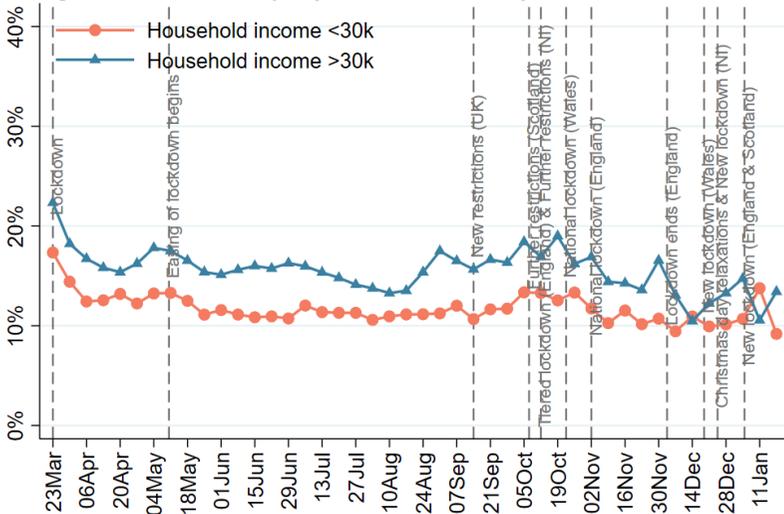
Figure 10d Unemployment stress by mental health
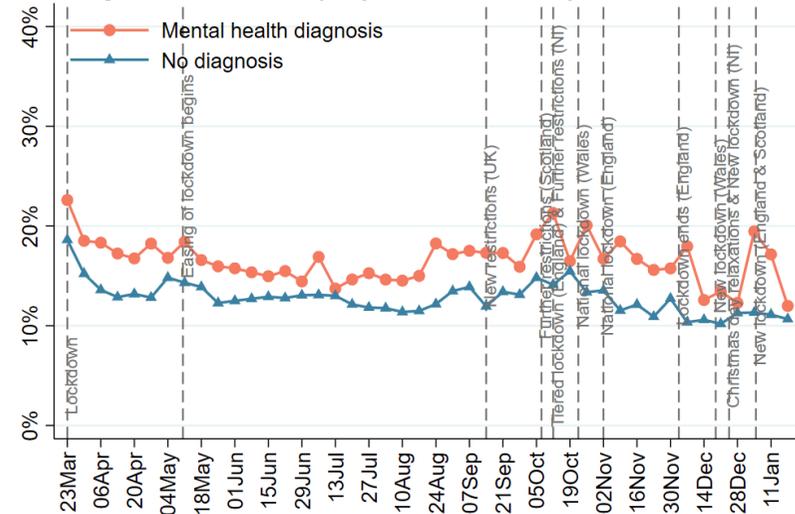
Figure 10e Unemployment stress by nations
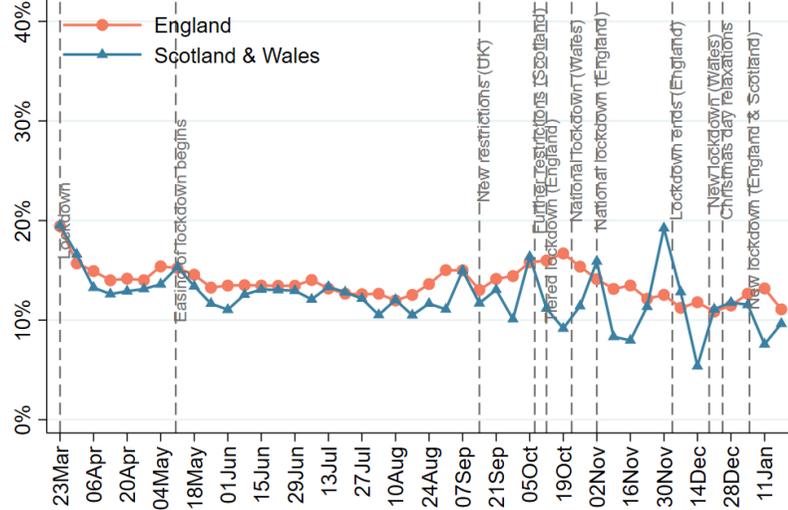
Figure 10f Unemployment stress by keyworker status
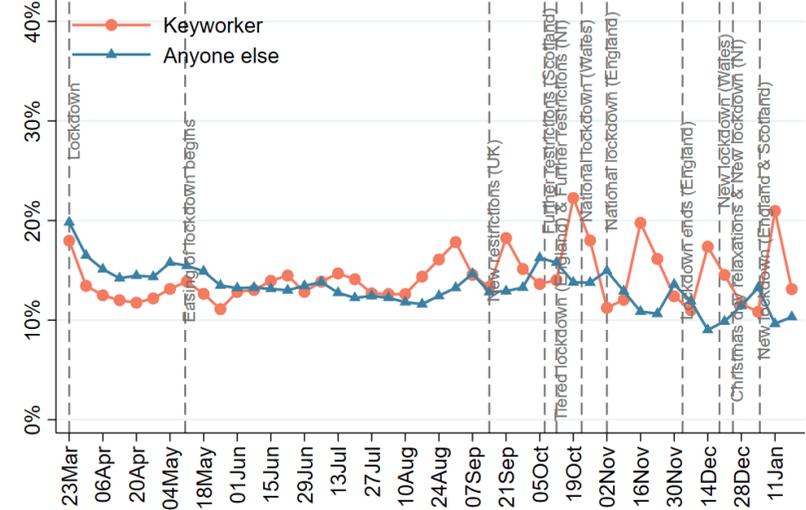

Figure 10g Unemployment stress by living with children
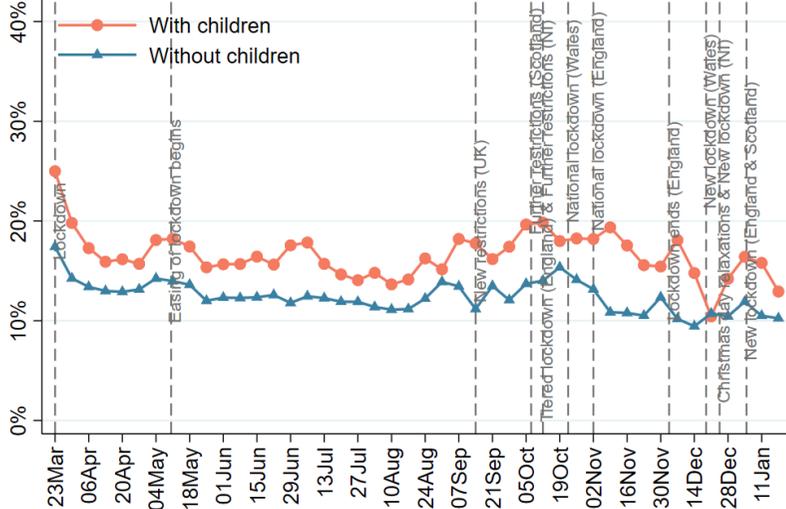
Figure 10h Unemployment stress by living area
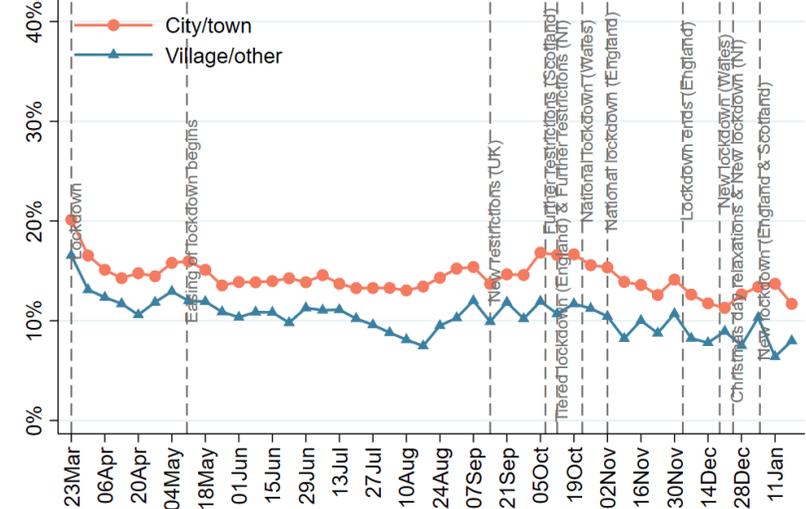
Figure 10i Unemployment stress by gender
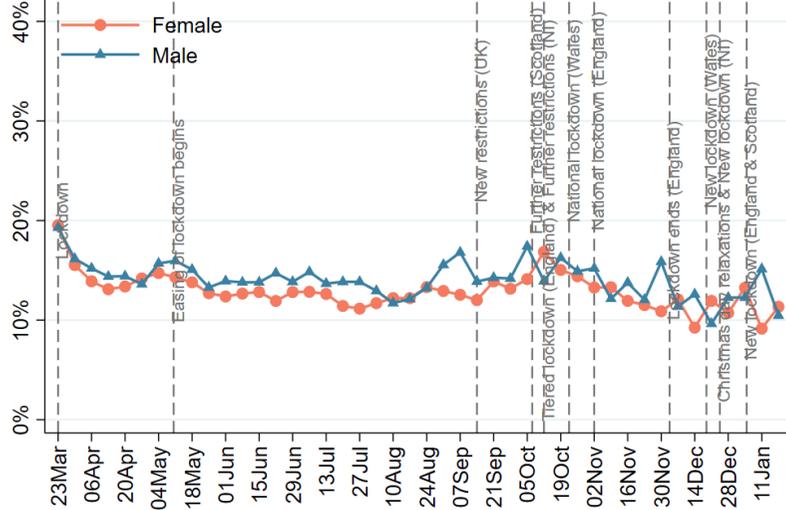
Figure 10j Unemployment stress by ethnicity
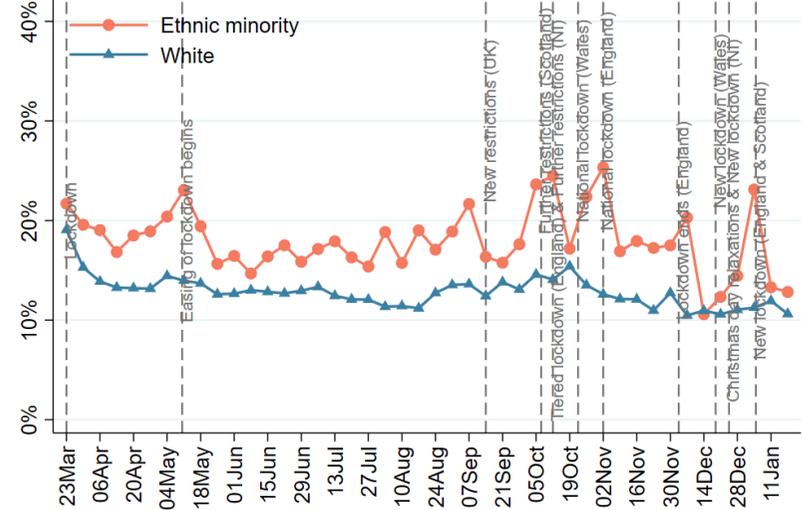
Figure 10k Unemployment stress by educational levels
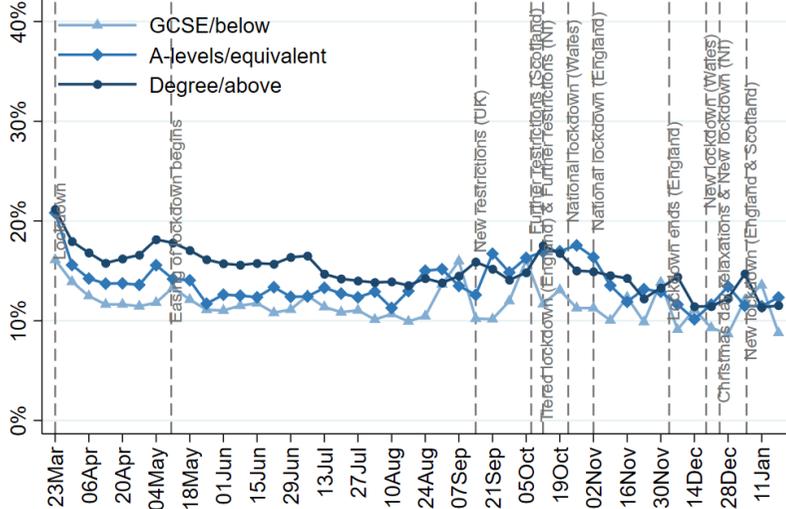
Figure 10l Unemployment stress by physical health diagnosis
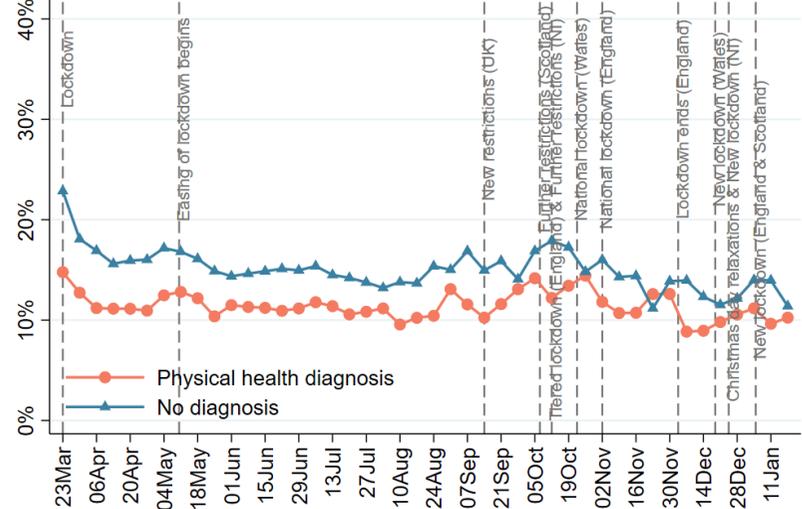
Figure 11a Financial stress by age groups
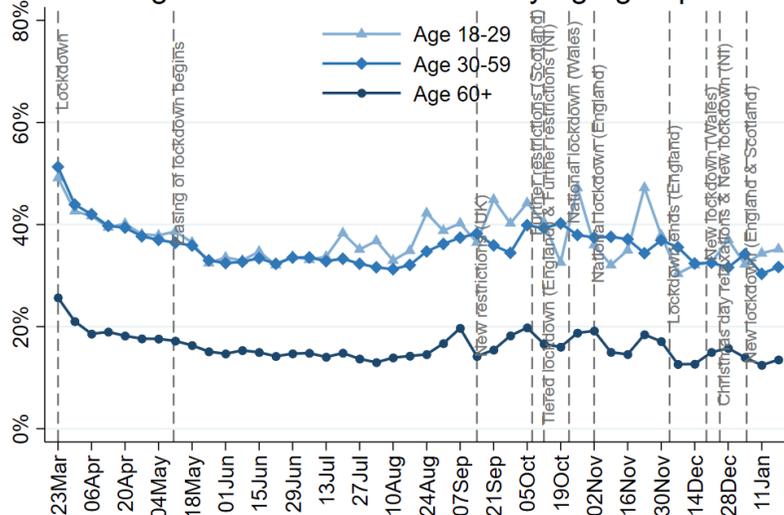
Figure 11b Financial stress by living arrangement
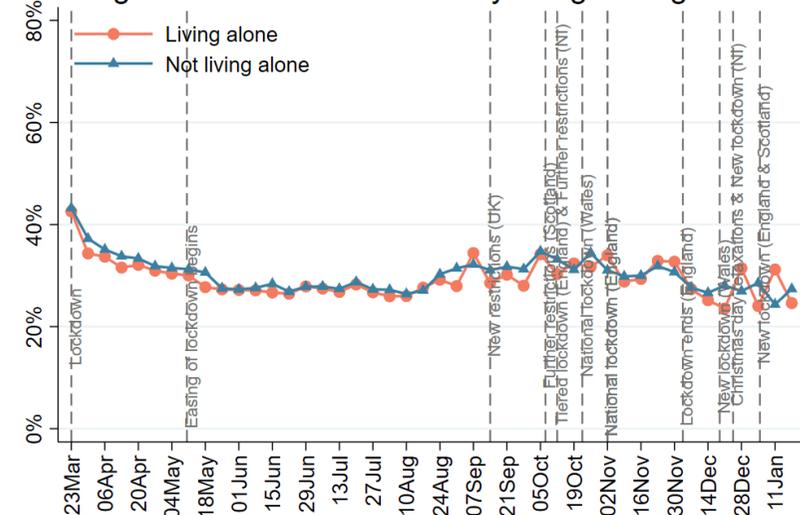
Figure 11c Financial stress by household income
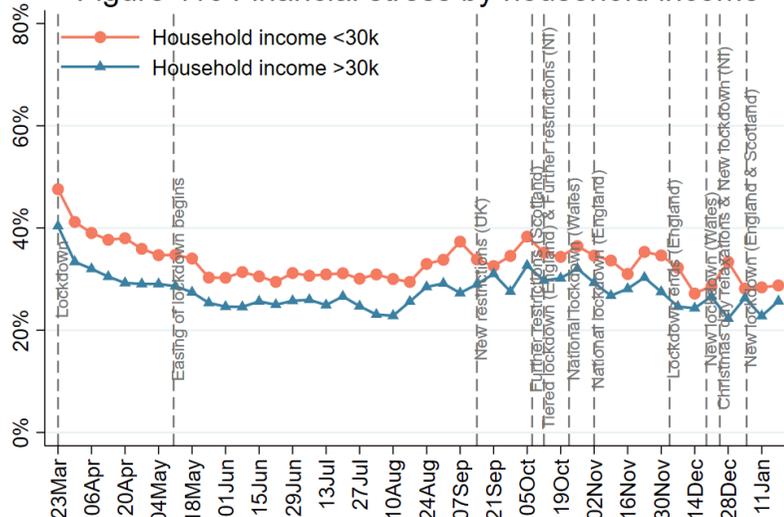
Figure 11d Financial stress by mental health diagnosis
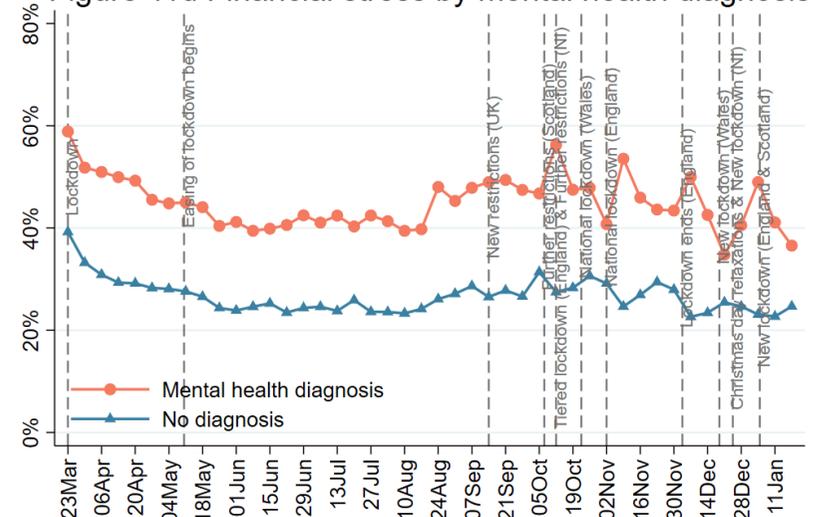
Figure 11e Financial stress by nations
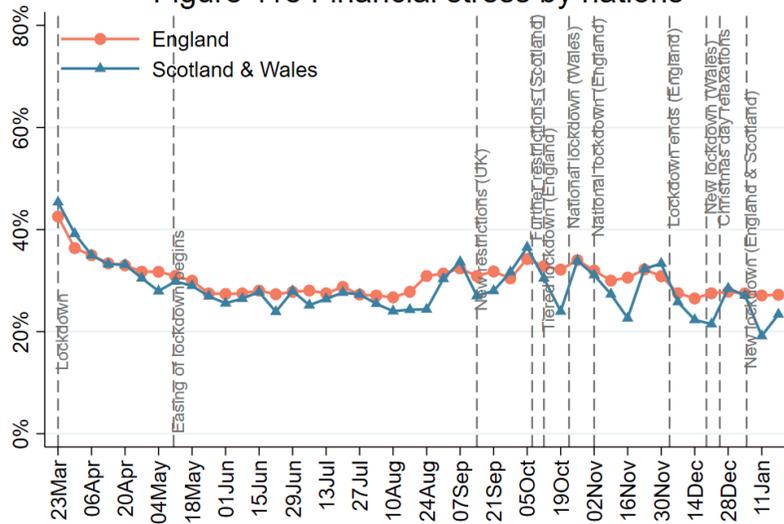
Figure 11f Financial stress by keyworker status
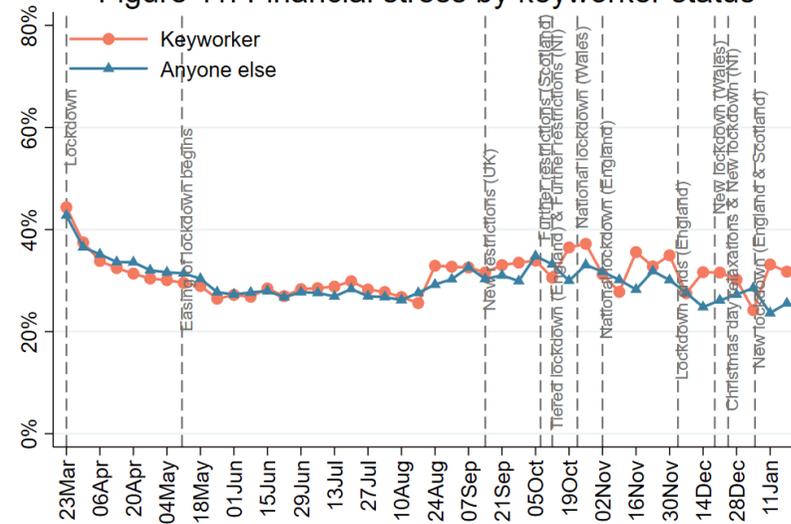
Figure 11g Financial stress by living with children
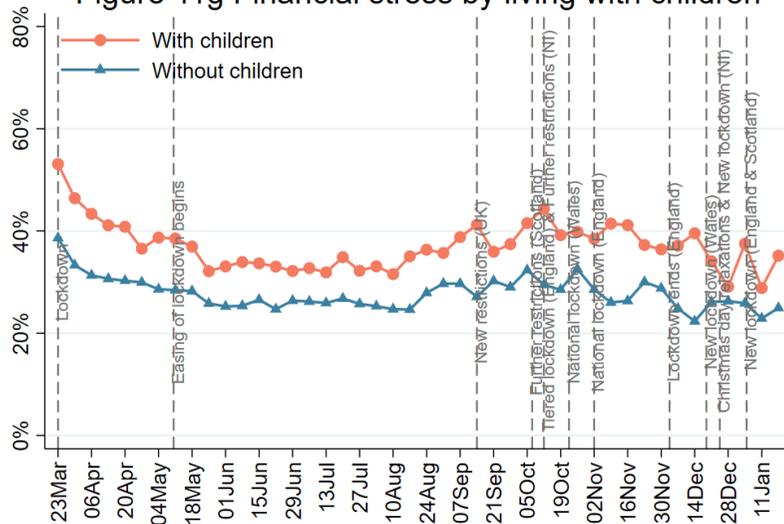
Figure 11h Financial stress by living area
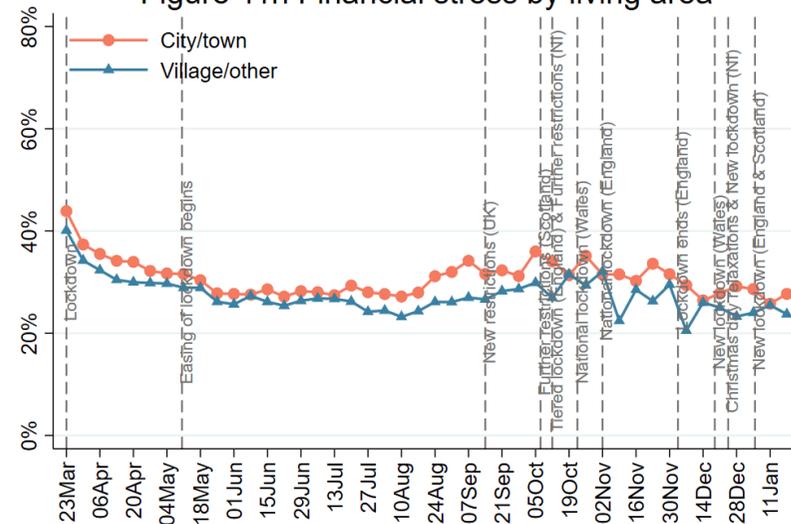
Figure 11i Financial stress by gender
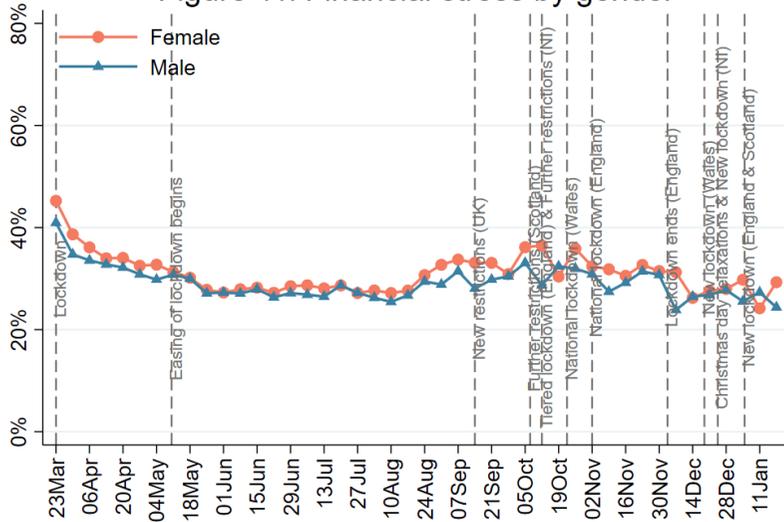
Figure 11j Financial stress by ethnicity
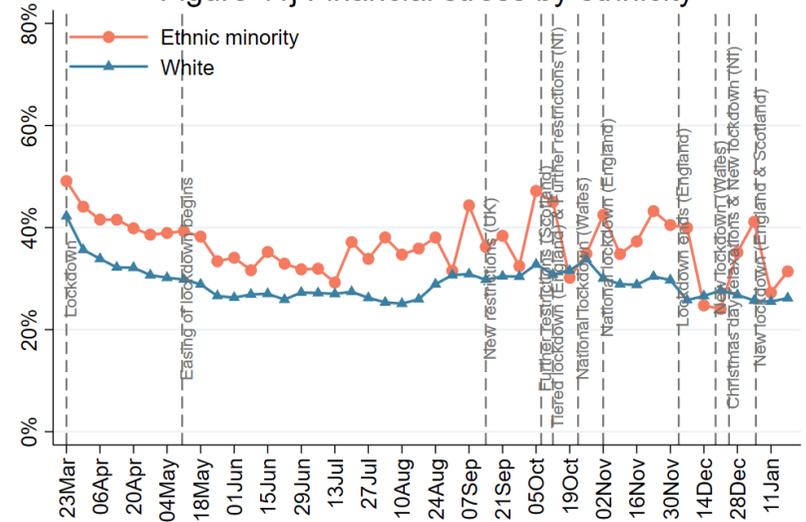
Figure 11k Financial stress by educational levels
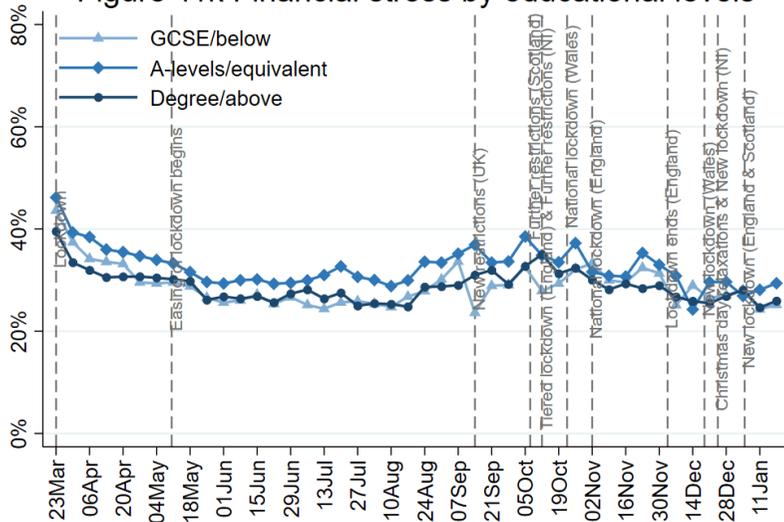
Figure 11l Financial stress by physical health diagnosis
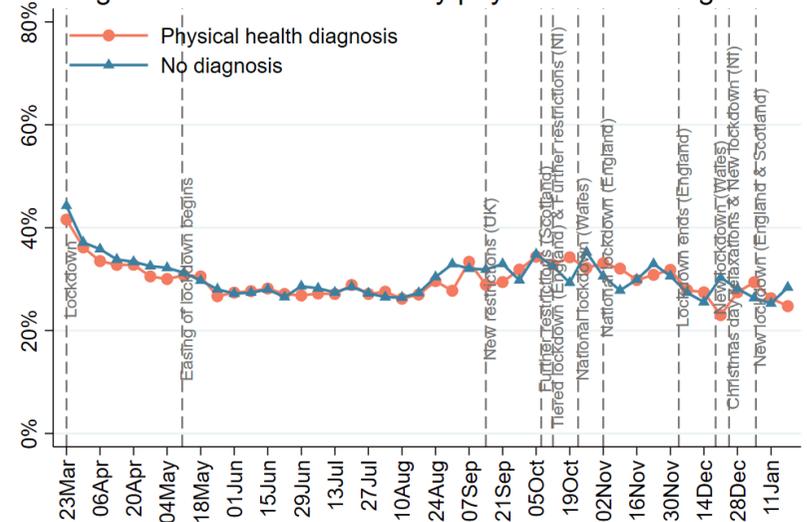
Figure 12a Food security stress by age groups
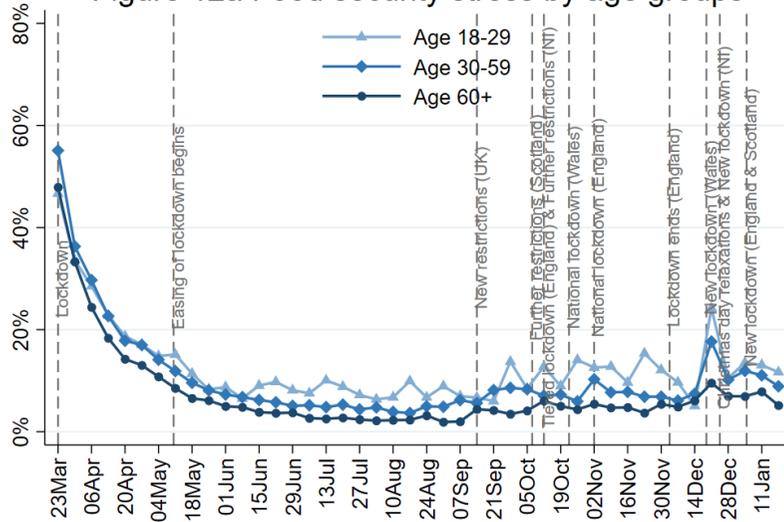
Figure 12b Food security stress by living arrangement
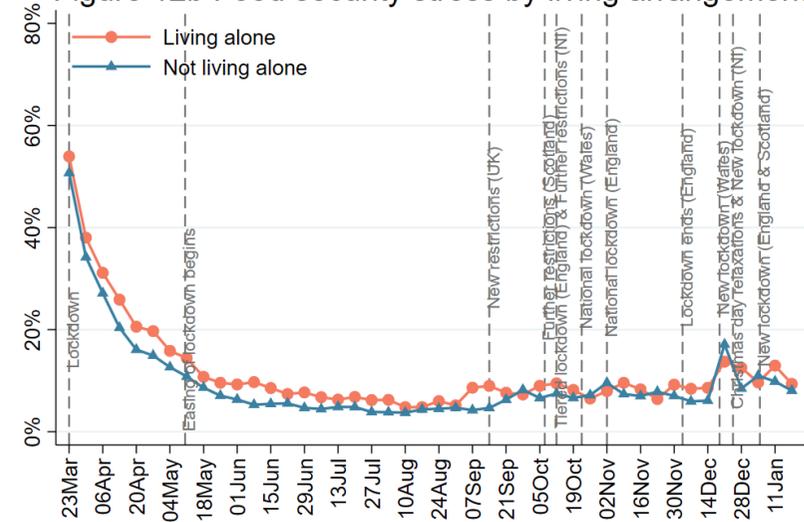
Figure 12c Food security stress by household income
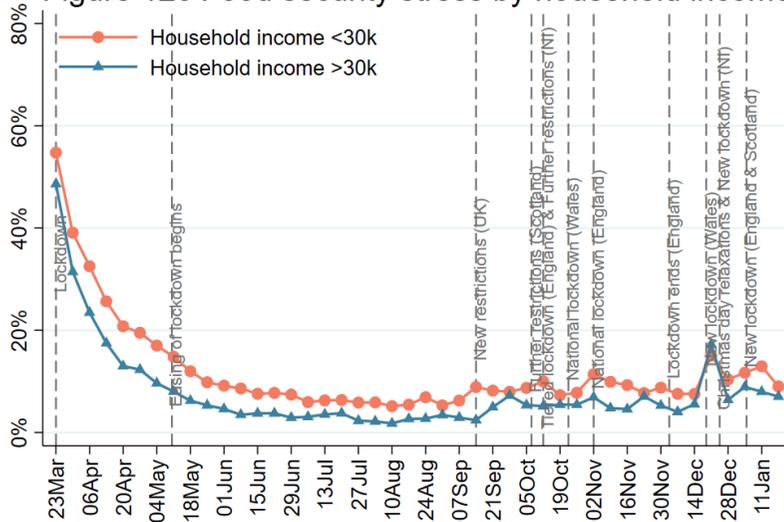
Figure 12d Food security stress by mental health
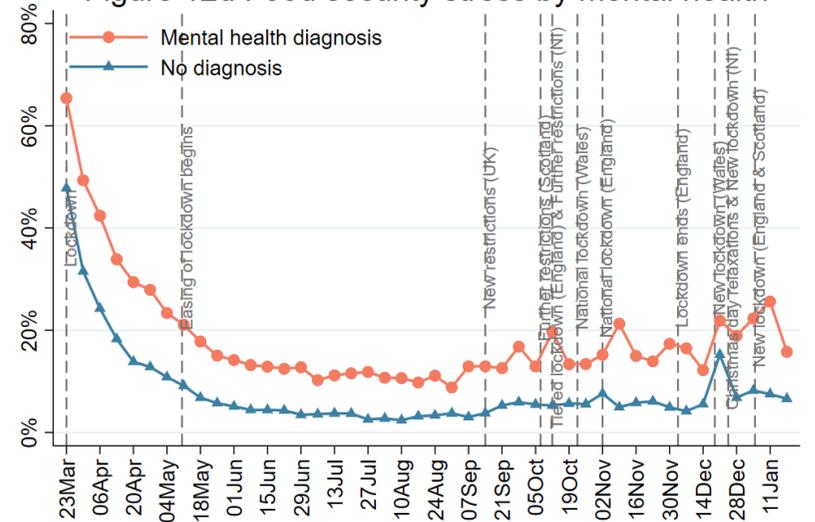
Figure 12e Food security stress by nations
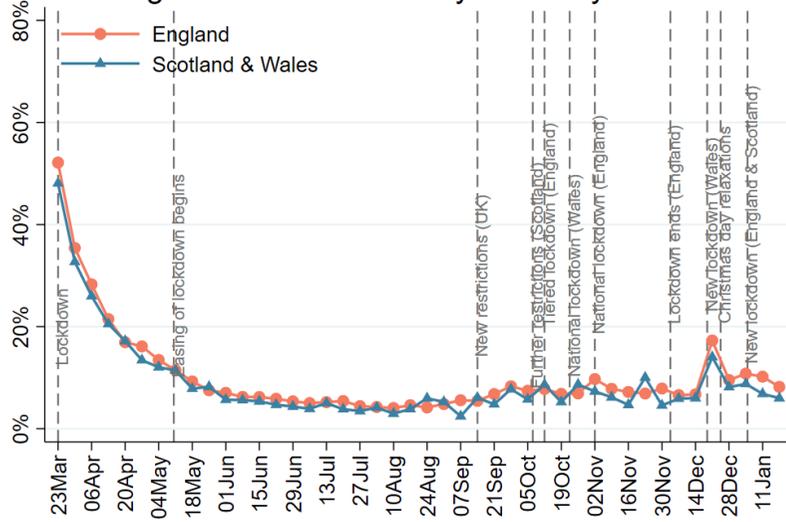
Figure 12f Food security stress by keyworker status
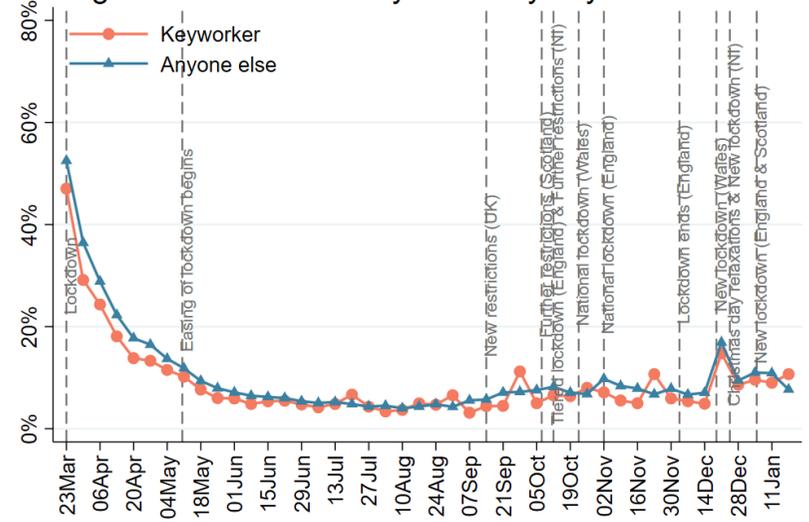
Figure 12g Food security stress by living with children
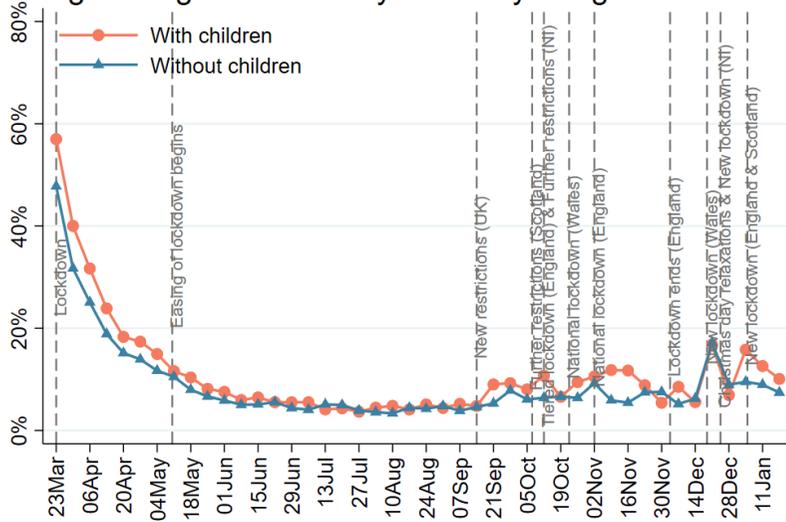
Figure 12h Food security stress by living area
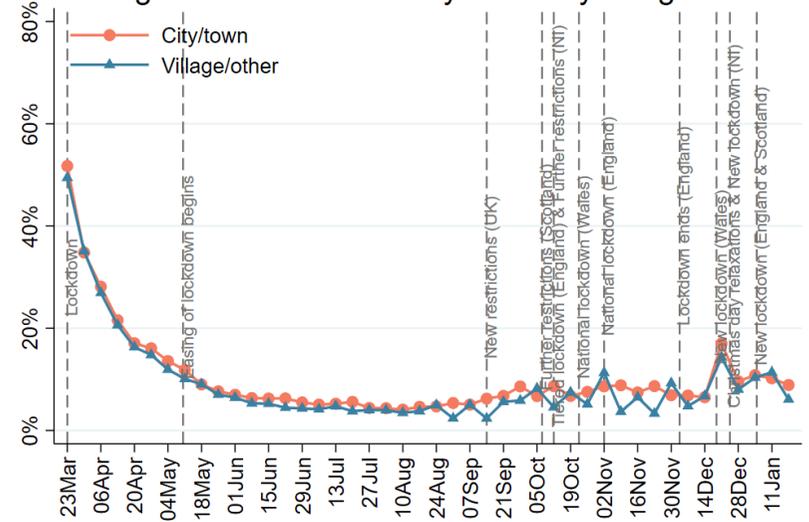
Figure 12i Food security stress by gender
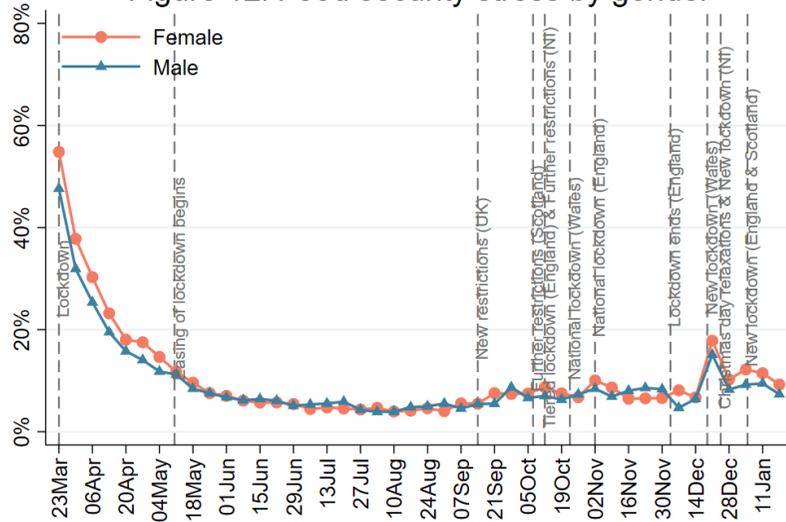
Figure 12j Food security stress by ethnicity
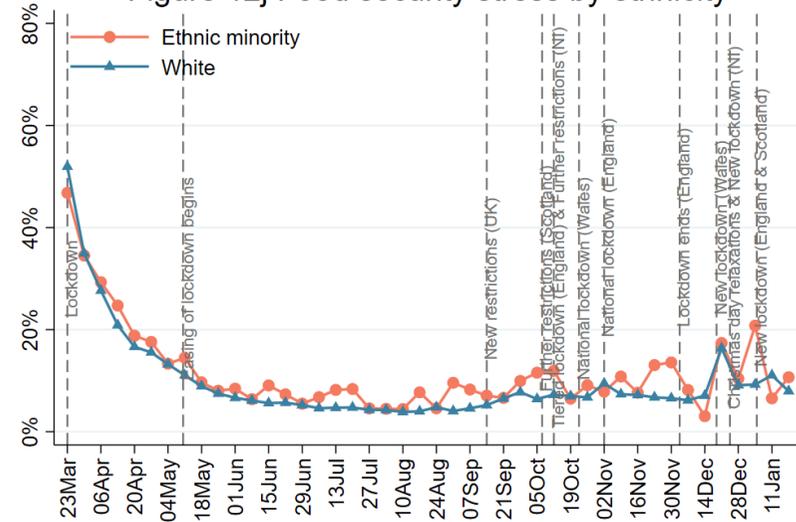
Figure 12k Food security stress by educational levels
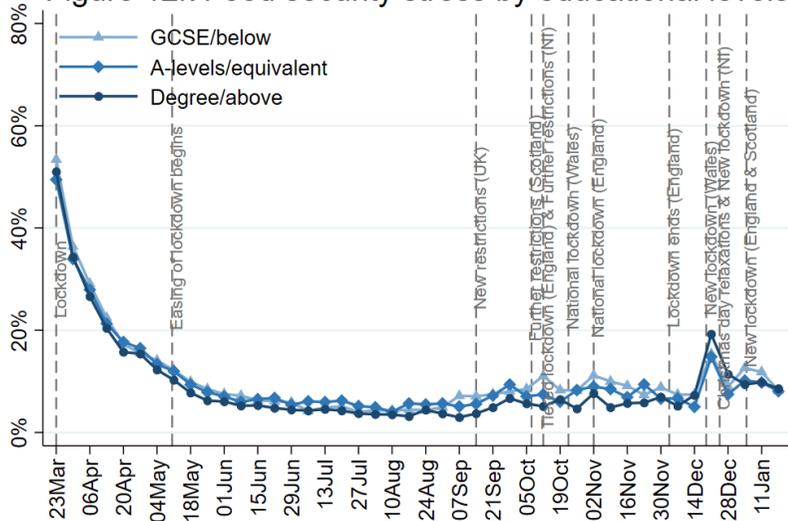
Figure 12l Food security stress by physical health diagnosis
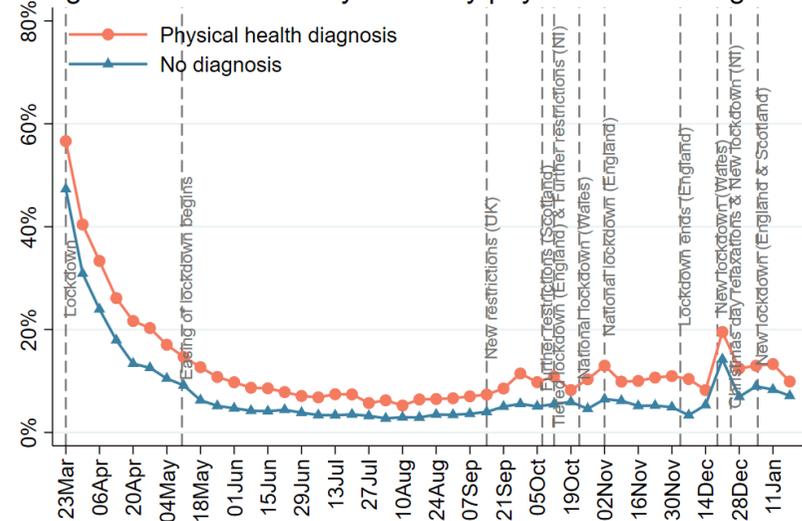
3. Self-harm and abuse

3.1 Thoughts of death or self-harm

Figure 13 Thoughts of death or self-harm
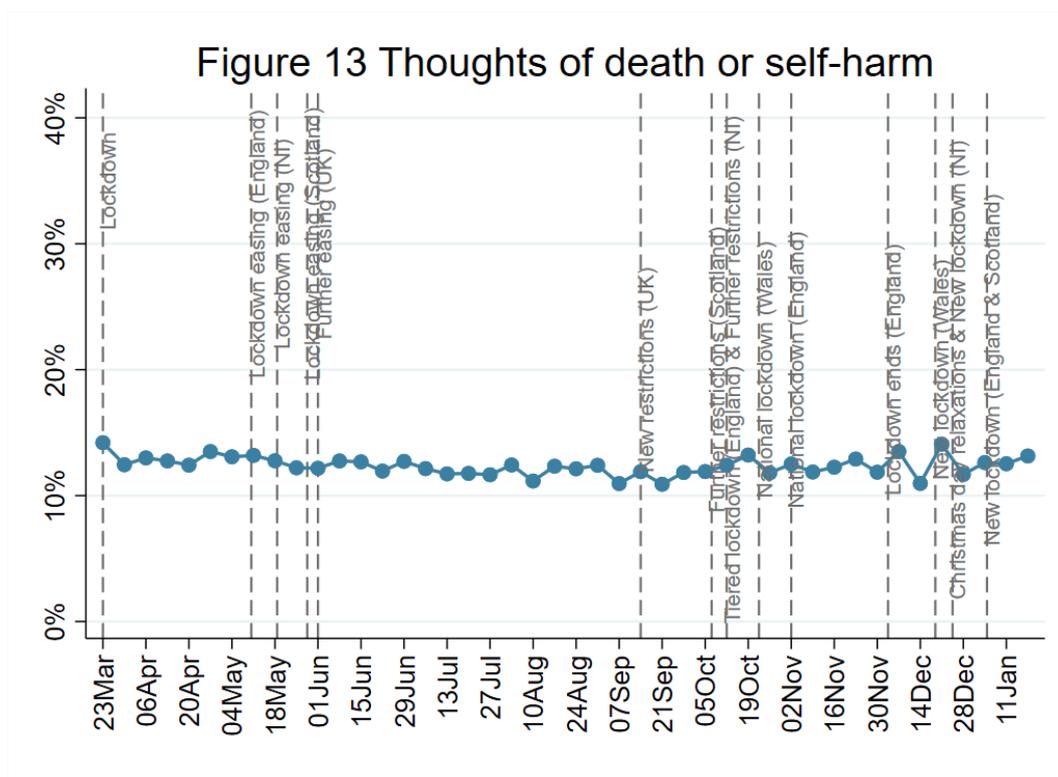
Thoughts of death or self-harm are measured using a specific item within the PHQ-9 that asks whether, in the last week, someone has had "thoughts that you would be better off dead or of hurting yourself in some way". Responses are on a 4-point scale ranging from "not at all" to "nearly every day". We 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 pandemic. **However, they appear to be rising amongst adults with a diagnosed mental health condition**, with nearly 40% of people with a diagnosed mental health condition reporting thoughts of death or self-harm**. We are continuing to track this carefully. They remain higher amongst younger adults, those with lower household income, and people with a long-term physical 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
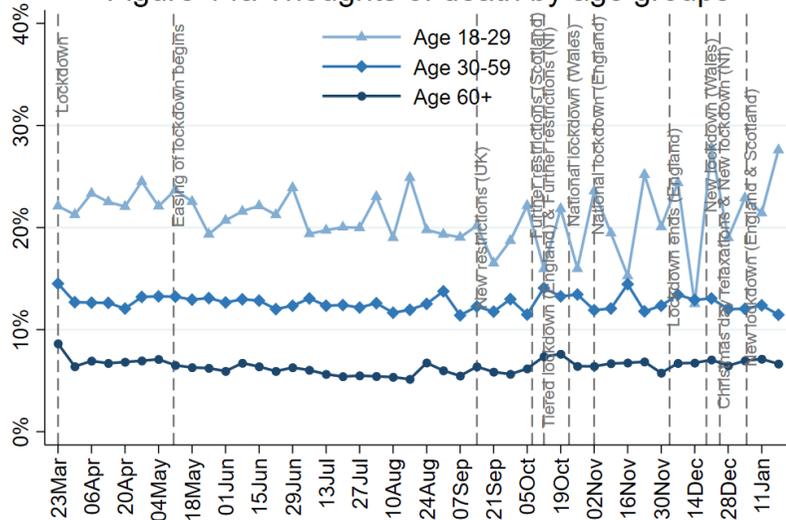
Figure 14b Thoughts of death by living arrangement
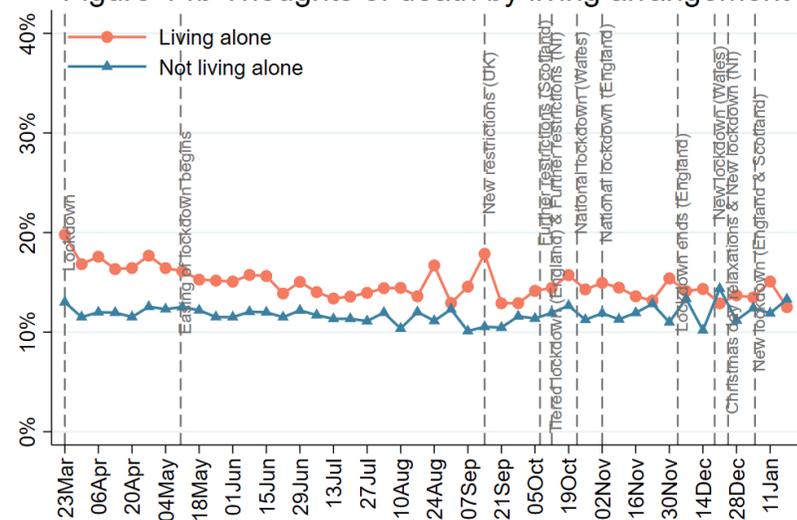
Figure 14c Thoughts of death by household income
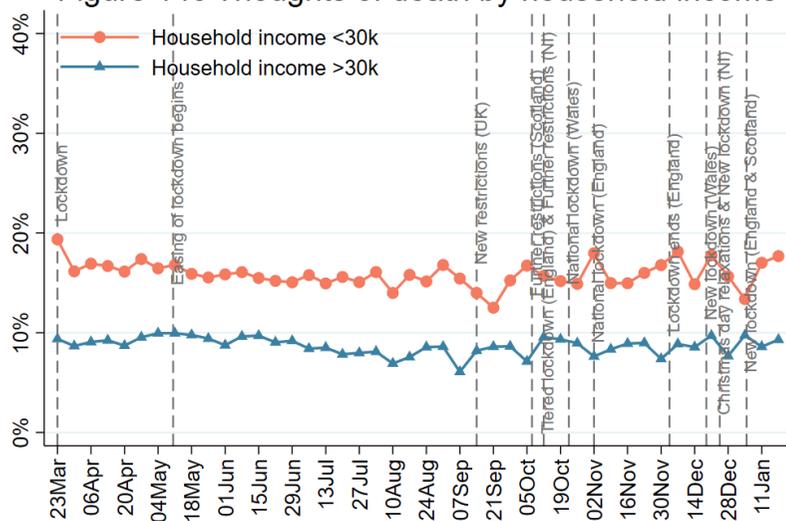
Figure 14d Thoughts of death by mental health diagnosis
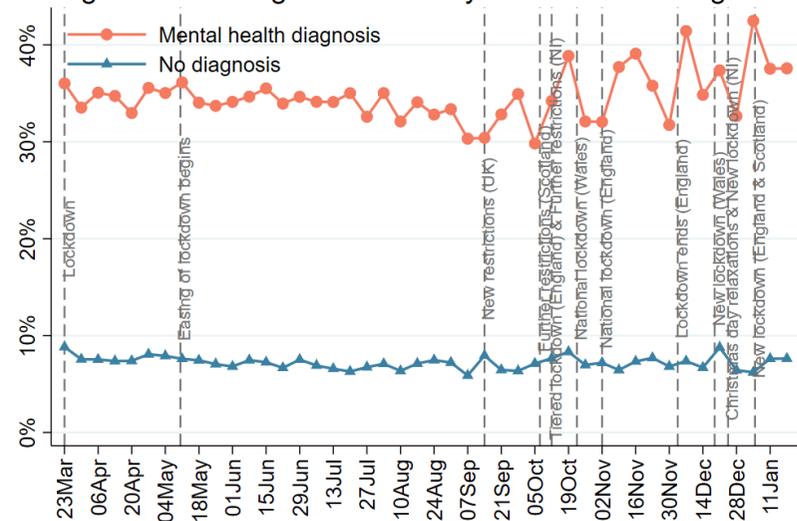
Figure 14e Thoughts of death by nations
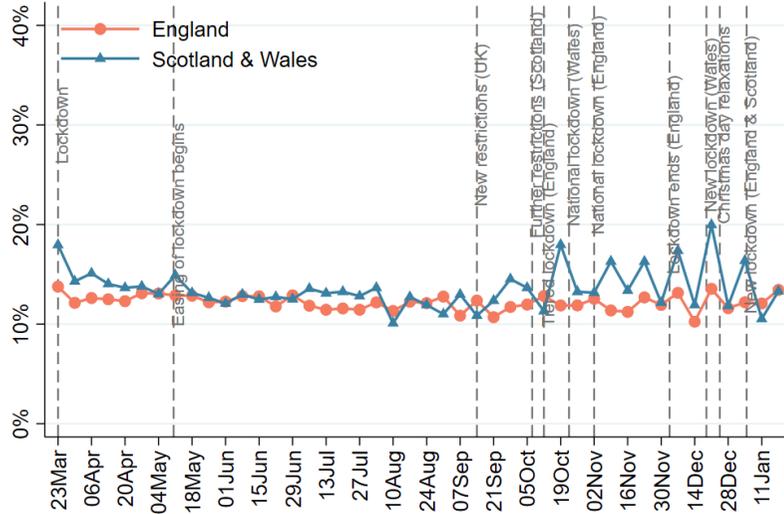
Figure 14f Thoughts of death by keyworker status
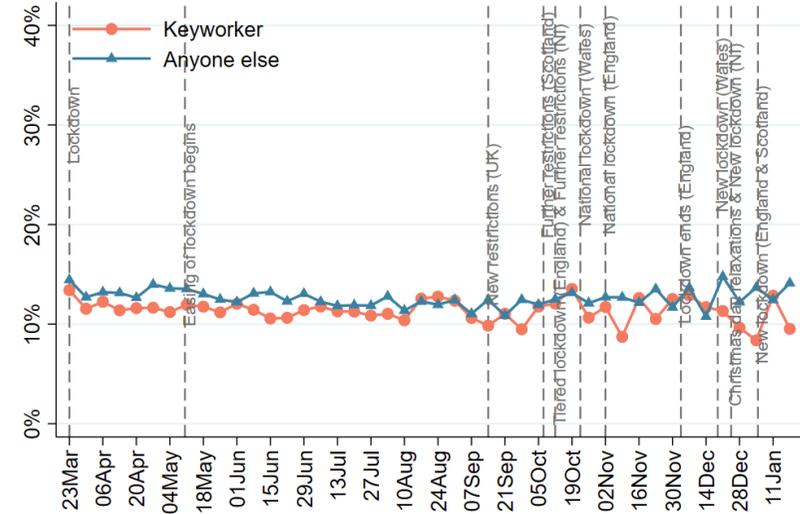
Figure 14g Thoughts of death by living with children
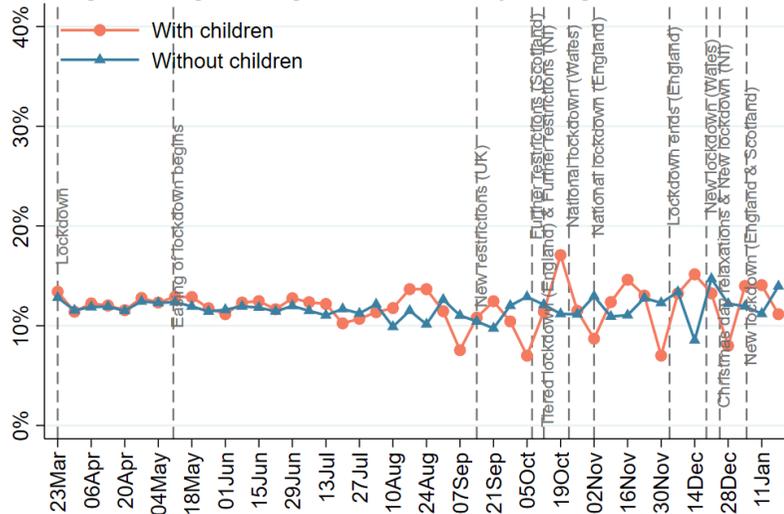
Figure 14h Thoughts of death by living area
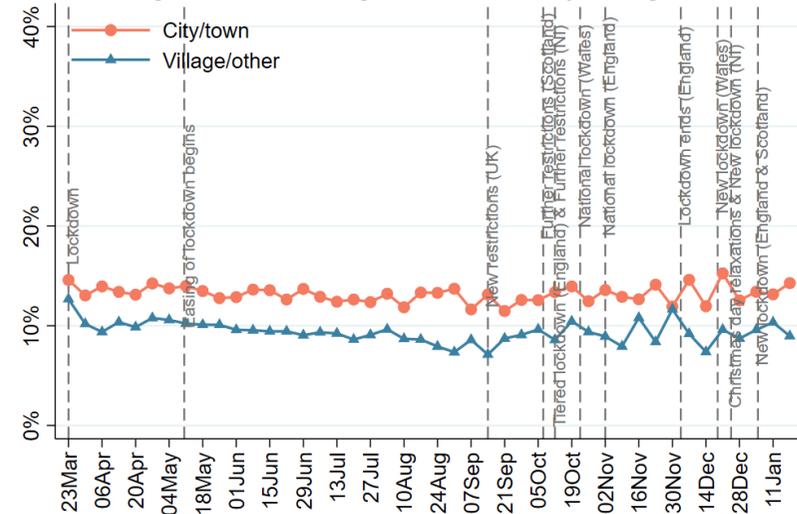
Figure 14i Thoughts of death by gender
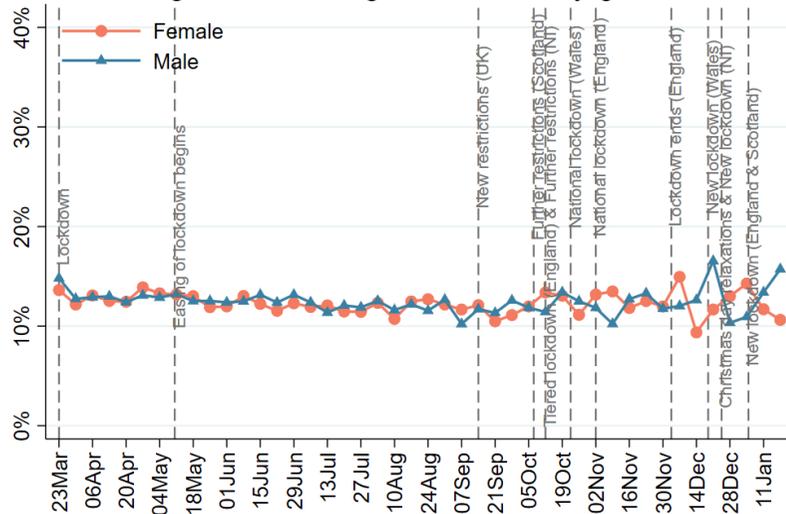
Figure 14j Thoughts of death by ethnicity
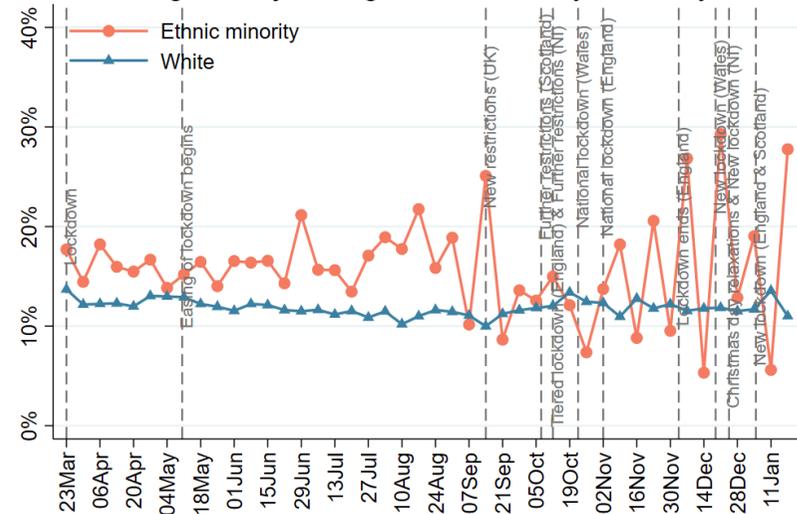
Figure 14k Thoughts of death by educational levels
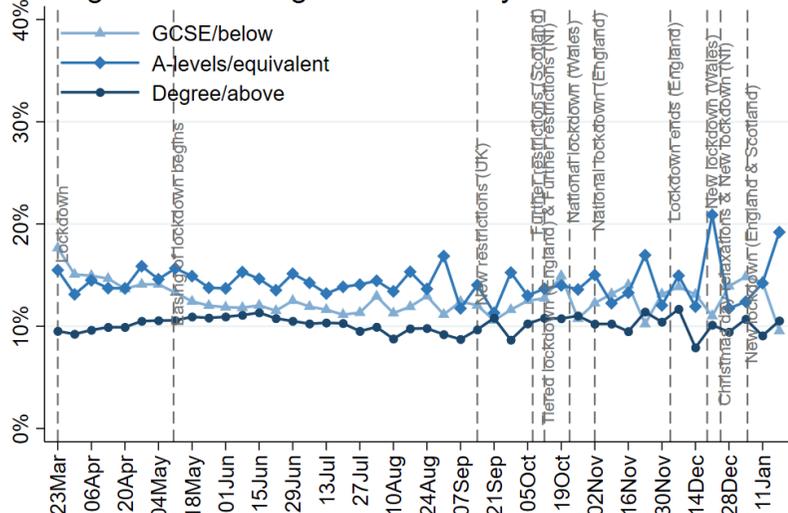
Figure 14l Thoughts of death by physical health diagnosis
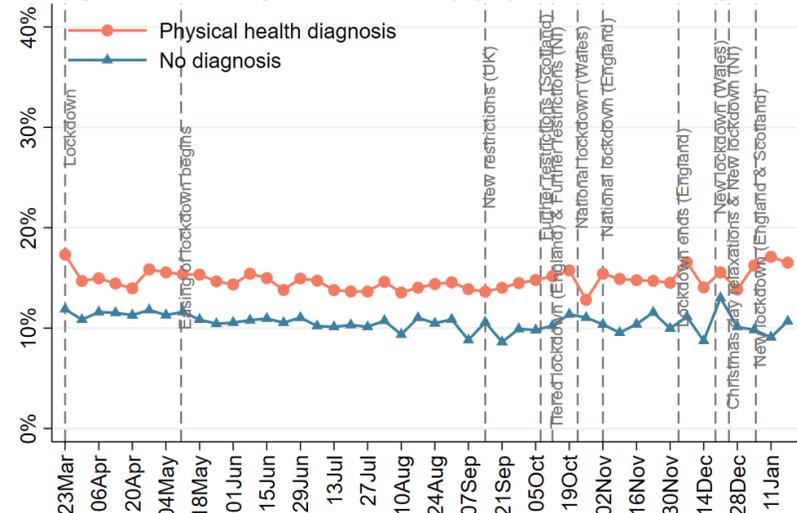
3.2 Self-harm

Figure 15 Self-harm
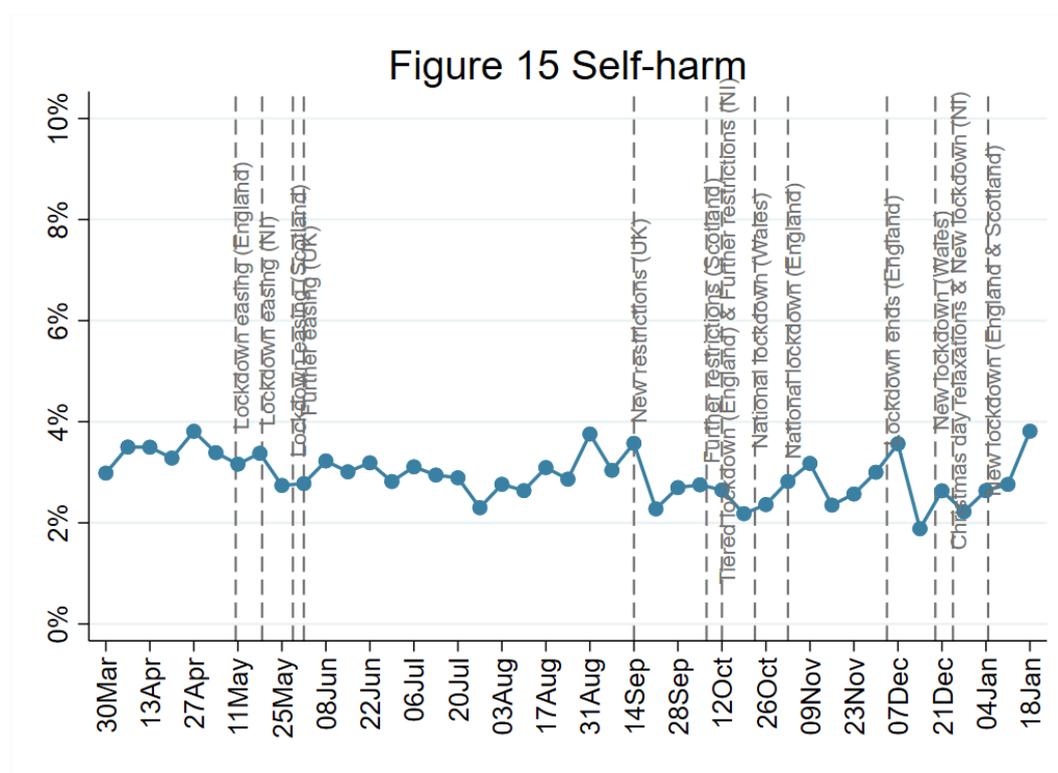
FINDINGS

Self-harm was assessed using a question that asks whether someone in the last week has been "self-harming or deliberately hurting yourself". Responses are on a 4-point scale ranging from "not at all" to "nearly every day". We focused on any response that indicated any self-harming.

Self-harm has remained relatively stable over the past month. There is some evidence to suggest an increase in the past month, but this currently remains within limits that could imply normal variation in the 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, driven by responses from younger adults, people from minority ethnic backgrounds and people with diagnosed mental and 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.[3]

---

[3] 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
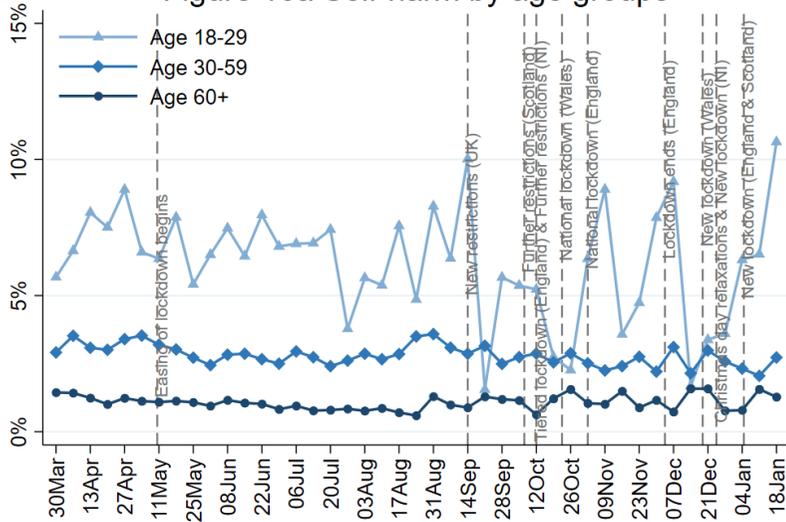
Figure 16b Self-harm by living arrangement
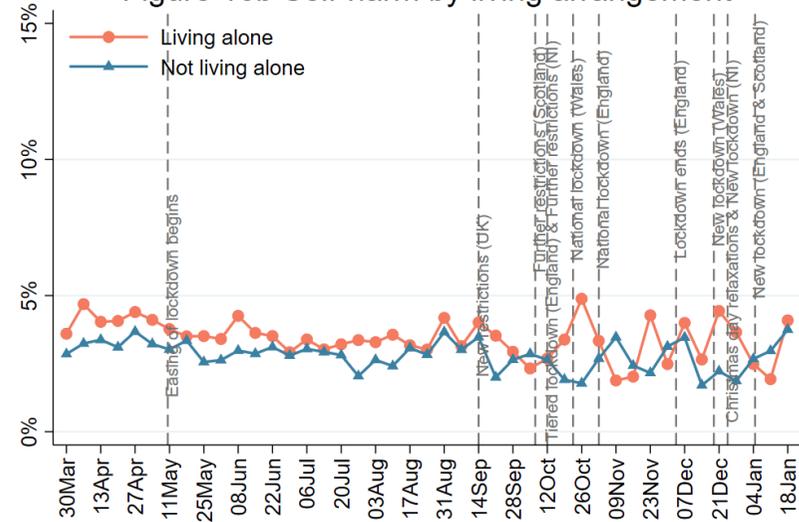
Figure 16c Self-harm by household income
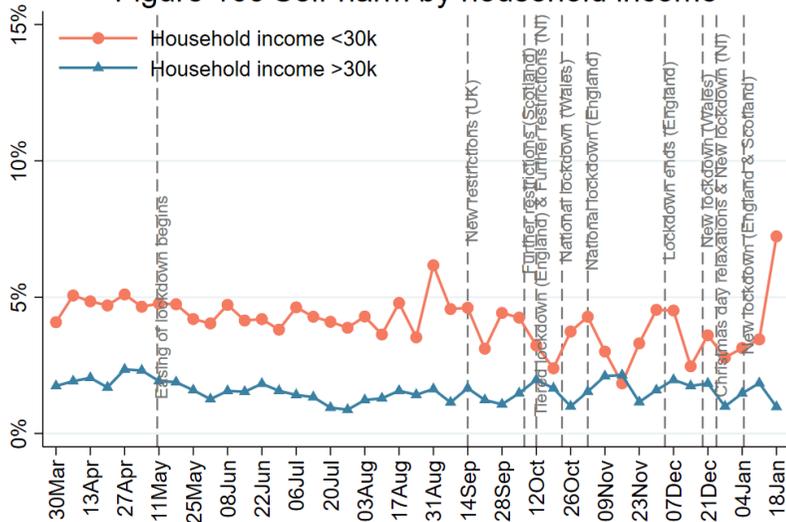
Figure 16d Self-harm by mental health diagnosis
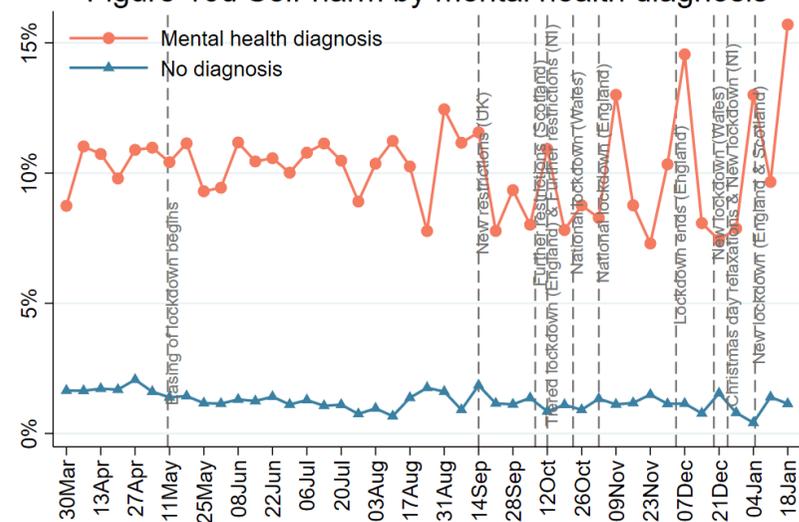
Figure 16e Self-harm by nations
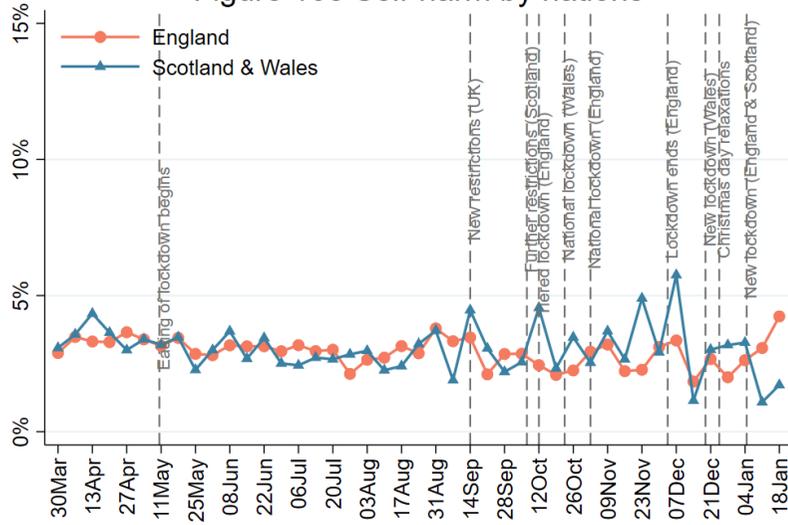
Figure 16f Self-harm by keyworker status
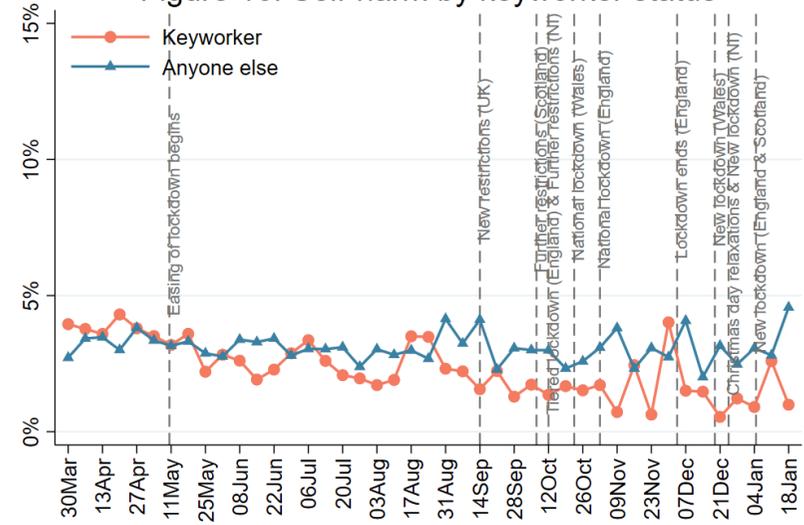
Figure 16g Self-harm by living with children
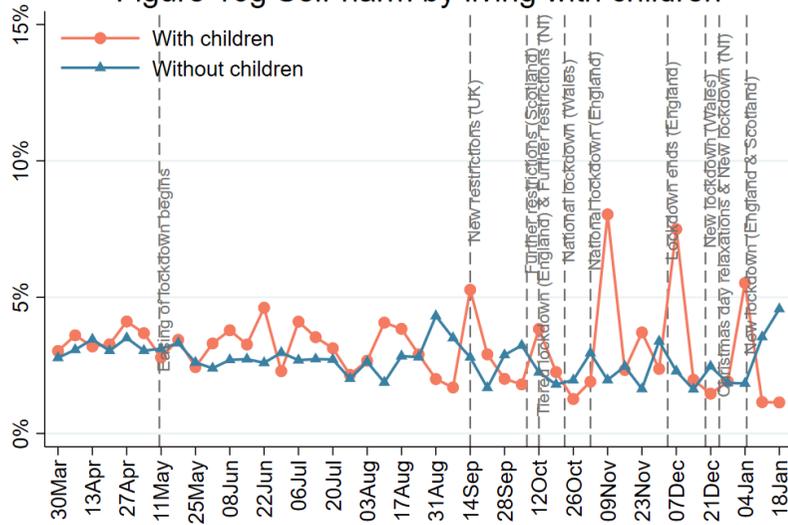
Figure 16h Self-harm by living area
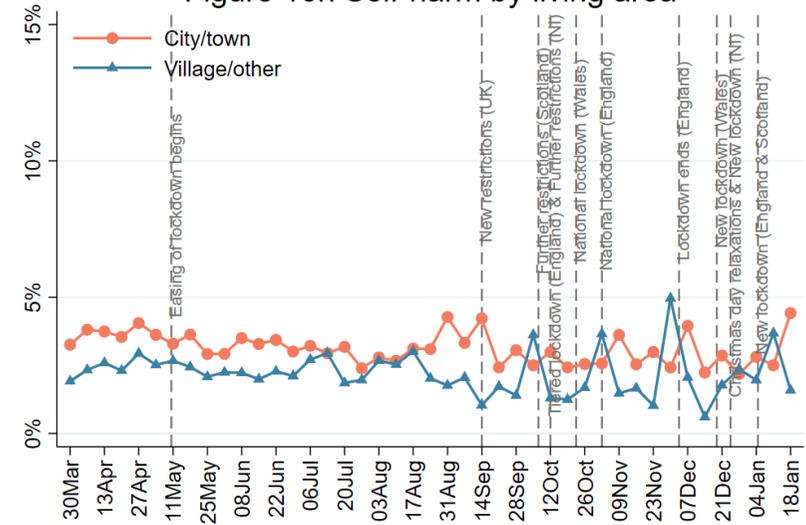
Figure 16i Self-harm by gender
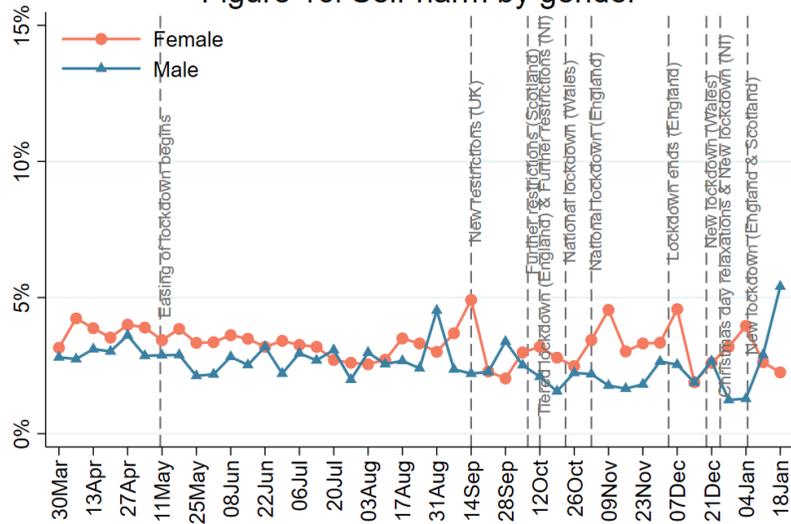
Figure 16j Self-harm by ethnicity
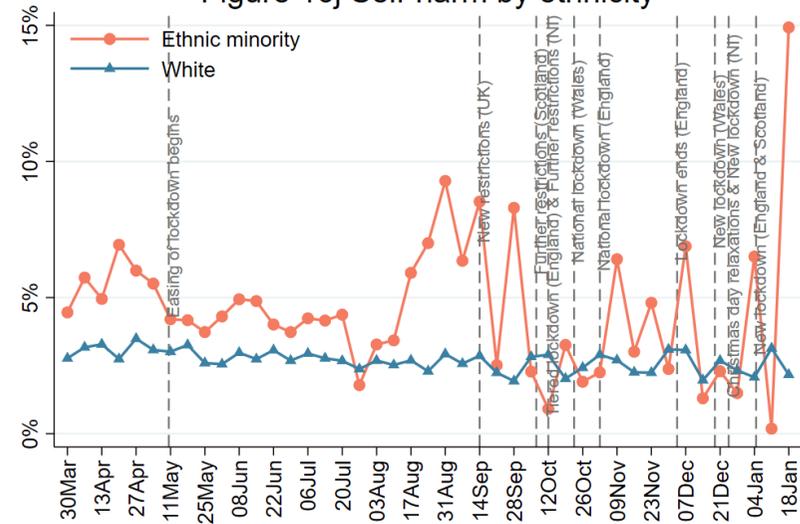
Figure 16k Self-harm by educational levels
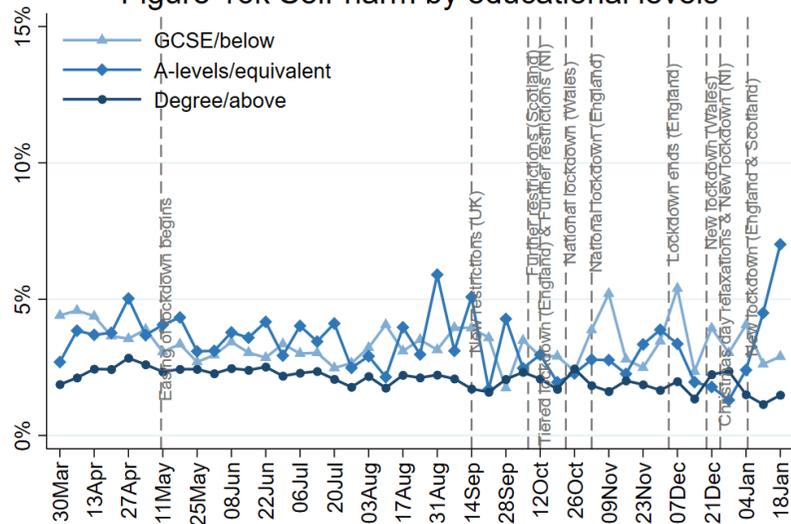
Figure 16l Self-harm by physical health diagnosis

3.3 Abuse

Figure 17 Being physically or psychologically abused
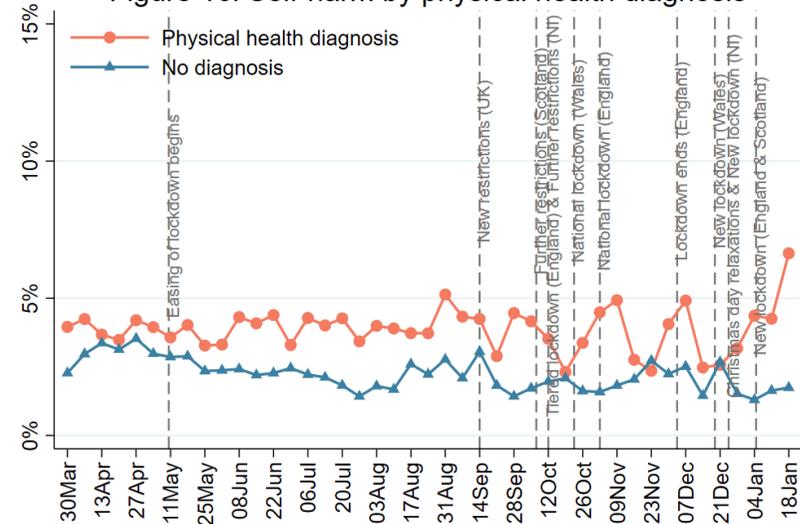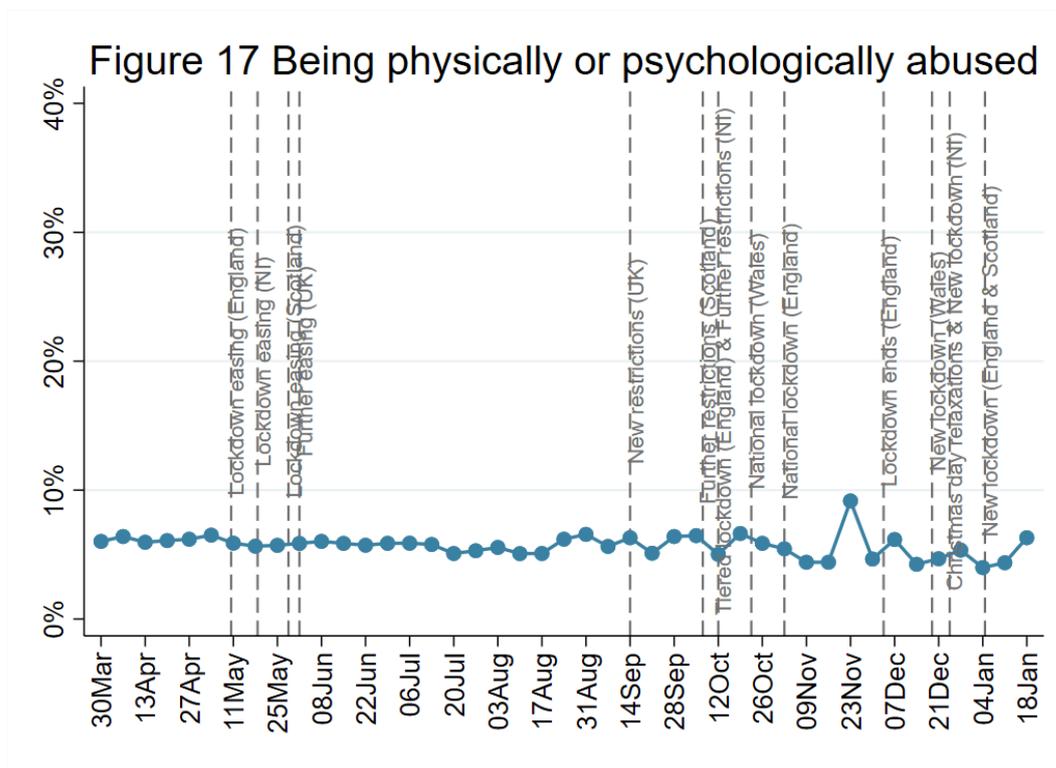
FINDINGS

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

Abuse has remained relatively stable in the past few months. It remains higher amongst people with a diagnosed mental or physical health condition. It is also slightly higher amongst people with lower household income, those living in urban areas, and people from ethnic minority backgrounds.

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.[4]

---

[4] 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
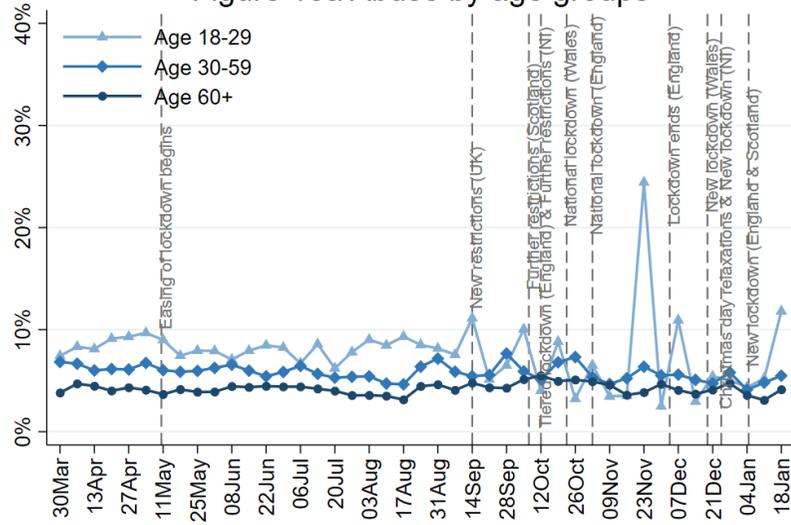
Figure 18b Abuse by living arrangement
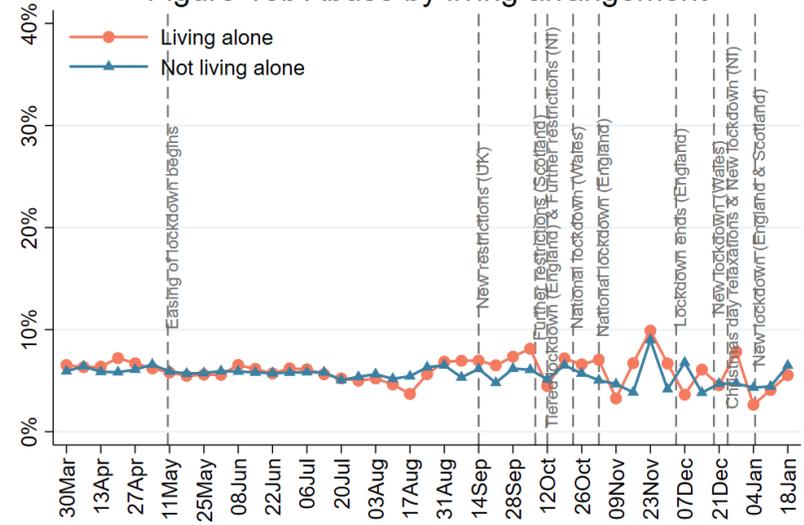
Figure 18c Abuse by household income
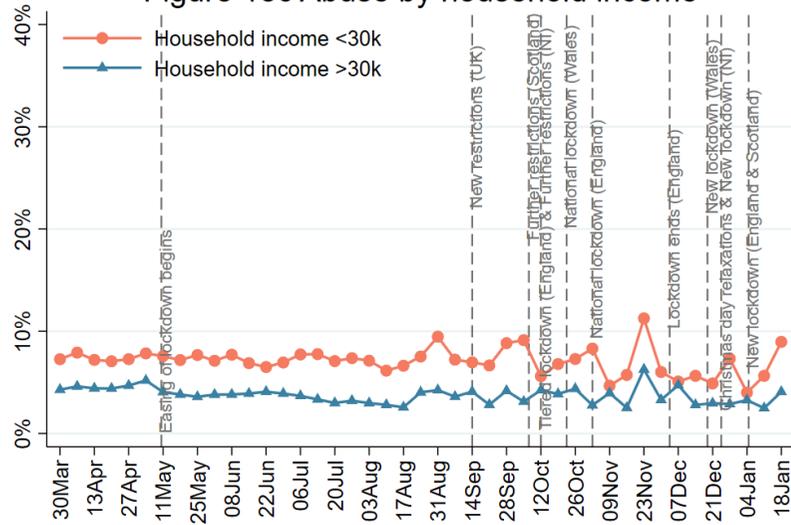
Figure 18d Abuse by mental health diagnosis
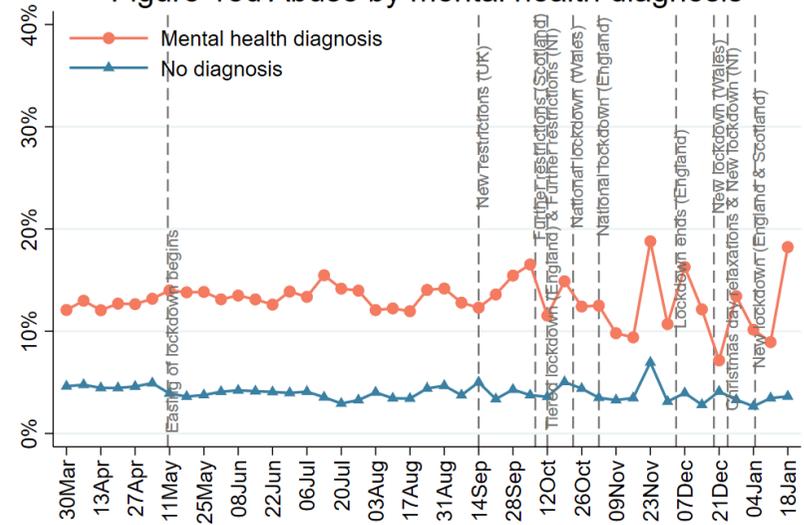
Figure 18e Abuse by nations
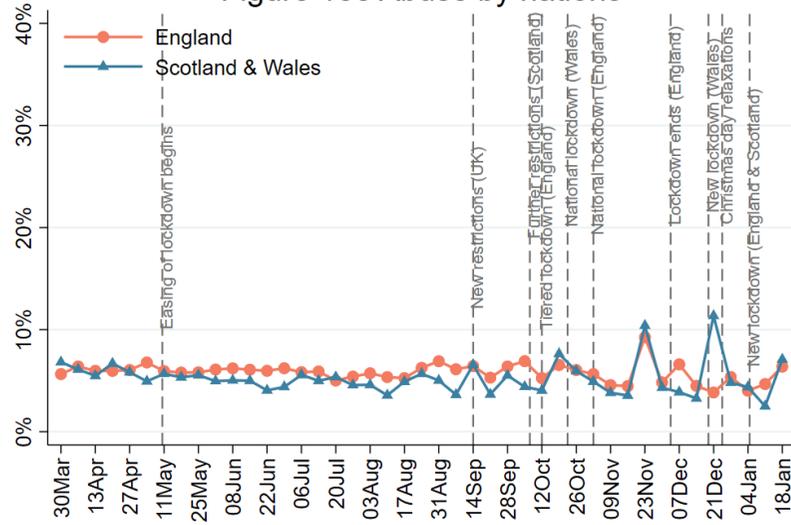
Figure 18f Abuse by keyworker status
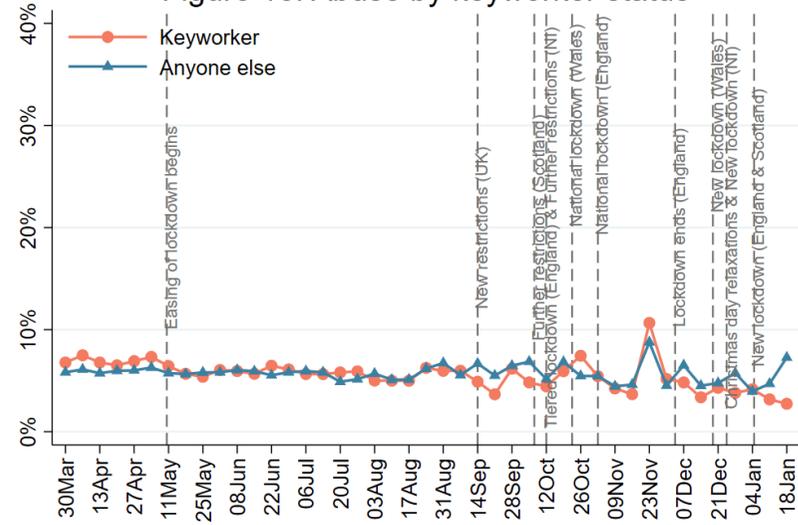
Figure 18g Abuse by living with children
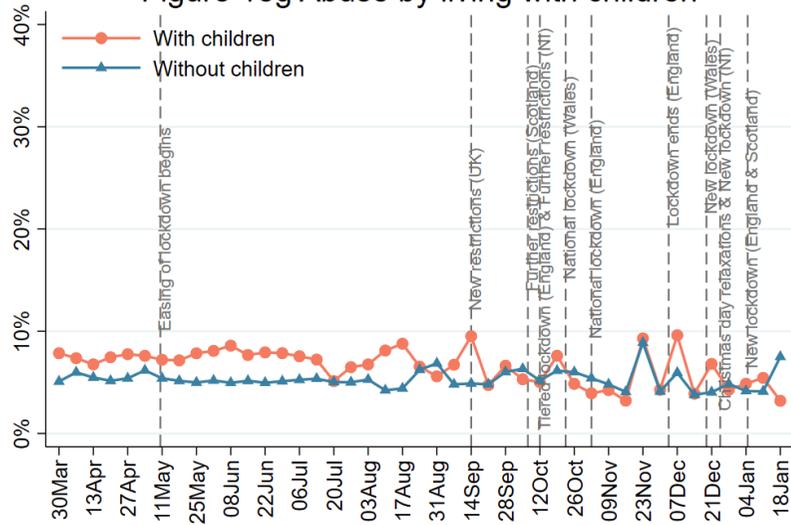
Figure 18h Abuse by living area
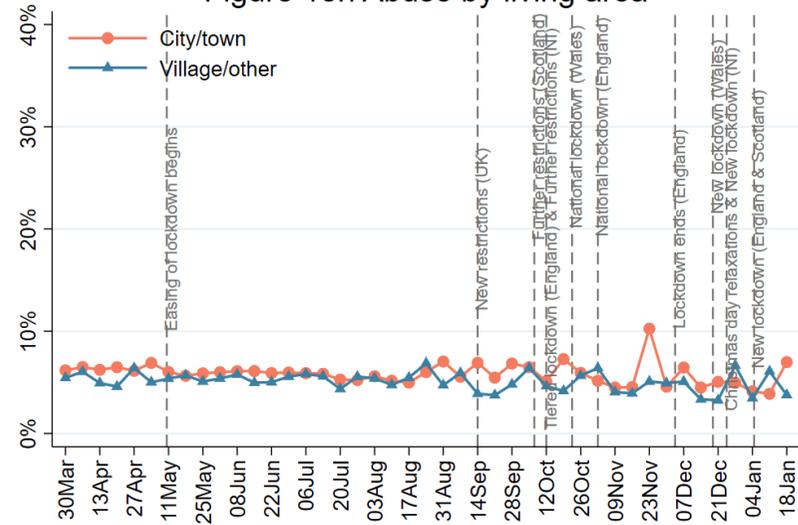
Figure 18i Abuse by gender
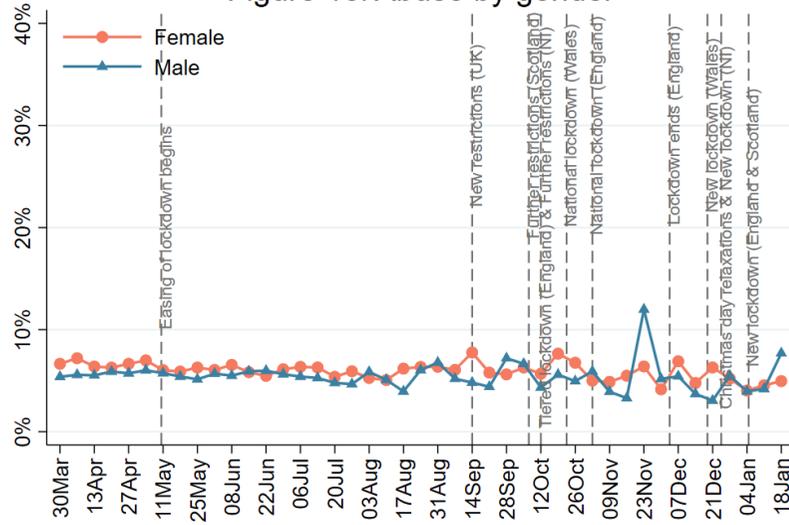
Figure 18j Abuse by ethnicity
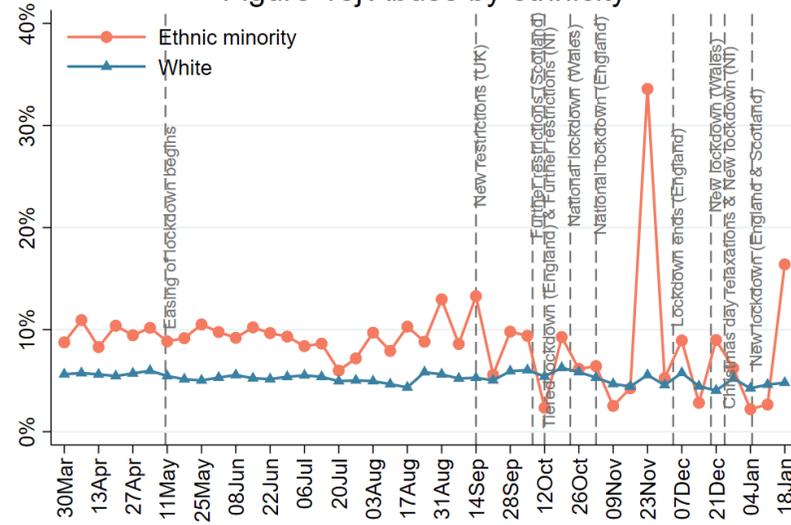
Figure 18k Abuse by educational levels
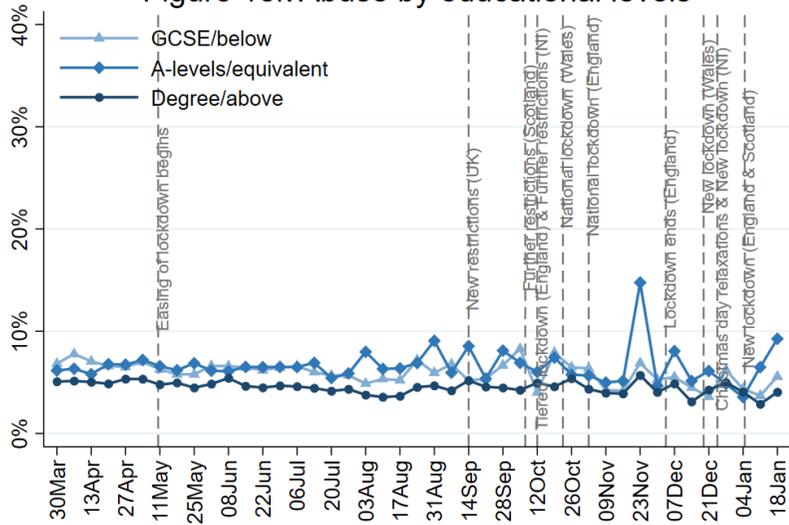
Figure 18l Abuse by physical health diagnosis
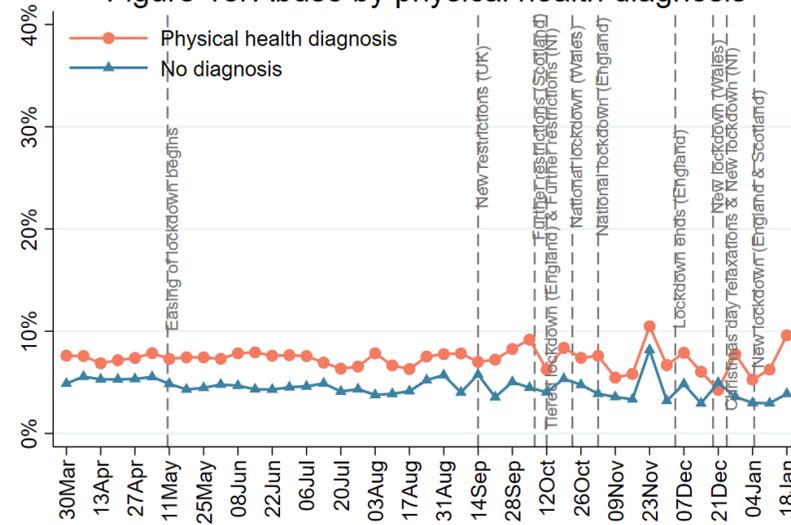
4. General well-being

4.1 Life satisfaction

Figure 19 Life satisfaction
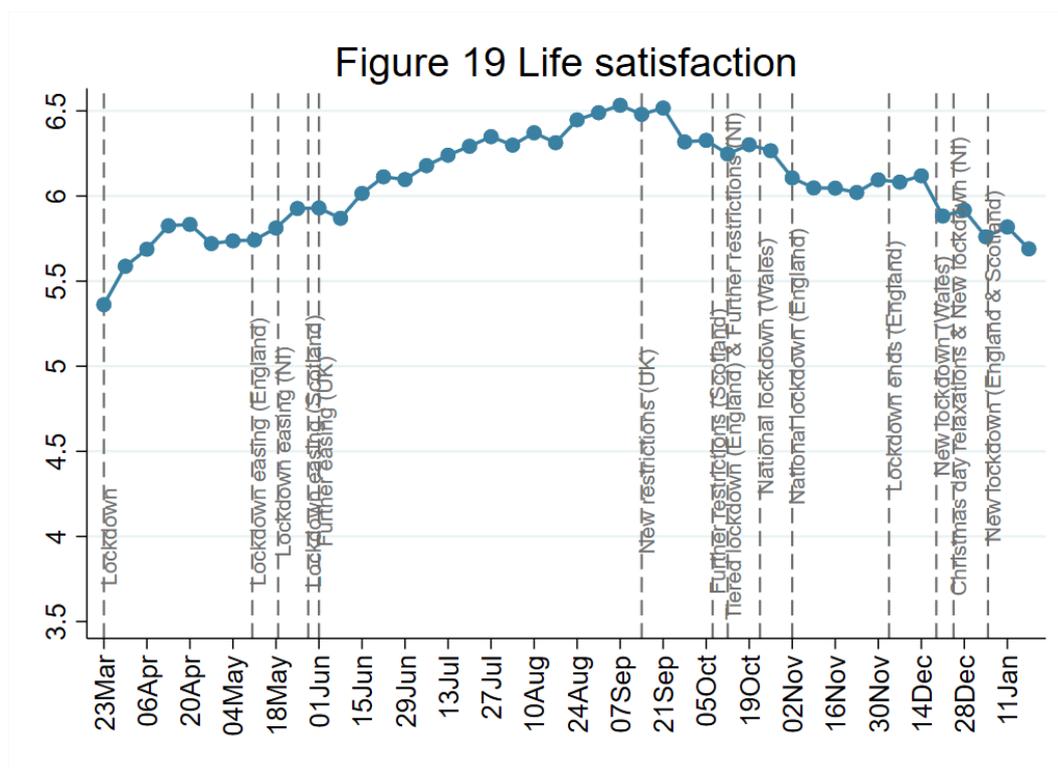
FINDINGS

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

Life satisfaction has continued to deteriorate in lockdown, with levels now comparable to those near the start of lockdown in spring 2020. This decrease since August appears to have occurred across all age groups, although adults under the age of 60 have lowest levels of life satisfaction. It is also lower in people living alone, people with lower household income, people with a diagnosed mental health condition, and people living in urban areas. It is similar across UK nations and amongst key workers. Women have lower levels of life satisfaction, as do people with a long-term physical health condition and people from ethnic minority backgrounds (although smaller sample sizes compared to people with white ethnicity mean there has been greater volatility in these data).

Life satisfaction is still noticeably lower than for the past 12 months (where usual averages are around 7.7), and wellbeing more generally appears to have decreased substantially in the weeks preceding lockdown[5].

---

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

Figure 20a Life satisfaction by age groups
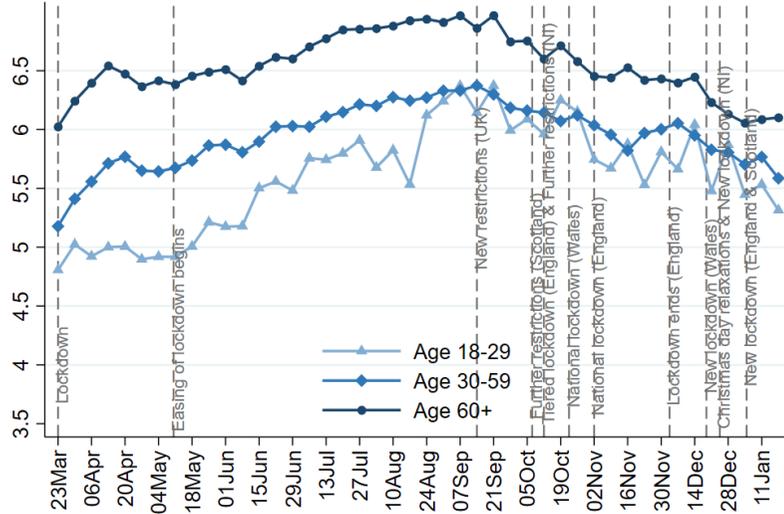
Figure 20b Life satisfaction by living arrangement
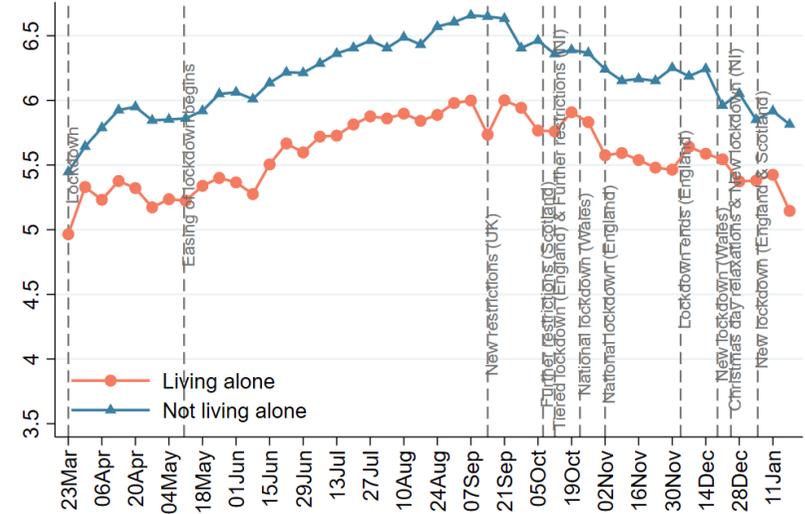
Figure 20c Life satisfaction by household income
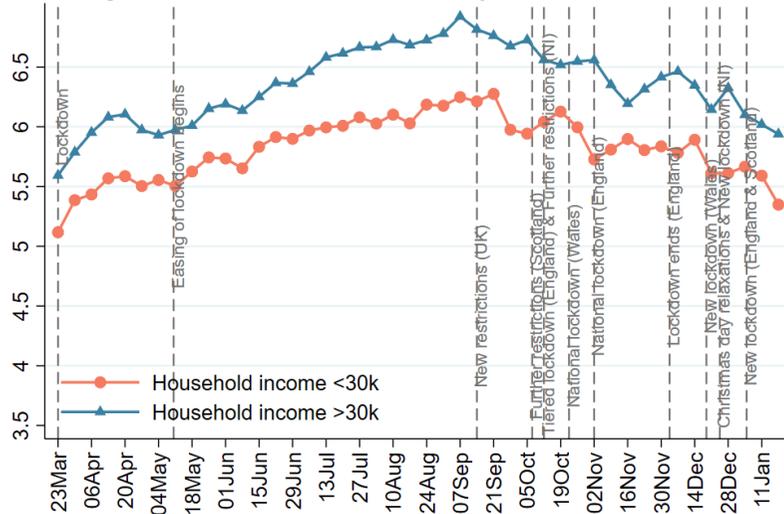
Figure 20d Life satisfaction by mental health diagnosis
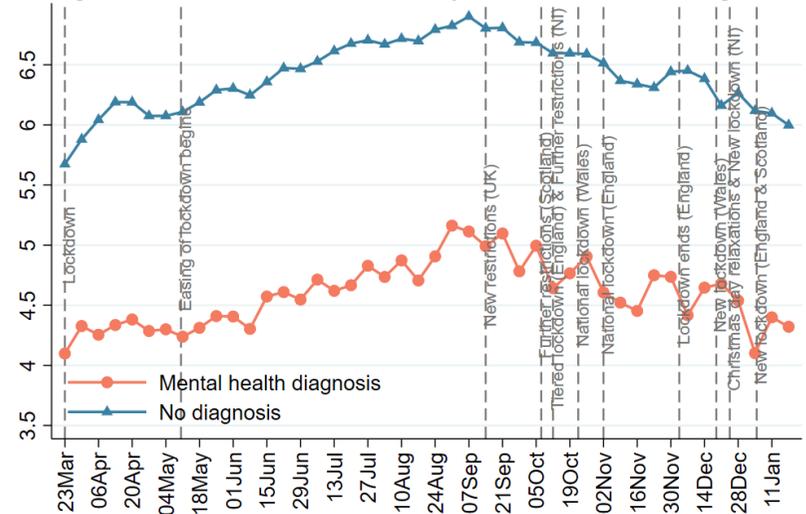
Figure 20e Life satisfaction by nations
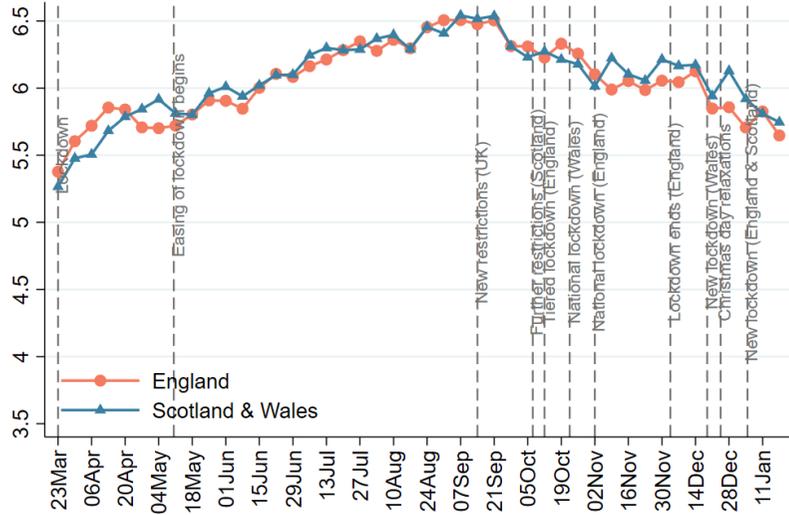
Figure 20f Life satisfaction by keyworker status
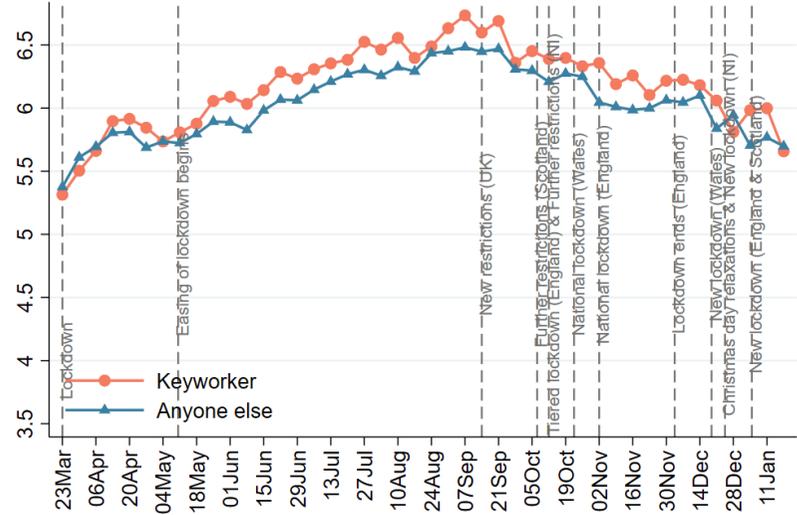
Figure 20g Life satisfaction by living with children
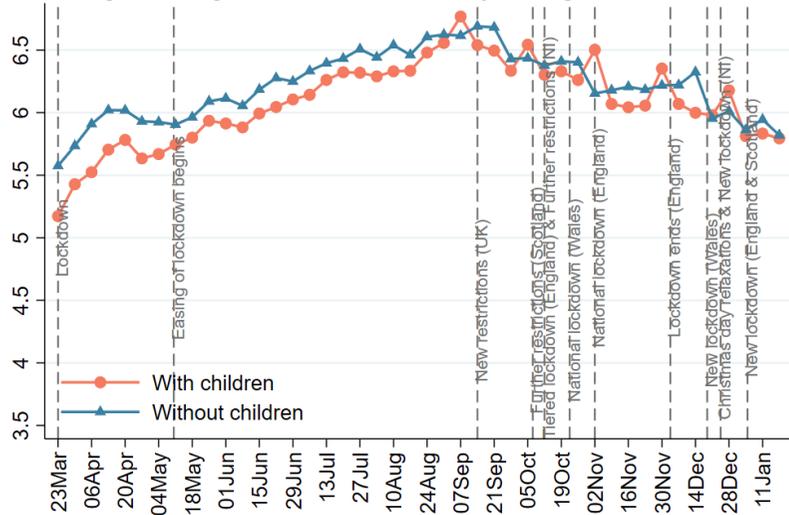
Figure 20h Life satisfaction by living area
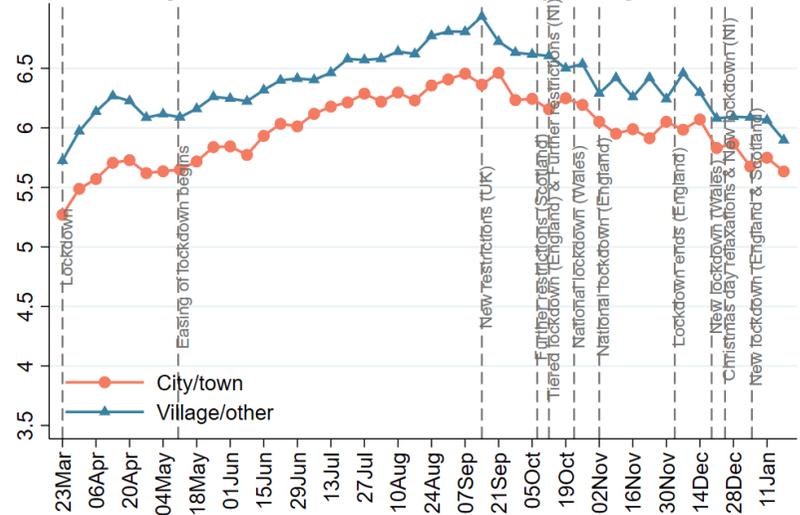
Figure 20i Life satisfaction by gender
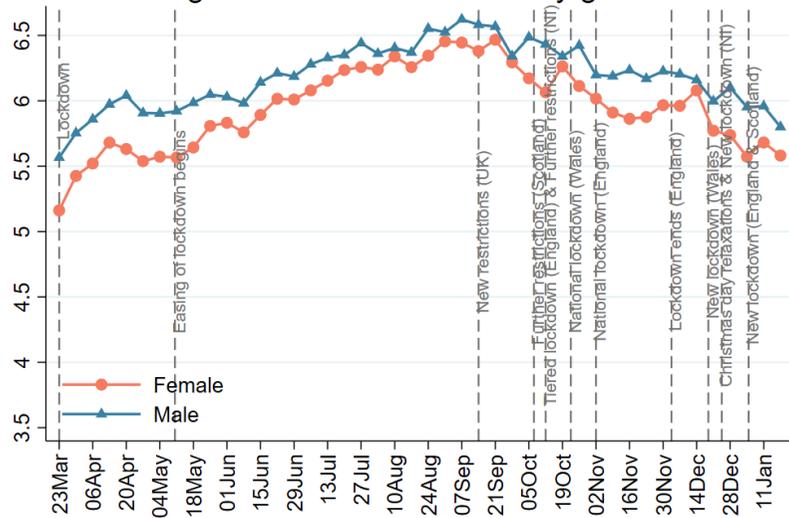
Figure 20j Life satisfaction by ethnicity
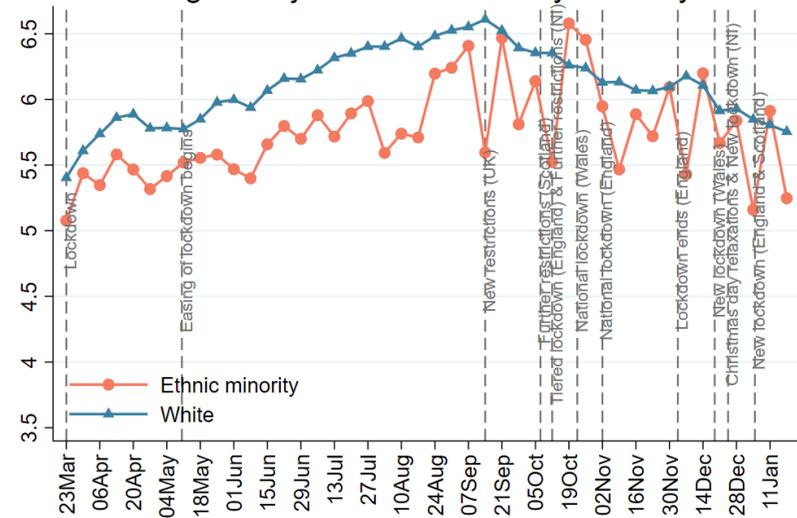
Figure 20k Life satisfaction by educational levels
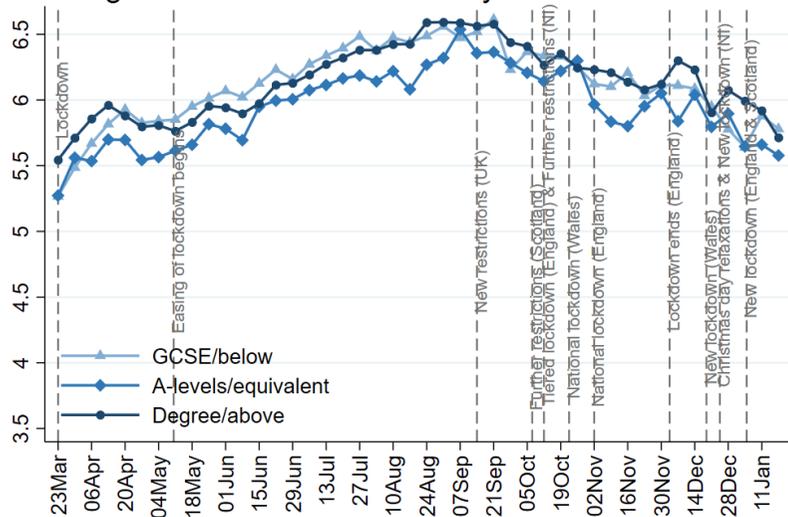
Figure 20l Life satisfaction by physical health diagnosis

4.2 Loneliness

Figure 21 Loneliness
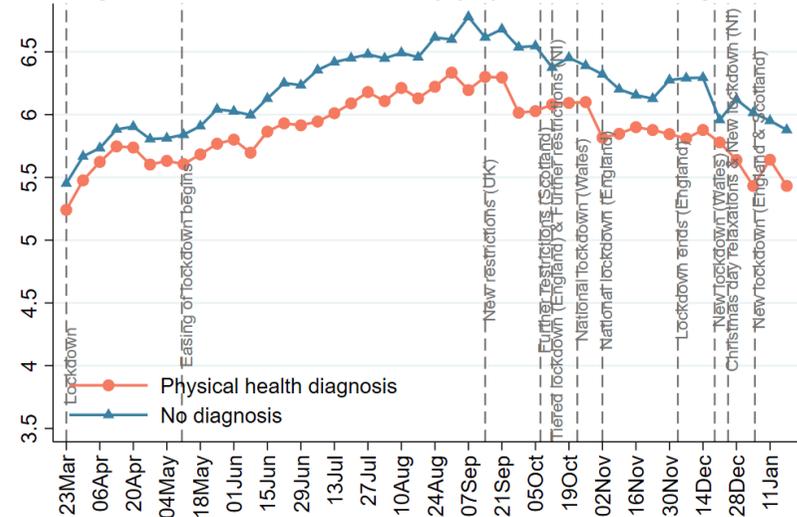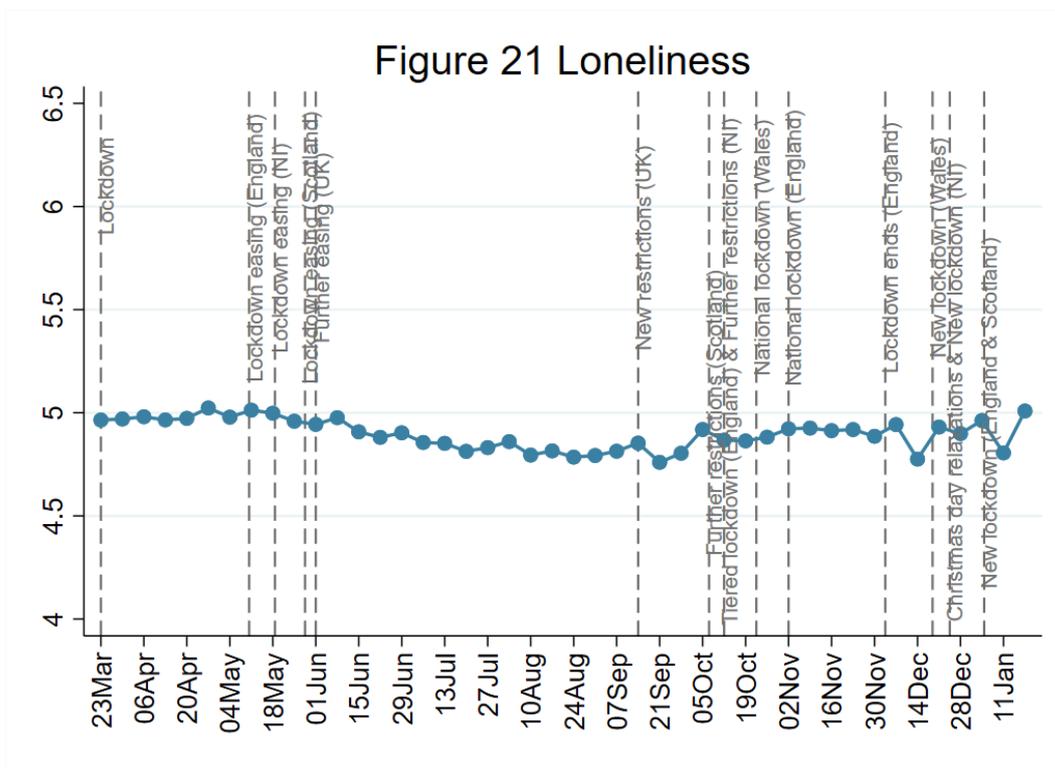
Respondents were asked about levels of loneliness using the 3-item UCLA-3 loneliness, a short form of the Revised UCLA Loneliness Scale (UCLA-R). Each item is rated with a 3-point rating scale, ranging from "never" to "always", with higher scores indicating greater loneliness.

Loneliness levels have been relatively stable in the past month but are very slightly higher 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 ethnic minority 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 22a Loneliness by age groups — Age 18-29, Age 30-59, Age 60+

Figure 22b Loneliness by living arrangement — Living alone, Not living alone

Figure 22c Loneliness by household income — Household income <30k, Household income >30k

Figure 22d Loneliness by mental health diagnosis — Mental health diagnosis, No diagnosis
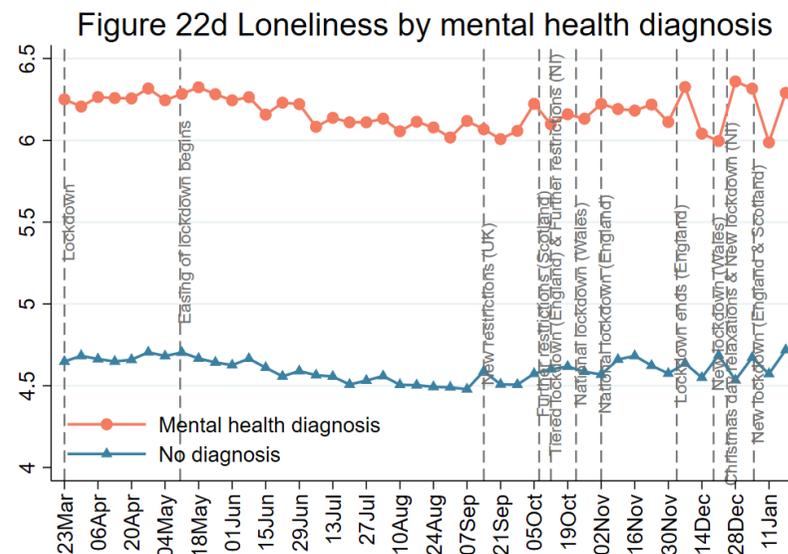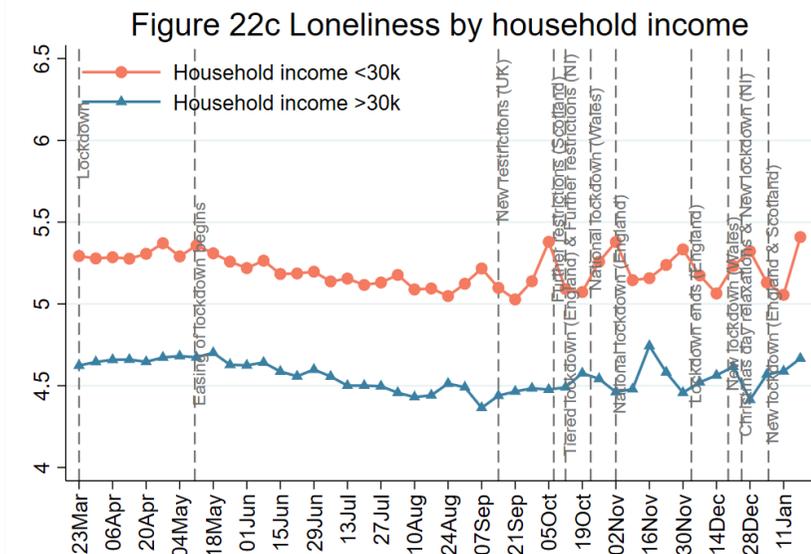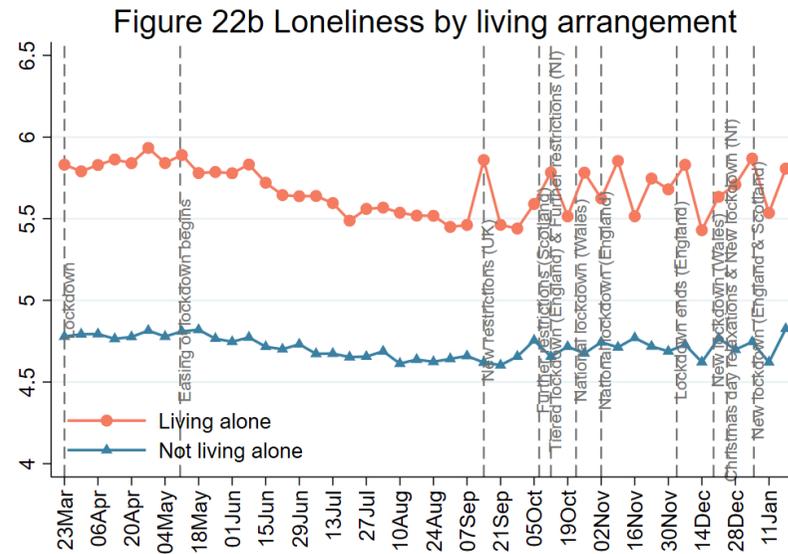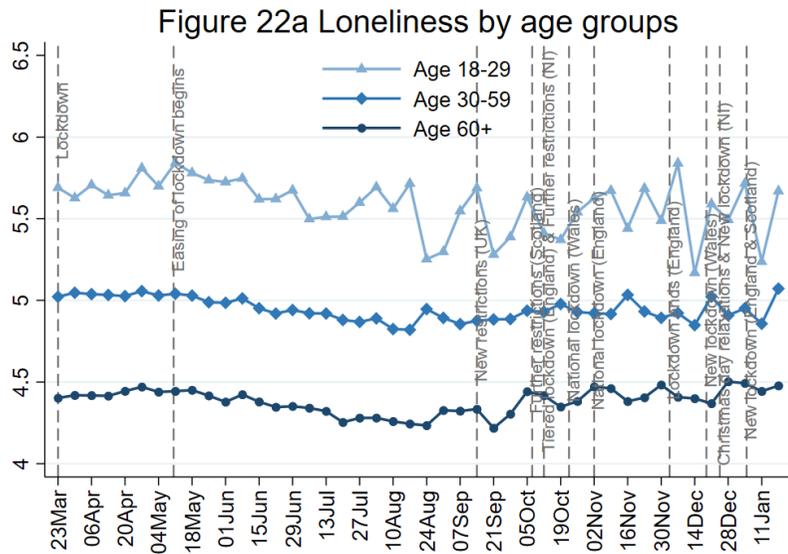
Figure 22e Loneliness by nations
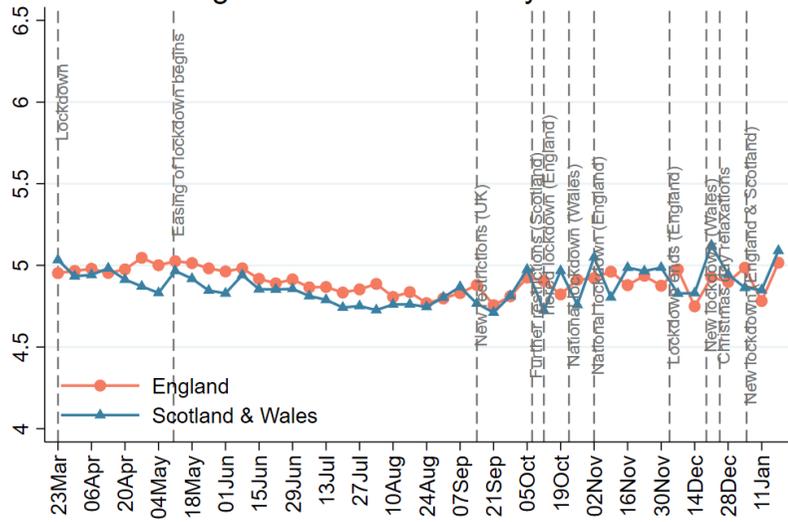
Figure 22f Loneliness by keyworker status
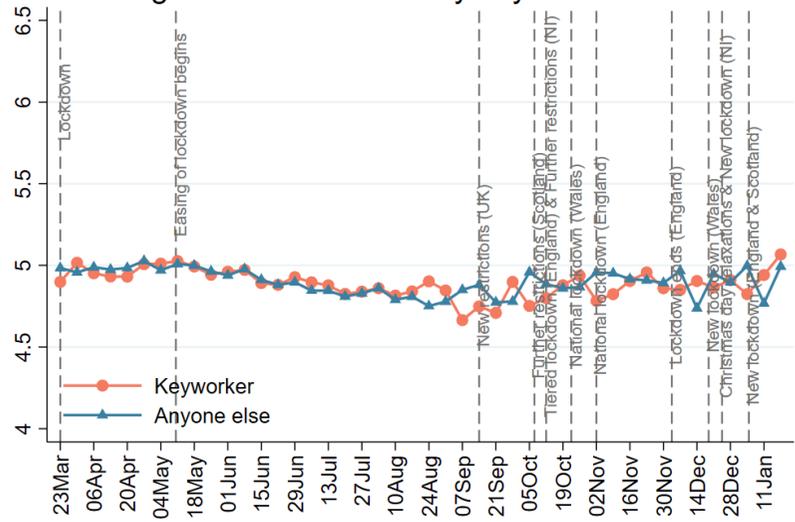
Figure 22g Loneliness by living with children
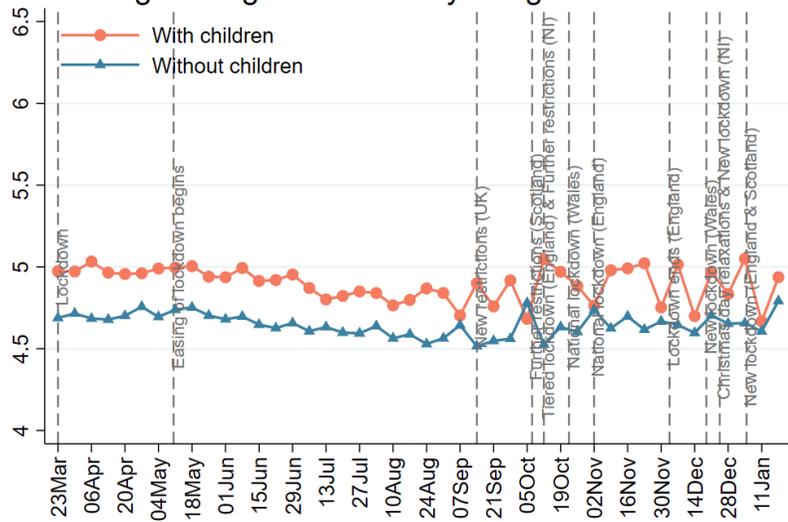
Figure 22h Loneliness by living area

1
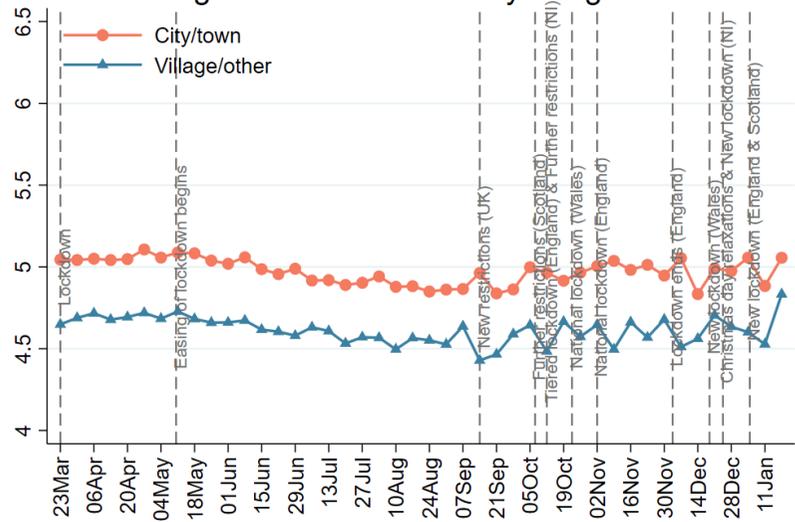
Figure 22i Loneliness by gender
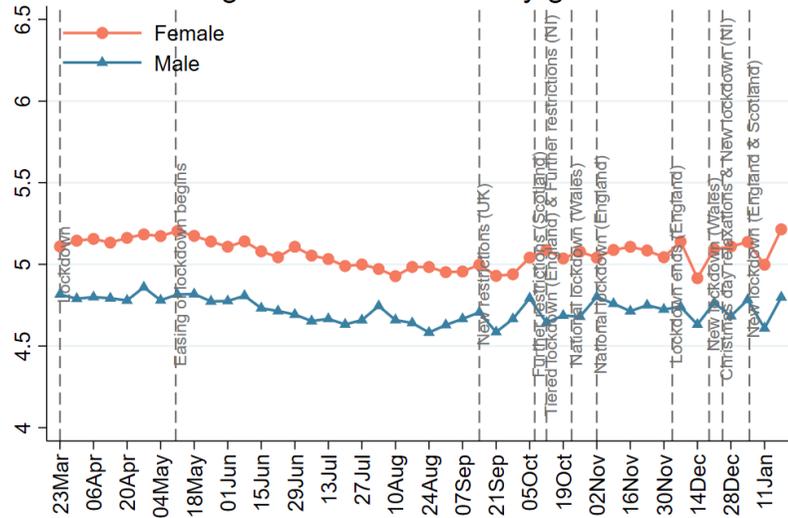
Figure 22j Loneliness by ethnicity
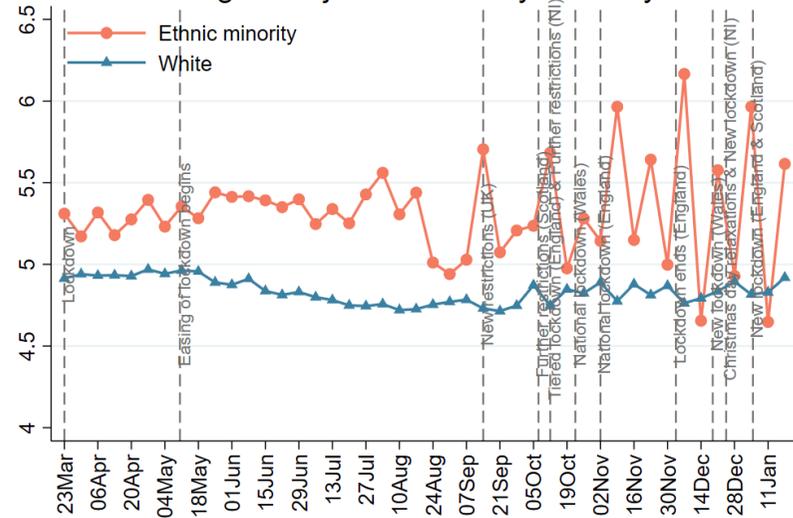
Figure 22k Loneliness by educational levels
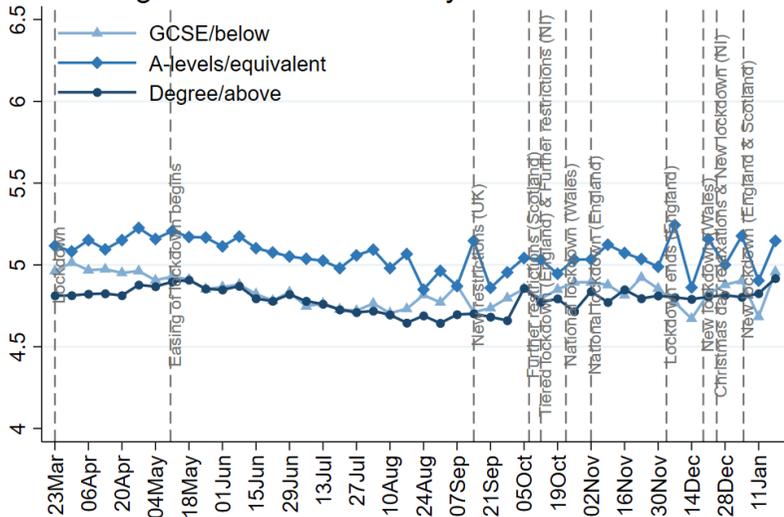
Figure 22l Loneliness by physical health diagnosis

4.3 Happiness
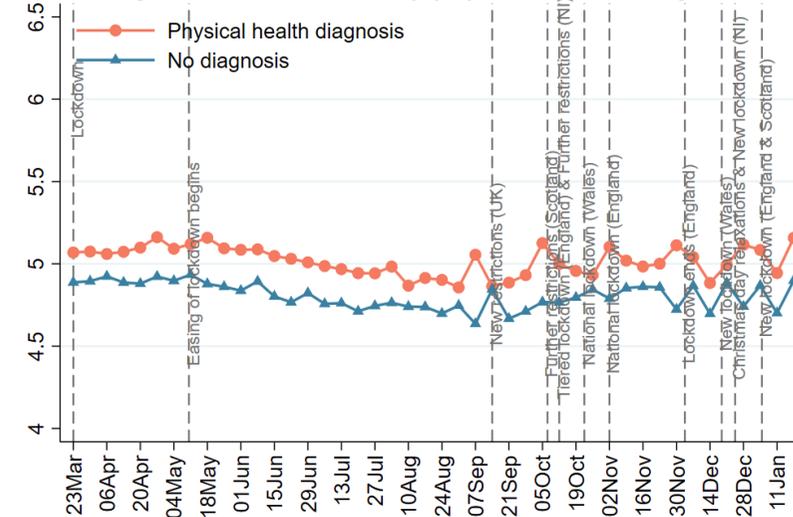
Figure 23 Happiness
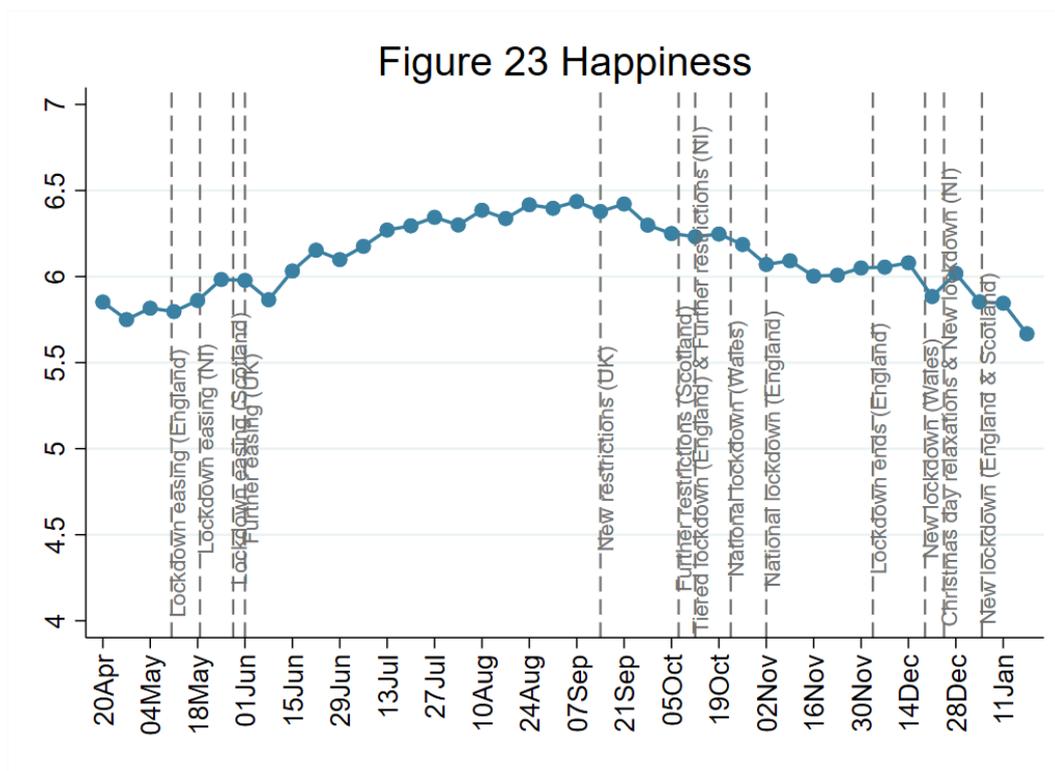
FINDINGS

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 21st April onwards.

Happiness levels have further decreased in the past few month during lockdown, reaching levels that are lower than during lockdown in April 2020. The decrease in recent weeks has been particularly evident amongst older adults (although they remain higher in this age group compared to younger adults). 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 ethnic minority backgrounds.

Figure 24a Happiness by age groups
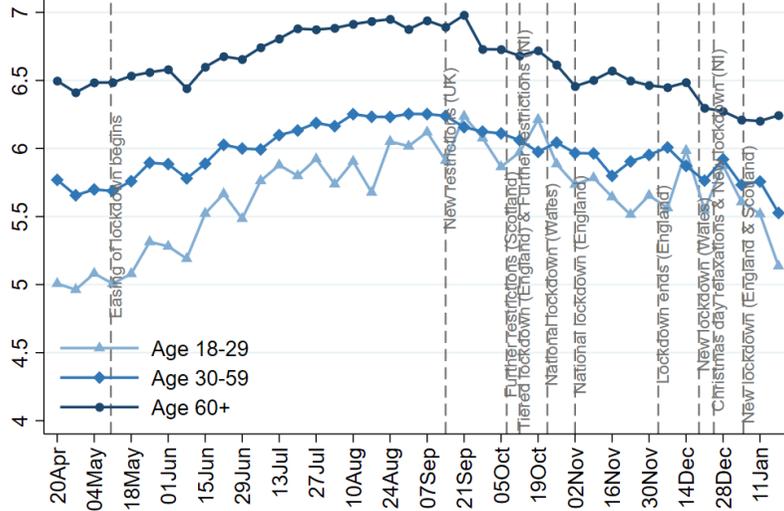
Figure 24b Happiness by living arrangement
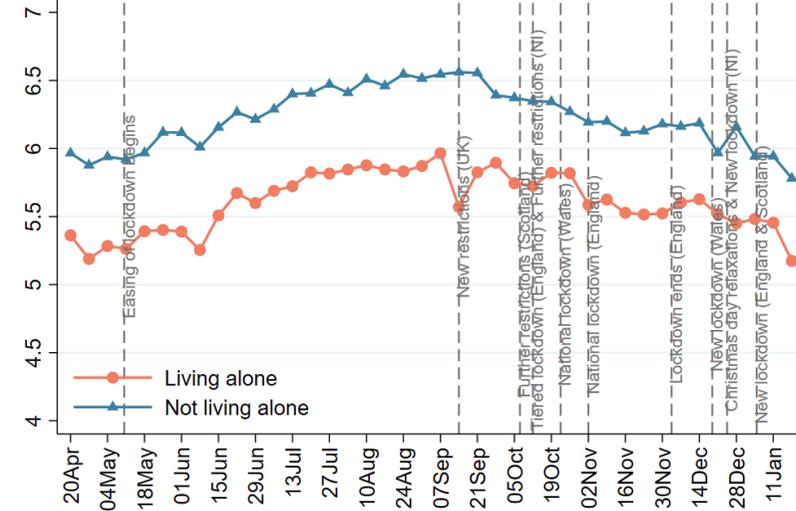
Figure 24c Happiness by household income
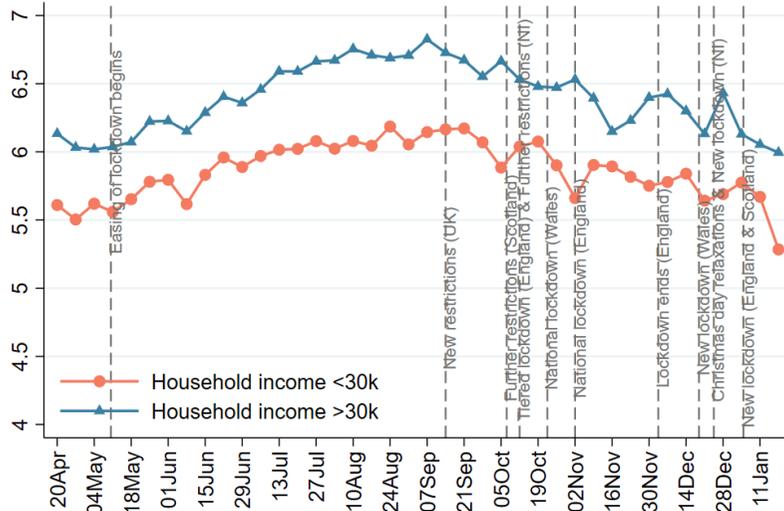
Figure 24d Happiness by mental health
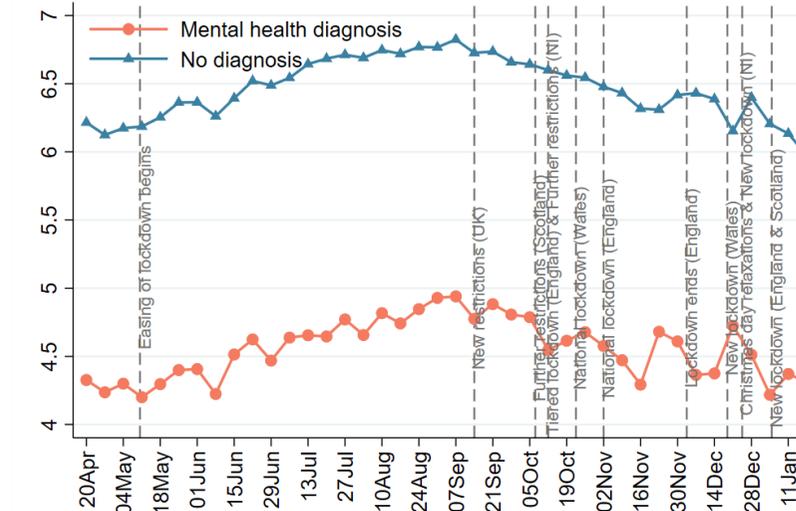
Figure 24e Happiness by nations

Legend: England; Scotland & Wales
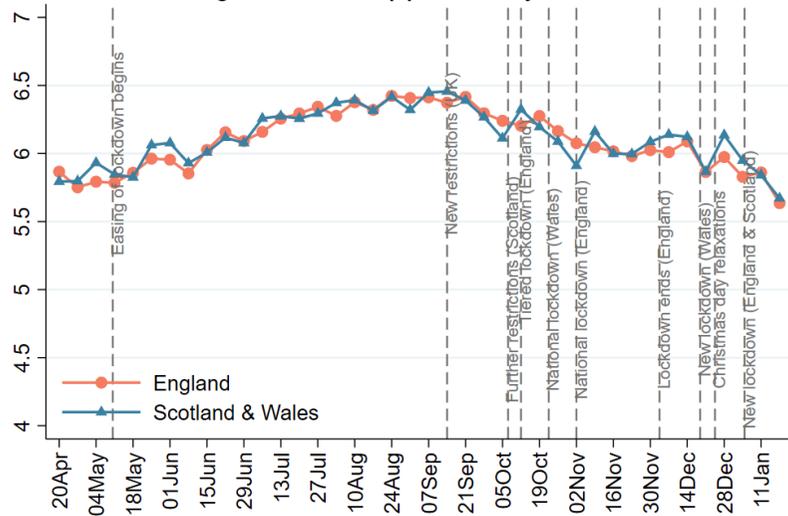
Figure 24f Happiness by keyworker status

Legend: Keyworker; Anyone else
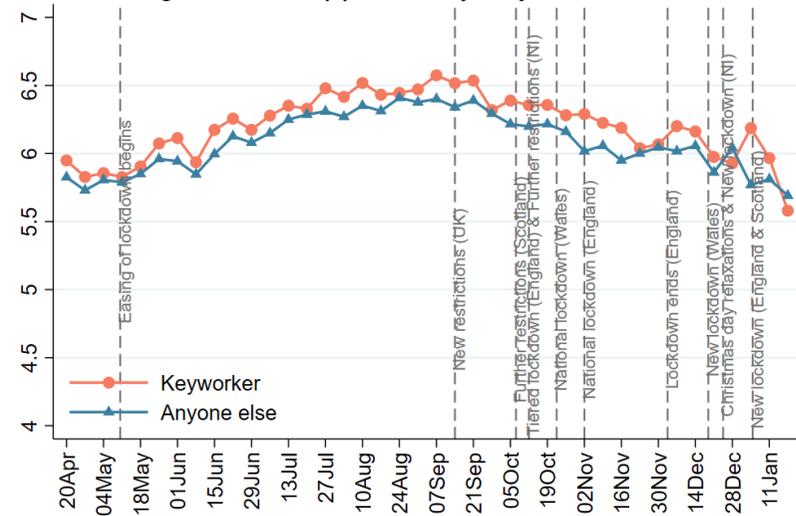
Figure 24g Happiness by living with children

Legend: With children; Without children
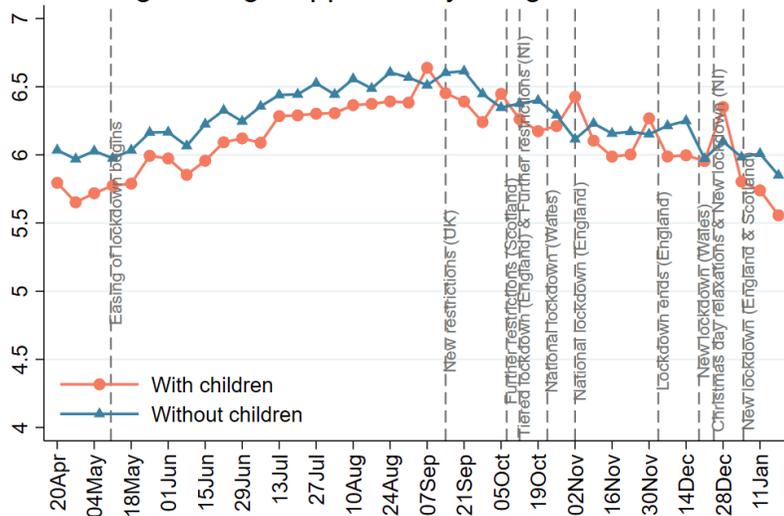
Figure 24h Happiness by living area

Legend: City/town; Village/other
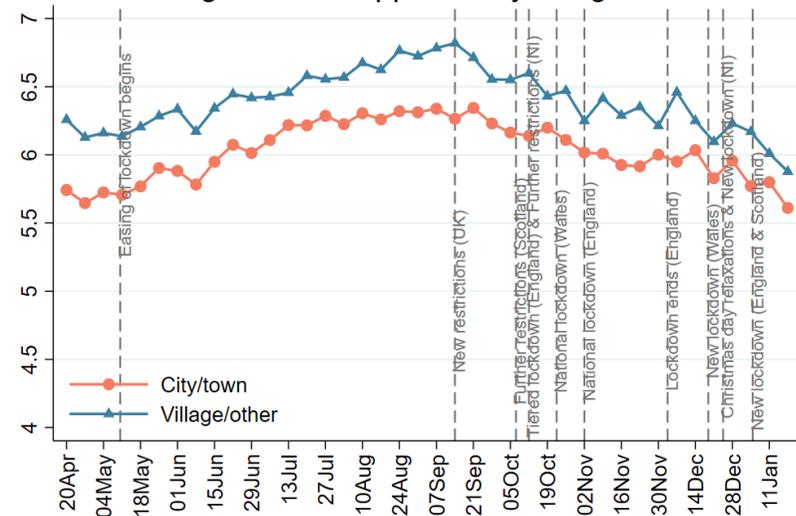
Figure 24i Happiness by gender
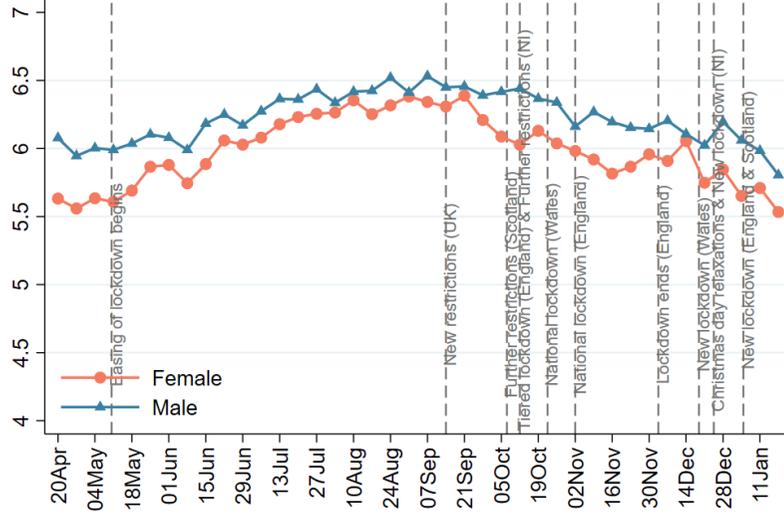
Figure 24j Happiness by ethnicity
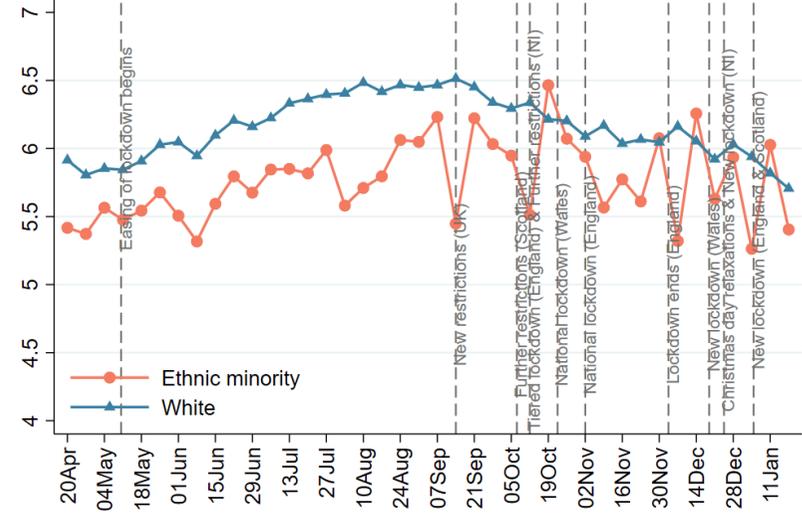
Figure 24k Happiness by educational levels
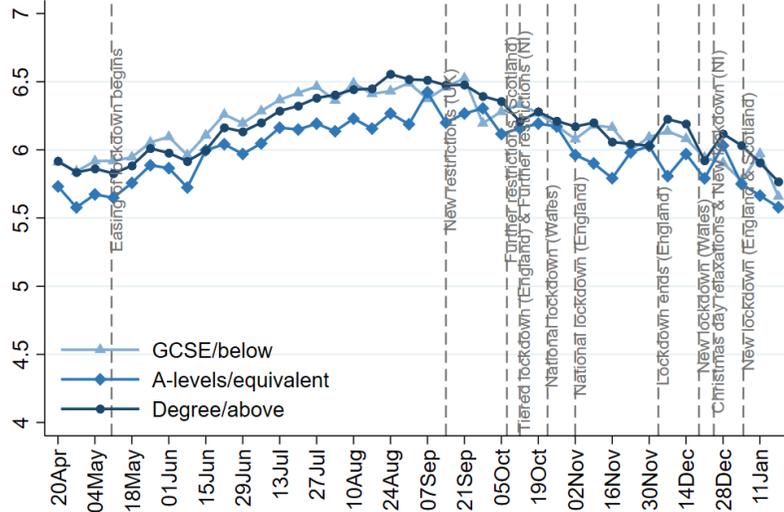
Figure 24l Happiness by physical health diagnosis
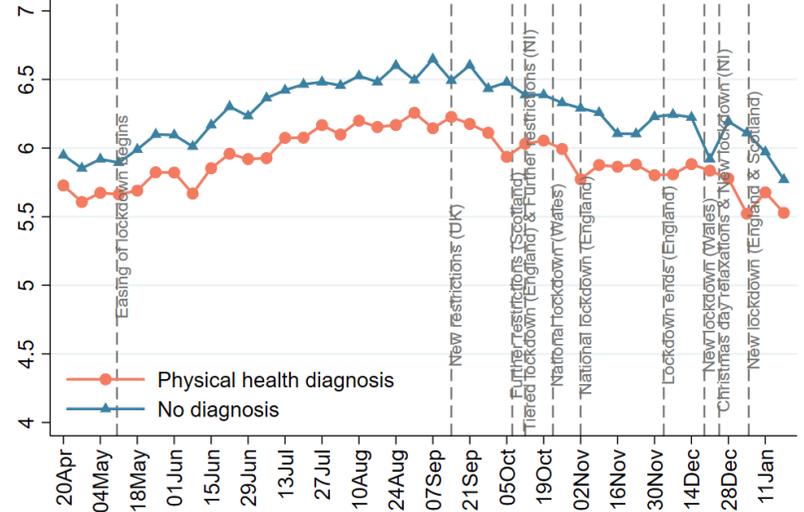
5. Experiences of the first and second lockdowns

5.1 Perceived life differences

Figure 25 Perceived life differences between lockdowns in spring 2020 and January 2021
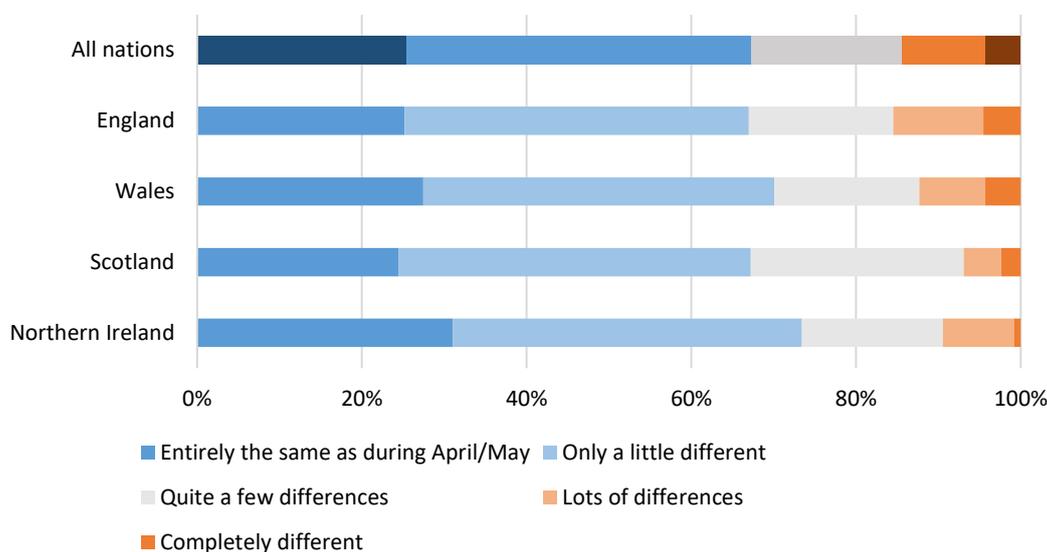
FINDINGS

We asked participants how different they feel their life is in the current January 2021 lockdown compared to during the first lockdown in the spring of 2020. Participants were asked to give their response on a 5-point scale: "entirely the same as during April/May", "only a little different", "quite a few differences", "lots of differences" and "completely different".

Just 25% of people are finding this current lockdown alike to the first lockdown in terms of changes to their lives. The remainder are finding it different, ranging from 42% finding it a little different to 15% finding it very or completely different. This suggests that this lockdown is not causing the same changes to people's lives or behaviours as the first lockdown did.

Younger adults have been finding this lockdown most different to the first, with only 16% of those aged 18-29 finding it comparable to the first lockdown (compared to 30% of over 60s), and 27% finding it very or completely different (compared to 11% of over 60s). People living with others are also finding it more different, with 17% reporting finding it very or completely different vs 11% of those living alone. Similarly, a higher percentage of people with a lower household income have reported finding things very or completely different (17%) compared to people with higher household income (13%), as are people from ethnic minority backgrounds (25%) vs people from white ethnic backgrounds (14%). Fewer people with higher educational qualifications have reported finding things the same as during the first lockdown (20% vs 30% of people with lower levels of qualifications), perhaps as more have returned to working in offices. But more people with diagnosed physical health conditions have reported finding the lockdowns the same (28% vs 23% without diagnosed conditions), perhaps as these individuals have been more likely to take equally careful precautions to avoid the virus. People with a diagnosed mental health condition have been polarised in responses, with more finding it similar to the first lockdown than people with without a mental health condition (28% vs 25%) but also more finding it very or completely different (23% vs 14%) (see Figures 26).

There has been no meaningful difference amongst keyworkers and non-keyworkers (perhaps as their work has continued through both lockdowns), nor amongst people living with vs without children, amongst people living in urban vs rural areas, or amongst men vs women.

Figure 26a Perceived life differences between the 1st and 2nd lockdowns by age groups (England)
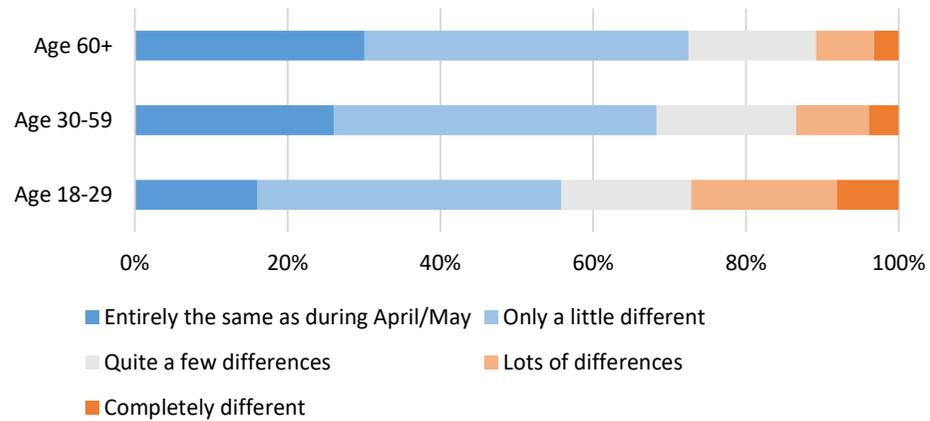
Figure 26b Perceived life differences between the 1st and 2nd lockdowns by living arrangement (England)
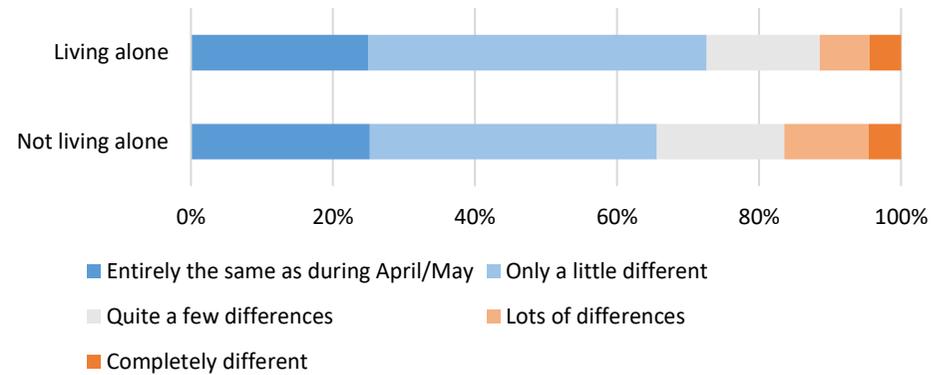
Figure 26c Perceived life differences between the 1st and 2nd lockdowns by housheold income (England)
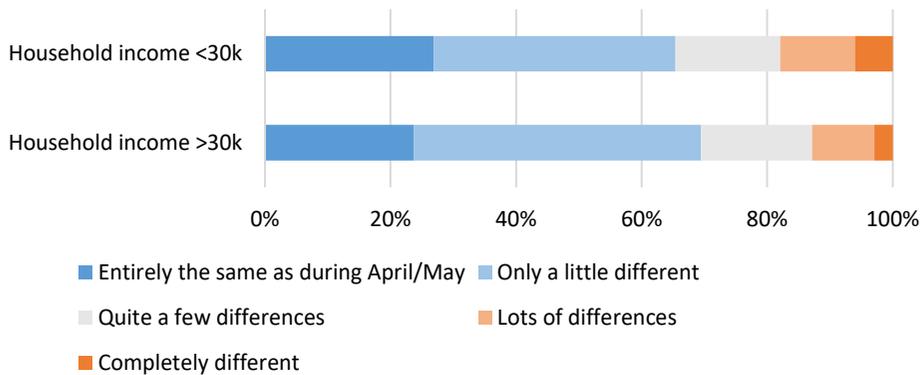
Figure 26d Perceived life differences between the 1st and 2nd lockdowns by mental health diagnosis (England)
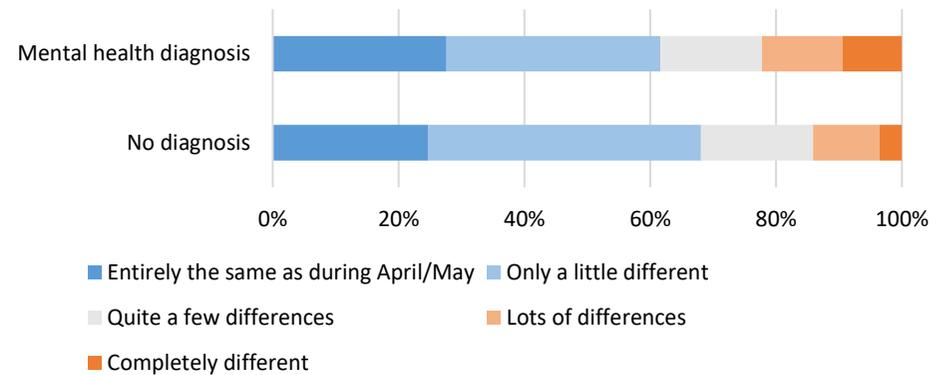
Figure 26e Perceived life differences between the 1st and 2nd lockdowns by keyworker status (England)

- Entirely the same as during April/May
- Only a little different
- Quite a few differences
- Lots of differences
- Completely different
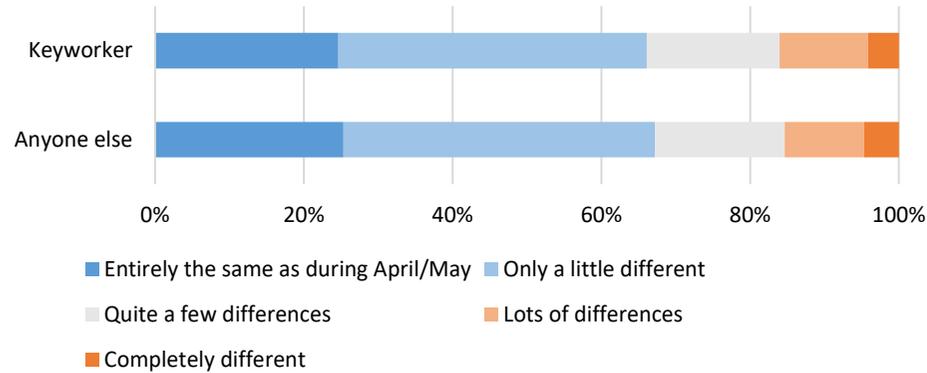
Figure 26f Perceived life differences between the 1st and 2nd lockdowns by living with children (England)

- Entirely the same as during April/May
- Only a little different
- Quite a few differences
- Lots of differences
- Completely different
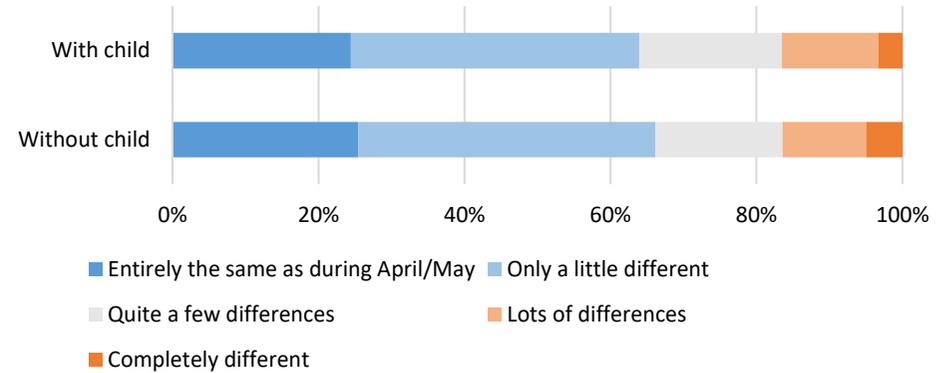
Figure 26g Perceived life differences between the 1st and 2nd lockdowns by living area (England)

- Entirely the same as during April/May
- Only a little different
- Quite a few differences
- Lots of differences
- Completely different
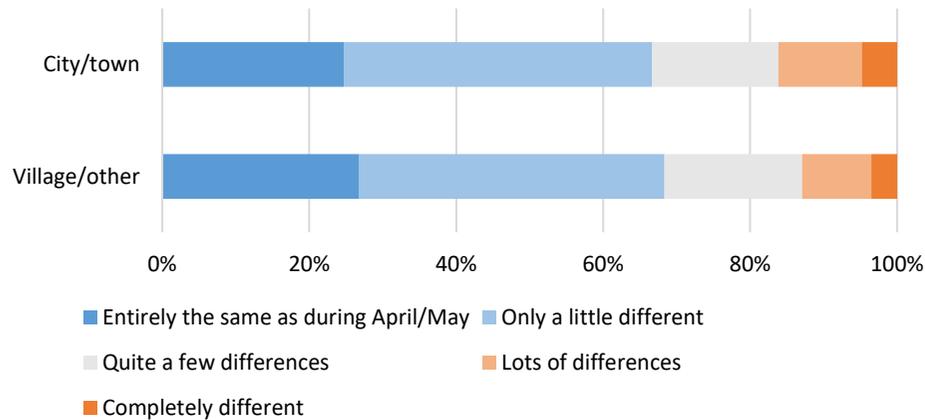
Figure 26h Perceived life differences between the 1st and 2nd lockdowns by gender (England)

- Entirely the same as during April/May
- Only a little different
- Quite a few differences
- Lots of differences
- Completely different
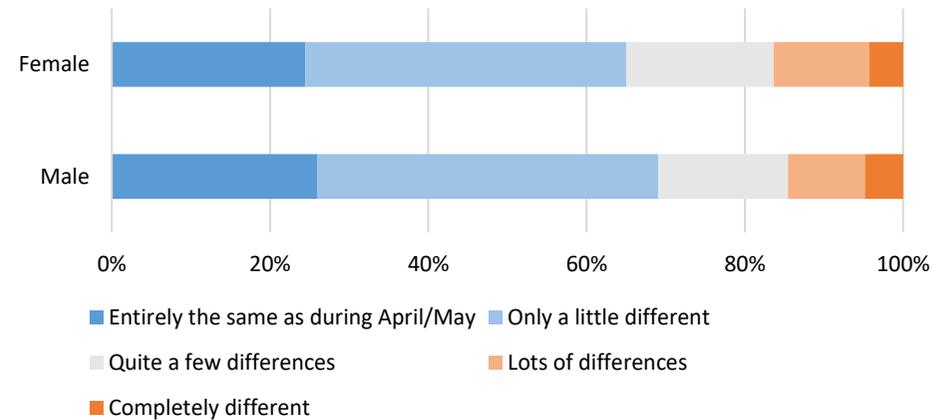
Figure 26i Perceived life differences between the 1st and 2nd lockdowns by ethnicity (England)

Legend:
- Entirely the same as during April/May
- Only a little different
- Quite a few differences
- Lots of differences
- Completely different
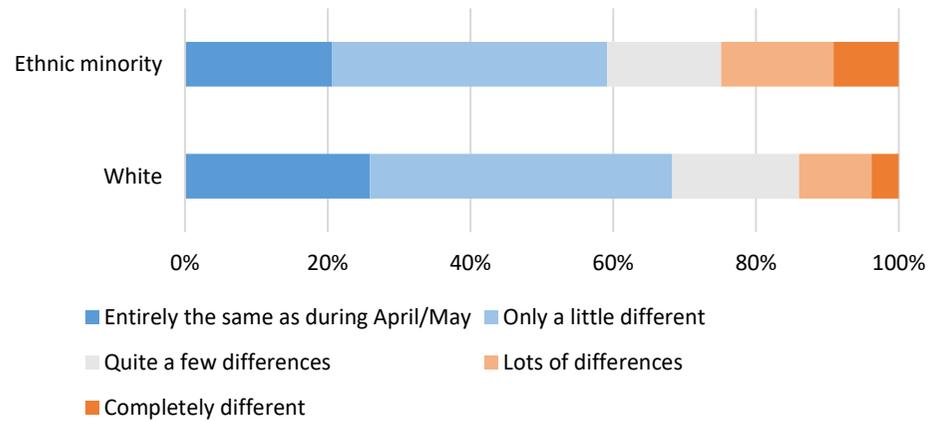
Figure 26j Perceived life differences between the 1st and 2nd lockdowns by education levels (England)

Legend:
- Entirely the same as during April/May
- Only a little different
- Quite a few differences
- Lots of differences
- Completely different
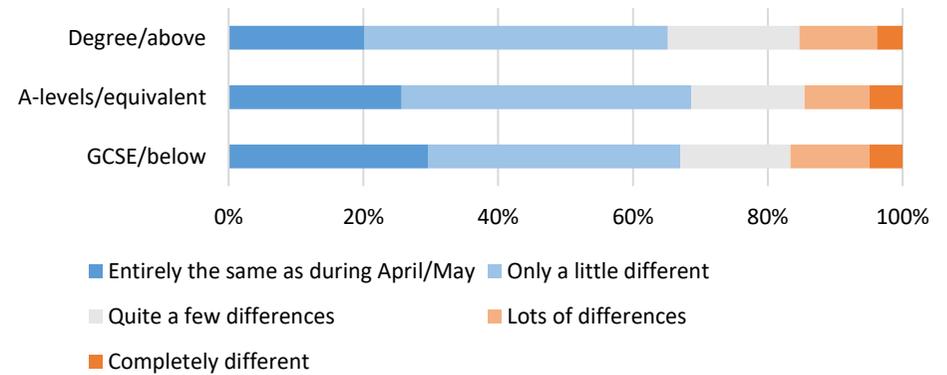
Figure 26k Perceived life differences between the 1st and 2nd lockdowns by physical health diagnosis (England)

Legend:
- Entirely the same as during April/May
- Only a little different
- Quite a few differences
- Lots of differences
- Completely different
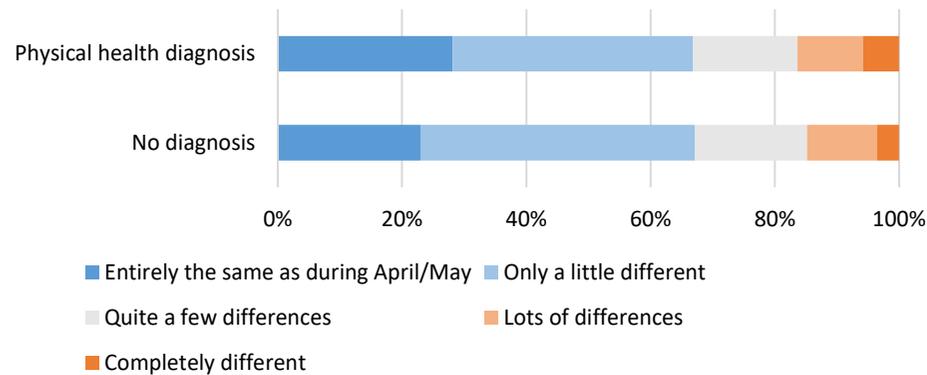
5.2 Changes in time use

Figure 27 Changes in time use between the 1st and 2nd lockdowns

Legend:
- Not applicable / I never do this activity
- Less than during lockdown in April/May
- About the same as lockdown in April/May
- More than during lockdown in April/May
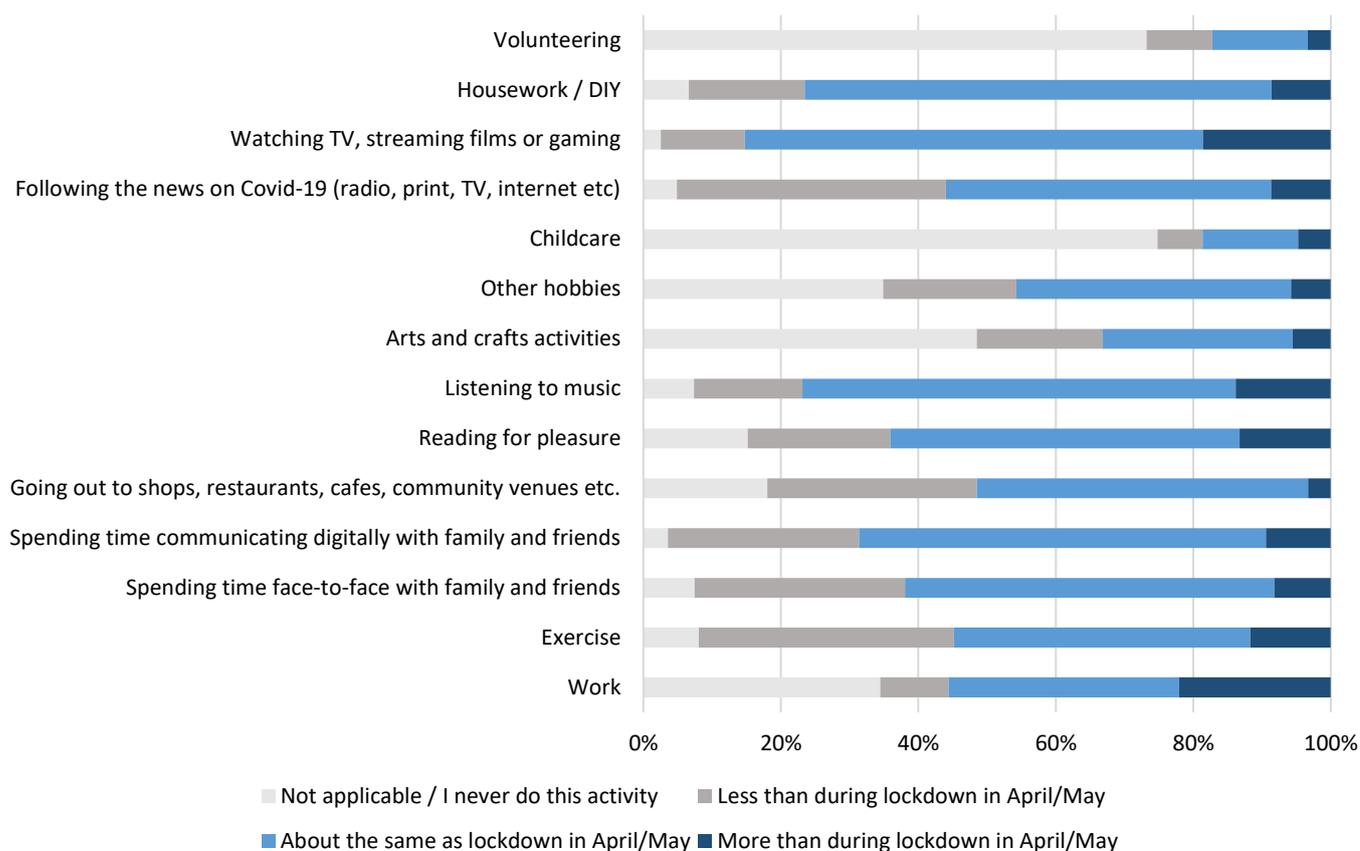
FINDINGS

We asked participants about how they had been spending their time in the past week, focusing specifically on how that time use compared to time use during the first lockdown in 2020. Overall, the most ubiquitous activity during the January 2021 lockdown has been watching TV, streaming films or gaming (97% of participants), followed closely by 96% spending time communicating digitally with family and friends, 95% following the news on COVID-19, and 93% listening to music and spending time face-to-face with friends and family (which includes those people live with).

However, within these behaviours there are some changes since the first lockdown in 2020. Of those engaging in activities (discounting those who reported not doing the activity), 41% reported following the news on COVID-19 less than during the first lockdown, with only 9% reporting watching the news more. Younger adults in particular have been following the news less (64% aged 18-29 report decreasing this activity compared to just 21% of adults aged 60+), as have women (46% decreasing this activity compared to 36% of men).

36% are reporting engaging less with arts and crafts and 30% less with other hobbies compared with just 11% and 9% reporting doing these activities more. Younger adults have reported decreasing these activities most although the numbers increasing have been stable across all age groups. However, women have been more likely than men to increase their engagement (14% of women report increasing arts engagement in this latest lockdown vs just 6% of men). Volunteering has also decreased, with 36% spending less time volunteering and just 13% increasing their volunteering. 40% are reporting exercising less than during first lockdown, compared to just 13% reporting exercising more. Women have decreased exercise more than men (43% decreasing vs 38%).

Conversely, activities that have particularly increased include working (34% working more vs just 15% working less), and watching television, streaming films and gaming (19% doing these activities more and just 13% doing them less). Younger adults in particular have increased their working (45% vs 21% of adults over 60) and are compensating with less time watching television (28% of younger adults reporting a decrease vs 6% of older adults). By contrast, 20% of older adults have increased their time spent watching television.

Figure 28a Changes in time use between the 1st and 2nd lockdowns amongst young adults (aged 18-29)
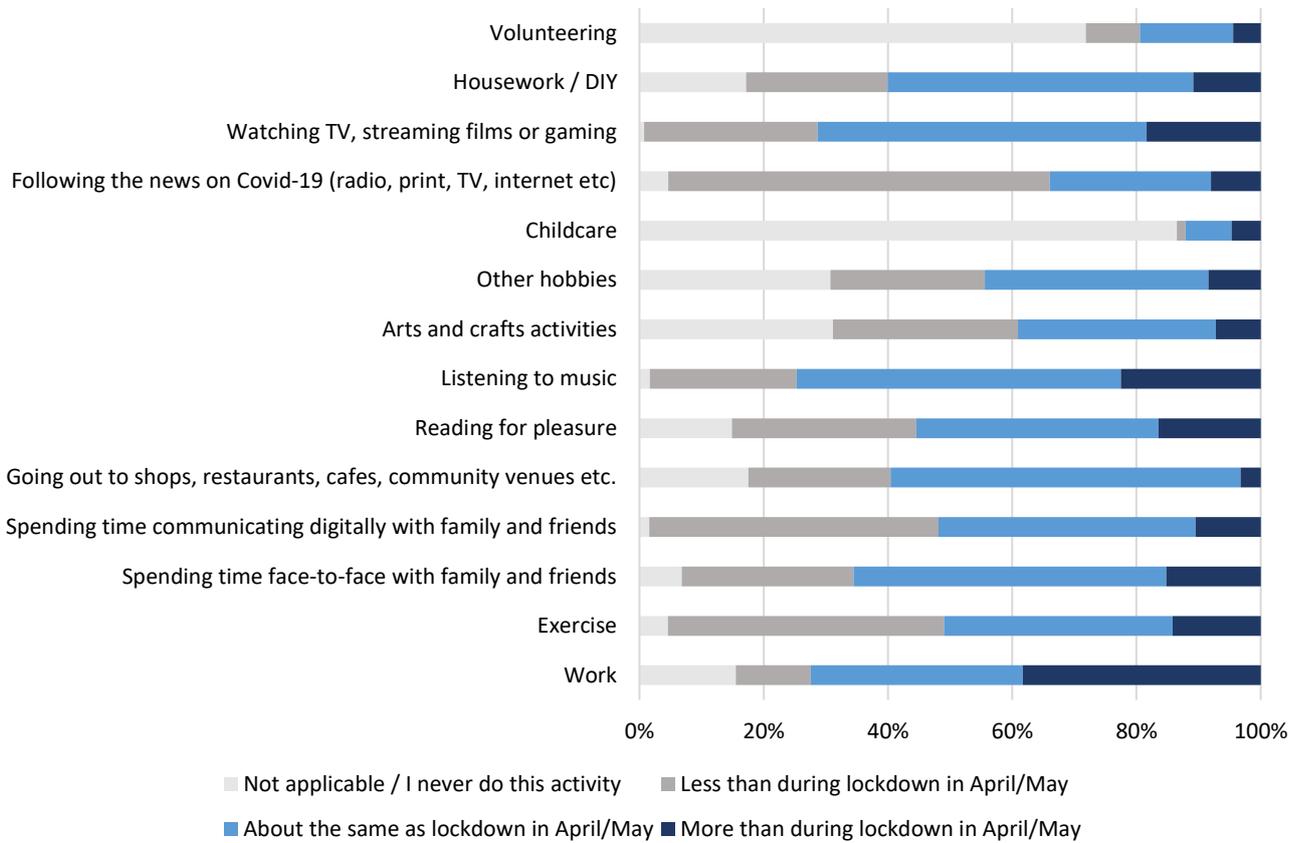
Figure 28b Changes in time use between the 1st and 2nd lockdowns amongst adults (aged 30-59)
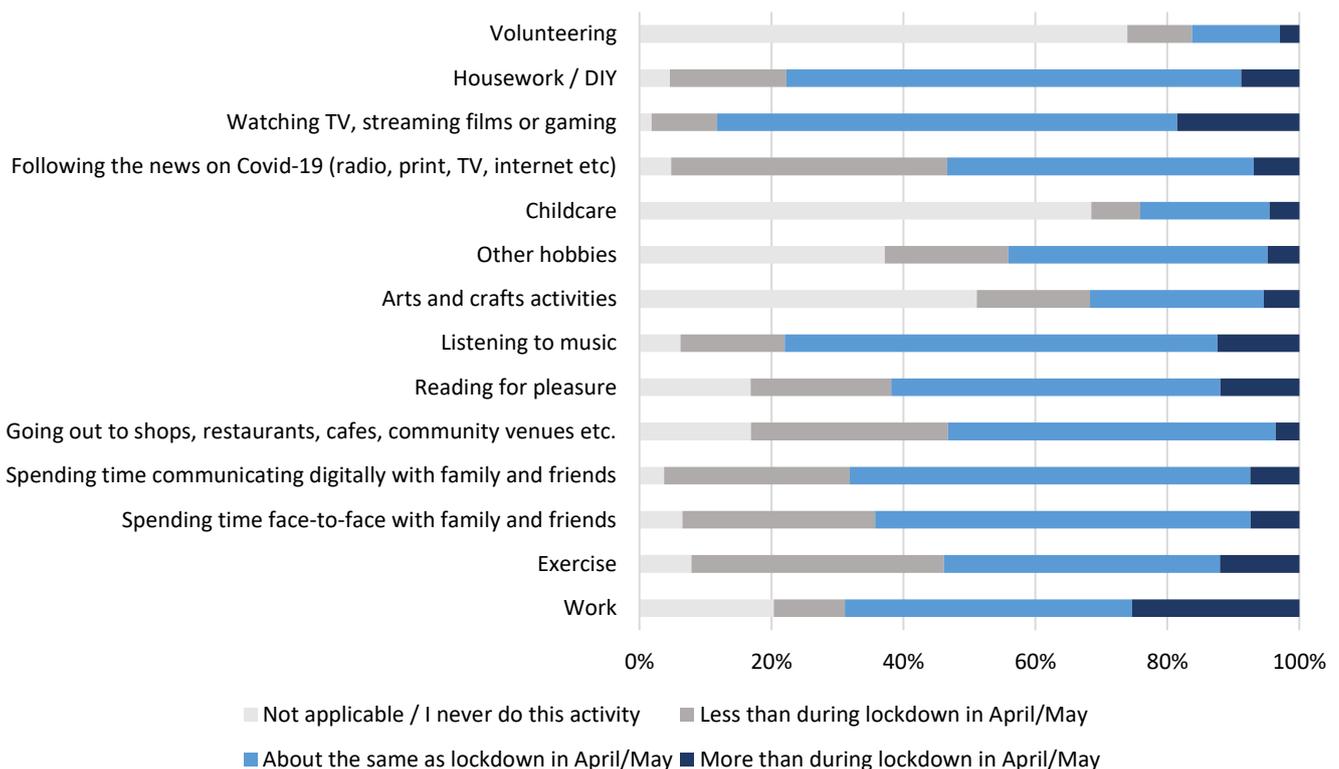
Figure 28c Changes in time use between the 1st and 2nd lockdowns amongst older adults (aged 60+)

Legend:
- Not applicable / I never do this activity
- Less than during lockdown in April/May
- About the same as lockdown in April/May
- More than during lockdown in April/May

Categories (top to bottom):
- Volunteering
- Housework / DIY
- Watching TV, streaming films or gaming
- Following the news on Covid-19 (radio, print, TV, internet etc)
- Childcare
- Other hobbies
- Arts and crafts activities
- Listening to music
- Reading for pleasure
- Going out to shops, restaurants, cafes, community venues etc.
- Spending time communicating digitally with family and friends
- Spending time face-to-face with family and friends
- Exercise
- Work

Figure 28d Changes in time use between the 1st and 2nd lockdowns amongst male

Legend:
- Not applicable / I never do this activity
- Less than during lockdown in April/May
- About the same as lockdown in April/May
- More than during lockdown in April/May

Categories (top to bottom):
- Volunteering
- Housework / DIY
- Watching TV, streaming films or gaming
- Following the news on Covid-19 (radio, print, TV, internet etc)
- Childcare
- Other hobbies
- Arts and crafts activities
- Listening to music
- Reading for pleasure
- Going out to shops, restaurants, cafes, community venues etc.
- Spending time communicating digitally with family and friends
- Spending time face-to-face with family and friends
- Exercise
- Work

Figure 28e Changes in time use between the 1st and 2nd lockdowns amongst female

Legend:
- Not applicable / I never do this activity
- Less than during lockdown in April/May
- About the same as lockdown in April/May
- More than during lockdown in April/May
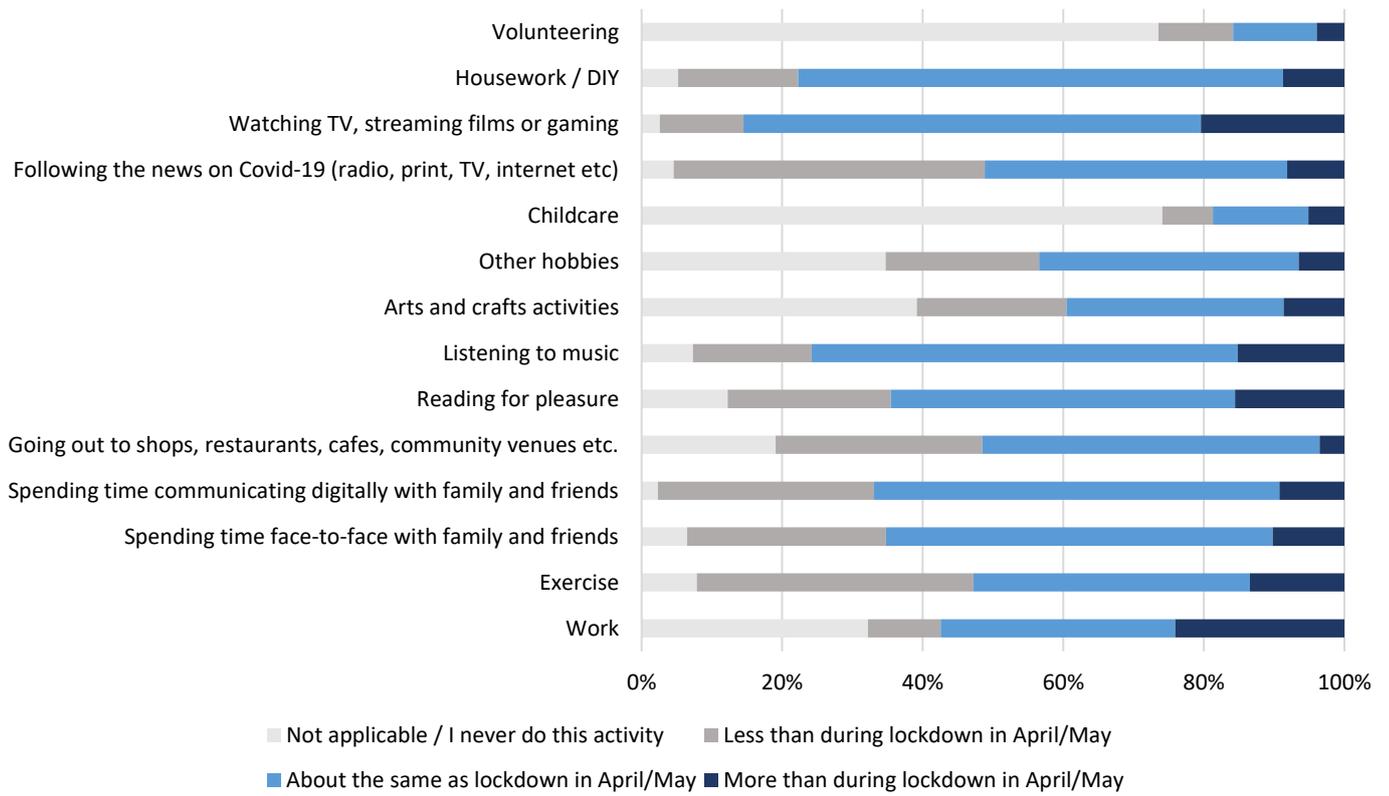
5.3 Changes in health behaviours

Figure 29 Changes in health behaviours between 1st and 2nd lockdowns
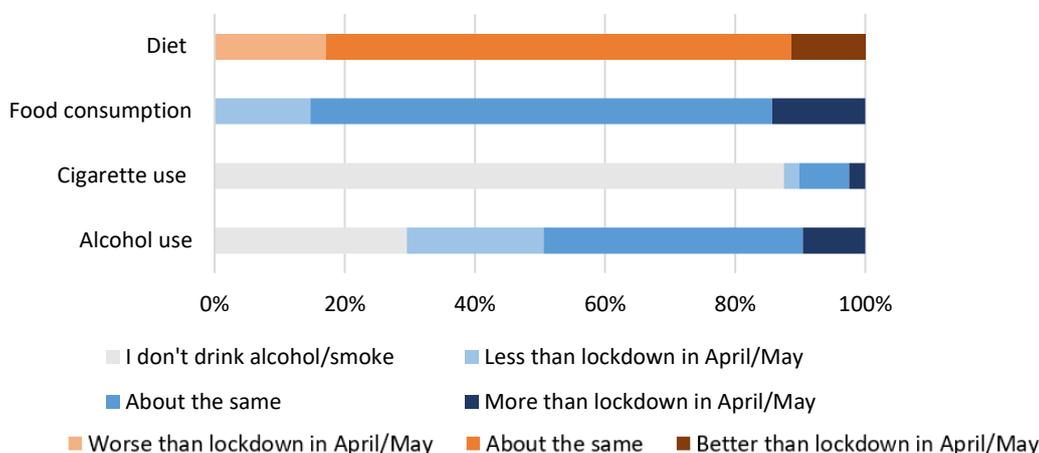
FINDINGS

We asked participants about their health behaviours in the past week, focusing on how these behaviours compared to those during the first lockdown in 2020. We then categorised their responses based on the response they had given during first lockdown on each behaviour (see Figures 30a-d; Y axis shows response in first lockdown, X axis during the current lockdown).

In terms of diet, 71% of participants reported that their food consumption had been about the same as in the first lockdown, with equal numbers (15% and 14%) respectively reporting that they had eaten less or more. When splitting participants by the response they had given in first lockdown about their diet, of those who reported eating more than normal during the spring 2020 lockdown, 59% reported maintaining the eating patterns from first lockdown, and 20% reported eating even more now, suggesting a prolonged increase in food consumption, while the other 21% reported that they had decreased their eating again. Of those who had reported eating less during the spring 2020 lockdown, 21% reported even less now, and 64% reported maintaining the patterns of the first lockdown, suggesting a prolonged decrease in food consumption, while the other 16% reported that they had decreased their eating again.

The quality of the diet had also largely stayed the same (for 72% of participants), with 11% reporting that they were eating a healthier diet than during the first lockdown and 17% reporting a worse diet. When splitting participants by the response they had given in first lockdown about their diet, of those who reported eating more healthily than normal during the spring 2020 lockdown, 11% reported eating even more healthily now, and 66% reported maintaining the healthiness from the first lockdown, suggesting a prolonged improvement in diet, while 23% reported that they were not maintaining the same level of healthiness now. Of those who had reported eating less healthily during the spring 2020 lockdown, 24% reported that their diet now was even worse, and 58% reported it was about the same, whilst 18% said it had improved again.

Of our sample, 13% reported smoking. Of these, 61% reported smoking the same amount that they did during first lockdown, whilst an even number reported increasing and decreasing their smoking (20% vs 19%). When splitting participants by the response they had given in first lockdown about their smoking, of those who reported smoking more than normal during the spring 2020 lockdown, 47% reported maintaining that behaviour since and 30% reported further increasing it, whilst 23% reported decreasing it again. Of those who had reported smoking less during the spring 2020 lockdown, 49% reported maintaining that behaviour since and 34% reported decreasing it further, whilst 17% reported increasing it again. Of those who reported not smoking during first lockdown, only 0.5% reported now smoking during the current lockdown.

Of our sample, 70% reported drinking alcohol. Of these, 57% reported drinking the same amount as in first lockdown, with 30% drinking less and 14% drinking more. When splitting participants by the response they had given in first lockdown about their drinking, of those who reported drinking more than normal during the spring 2020 lockdown, 48% reported maintaining that behaviour since and 15% reported further increasing it, whilst 37% reported decreasing it again. Of those who had reported smoking less during the spring 2020 lockdown, 48% reported maintaining that behaviour since and 37% reported decreasing it further, whilst 15% reported increasing it again. Of those who reported not drinking during first lockdown, 6% reported now drinking during the current lockdown.

Figure 30a Changes in diet between 1st and 2nd lockdowns
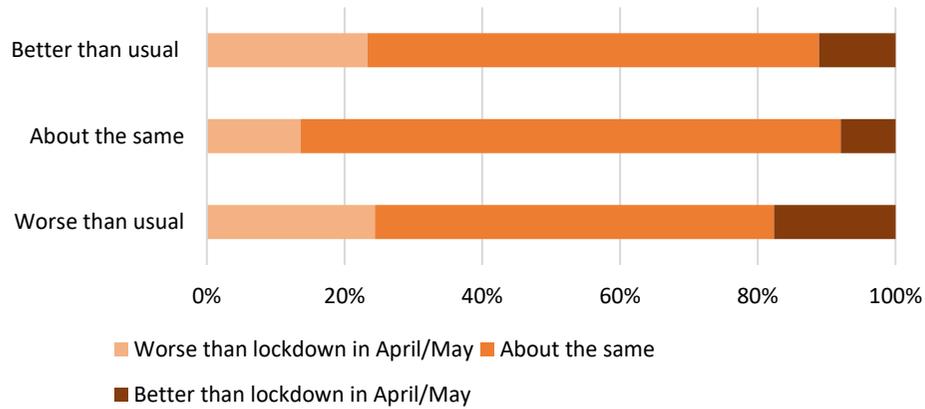
Figure 30b Changes in food consumption between 1st and 2nd lockdowns
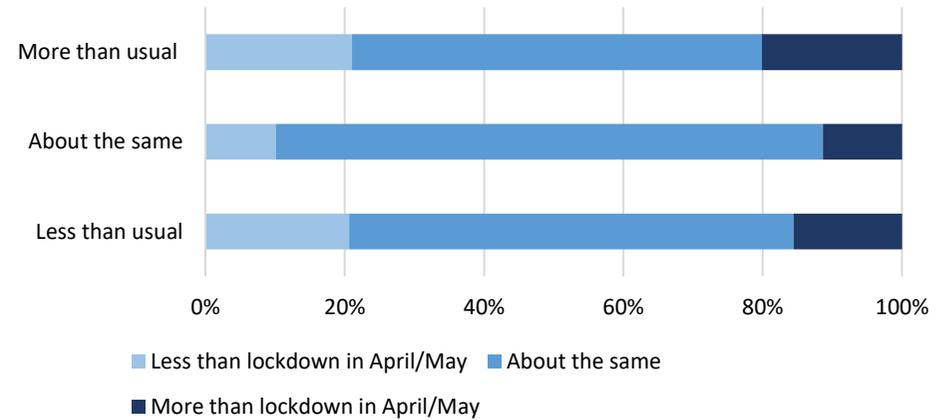
Figure 30c Changes in cigarette use between lockdowns in spring 2020 and January 2021
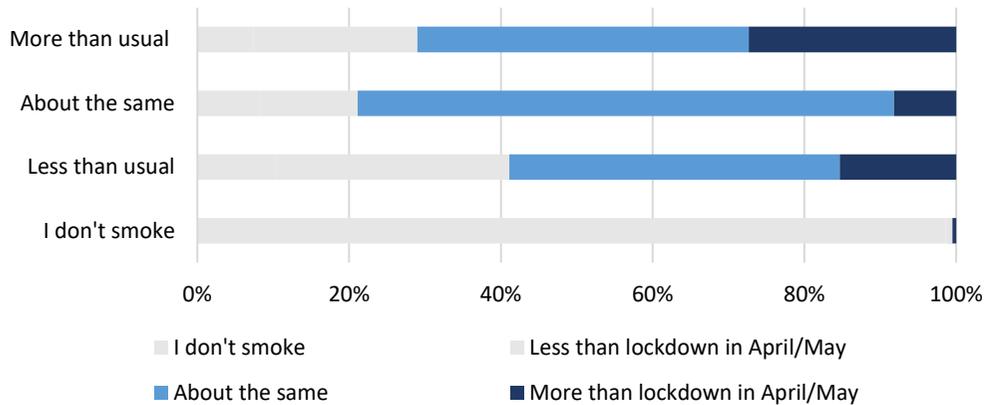

Figure 30d Changes in alcohol use between lockdowns in spring 2020 and January 2021
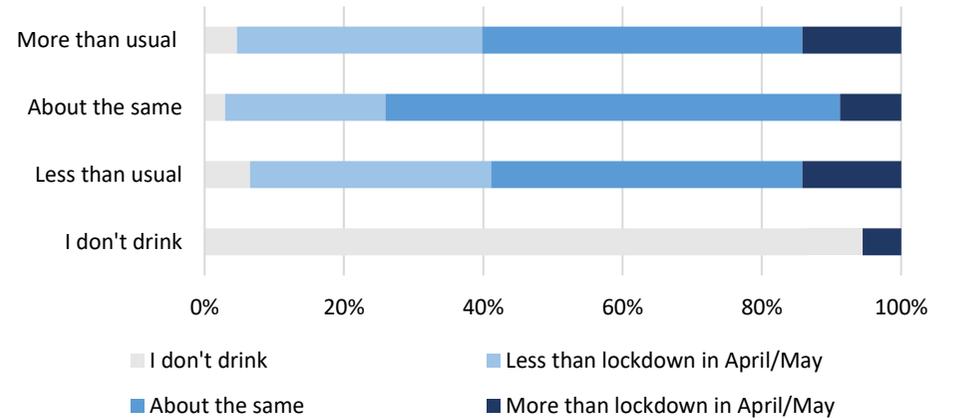
Appendix

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 21st March 2020 to the 24th January 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. To participate or to sign up for the newsletter and receive monthly updates on the study findings, visit www.COVIDSocialStudy.org

Demographics of respondents included in this report

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

	Number of observations	%		Number of observations	%
Age			**Education levels**		
18-29	48,249	5.91	**GCSE or below**	114,846	14.1
30-59	451,276	55.2	**A-levels of equivalent**	141,206	17.3
60+	317,546	38.9	**Degree or above**	561,019	68.7
Gender			**Any diagnosed mental health conditions**		
Male	205,285	25.2	**No**	679,958	83.2
Female	608,495	74.8	**Yes**	137,113	16.8
Ethnicity			**Any diagnosed physical health conditions**		
White	782,157	96.0	**No**	471,513	57.7
Ethnic minority	32,383	3.98	**Yes**	345,558	42.3
UK nations			**Keyworker**		
England	659,077	81.5	**No**	646,158	79.1
Wales	98,996	12.2	**Yes**	170,913	20.9
Scotland	51,032	6.31	**Living with children**		
Living arrangement			**No (excluding those who live alone)**	463,400	71.7
Not living alone	646,227	79.1	**Yes**	182,827	28.3
Living alone	170,844	20.9	**Living area**		
Annual household income			**Village/hamlet/isolated dwelling**	204,176	25.0
>30k	439,862	59.7	**City/large town/small town**	612,895	75.0
<30k	296,677	40.3			