Covid-19 Social Study

Results Release 31

Dr Daisy Fancourt, Dr Feifei Bu, Dr Hei Wan Mak, Dr Elise Paul, Prof Andrew Steptoe

Department of Behavioural Science & Health

24th February 2021

Table of Contents

Executive summary

Background

This report provides data from the last 48 weeks of the UK Covid-19 Social Study run by University College London: a panel study of over 70,000 respondents focusing on the psychological and social experiences of adults living in the UK during the Covid-19 pandemic.

In this THIRTY-FIRST report, we focus on psychological responses to the first forty-eight weeks since just before the first UK lockdown was announced (21/03/2020 to 21/02/2021). We present simple descriptive results on the experiences of adults in the UK. Measures include:

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

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

- Over half (57%) of adults are concerned that cases of Covid-19 will increase after the current lockdown restrictions are eased. This is down from 78% in May 2020 when these questions were asked at an almost identical timepoint as in the current lockdown. A similar proportion of adults across age groups are also concerned that people will not adhere to social distancing guidelines once restrictions start to lift (53%). NB these data were collected before the 22 February 2021 announcement on the timing of lockdown restriction easing in England.
- People are as worried about hospitals being overwhelmed (43%) after the current lockdown restrictions are eased as they were in May 2020 (44%). Young adults are more worried about this happening than adults aged 30 and over.
- Around 1 in 3 people are expressing concerns about an economic recession and increasing unemployment levels once the current lockdown restrictions are lifted. Adults of working age are more affected by economic concerns than those aged 60 and up. One-quarter of young adults are currently concerned about pollution increasing once restrictions are lifted.
- The activities people are missing the most during the latest lockdown are the same as they were in May 2020. Nearly 2 in 3 reported missing meeting up with friends and family, and these proportions were similar across age groups. Over half of adults are reporting missing going out for meals, coffee or drinks, and on holiday, but just 13% miss going to the office.
- Young adults are missing usual activities the most. 1 in 3 young adults miss going to the gym, spending time in nature, and having time alone. Over half (58%) miss going to cultural venues, compared to 49% of adults aged 30-59 and 42% of older adults. However, in general adults are reporting missing usual activities less than they did in first lockdown in 2020.
- Confidence in the central government to handle the Covid-19 pandemic has increased since the start of the year in England. Whilst levels remain lower in England than devolved nations, they are now back to levels recorded in mid-May 2020.
- Compliance continues to be at its highest levels since May of 2020. Majority compliance is being reported by around 96% of people, while complete compliance (no bending of the rules) by 3 in 5 people. Compliance has maintained a steady rate since the start of the new year.
- Stress about catching or becoming seriously ill from Covid-19 is similar to what it was in the autumn but has been decreasing since late December. Worries about accessing sufficient food have slightly decreased in the past several weeks but are still affecting approximately 1 in 10 people.
- Although mental health is worse than during the summer, there are some signs of improvement. Happiness and life satisfaction levels have increased over the last several weeks but remain at levels similar to those of the late spring of 2020 when lockdown restrictions had eased. There is also some indication that the previously recorded increases in depression and anxiety are stabilising, with possible improvements.
- Loneliness levels are still roughly the same as they were during first lockdown, although they appear to have been slightly decreasing over the past several weeks. Loneliness remains highest in people living alone, those with a mental health condition, people with lower household income, and people from ethnic minority backgrounds.

1. Compliance and confidence

1.1 Compliance with guidelines

Figure 1a Compliance with guidelines

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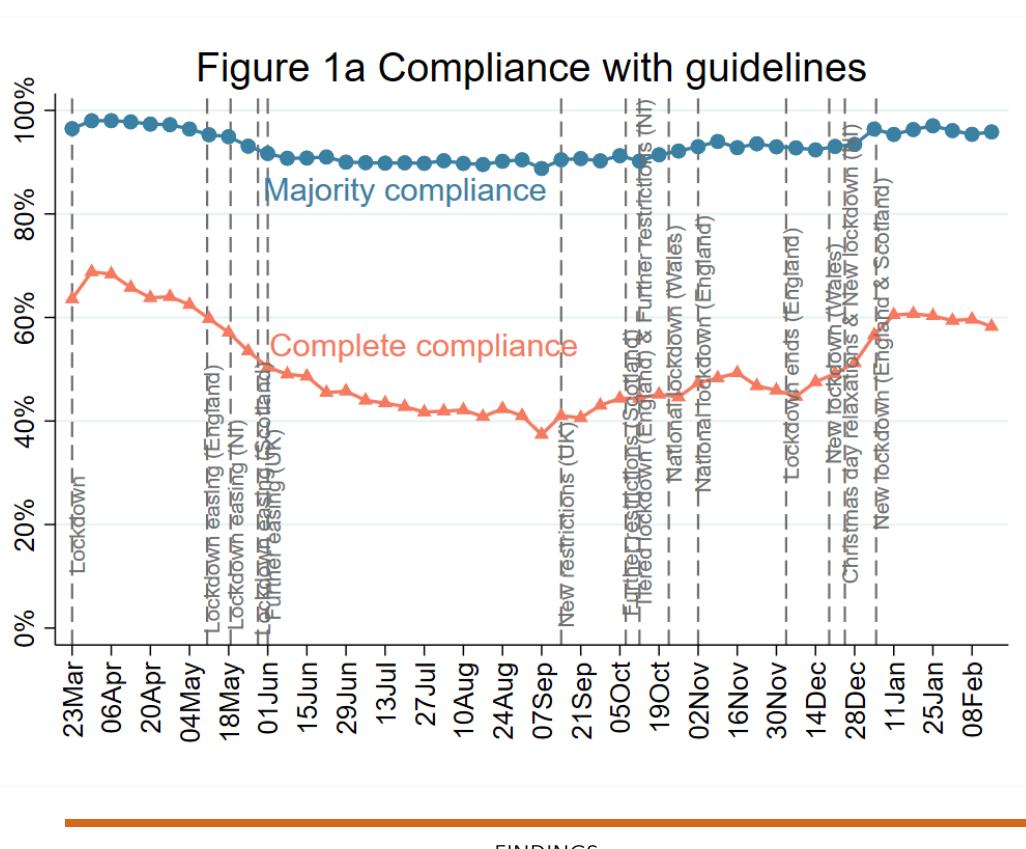
Respondents were asked to what extent they are following the recommendations from government such as social distancing and staying at home, ranging from 1 (not at all) to 7 (very much so). Of note, we ask participants to self-report their compliance, which relies on participants understanding the regulations.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

Compliance has stayed consistently high since the start of the year as new lockdowns were announced across the UK and is now as high as it was at the end of the first strict lockdown in May 2020.

Complete compliance (i.e. following rules and recommendations with no bending or even minor infringements) has been reported by around 3 in 5 people since the start of the new year. Across demographic groups, patterns of complete compliance remain as they were for the last few months, with compliance lower in higher income households, amongst young adults, amongst keyworkers, in urban areas, amongst men, amongst those in ethnic minority groups[1], and amongst people in good physical health.

Majority compliance continues to be reported by around 96% of people, with consistent patterns across the latest lockdown present in all major demographic groups (Figures 2m-2x).

[1] Figures for ethnicity sub-groups are analysed by month rather than by week to maximise sample size.

Figure 2a Complete compliance by age groups

Legend:
- Age 18-29
- Age 30-59
- Age 60+

Vertical markers: Lockdown; Easing of lockdown begins; New restrictions (UK); Tiered restrictions (Scotland); Further restrictions (England) & Further restrictions (NI); National lockdown (Wales); National lockdown (England); Lockdown ends (England); New lockdown (Wales); New lockdown (NI); Christmas day relaxations & New lockdown (NI); New lockdown (England & Scotland)

Figure 2b Complete compliance by living arrangement

Legend:
- Living alone
- Not living alone

Figure 2c Complete compliance by household income

Legend:
- Household income <30k
- Household income >30k
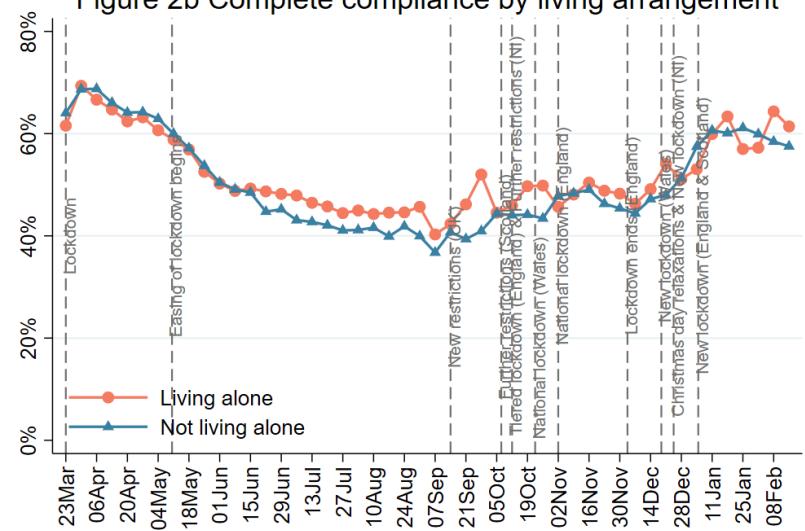
Figure 2d Complete compliance by mental health

Legend:
- Mental health diagnosis
- No diagnosis

Figure 2e Complete compliance by nations

Figure 2f Complete compliance by keyworker status

Figure 2g Complete compliance by living with children

Figure 2h Complete compliance by living area
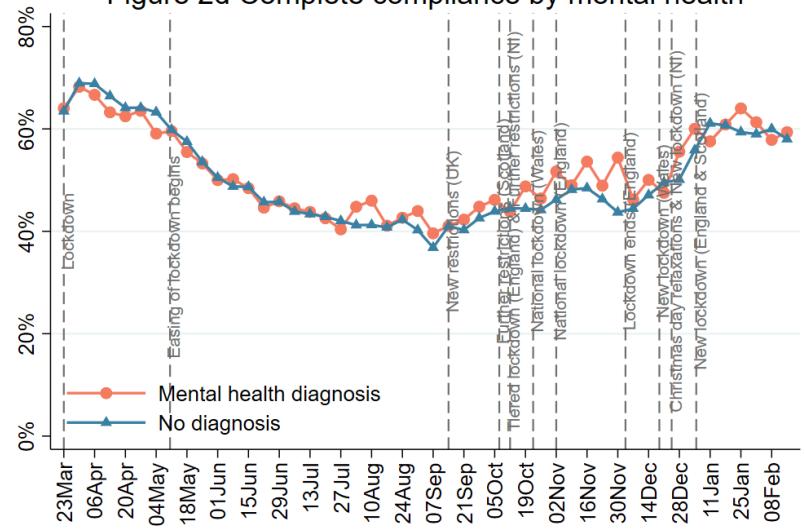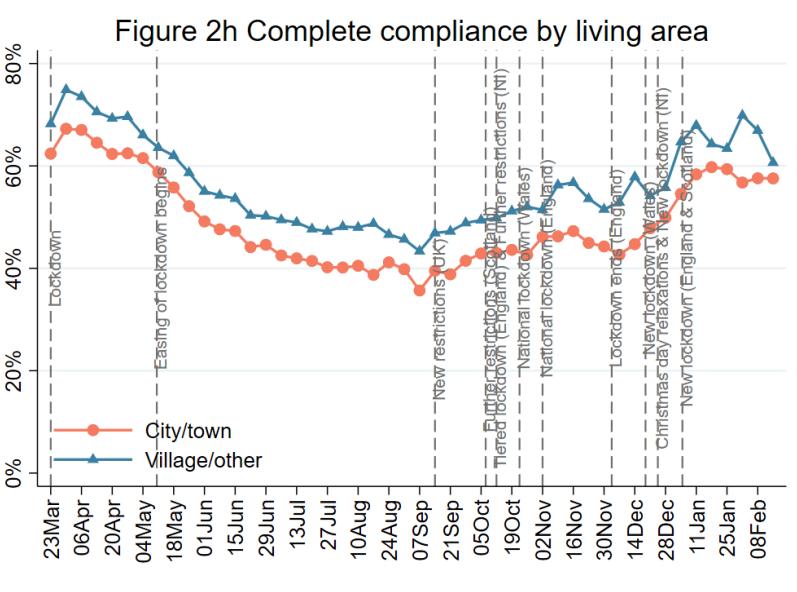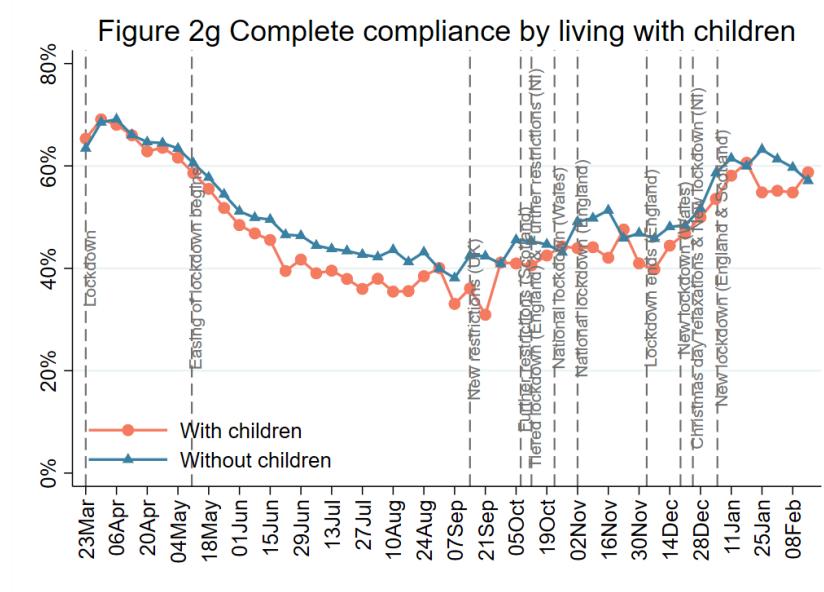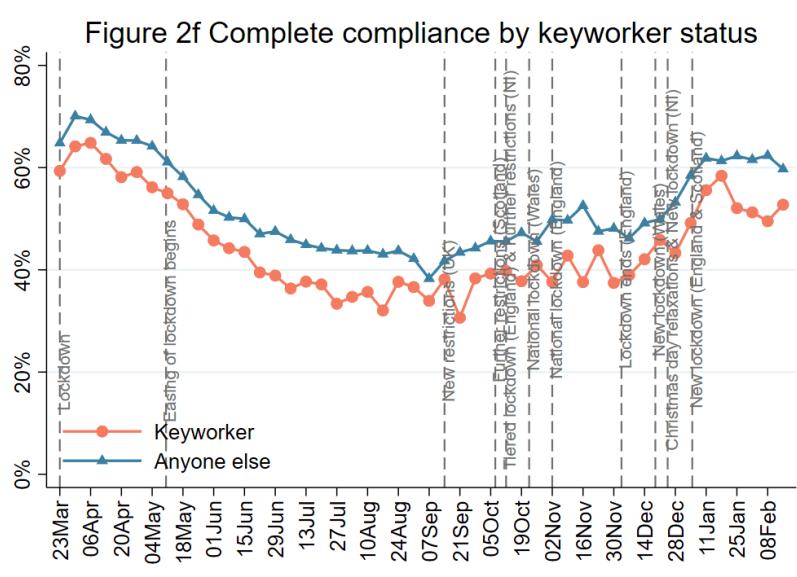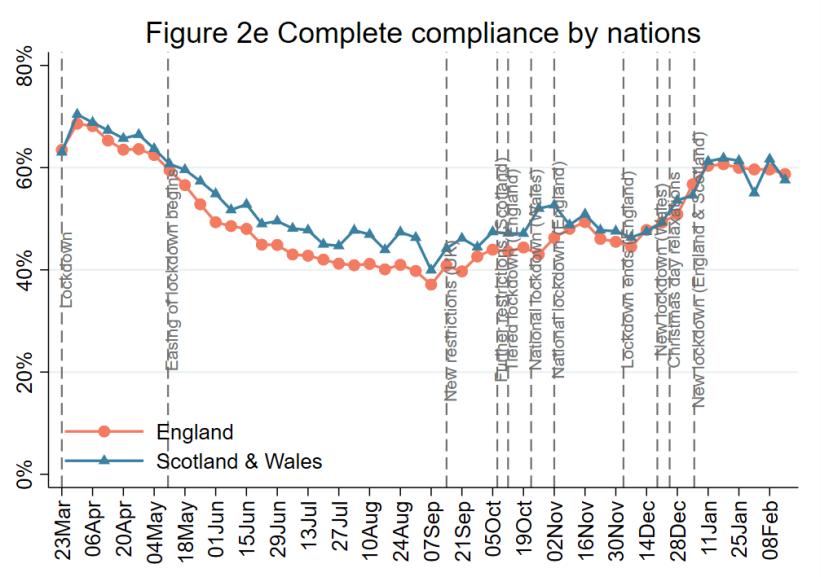
Figure 2i Complete compliance by gender
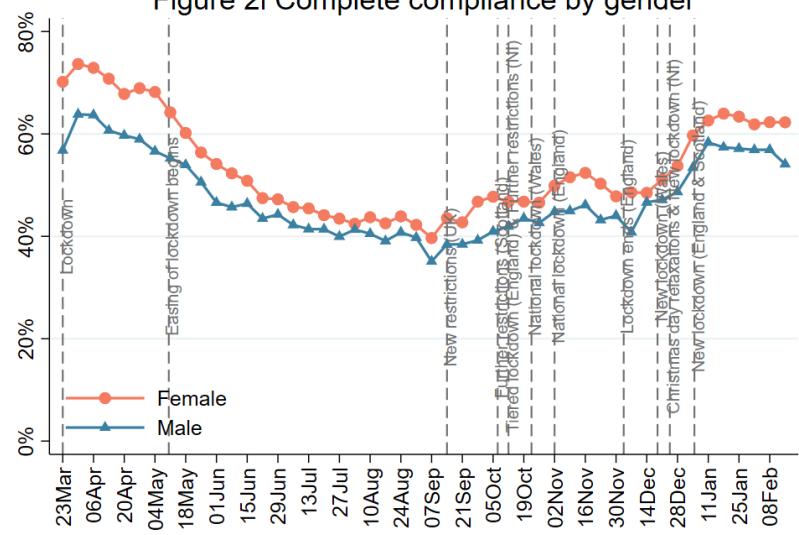
Figure 2j Complete compliance by ethnicity
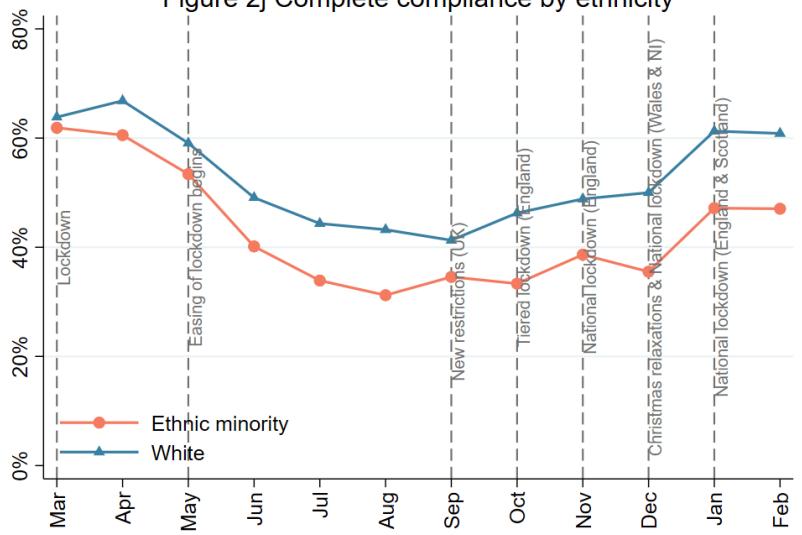
Figure 2k Complete compliance by educational levels
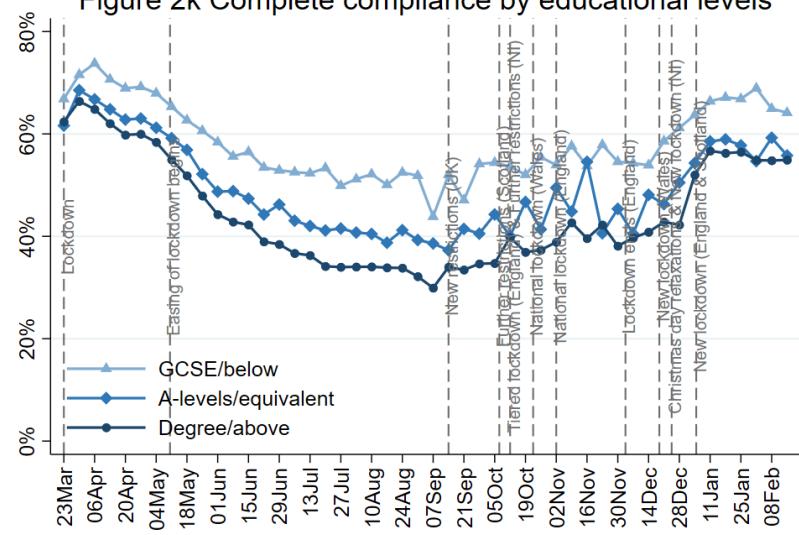
Figure 2l Complete compliance by physical health
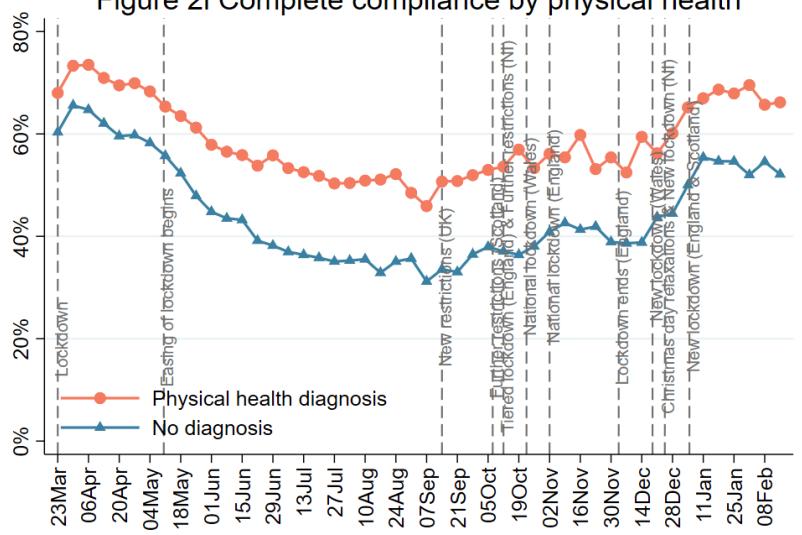
Figure 2m Majority compliance by age groups
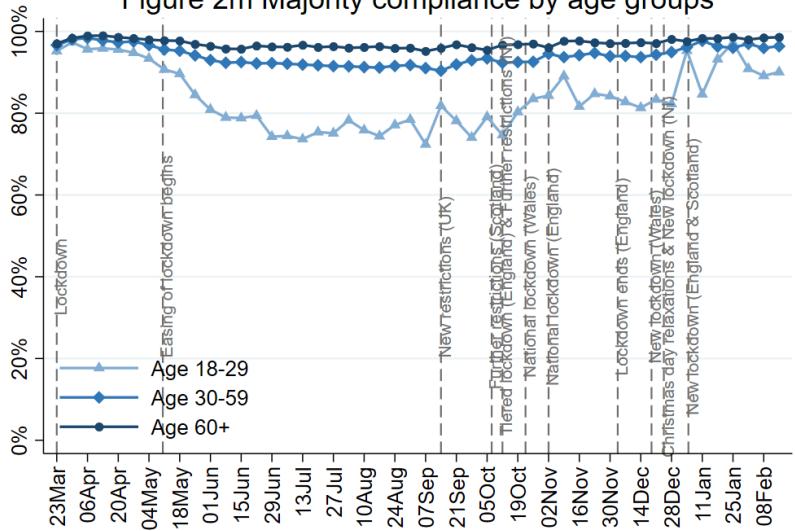
Figure 2n Majority compliance by living arrangement
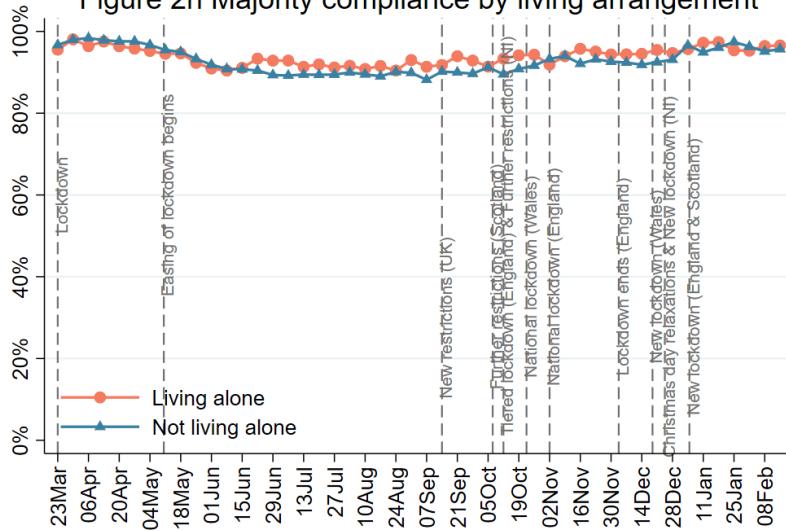
Figure 2o Majority compliance by household income
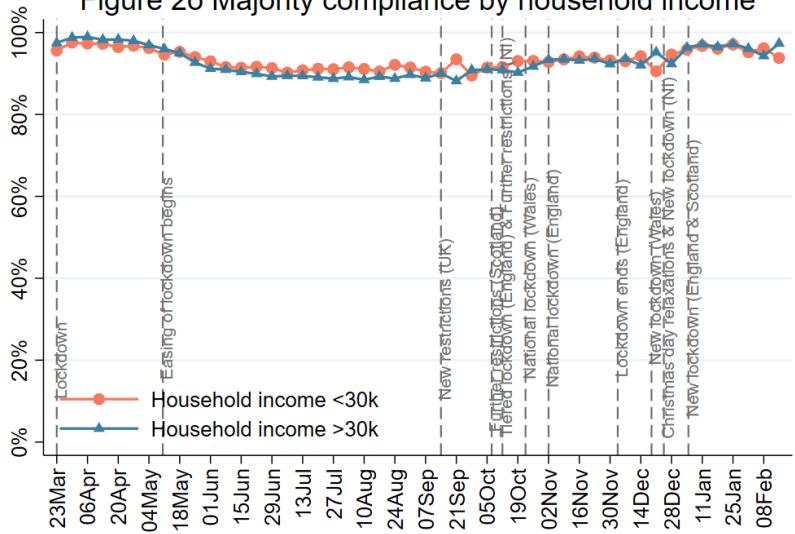
Figure 2p Majority compliance by mental health

Figure 2q Majority compliance by nations

Figure 2r Majority compliance by keyworker status

Figure 2s Majority compliance by living with children

Figure 2t Majority compliance by living area

9
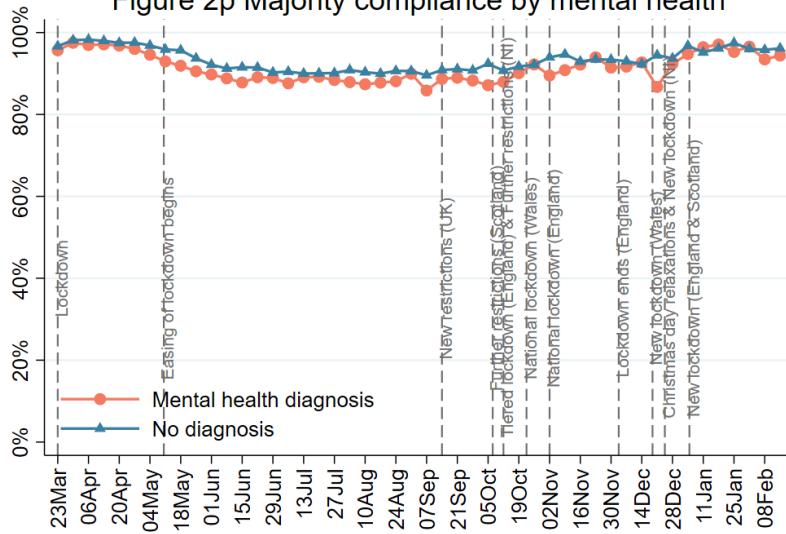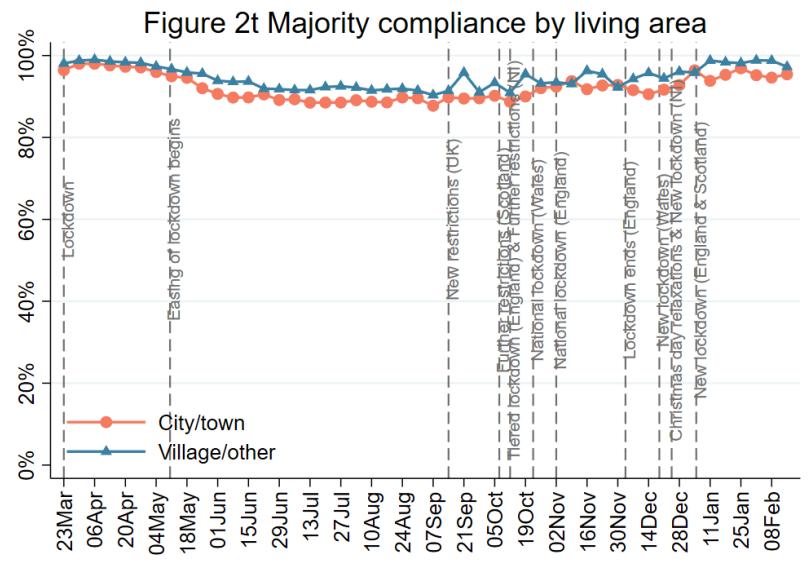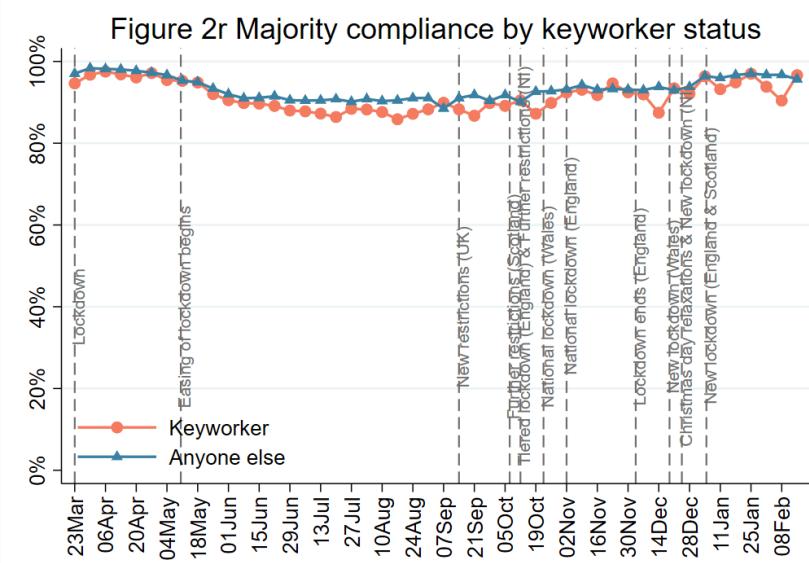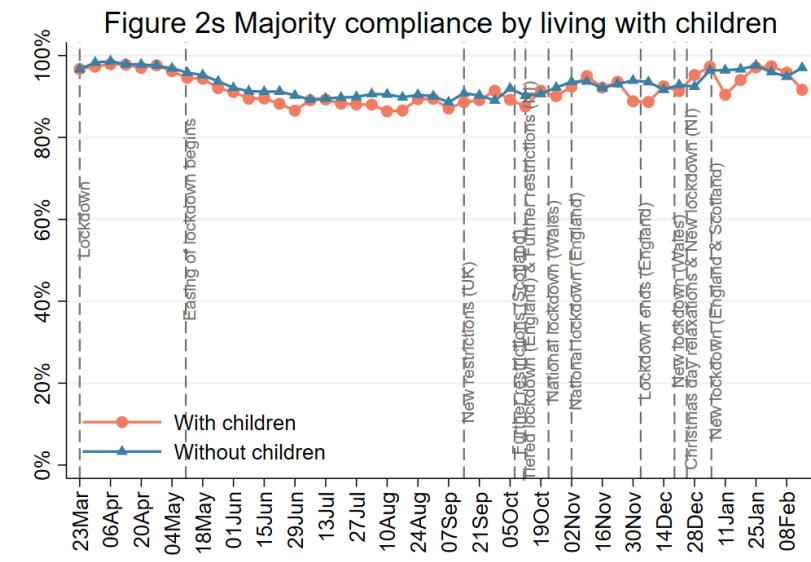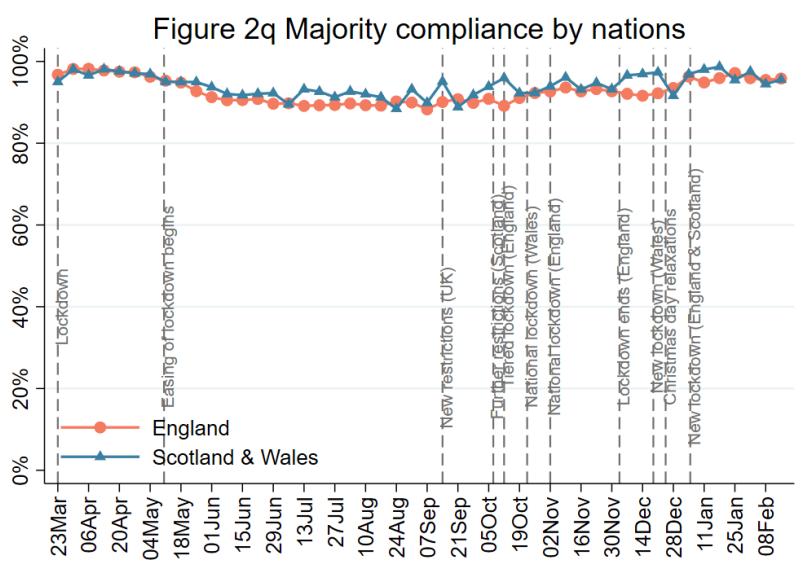
Figure 2u Majority compliance by gender

Figure 2v Majority compliance by ethnicity

Figure 2w Majority compliance by educational levels
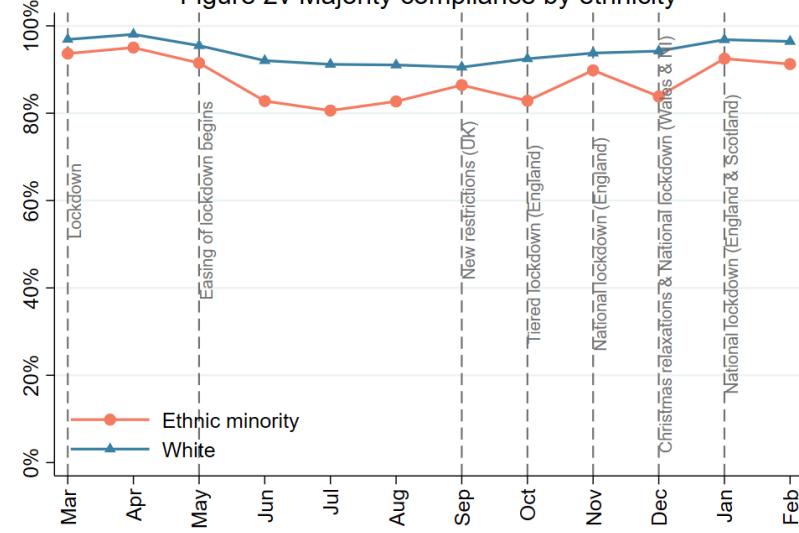
Figure 2x Majority compliance by physical health

1.2 Confidence in government
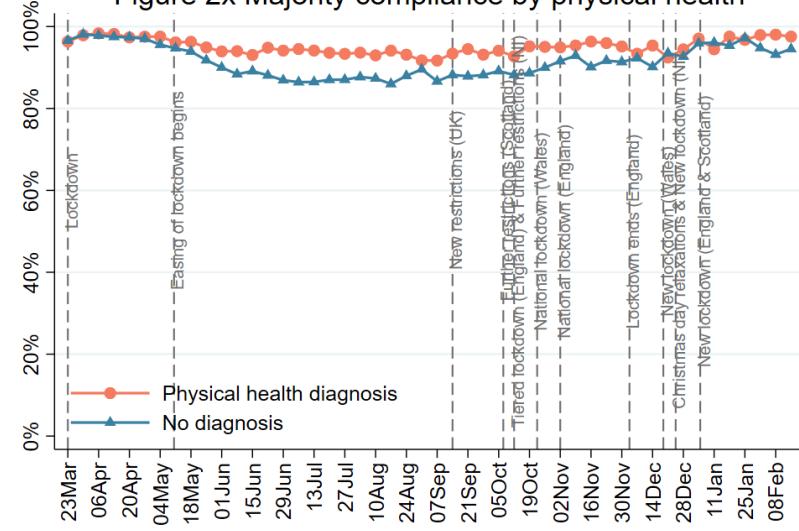
Figure 3 Confidence in government
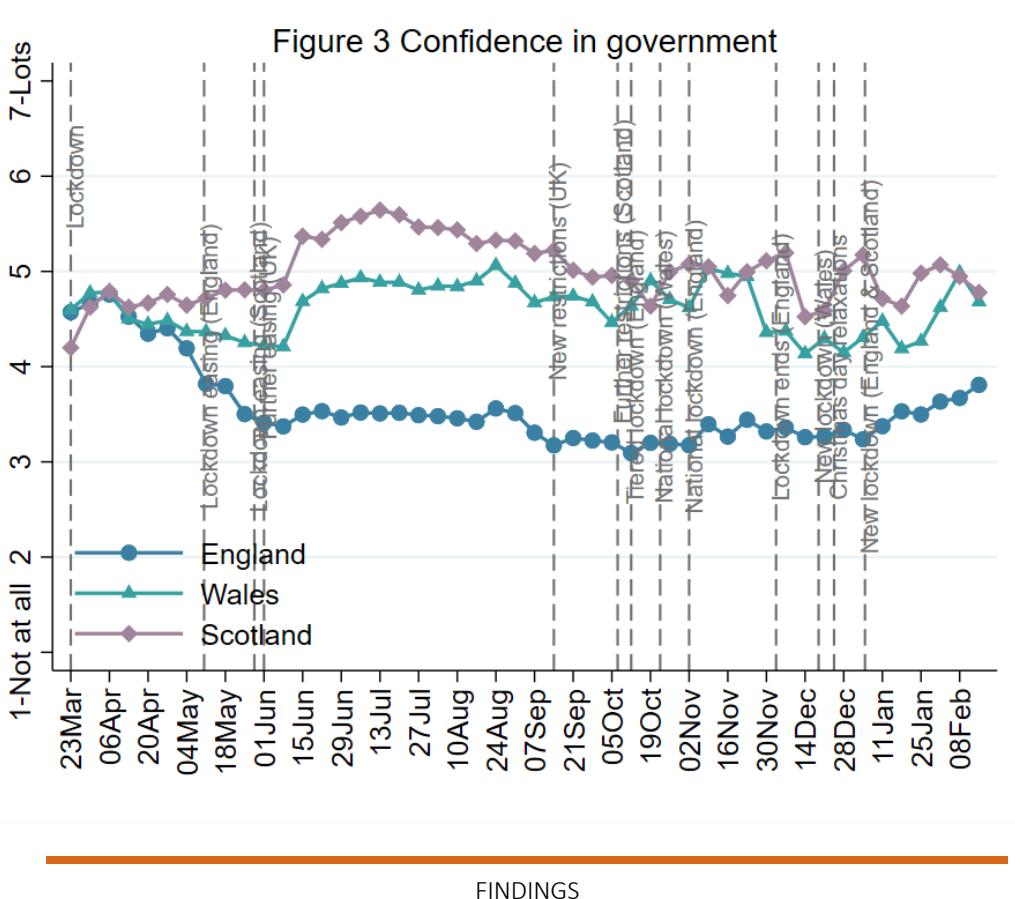
Respondents were asked how much confidence they had in the government to handle the Covid-19 pandemic from 1 (not at all) to 7 (lots). People living in devolved nations were asked to report their confidence in their own devolved governments.

Confidence in the central government to handle the Covid-19 pandemic has increased since the start of the year in England. Whilst levels remain lower in England than devolved nations, they are now back to levels recorded in mid-May 2020[2].

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 also remains lower in urban areas, amongst people from ethnic minority backgrounds, in people with a mental health diagnosis, and amongst people with higher educational qualifications.

---

[2] 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

Legend: Age 18-29, Age 30-59, Age 60+
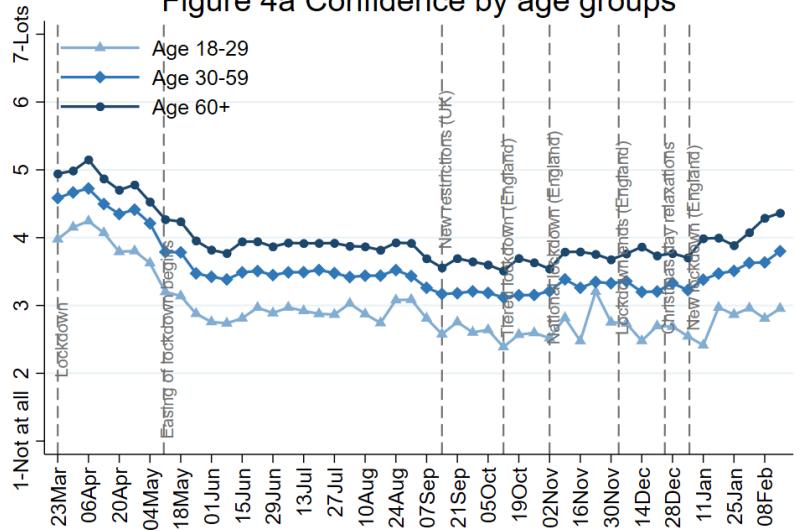
Figure 4b Confidence by living arrangement

Legend: Living alone, Not living alone
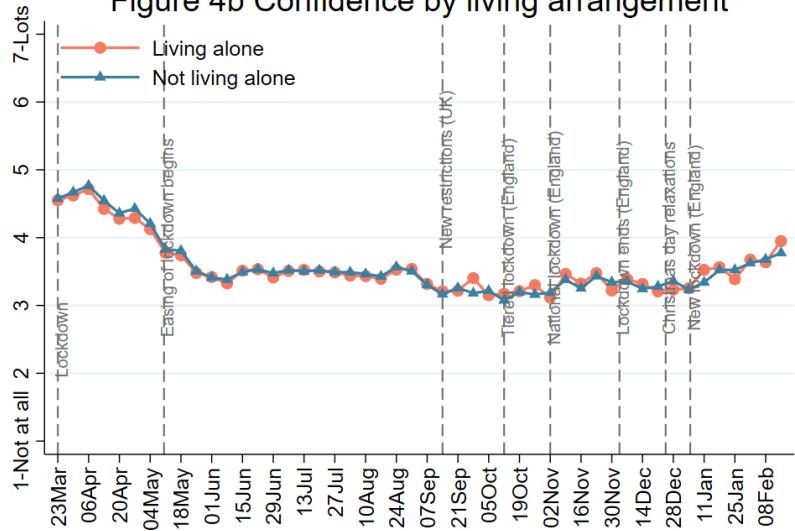
Figure 4c Confidence by household income

Legend: Household income <30k, Household income >30k
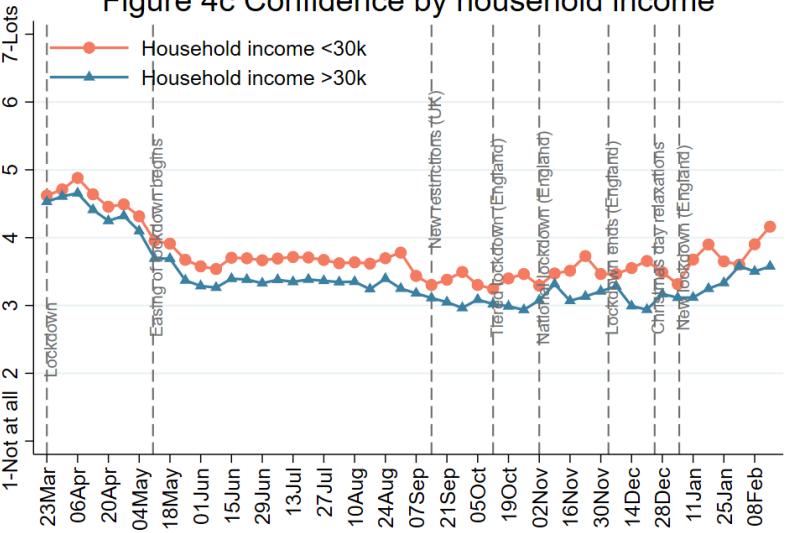
Figure 4d Confidence by mental health diagnosis

Legend: Mental health diagnosis, No diagnosis
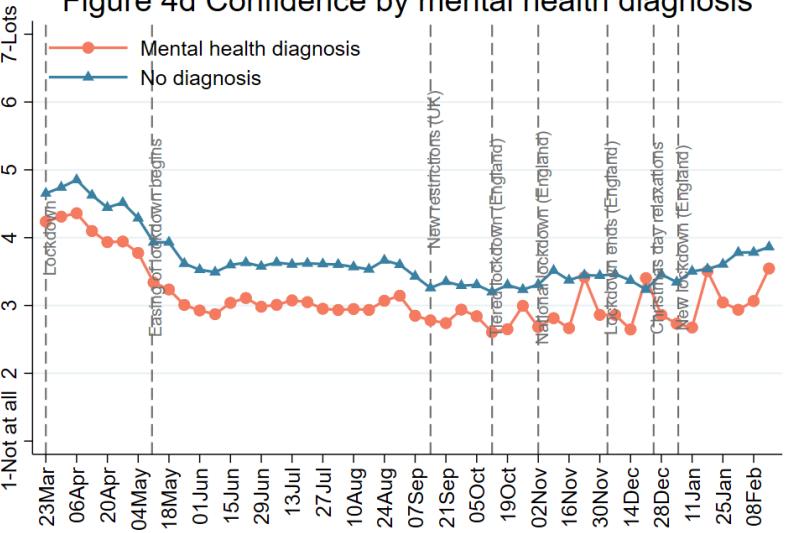
Figure 4e Confidence by nations
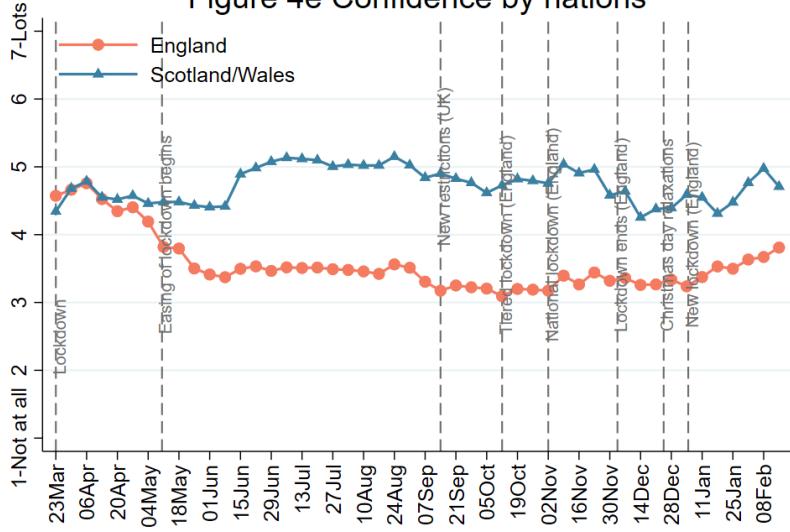
Figure 4f Confidence by keyworker status
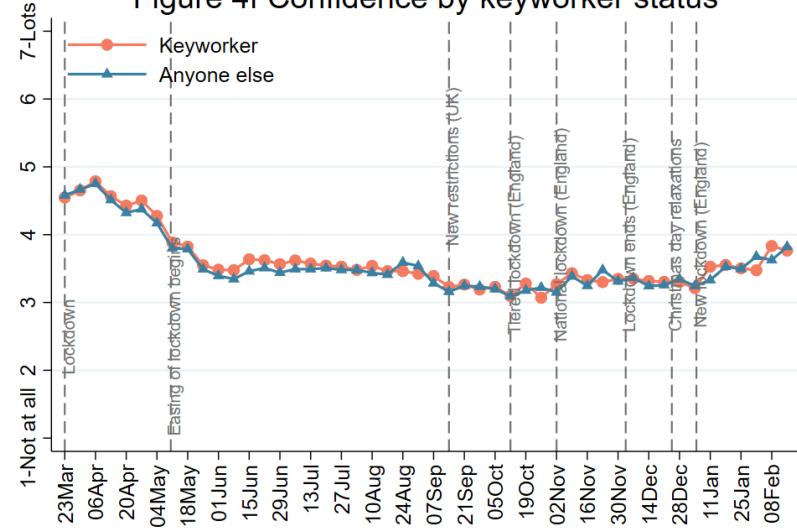
Figure 4g Confidence by living with children
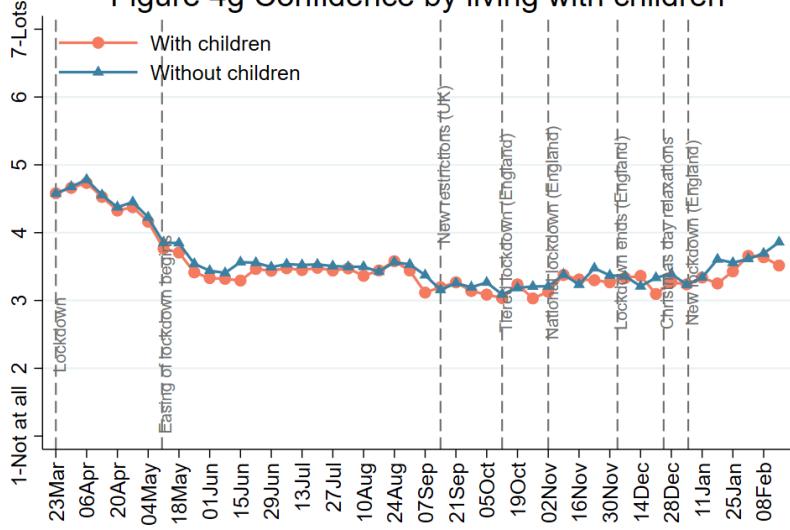
Figure 4h Confidence by living area
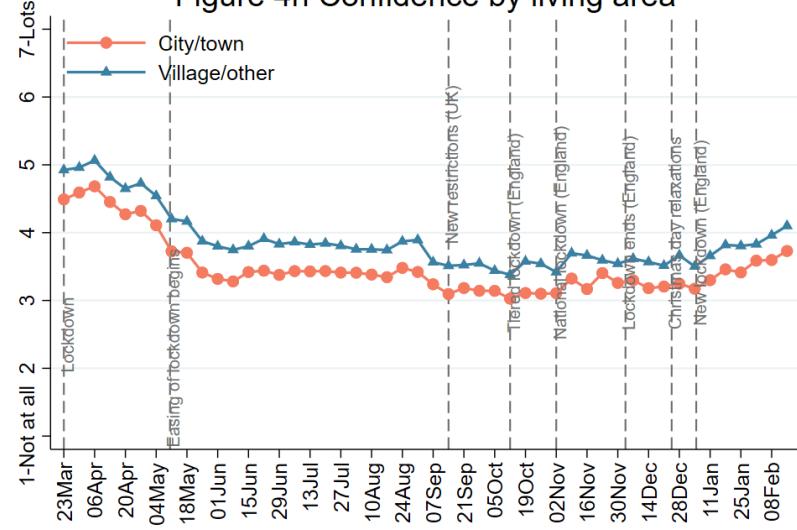
Figure 4i Confidence in government by gender
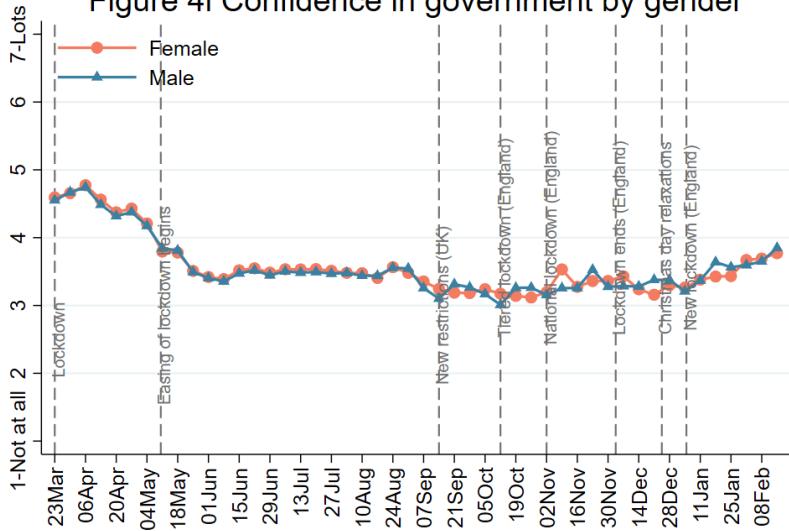
Figure 4j Confidence in government by ethnicity
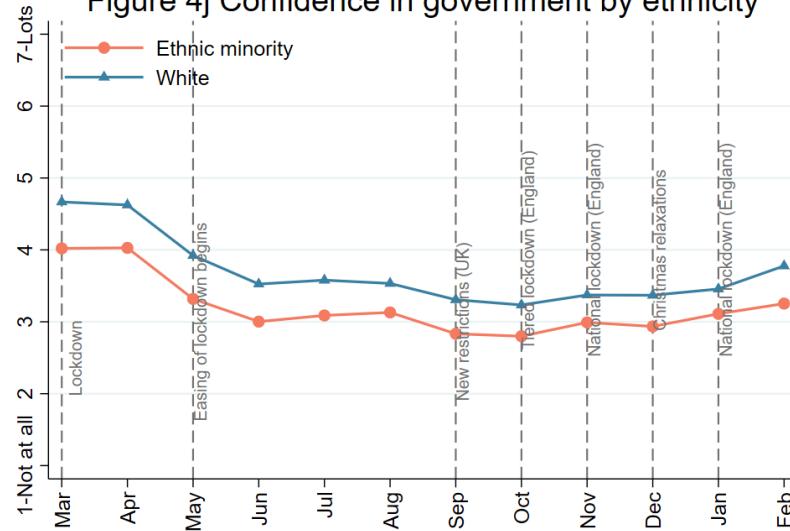
Figure 4k Confidence in government by educational levels
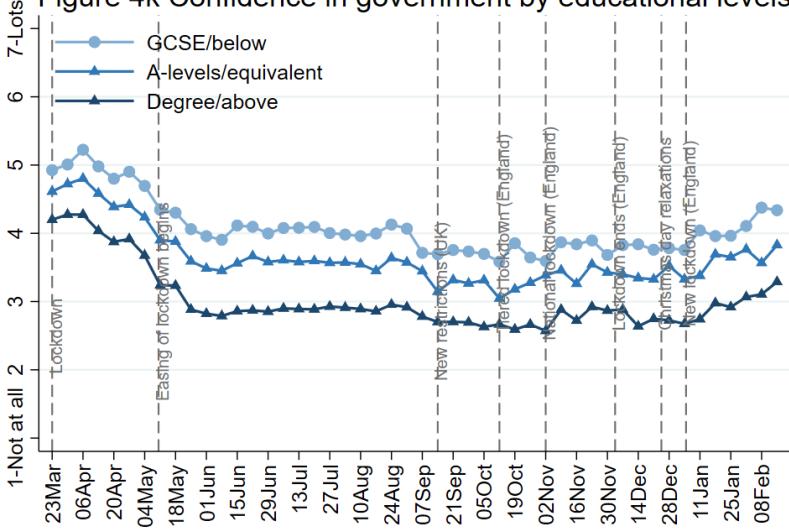
Figure 4l Confidence in government by physical health
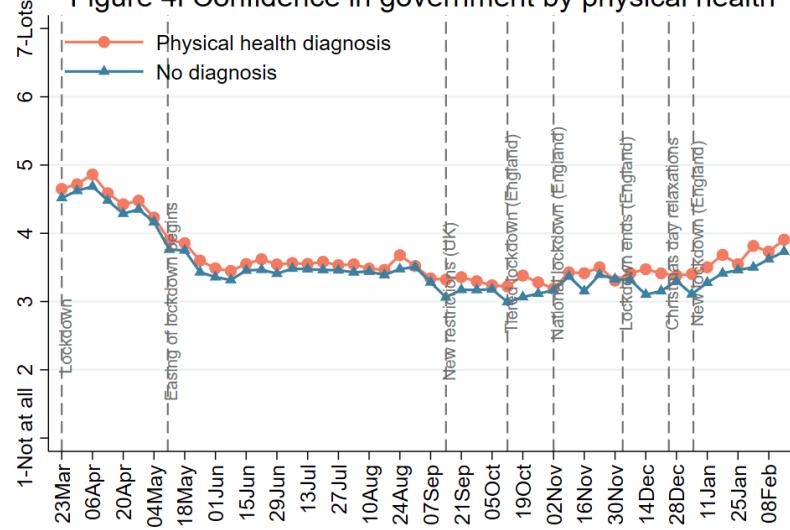
2. Mental Health

2.1 Depression and anxiety

Figure 5 Depression and anxiety
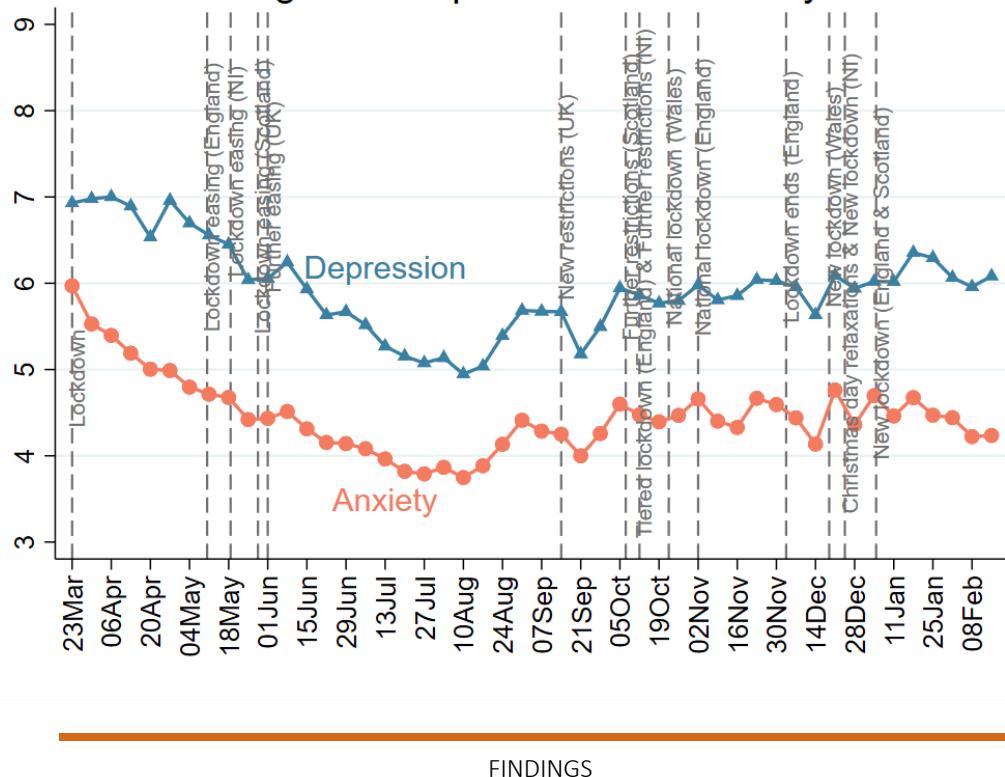
FINDINGS

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.

There is some indication that the rises recorded in anxiety and depression levels since the end of the summer may be stabilising and anxiety levels may be beginning to decline. 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[3]).

Depression and anxiety are still highest in young adults, women, people with lower household income, people with a long-term physical health condition, people from ethnic minority backgrounds, and people living with children. People with a diagnosed mental illness have still been reporting higher levels of depression and anxiety symptoms (as might be expected), especially since the latest lockdown was announced (see Figures 6 and 7).

---

[3] 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
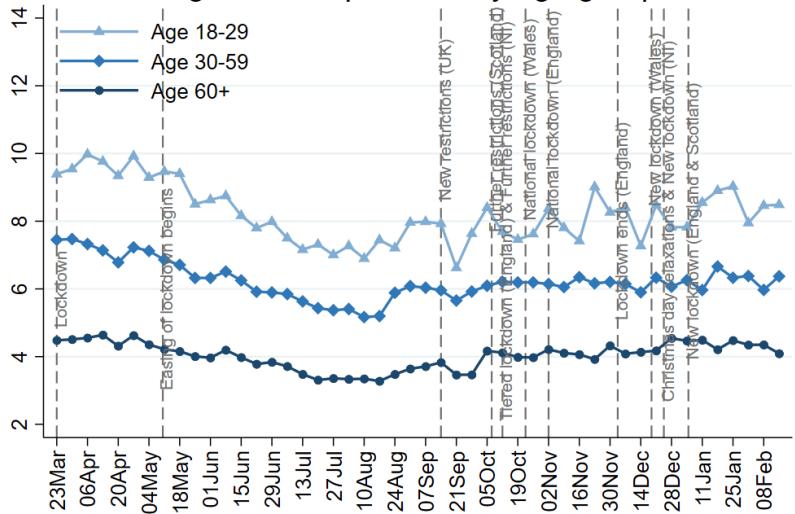
Figure 6b Depression by living arrangement
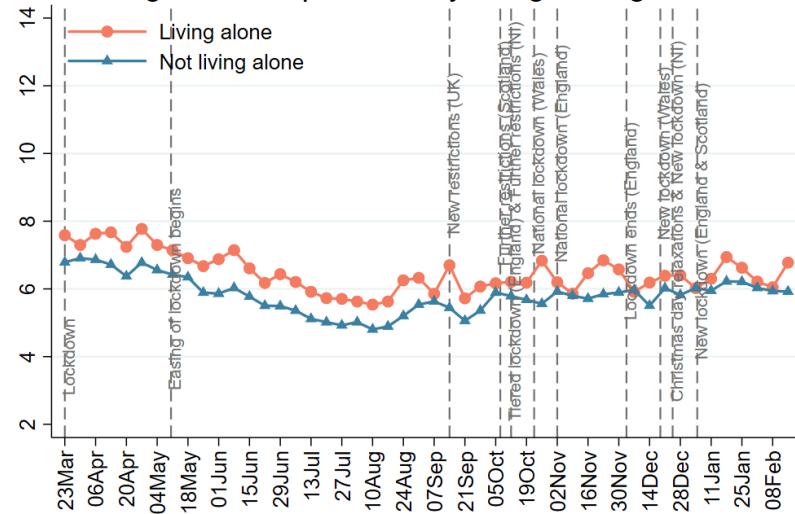
Figure 6c Depression by household income
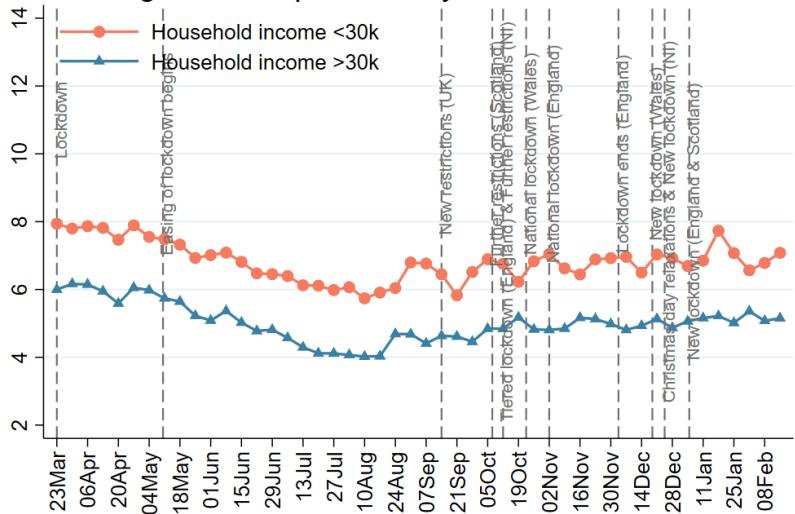
Figure 6d Depression by mental health diagnosis
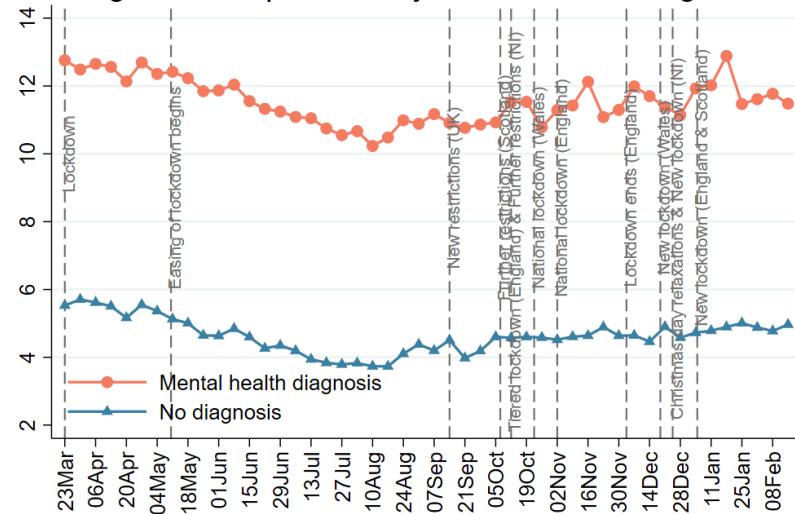
Figure 6e Depression by nations
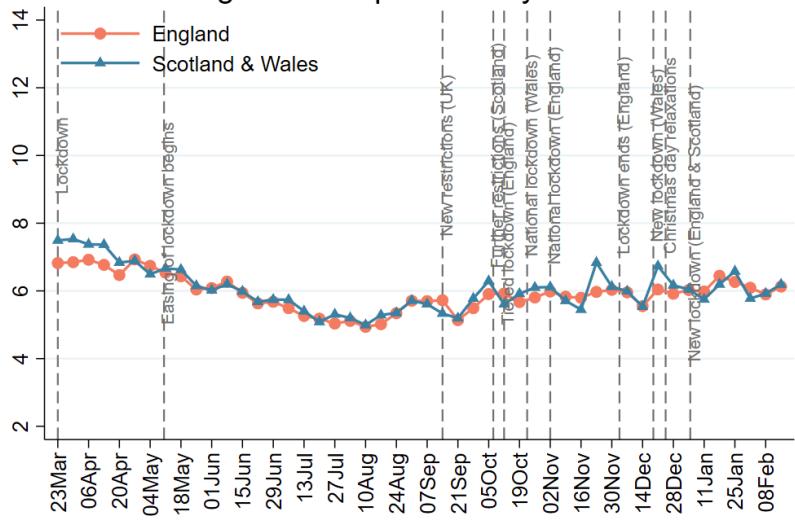
Figure 6f Depression by keyworker status
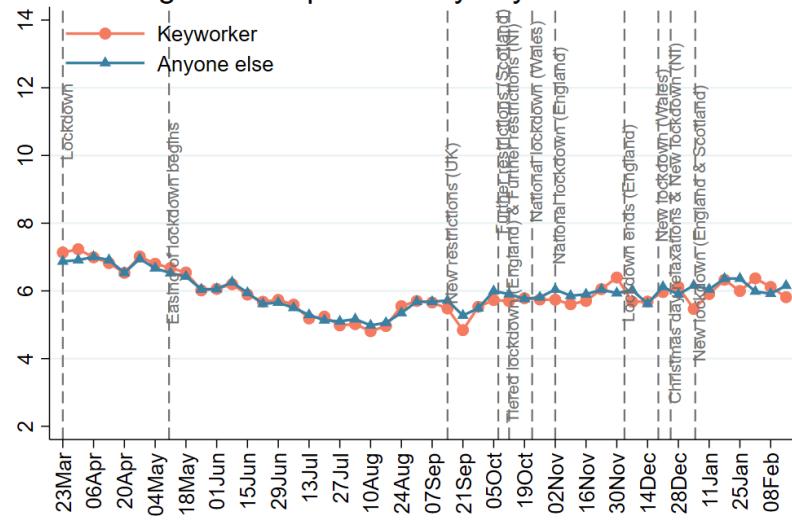
Figure 6g Depression by living with children
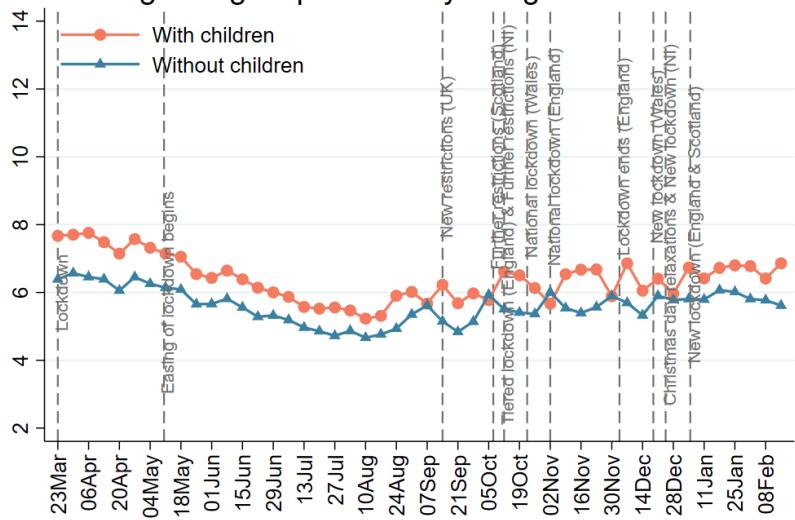
Figure 6h Depression by living area
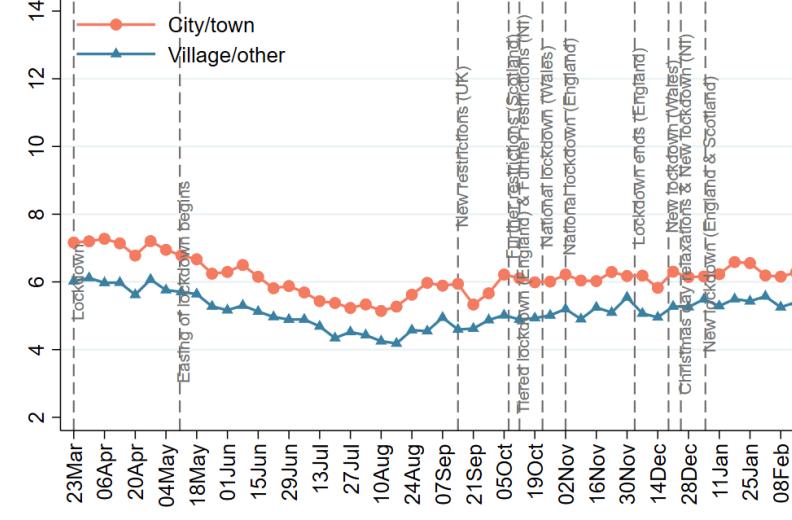
Figure 6i Depression by gender
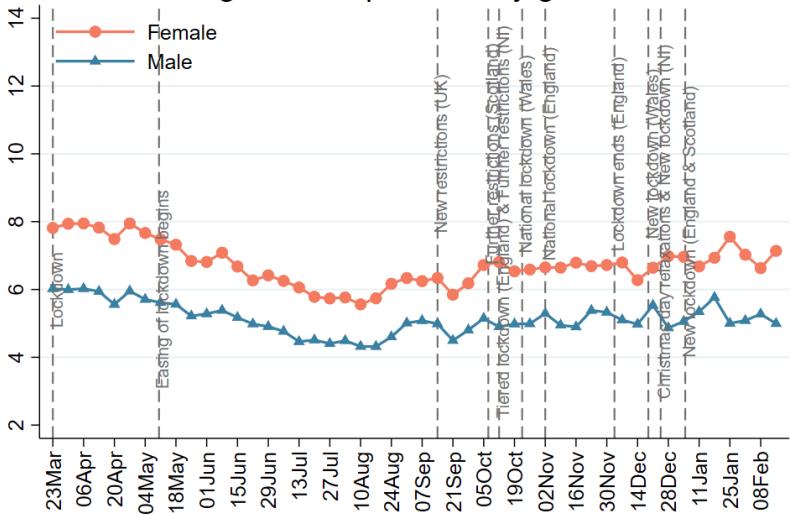
Figure 6j Depression by ethnicity
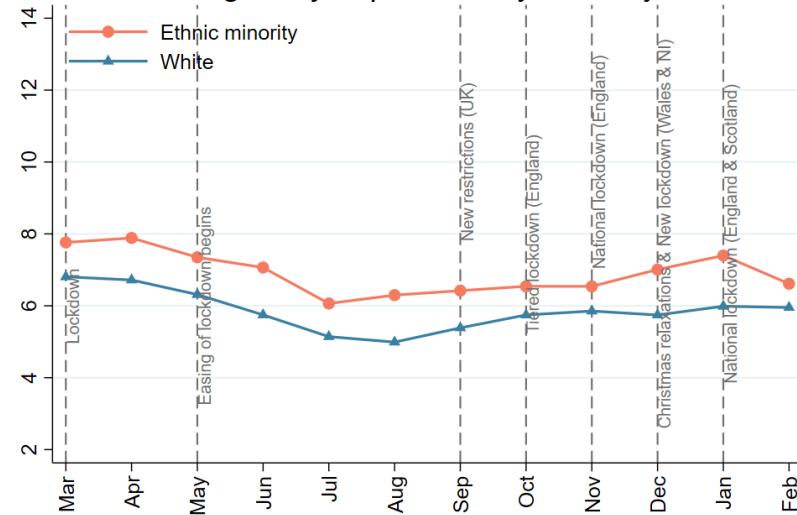
Figure 6k Depression by educational levels
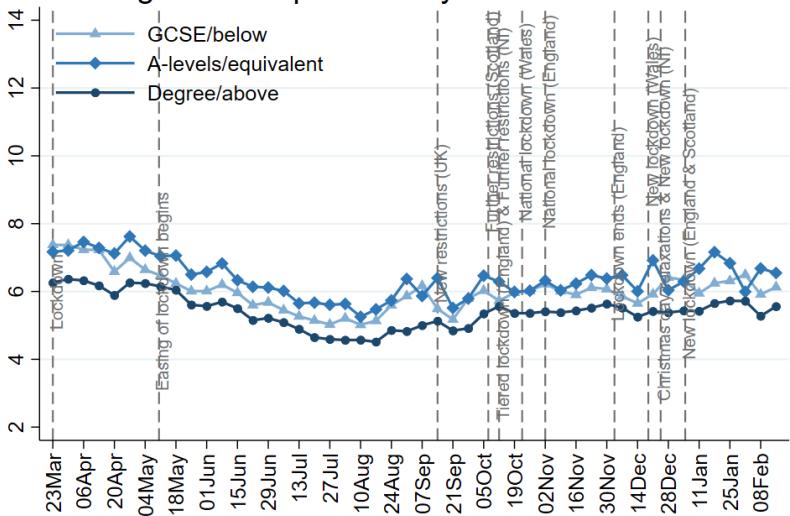
Figure 6l Depression by physical health diagnosis
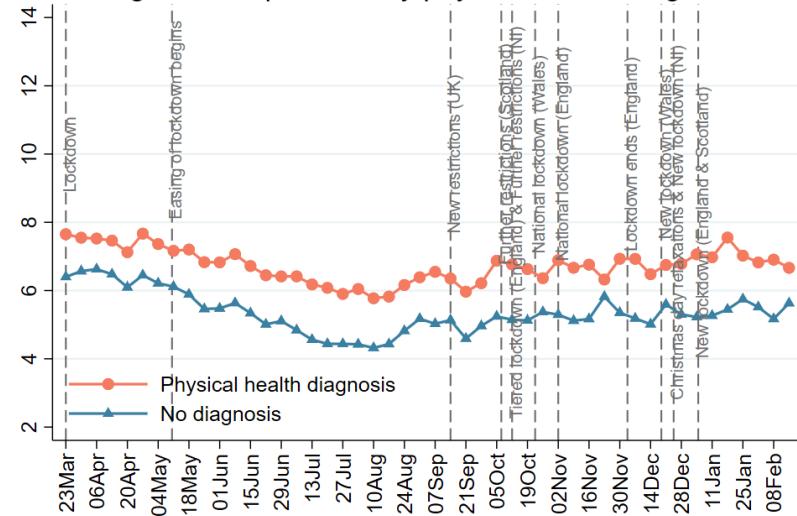
Figure 7a Anxiety by age groups
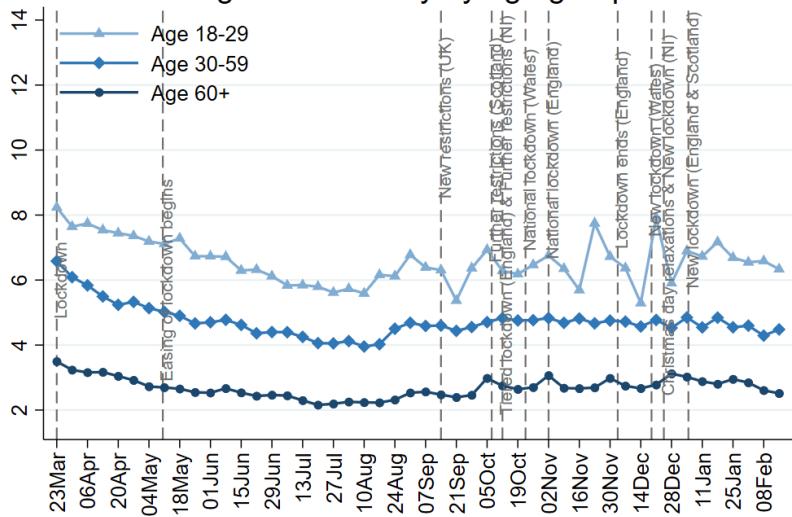
Figure 7b Anxiety by living arrangement
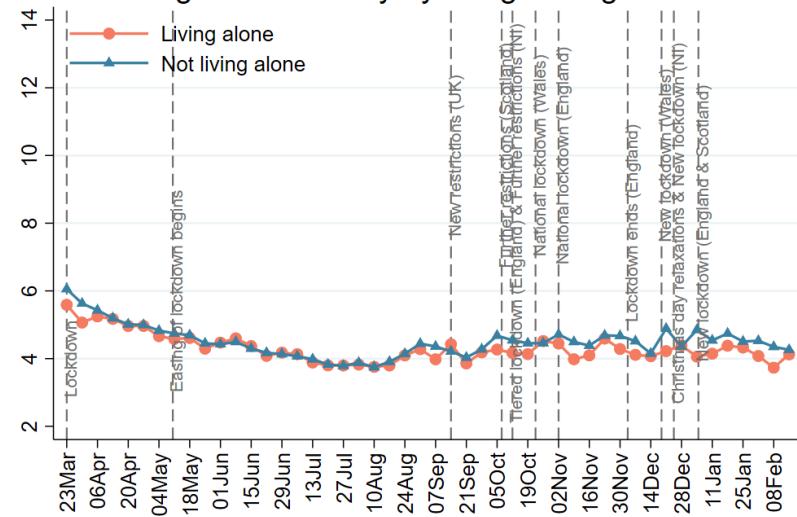
Figure 7c Anxiety by household income
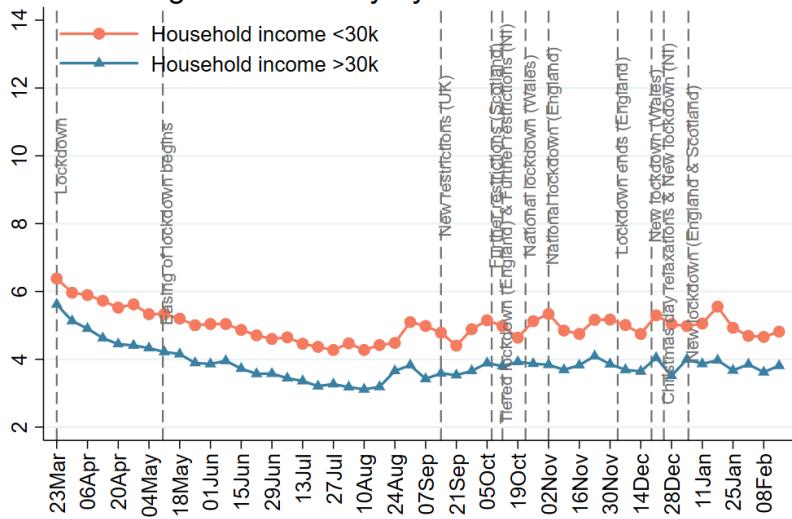
Figure 7d Anxiety by mental health diagnosis
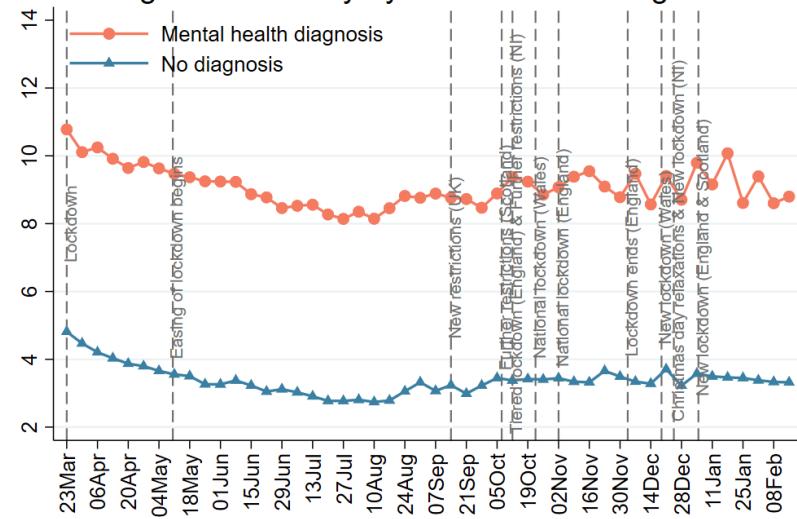
Figure 7e Anxiety by nations

Figure 7f Anxiety by keyworker status

Figure 7g Anxiety by living with children
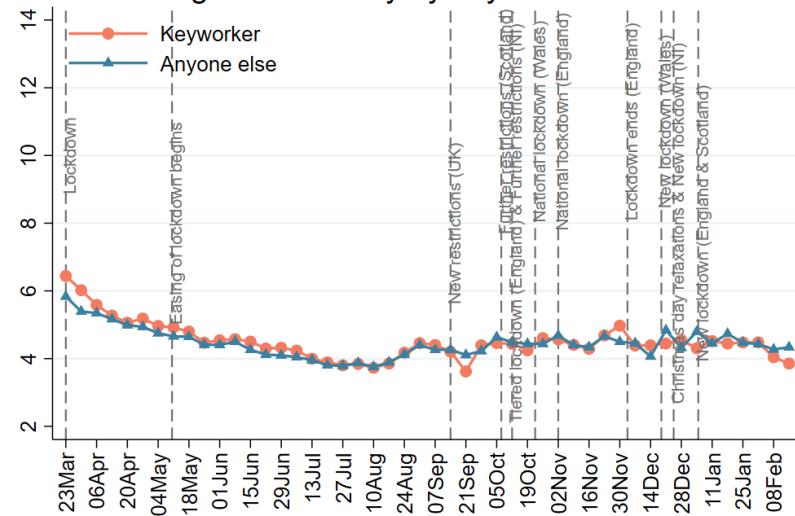
Figure 7h Anxiety by living area
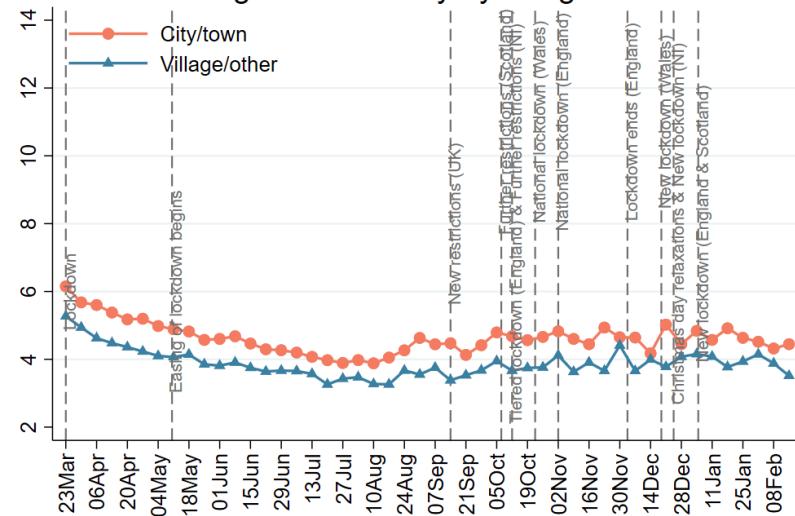
Figure 7i Anxiety by gender
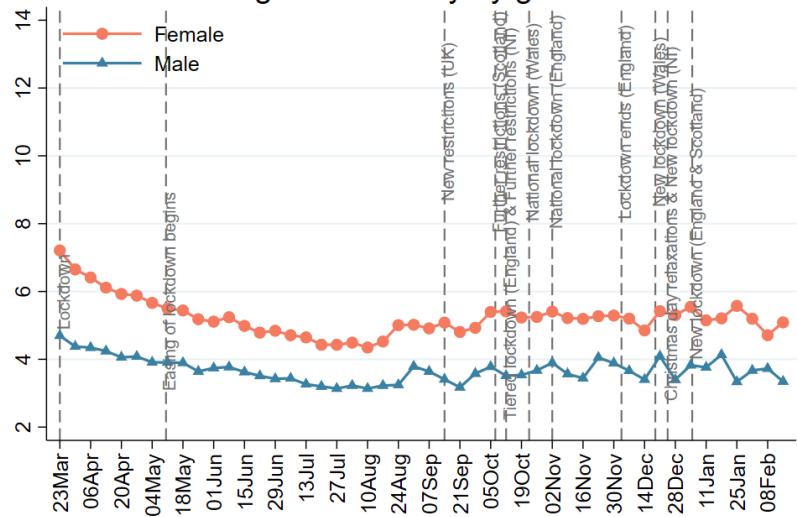
Figure 7j Anxiety by ethnicity
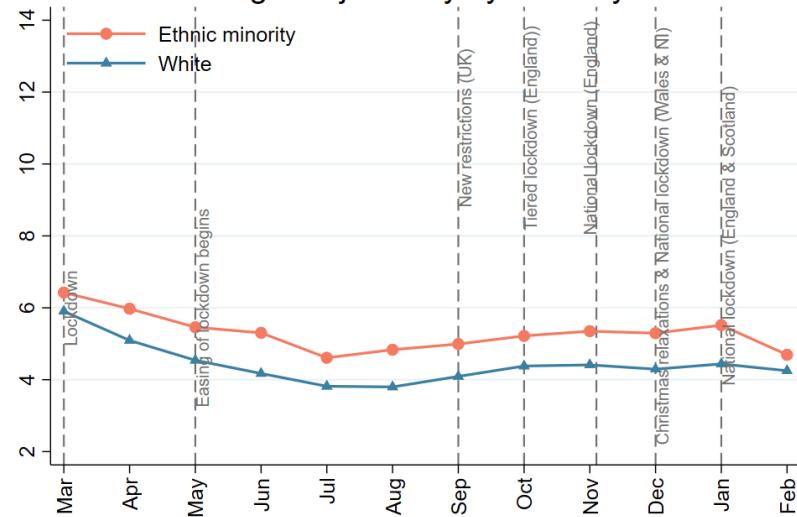
Figure 7k Anxiety by educational levels
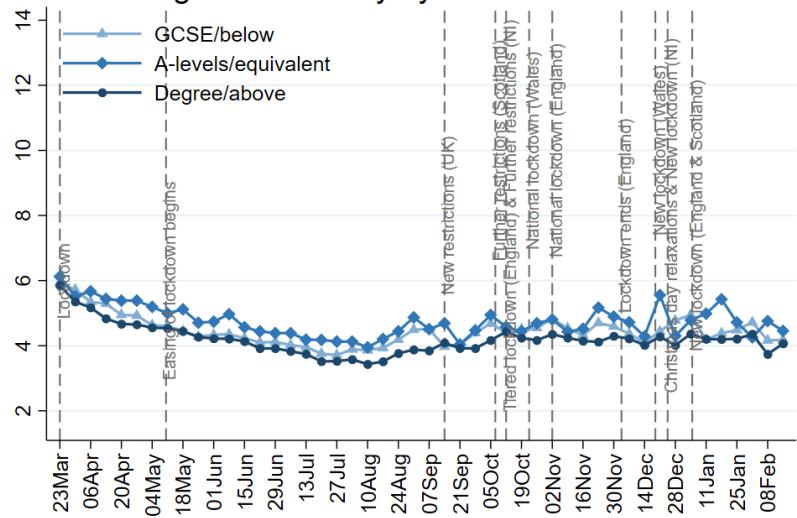
Figure 7l Anxiety by physical health diagnosis
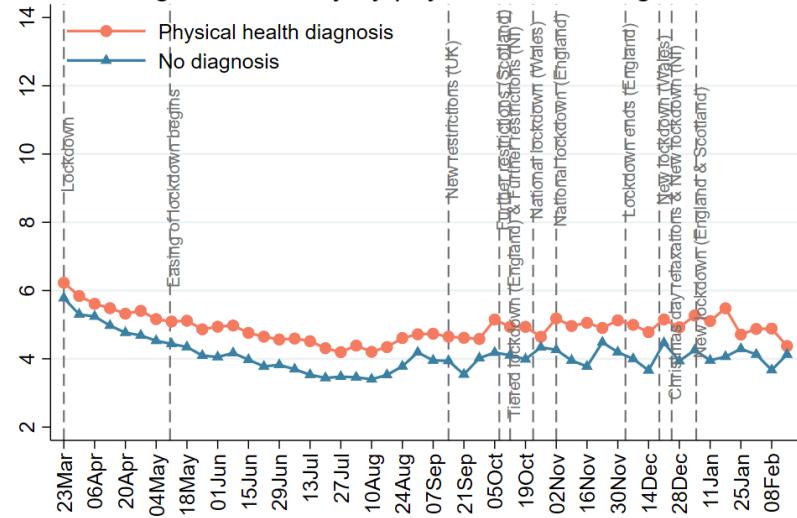
2.2 Stress
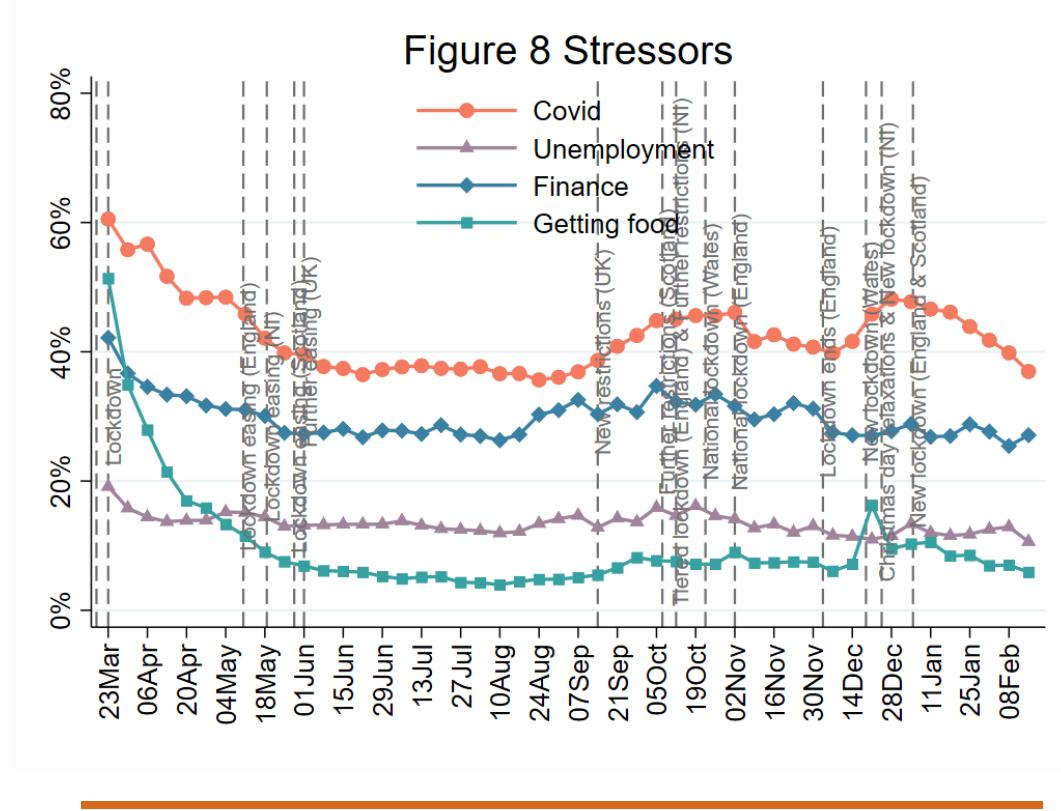
Figure 8 Stressors

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).

Although stress about catching Covid-19 or becoming seriously ill from it is similar to what it was in the autumn, it has decreased substantially since the start of the year with just under 40% of people reporting being worried. This decrease has followed the increase that was seen after the news of the new more contagious variant at the end of last year. When separated by age group, however, these decreases were only seen in adults aged 30-59 years and 60 years and older, who are more likely to have already received the Covid-19 vaccine or are nearer to doing so.

Worries about finance have remained relatively stable since the latest lockdown started, comparable to their lowest levels of around 1 in 4 people over the summer. Worries about unemployment remain relatively low, concerning just 1 in 8 people. Worries about accessing food have slightly decreased in the past several weeks, affecting approximately 1 in 10 people; comparable to when lockdown easing began in May 2020.

People with diagnosed mental illness have been more worried about all factors. But stressors in other demographic groups 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 have been decreasing across these groups in the last weeks.

Concerns about unemployment and finances remain highest amongst adults of working age and are comparable to their levels in the summer. Unemployment and financial stress are still higher in those living with children. Most groups are showing similar concern about accessing food, although these concerns are higher in people with a diagnosed mental health condition and those in ethnic minority groups. People with physical health conditions are also more concerned about accessing food, which may be due to greater concerns about going to supermarkets.

Figure 9a Covid-19 stress by age groups
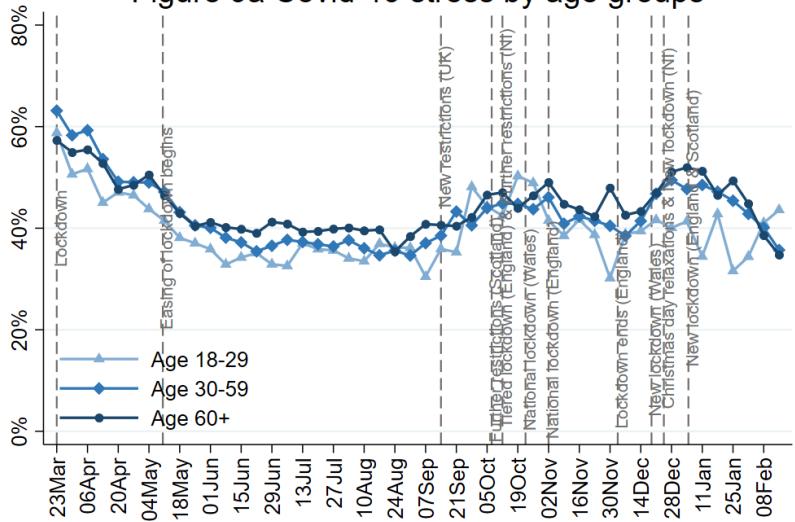


Figure 9b Covid-19 stress by living arrangement
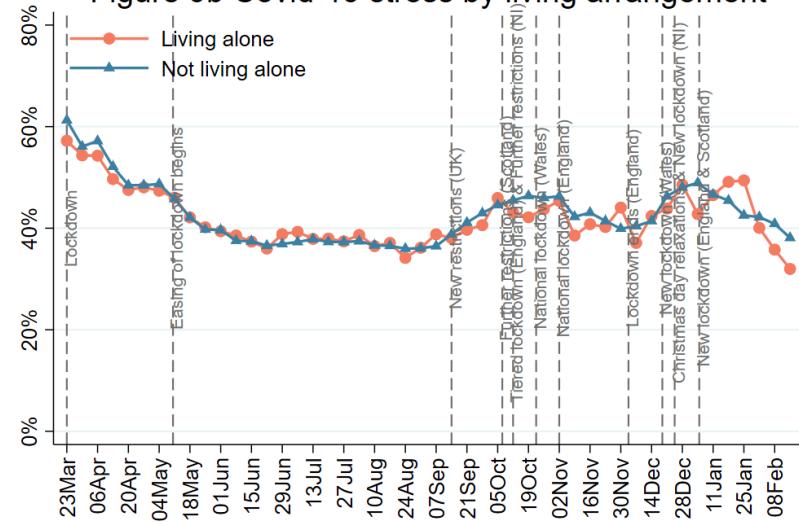
Figure 9c Covid-19 stress by household income
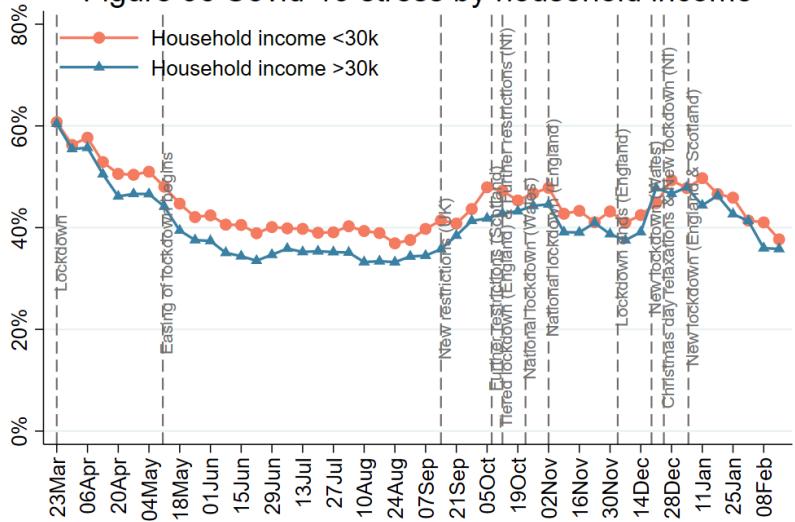
Figure 9d Covid-19 stress by mental health diagnosis
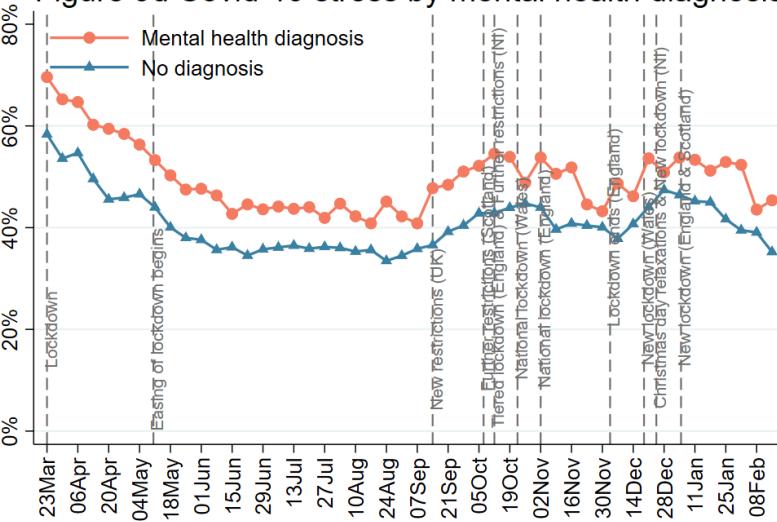
Figure 9e Covid-19 stress by nations
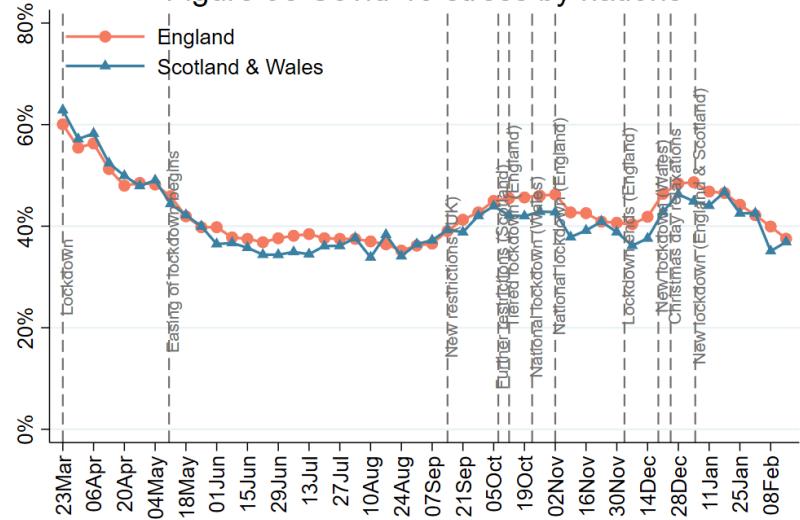
Figure 9f Covid-19 stress by keyworker status
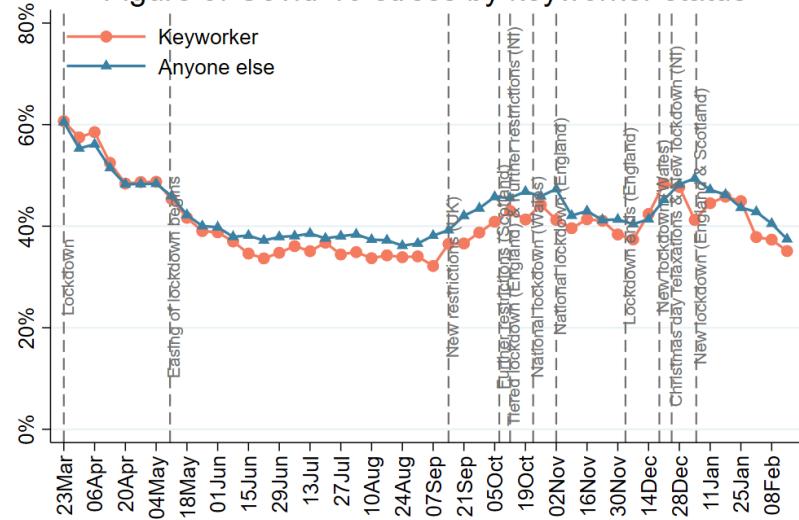

Figure 9g Covid-19 stress by living with children
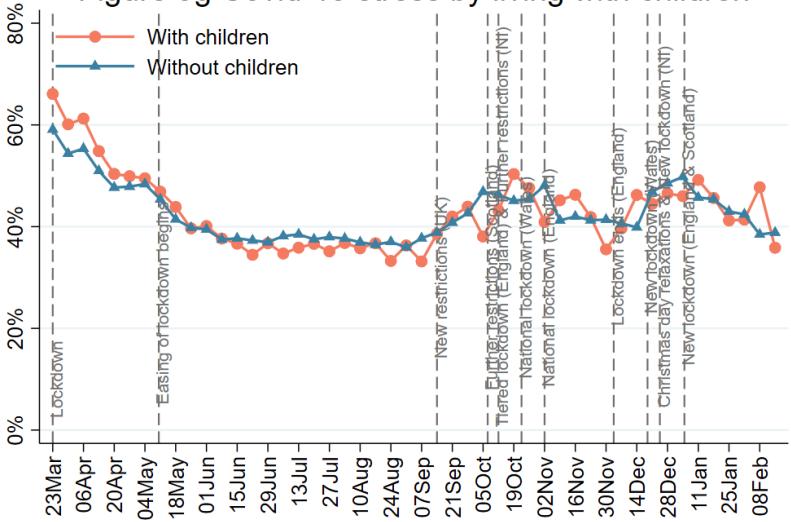

Figure 9h Covid-19 stress by living area
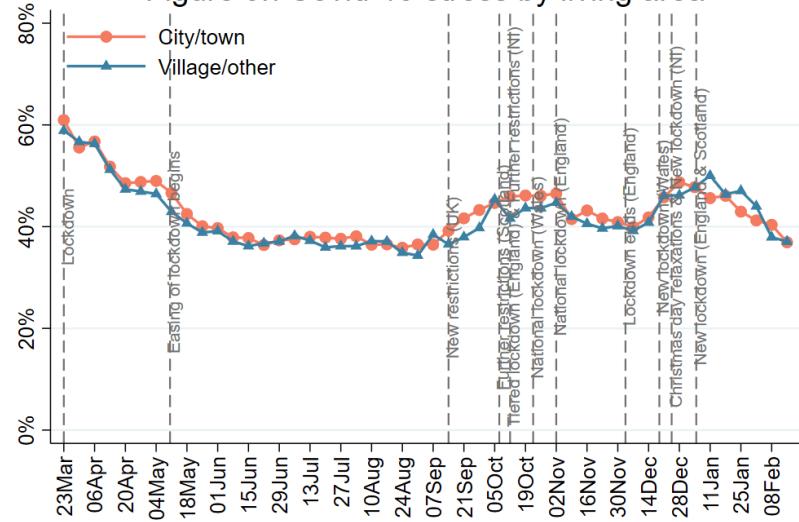
Figure 9i Covid-19 stress by gender
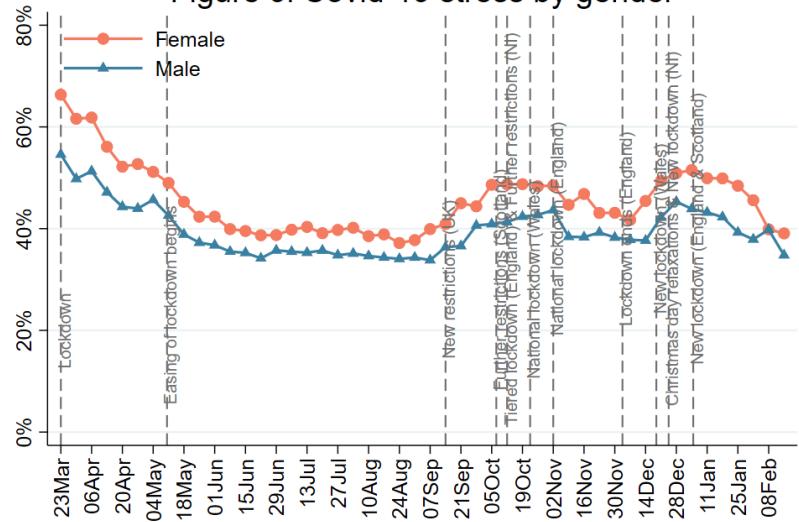
Figure 9j Covid-19 stress by ethnicity
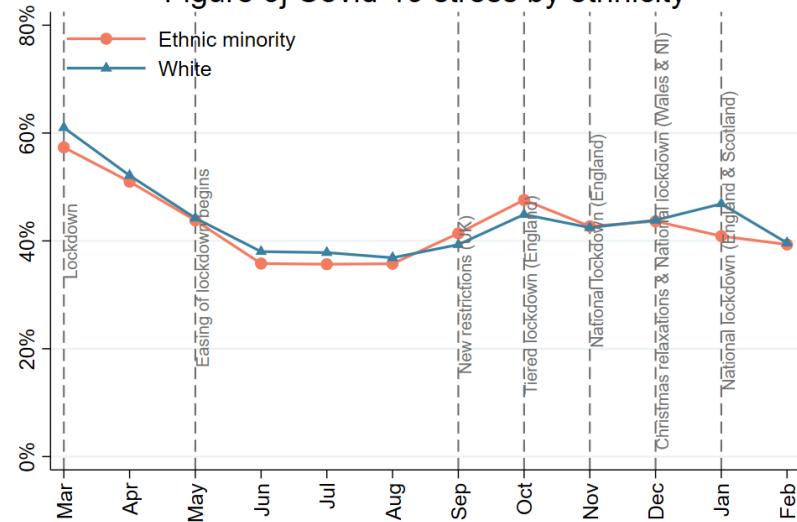
Figure 9k Covid-19 stress by educational levels
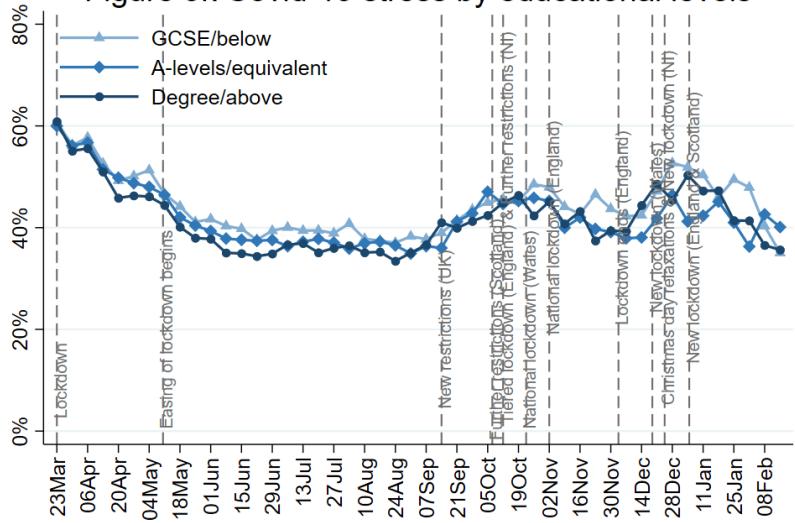
Figure 9l Covid-19 stress by physical health diagnosis
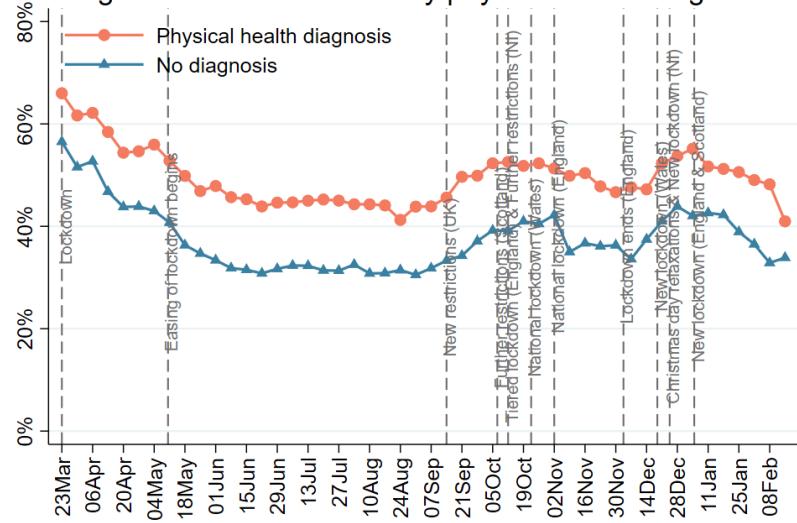
Figure 10a Unemployment stress by age groups
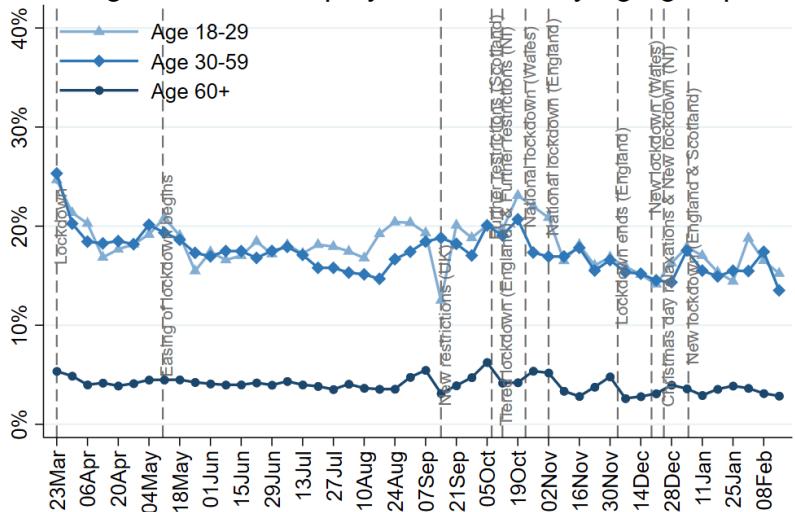
Figure 10b Unemployment stress by living arrangement
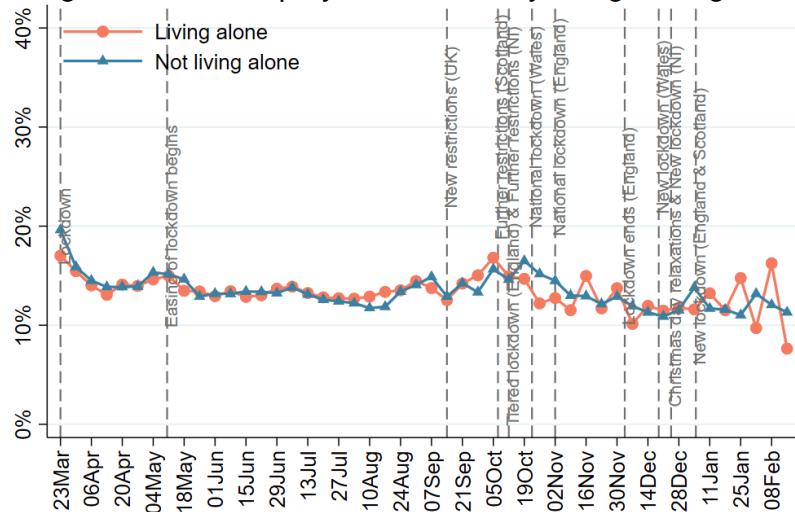
Figure 10c Unemployment stress by household income
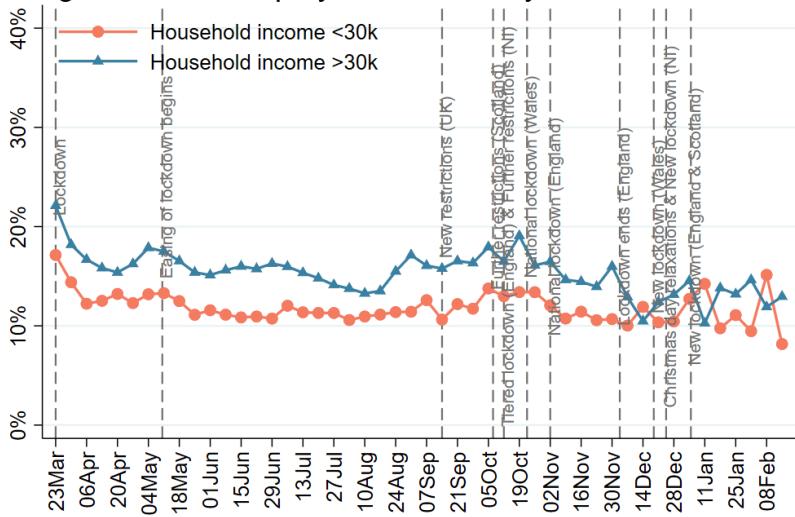
Figure 10d Unemployment stress by mental health
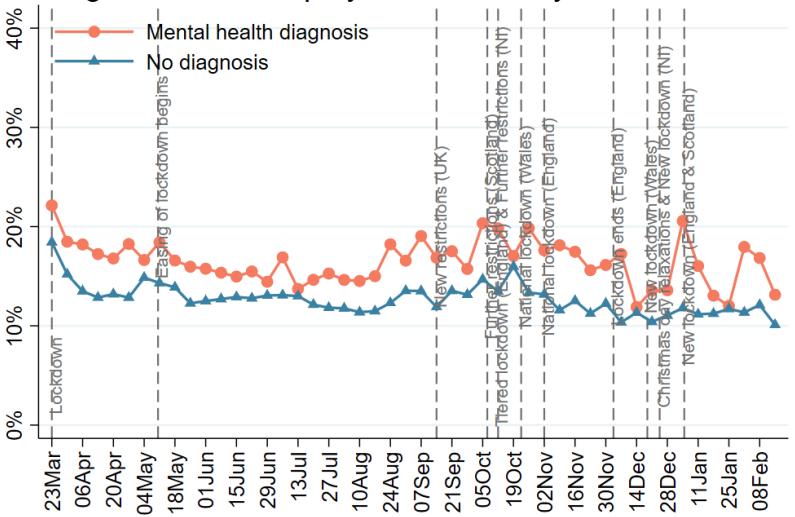
Figure 10e Unemployment stress by nations
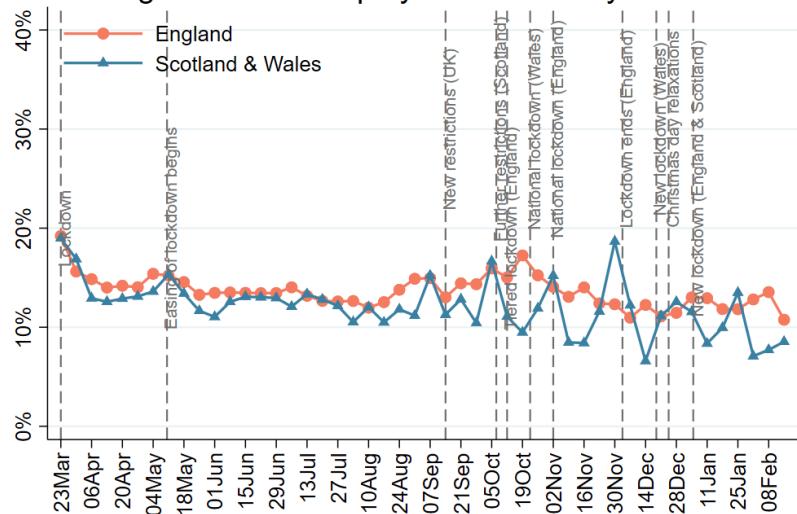
Figure 10f Unemployment stress by keyworker status
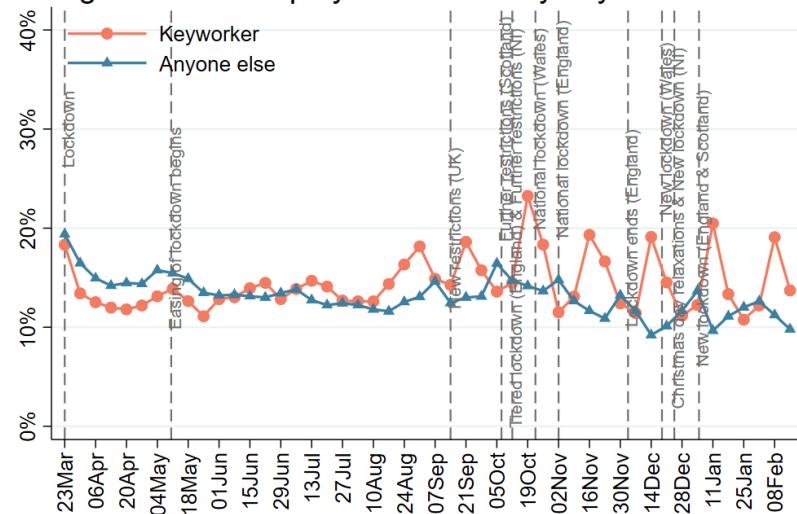
Figure 10g Unemployment stress by living with children
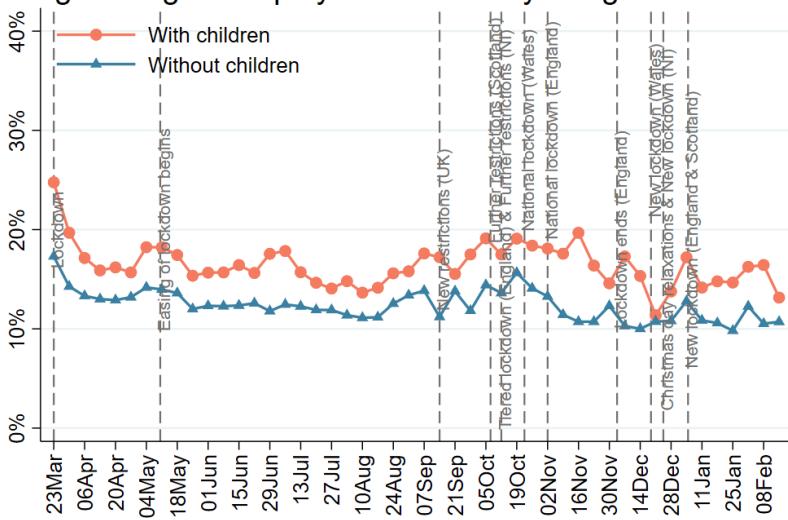
Figure 10h Unemployment stress by living area
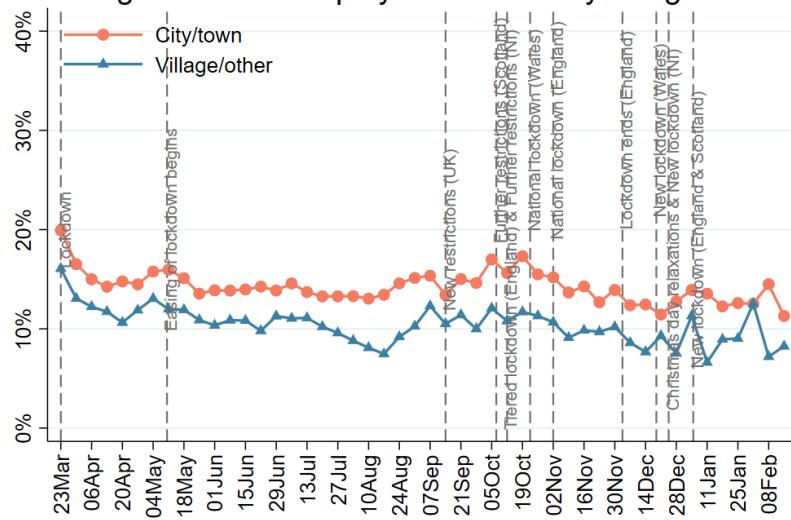
Figure 10i Unemployment stress by gender
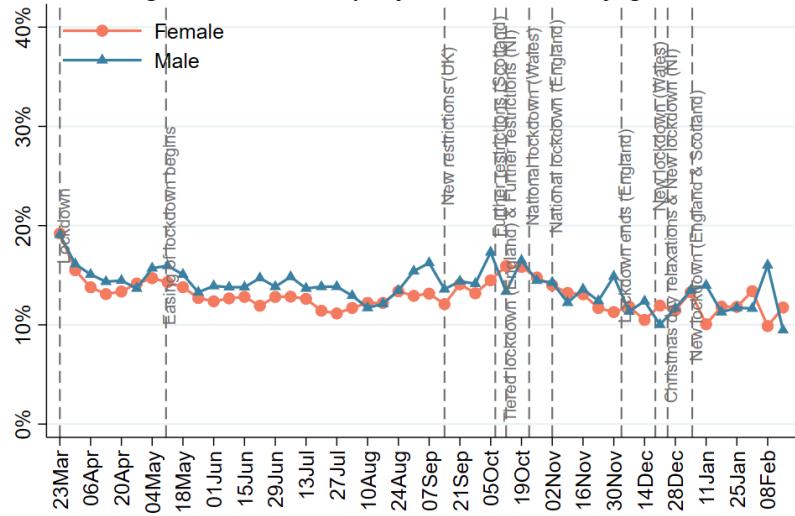

Figure 10j Unemployment stress by ethnicity
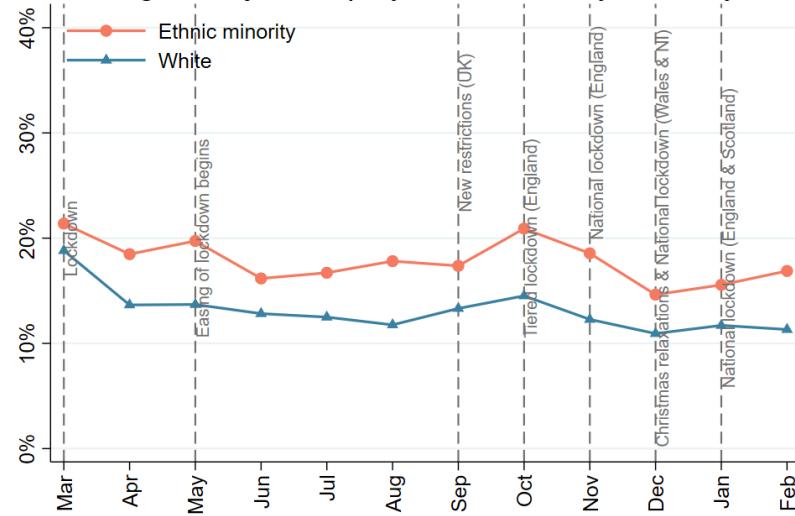

Figure 10k Unemployment stress by educational levels
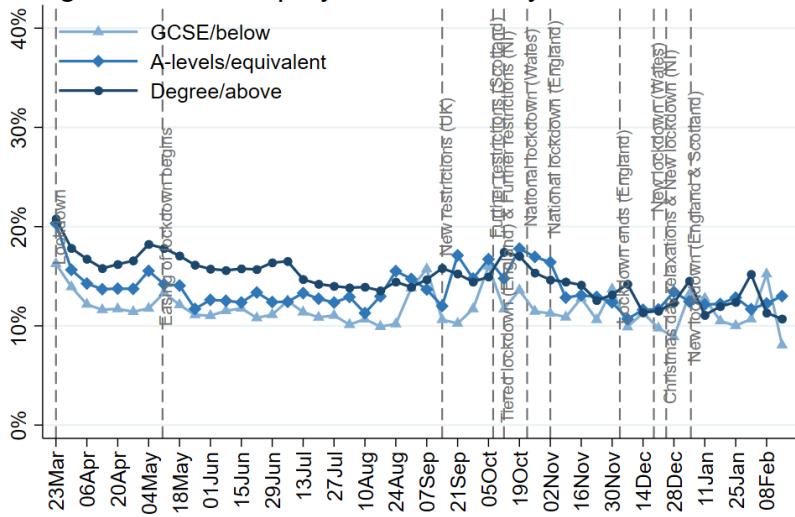
Figure 10l Unemployment stress by physical health diagnosis

Figure 11a Financial stress by age groups

Figure 11b Financial stress by living arrangement

Figure 11c Financial stress by household income

Figure 11d Financial stress by mental health diagnosis
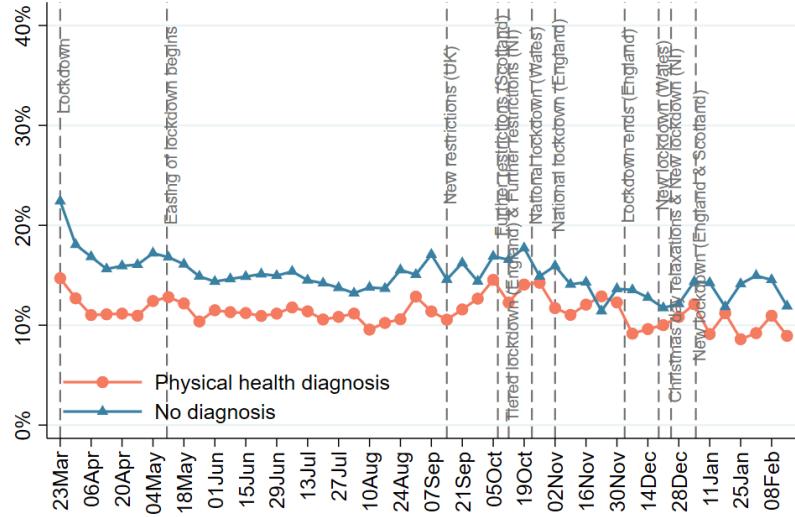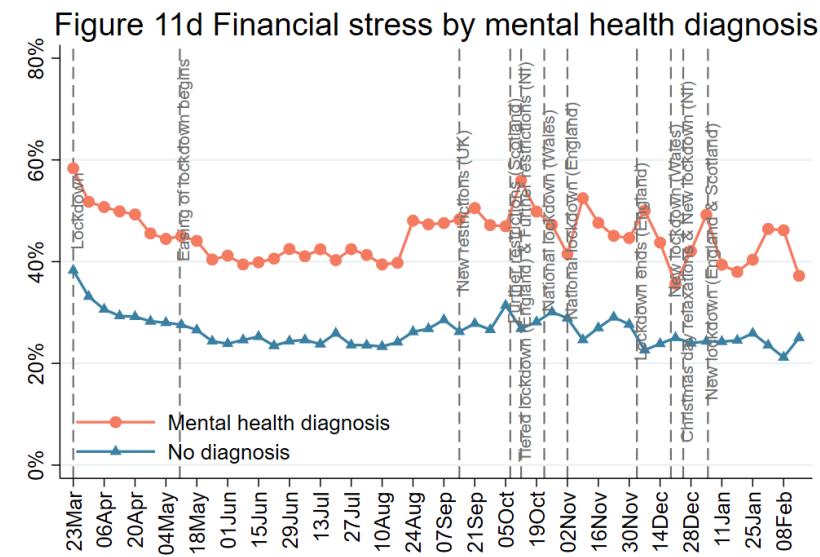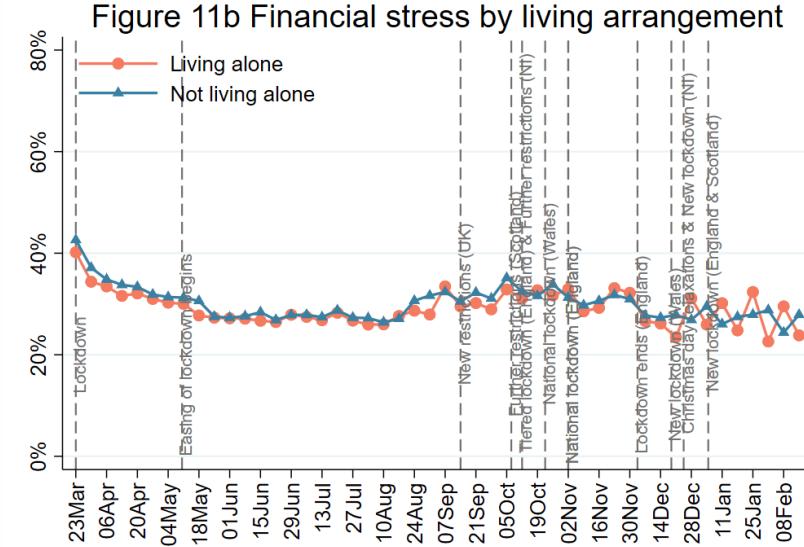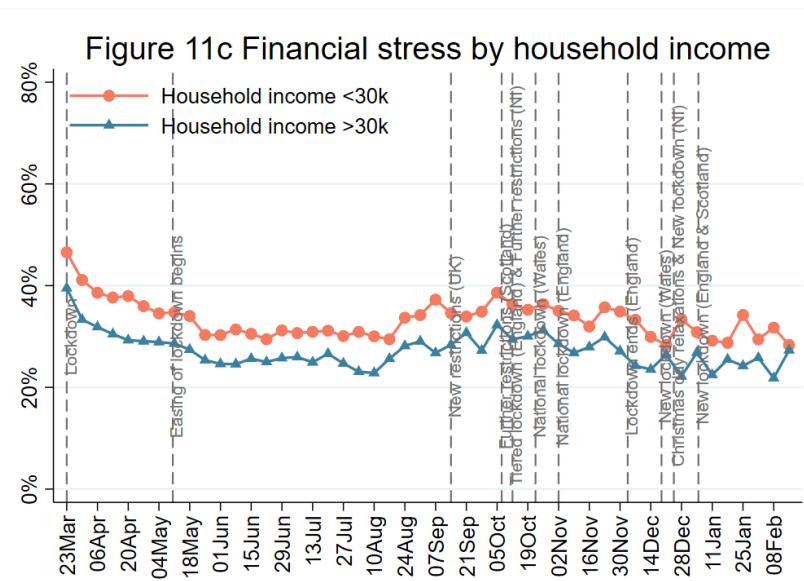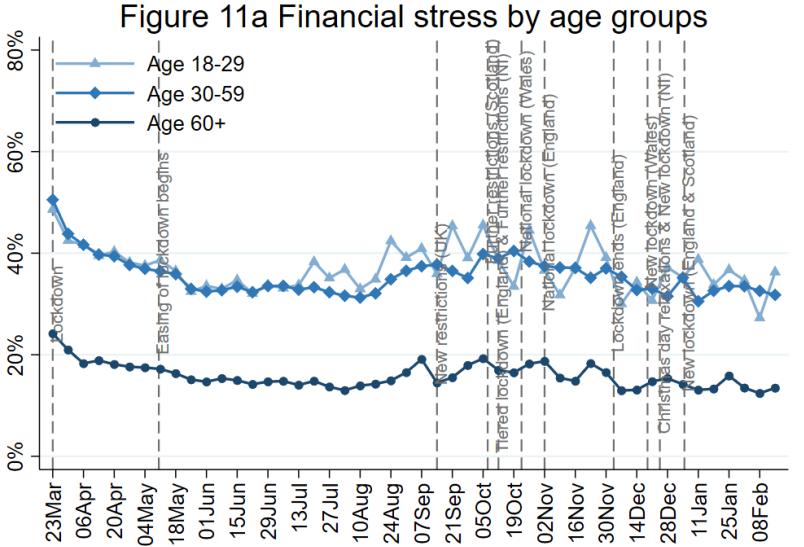
Figure 11e Financial stress by nations
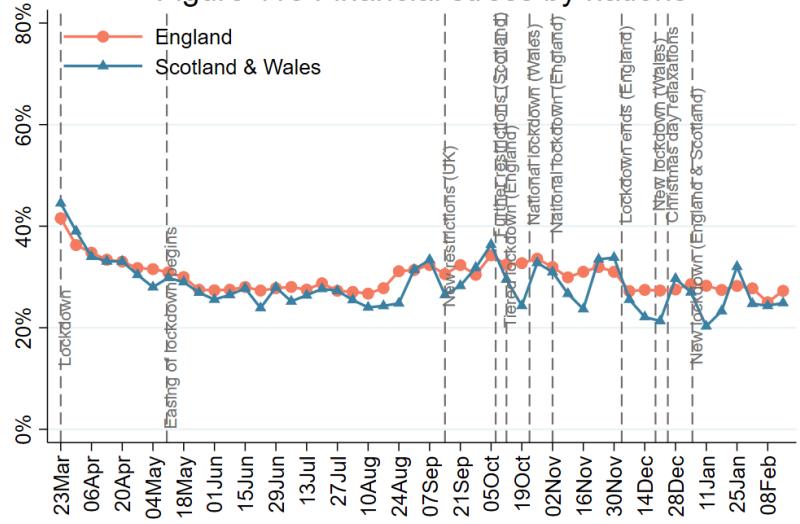

Figure 11f Financial stress by keyworker status
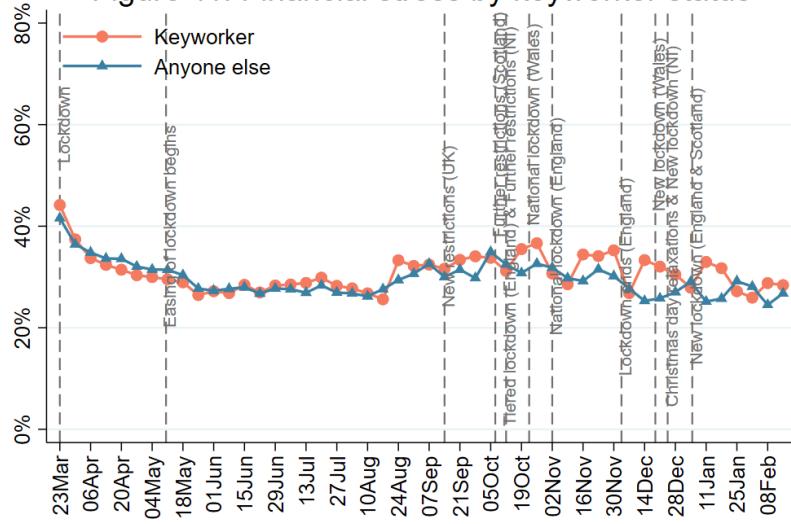
## Figure 11g Financial stress by living with children
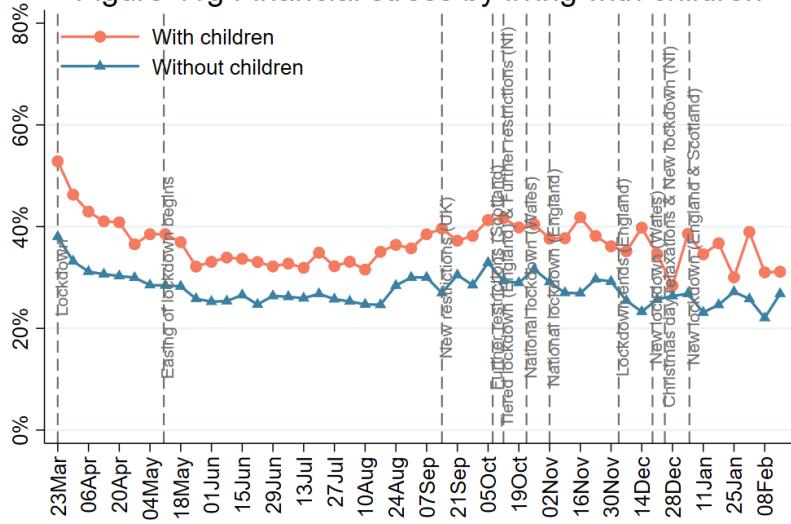
Figure 11h Financial stress by living area
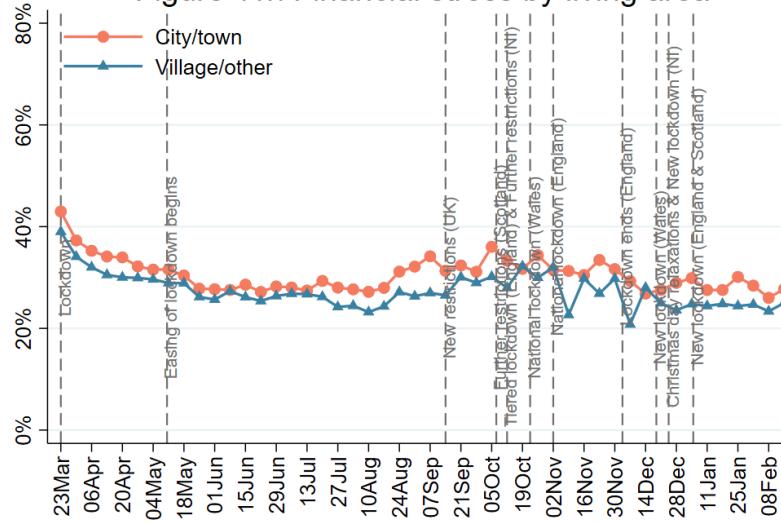
Figure 11i Financial stress by gender
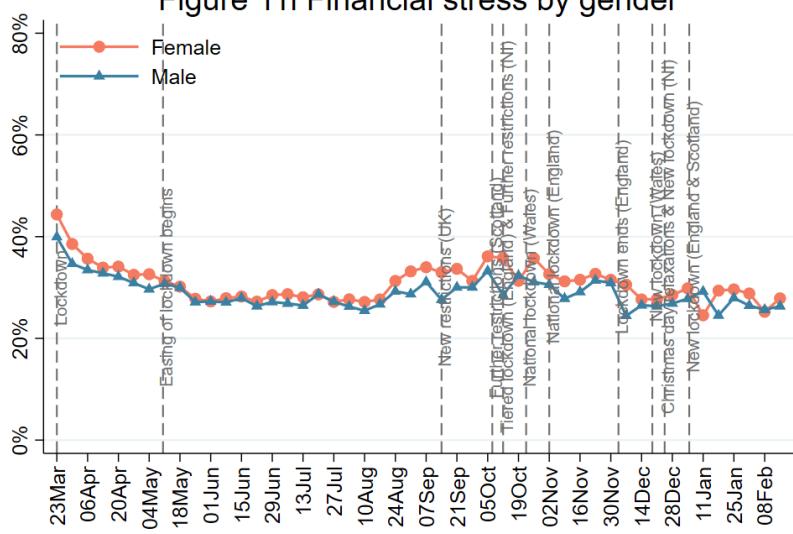
Figure 11j Financial stress by ethnicity
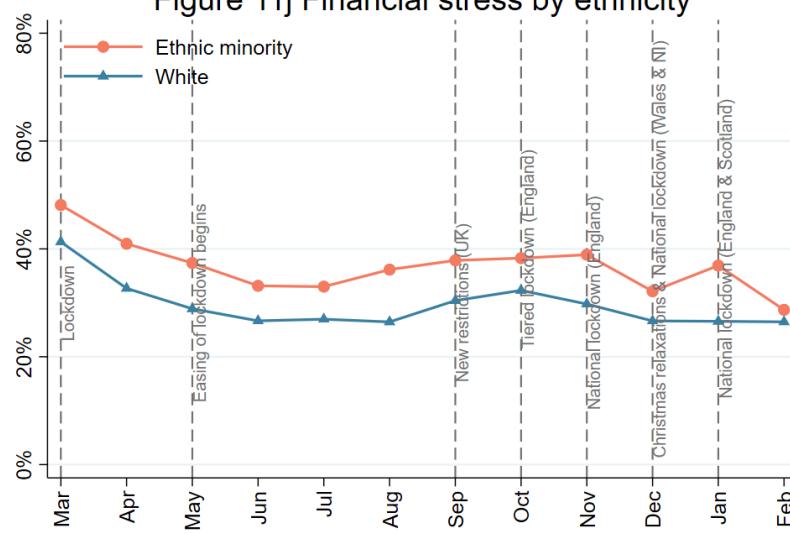
Figure 11k Financial stress by educational levels
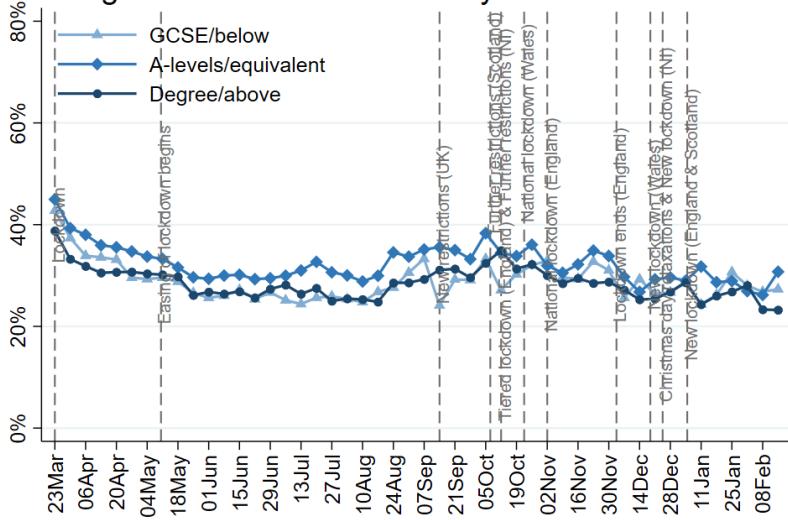

Figure 11l Financial stress by physical health diagnosis

Figure 12a Food security stress by age groups

Age 18-29
Age 30-59
Age 60+

Figure 12b Food security stress by living arrangement

Living alone
Not living alone

Figure 12c Food security stress by household income

Household income <30k
Household income >30k

Figure 12d Food security stress by mental health

Mental health diagnosis
No diagnosis

Figure 12e Food security stress by nations

Figure 12f Food security stress by keyworker status

Figure 12g Food security stress by living with children

Figure 12h Food security stress by living area

Figure 12i Food security stress by gender
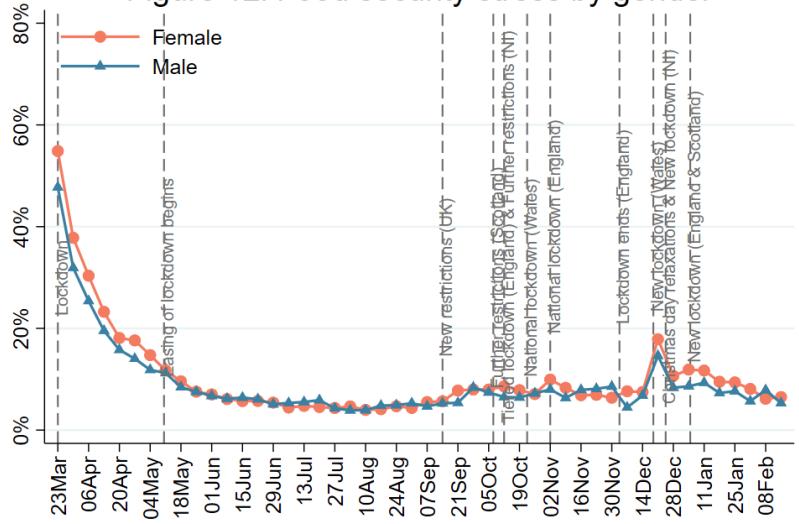
Figure 12j Food security stress by ethnicity
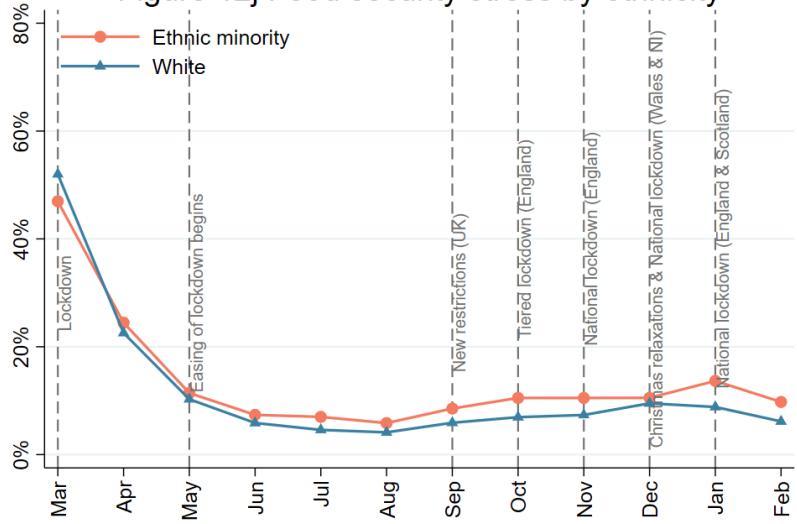
Figure 12k Food security stress by educational levels
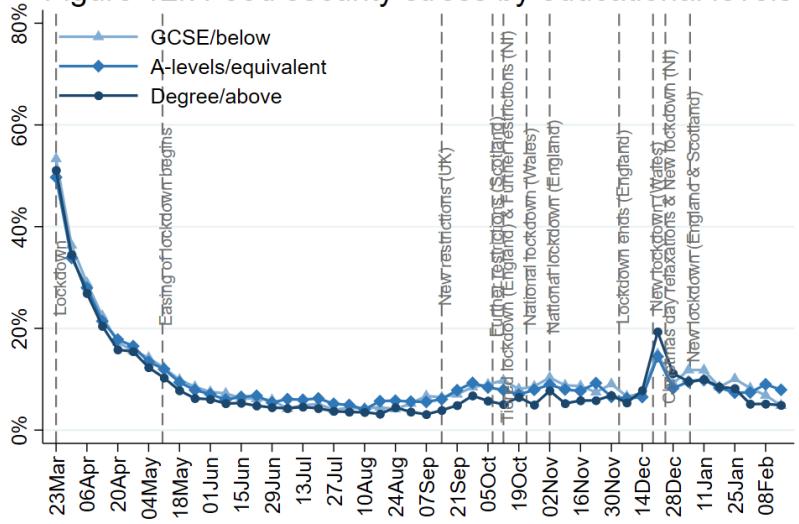
Figure 12l Food security stress by physical health diagnosis
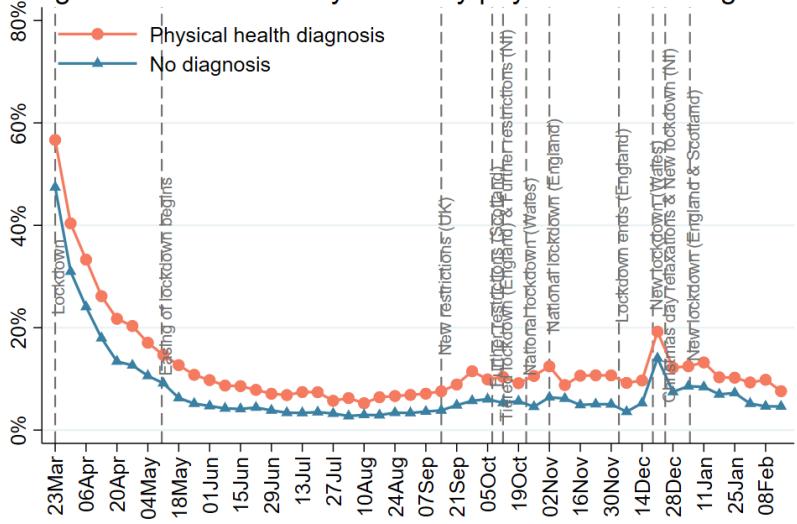
3. Self-harm and abuse

3.1 Thoughts of death or self-harm

Figure 13 Thoughts of death or self-harm

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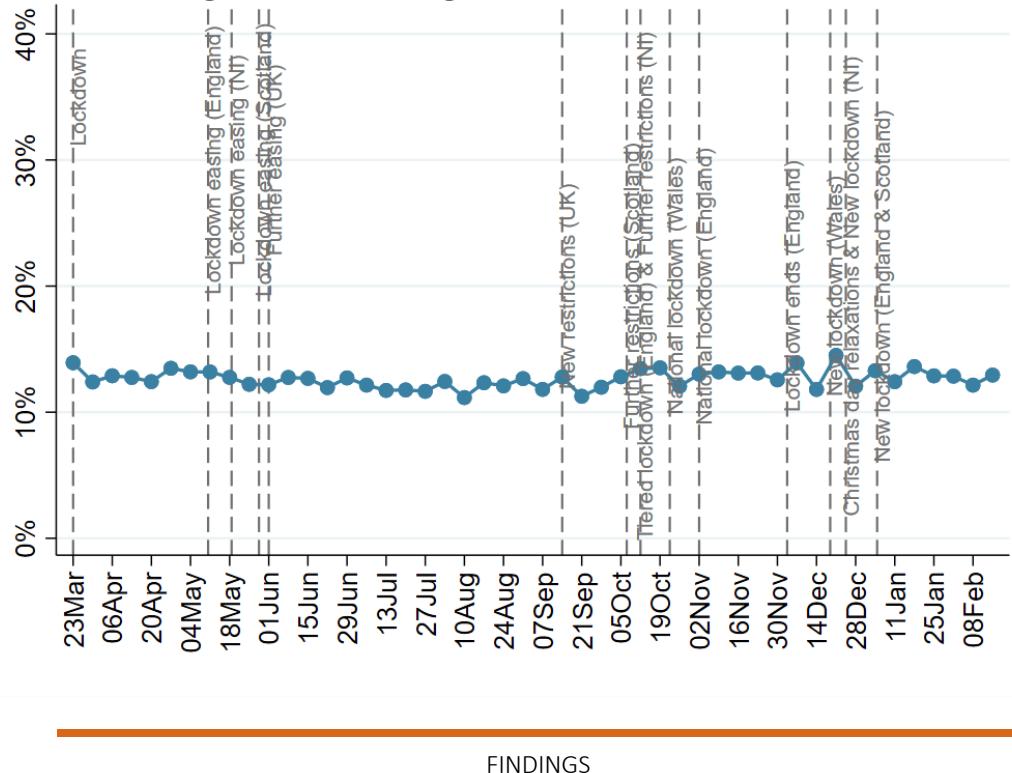
Thoughts of death or self-harm are measured using a specific item within the PHQ-9 that asks whether, in the last week, the respondent has had "thoughts that you would be better off dead or of hurting yourself in some way". Responses are on a 4-point scale ranging from "not at all" to "nearly every day".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

There continues to be no clear change in thoughts of death or self-harm. Percentages of people having thoughts of death or self-harm have been relatively stable throughout the pandemic. They remain higher amongst younger adults, with around one-quarter reporting thoughts of death or self-harm. Thoughts of death or self-harm are also higher in those with a diagnosed mental health condition, those with lower incomes, in urban areas, and amongst those in ethnic minority groups.

Figure 14a Thoughts of death by age groups
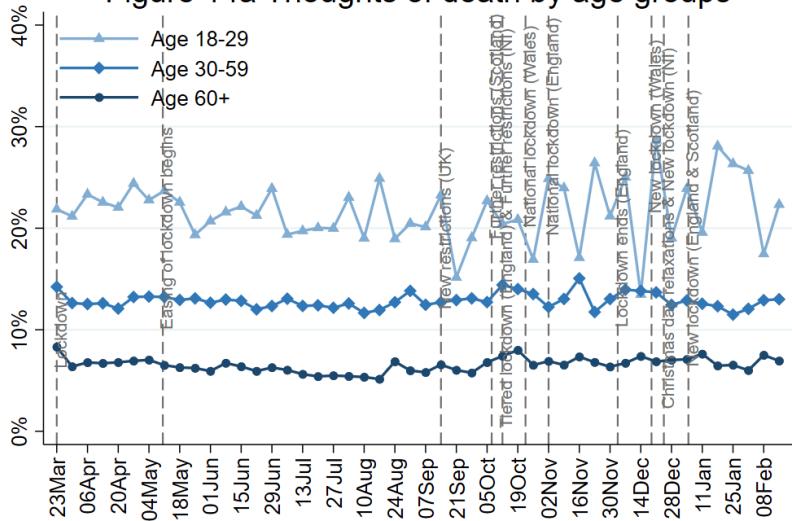
Figure 14b Thoughts of death by living arrangement
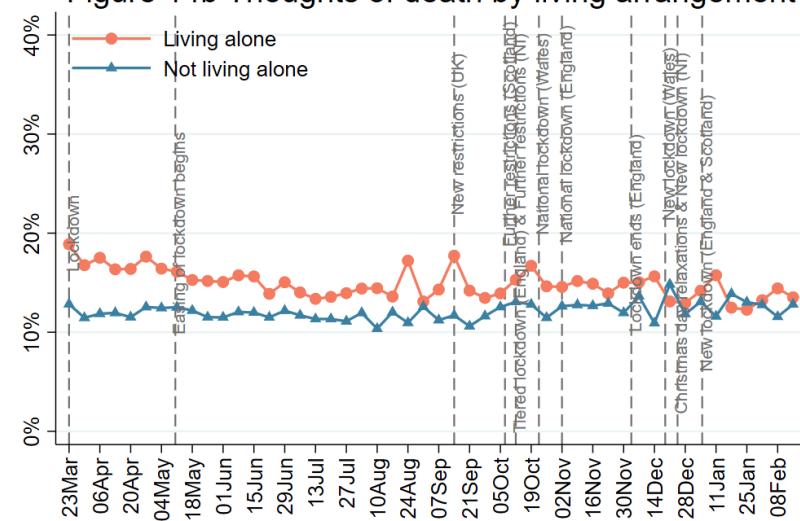
Figure 14c Thoughts of death by household income
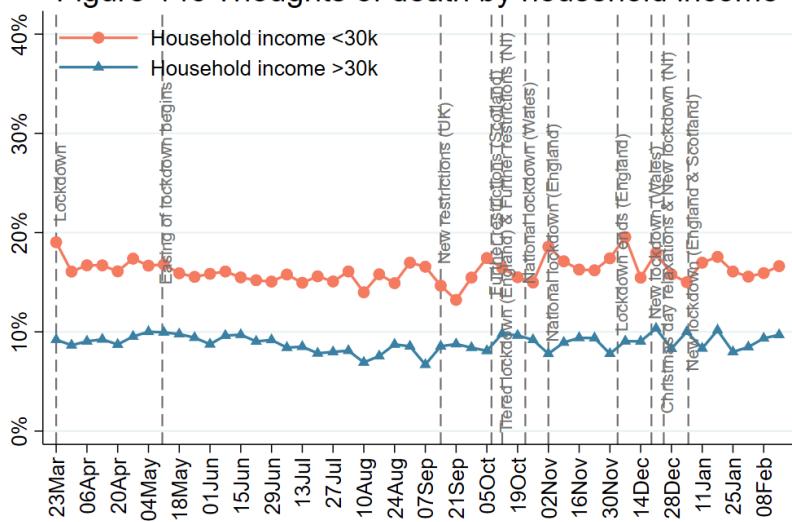
Figure 14d Thoughts of death by mental health diagnosis
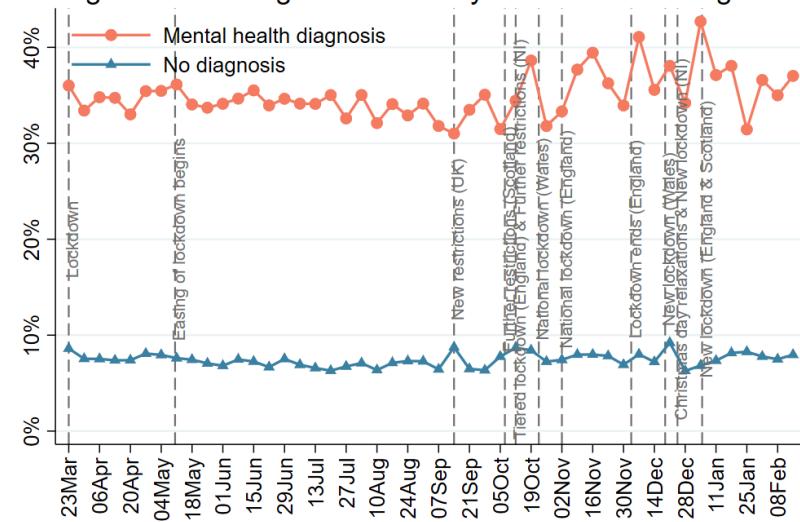
Figure 14e Thoughts of death by nations
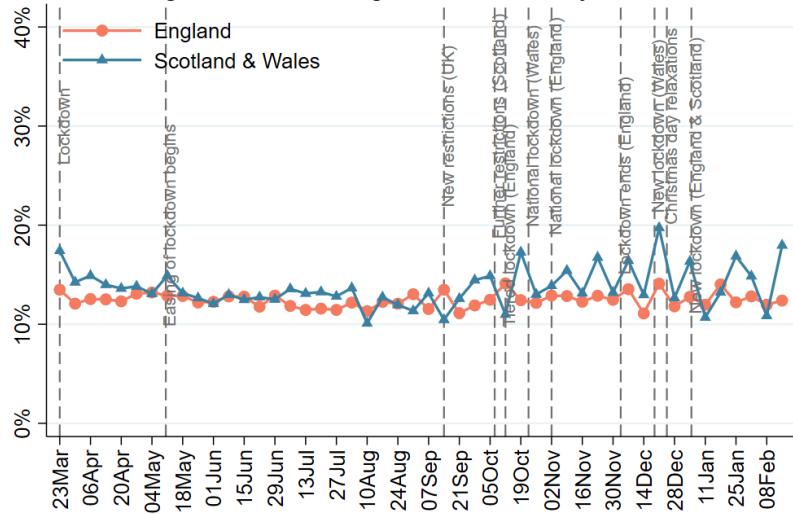
Figure 14f Thoughts of death by keyworker status
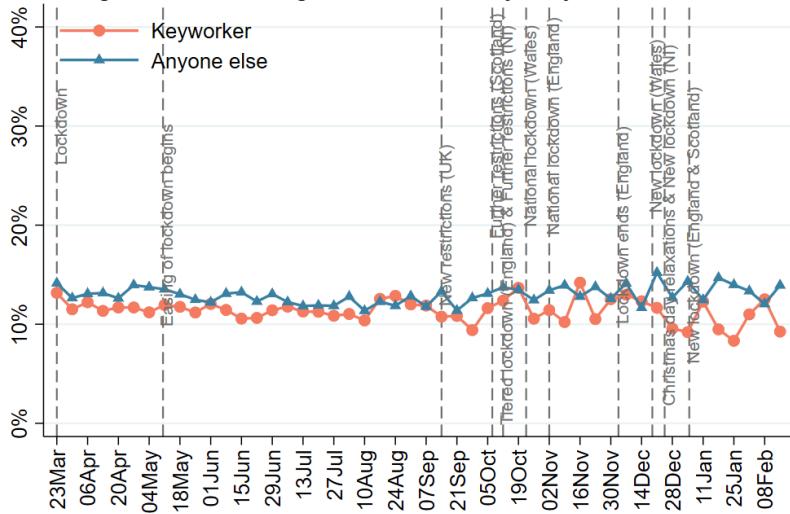
Figure 14g Thoughts of death by living with children
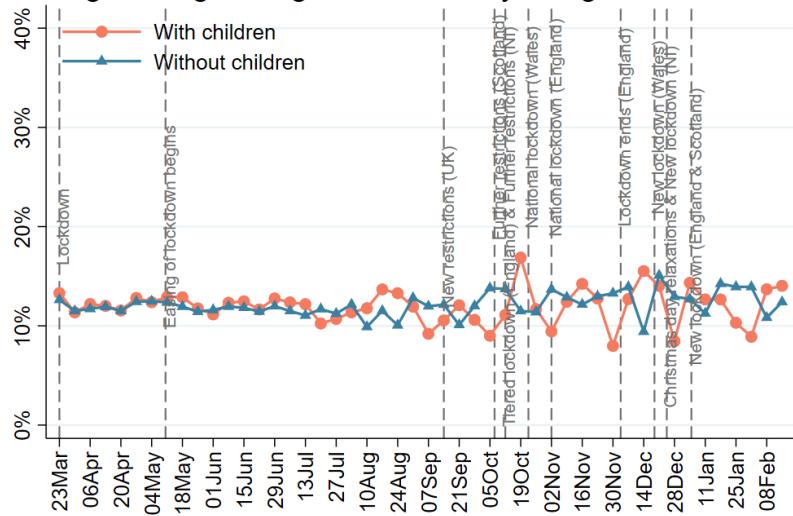
Figure 14h Thoughts of death by living area
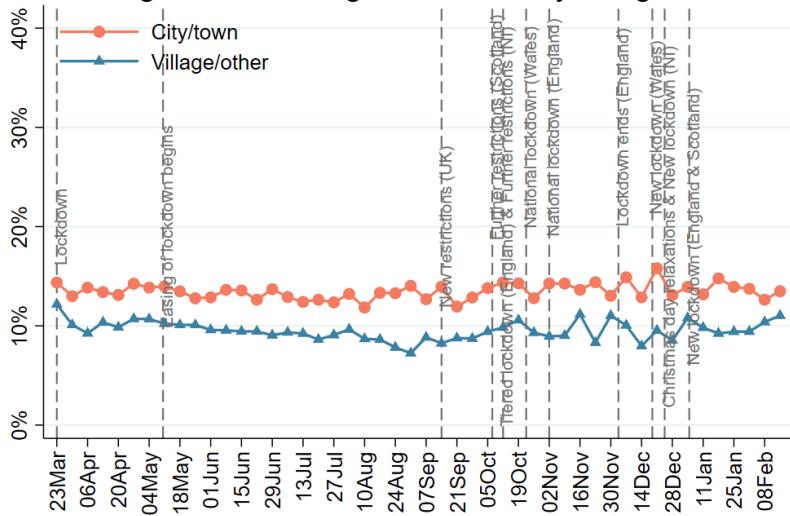
Figure 14i Thoughts of death by gender
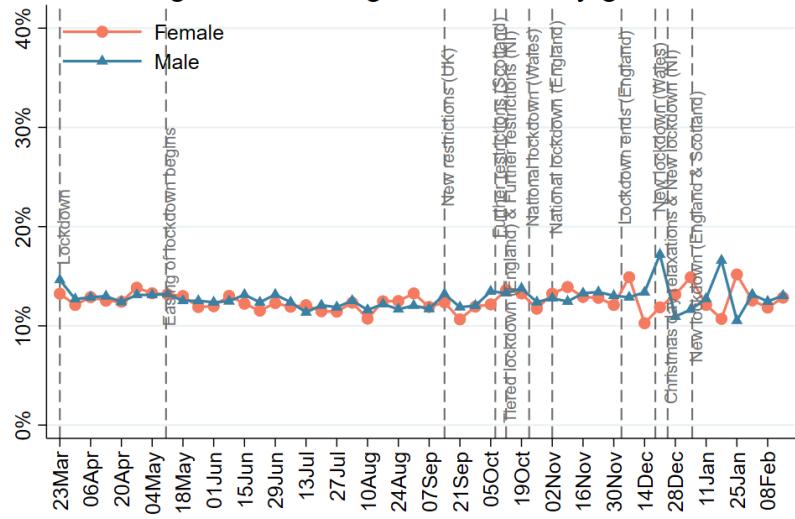

Figure 14j Thoughts of death by ethnicity
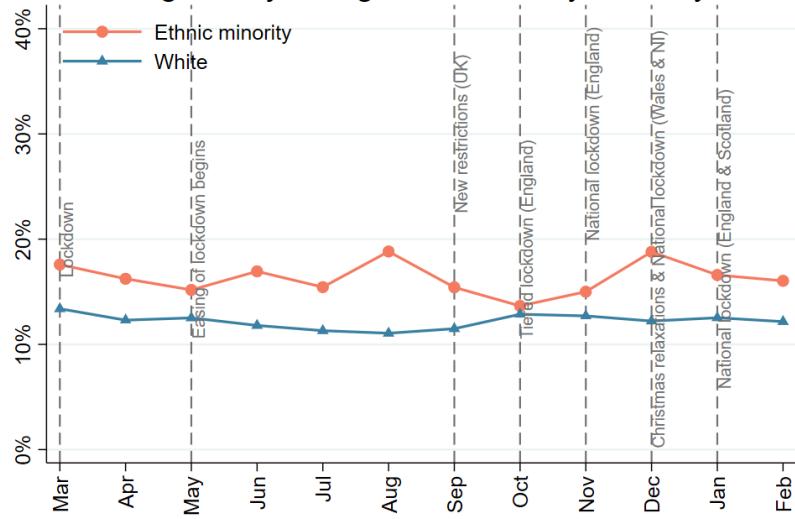
Figure 14k Thoughts of death by educational levels
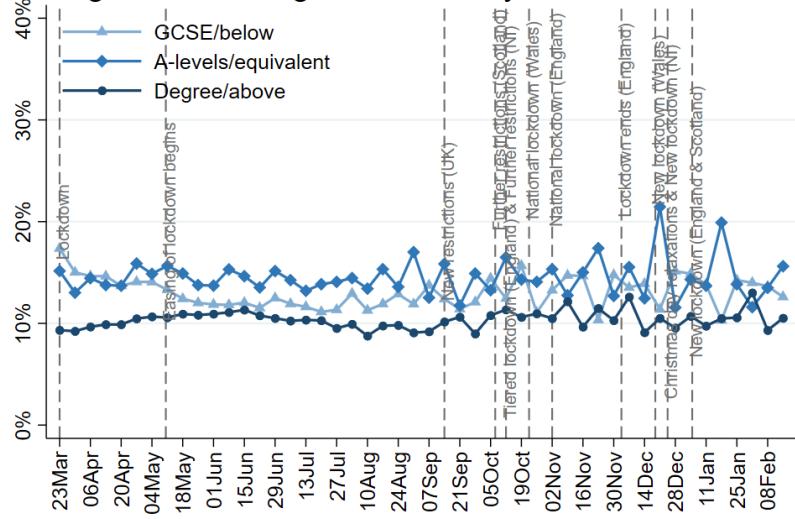
Figure 14l Thoughts of death by physical health diagnosis
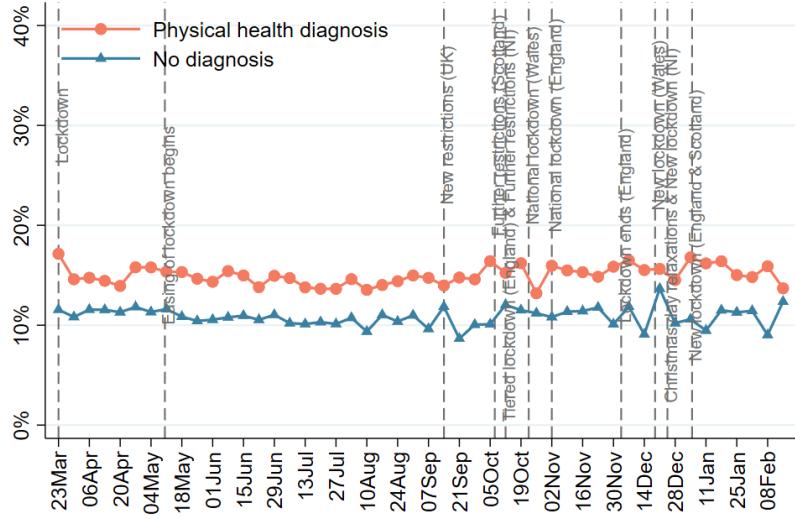
3.2 Self-harm

Figure 15 Self-harm

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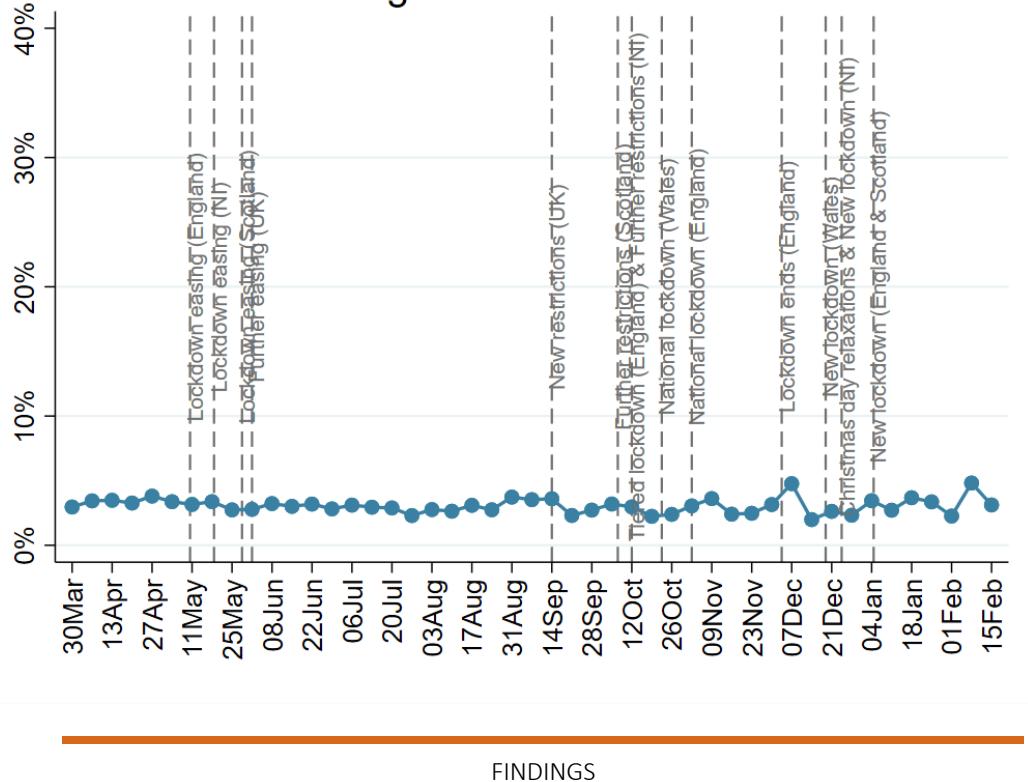
Self-harm was assessed using a question that asks whether in the last week the respondent has been "self-harming or deliberately hurting yourself". Responses are on a 4-point scale ranging from "not at all" to "nearly every day". We focused on any response that indicated any self-harming.

Self-harm has remained relatively stable over the course of the pandemic. Self-harm remains higher amongst younger adults and those with a diagnosed mental health condition. It is now slightly higher amongst people who are not keyworkers.

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[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. NB the question on self-harm was asked starting on 30 March 2020 and thus the x-axes for these graphs are slightly different compared to the other graphs in this report.

Figure 16a Self-harm by age groups

Age 18-29
Age 30-59
Age 60+

Figure 16b Self-harm by living arrangement

Living alone
Not living alone

Figure 16c Self-harm by household income

Household income <30k
Household income >30k

Figure 16d Self-harm by mental health diagnosis

Mental health diagnosis
No diagnosis
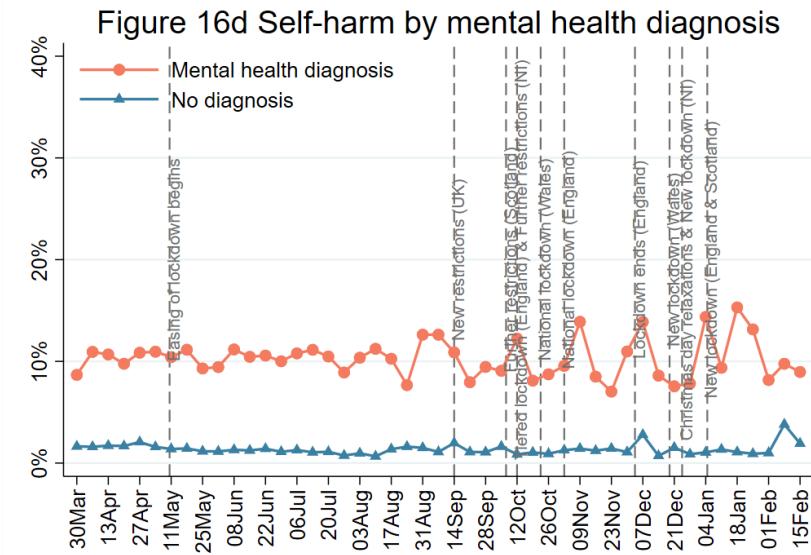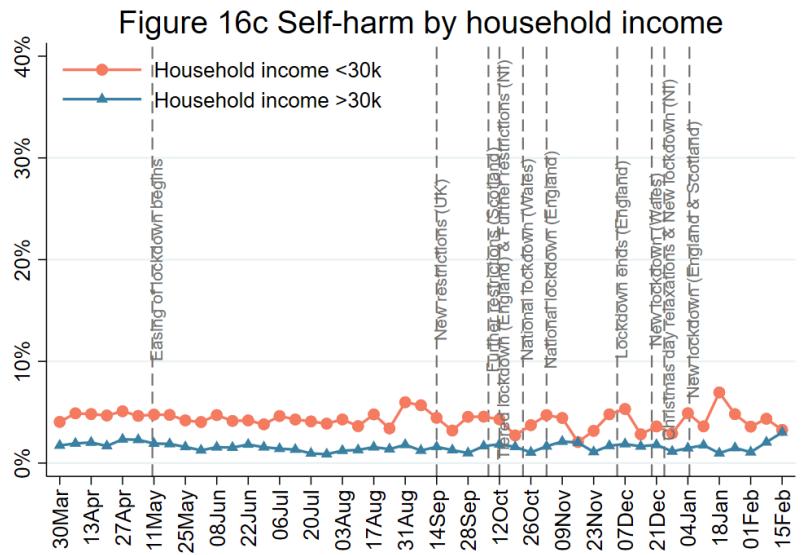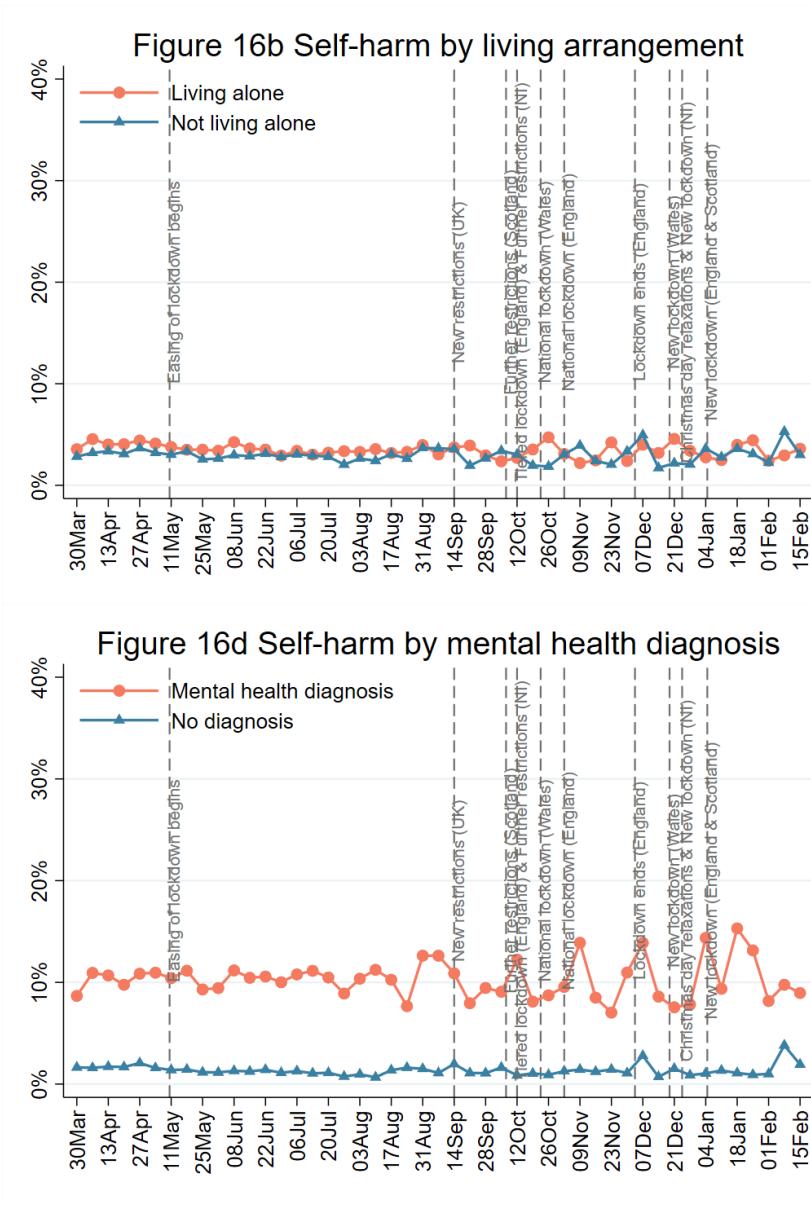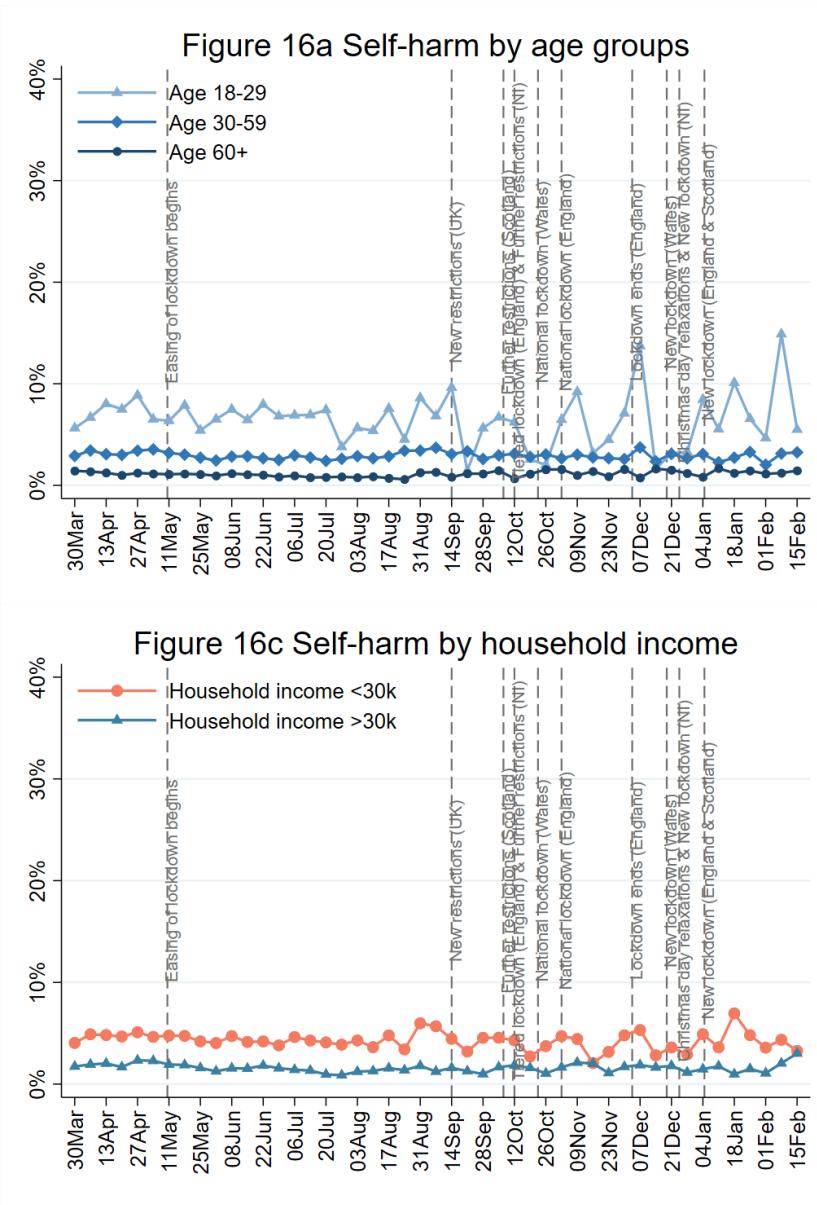
Figure 16e Self-harm by nations
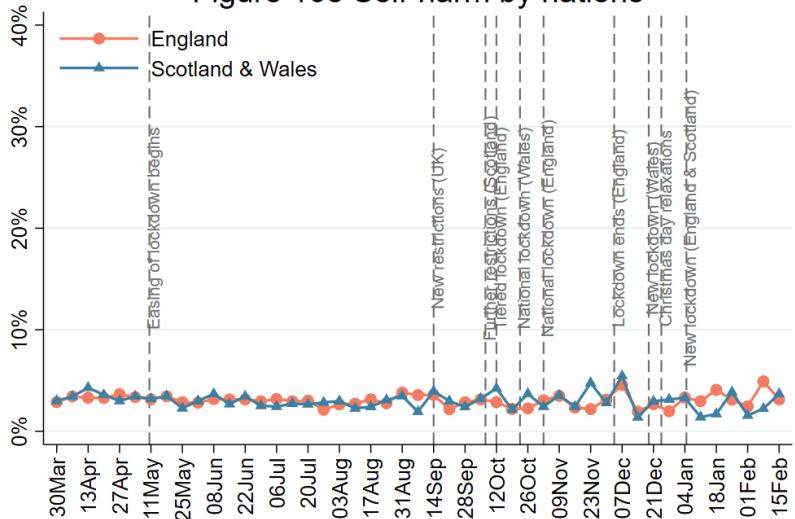
Figure 16f Self-harm by keyworker status
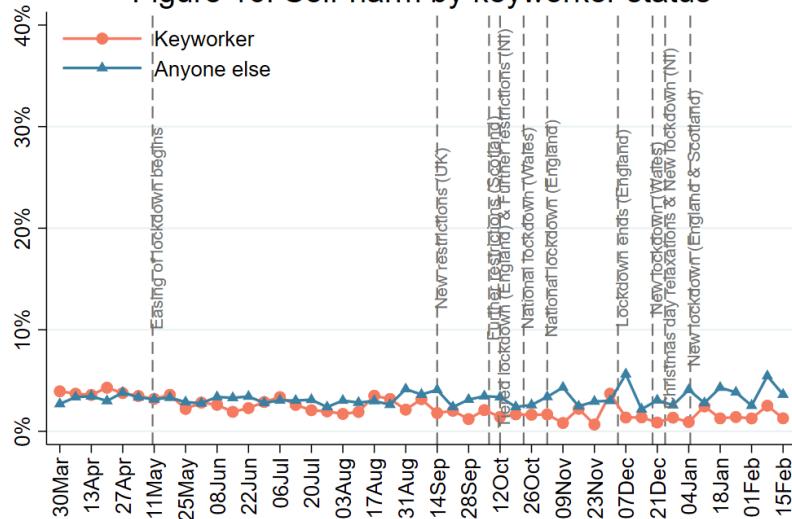
Figure 16g Self-harm by living with children
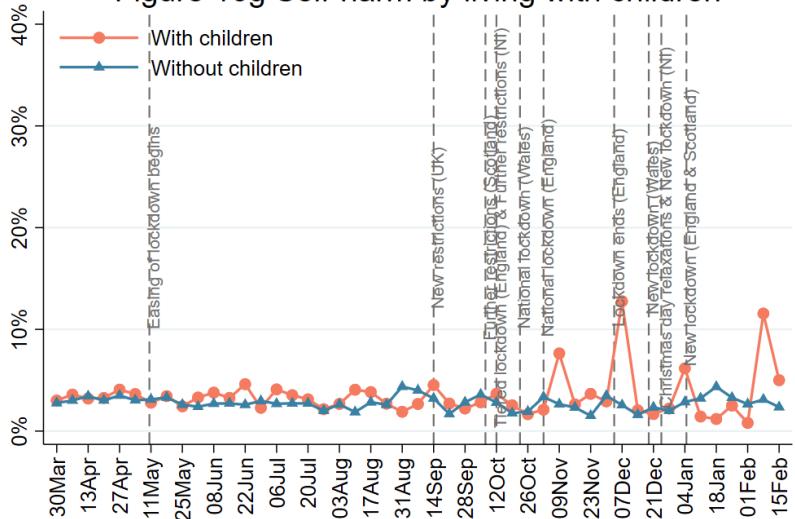
Figure 16h Self-harm by living area
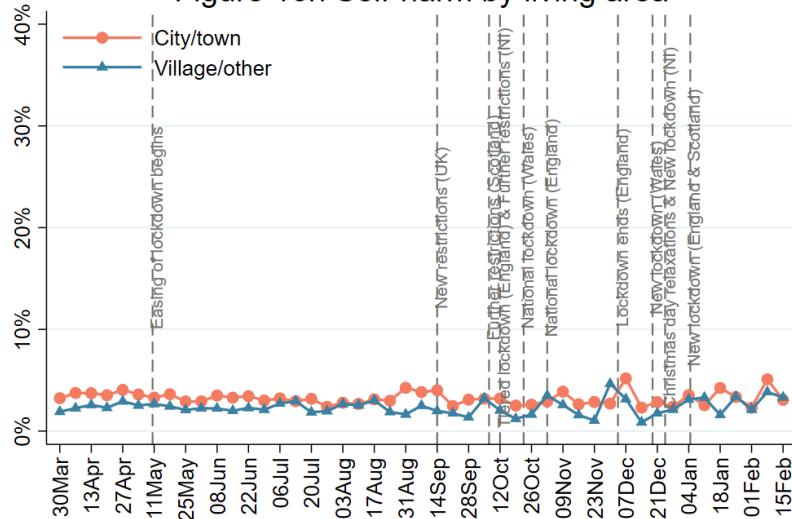
Figure 16i Self-harm by gender
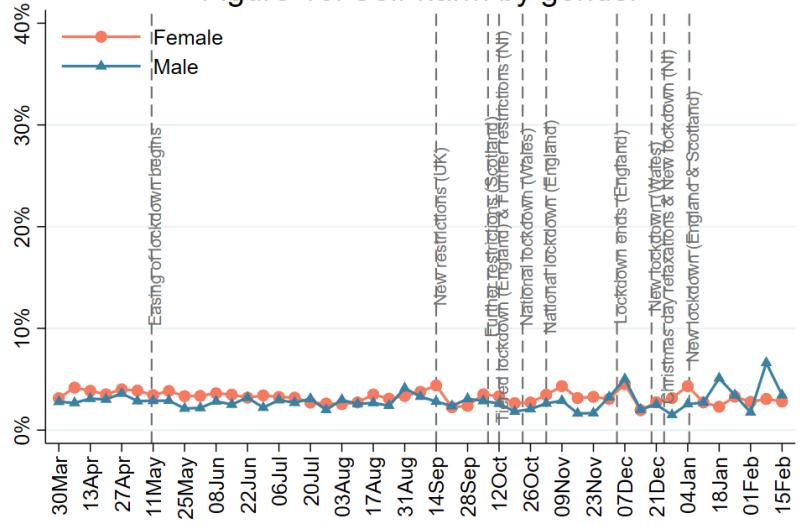
Figure 16j Self-harm by ethnicity
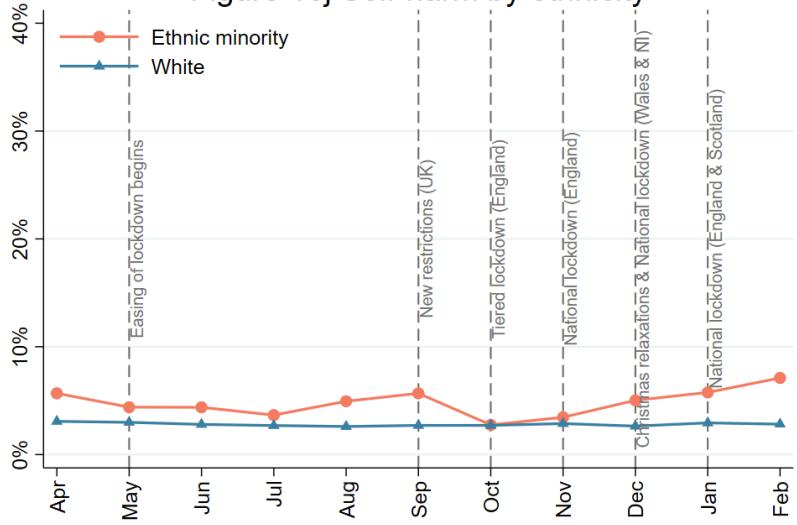
Figure 16k Self-harm by educational levels
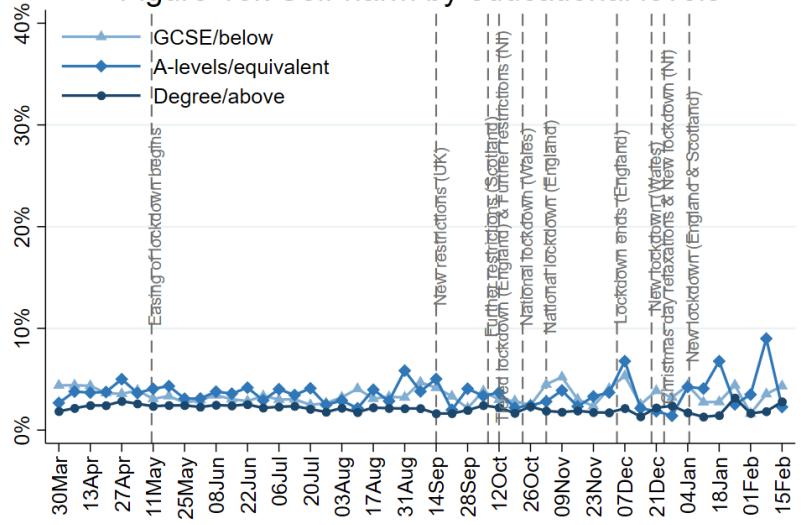
## Figure 16l Self-harm by physical health diagnosis

3.3 Abuse

Figure 17 Being physically or psychologically abused
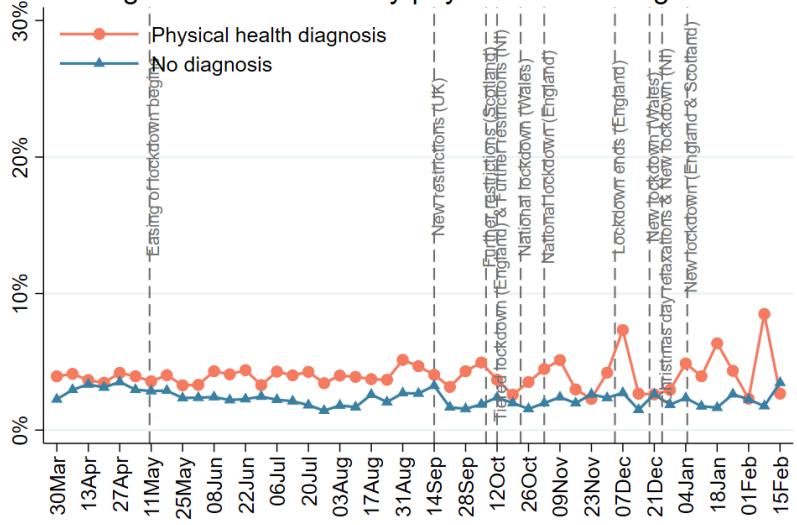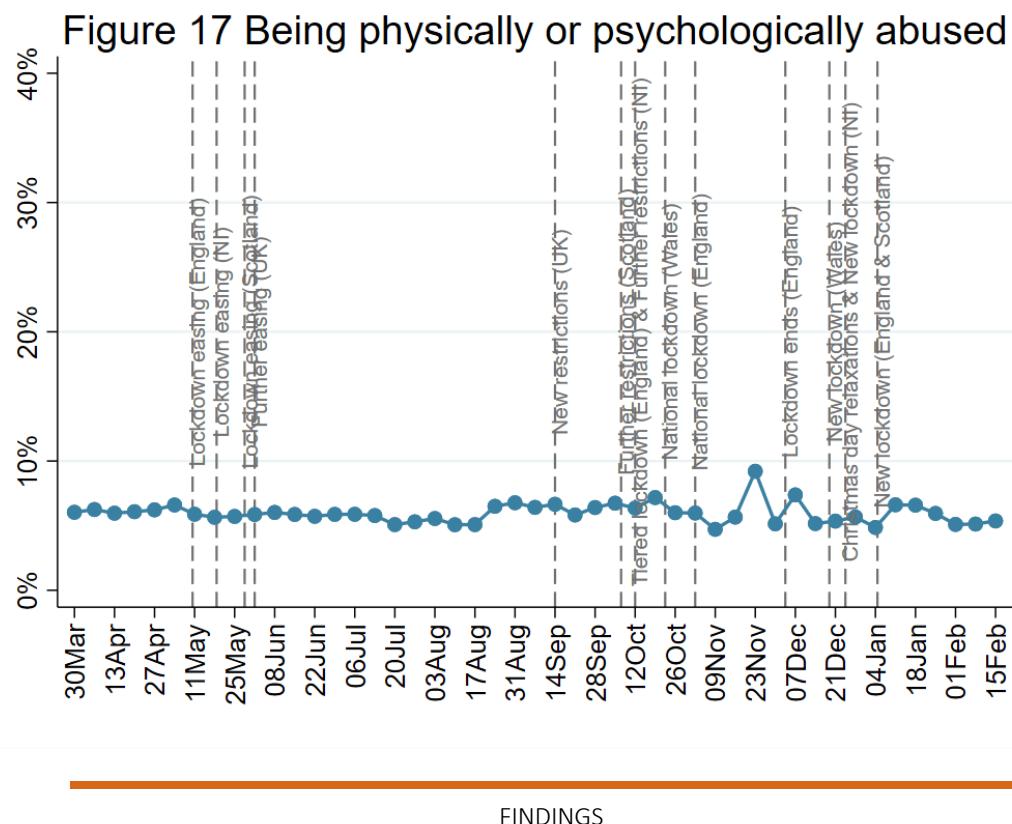
Abuse was measured using two questions that ask if the respondent has experienced in the last week "being physically harmed or hurt by someone else" or "being bullied, controlled, intimidated, or psychologically hurt by someone else". Responses are on a 4-point scale ranging from "not at all" to "nearly every day". We focused on any response on either item that indicated any experience of psychological or physical abuse.

Abuse has remained relatively stable 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, and people from ethnic minority backgrounds but appears to have been decreasing in the last month in this latter group. This pattern remains to be explored further in the coming weeks. Whilst abuse increased slightly more amongst non-keyworkers after the start of the third lockdown, levels of abuse have been similar in keyworkers and everyone else over the last several weeks.

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[5].

---

[5] 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

- Age 18-29
- Age 30-59
- Age 60+
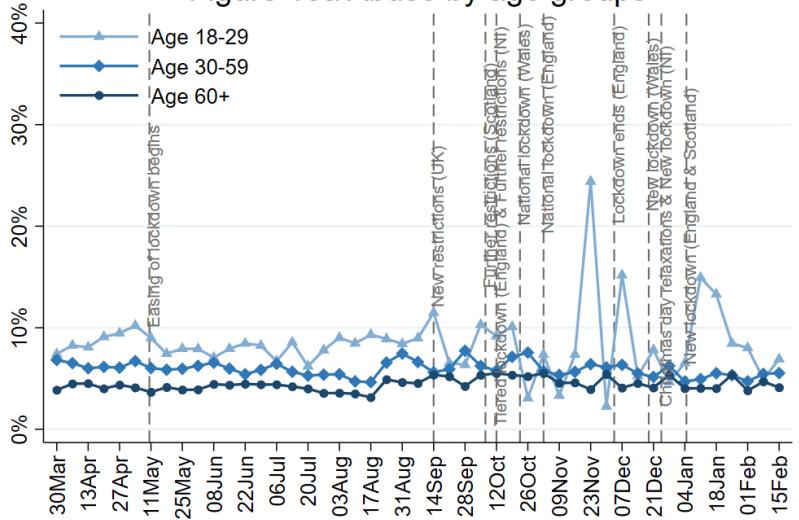
Figure 18b Abuse by living arrangement

- Living alone
- Not living alone
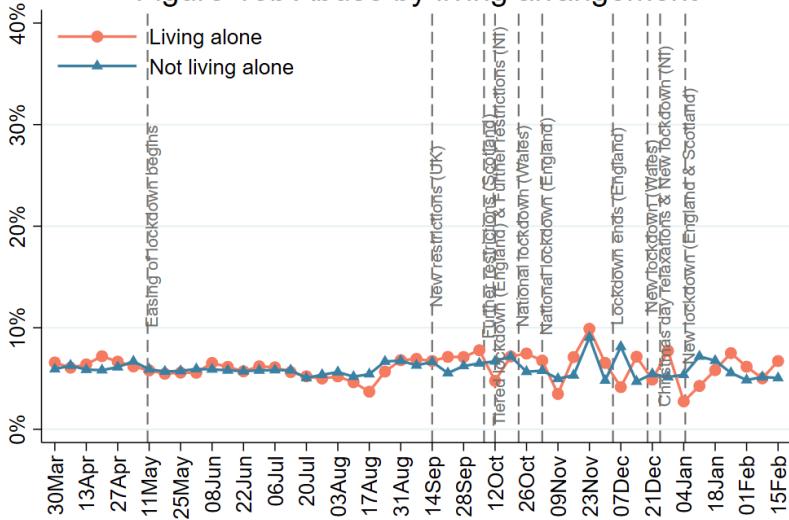
Figure 18c Abuse by household income

- Household income <30k
- Household income >30k
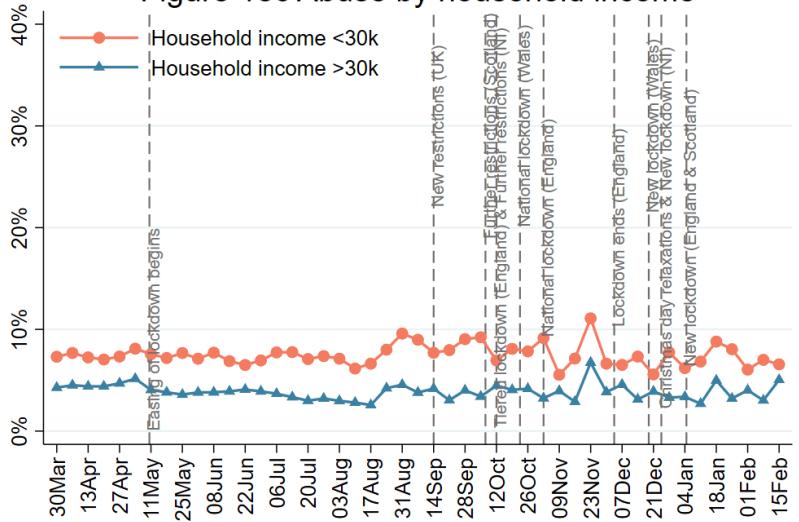
Figure 18d Abuse by mental health diagnosis

- Mental health diagnosis
- No diagnosis
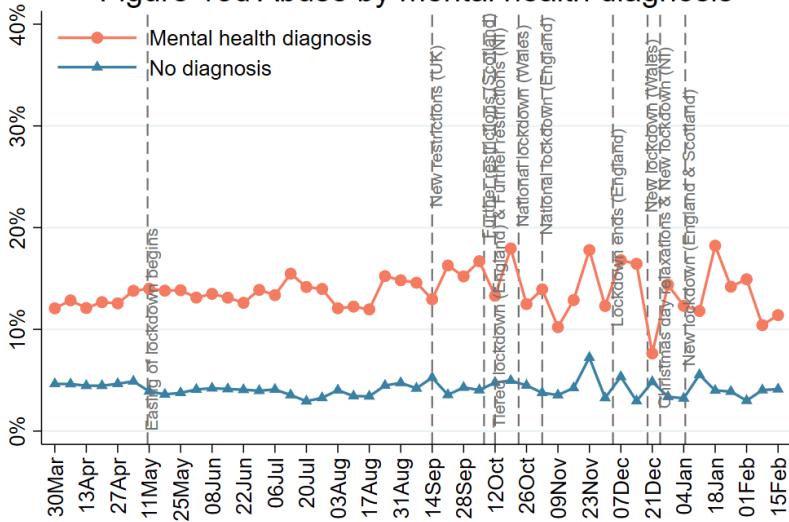
Figure 18e Abuse by nations
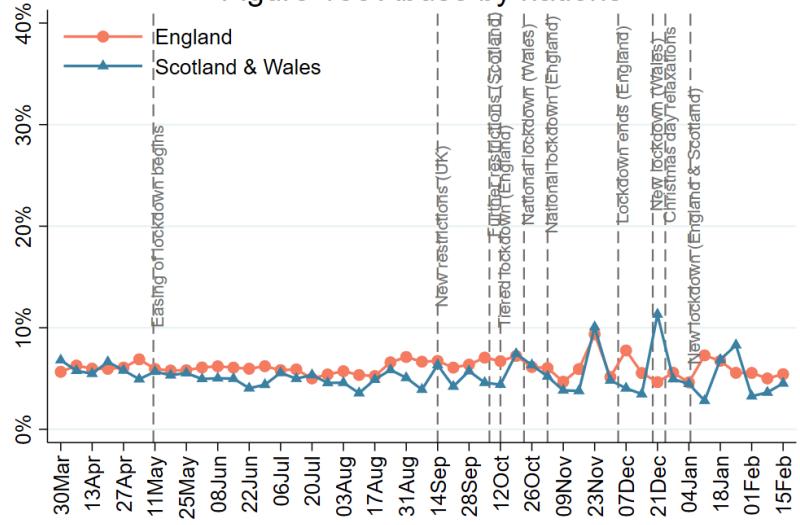
Figure 18f Abuse by keyworker status
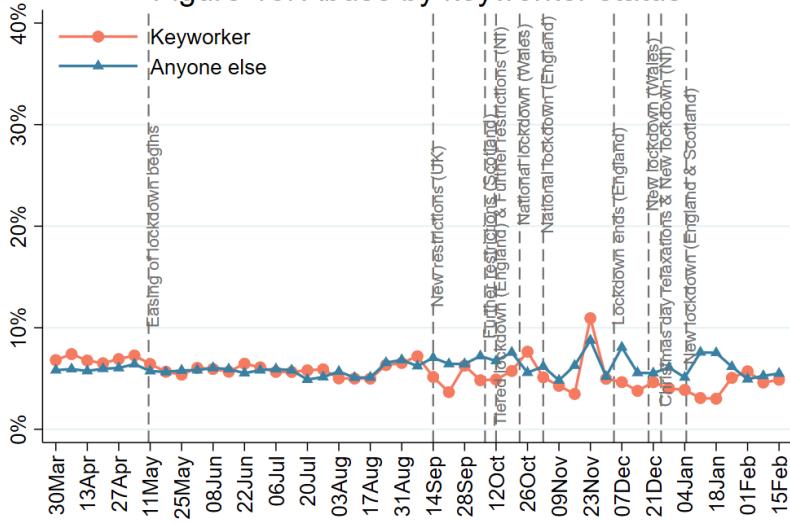
Figure 18g Abuse by living with children
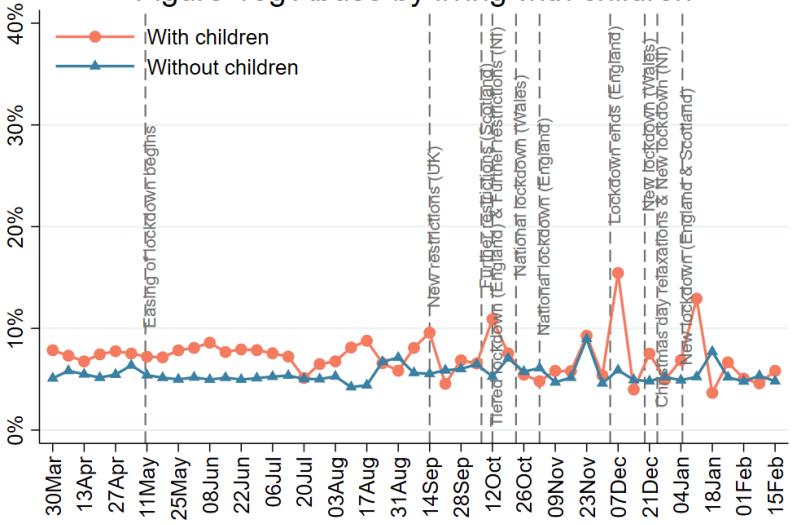
Figure 18h Abuse by living area
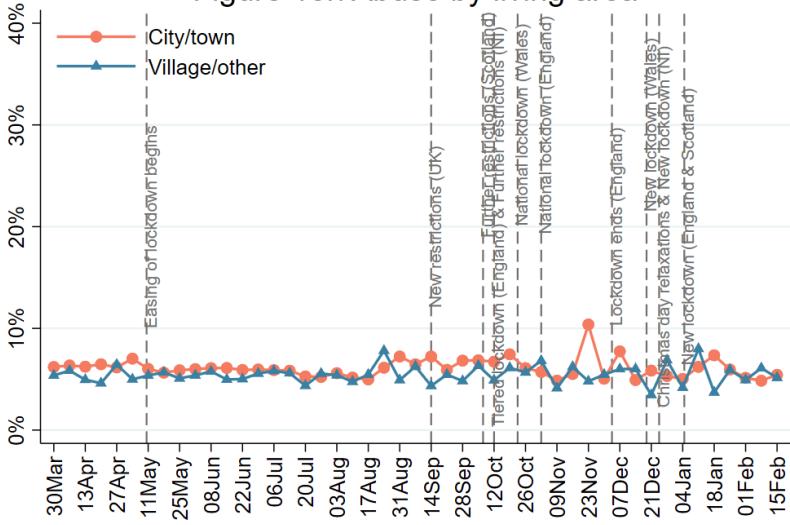
Figure 18i Abuse by gender
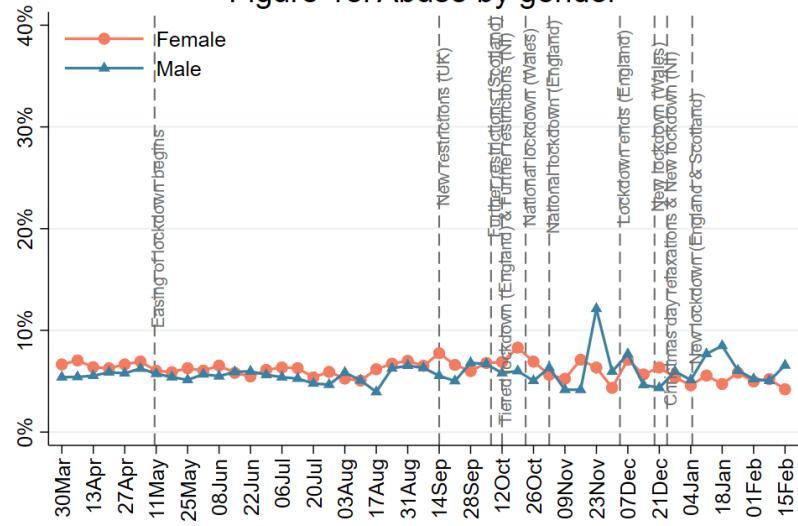
Figure 18j Abuse by ethnicity
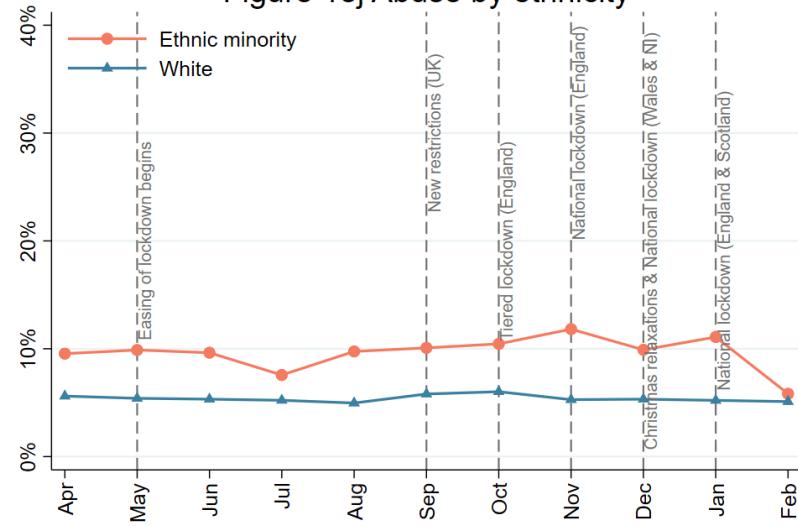


Figure 18k Abuse by educational levels
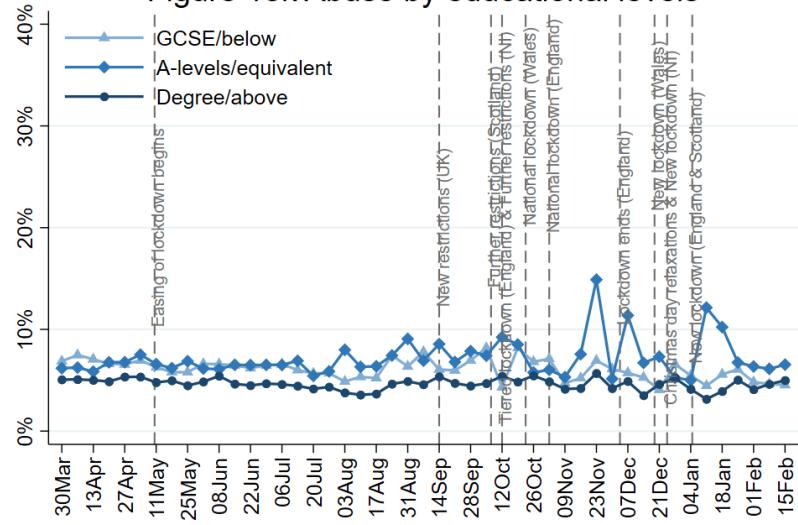
Figure 18l Abuse by physical health diagnosis
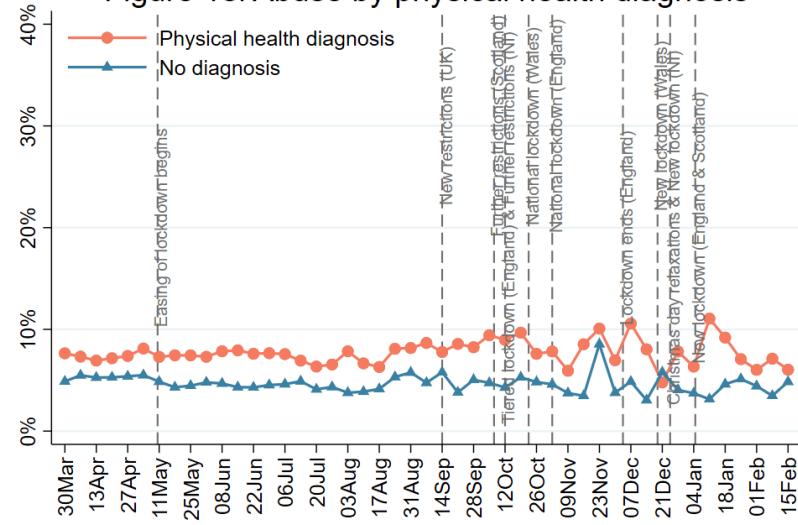
4. General well-being

4.1 Life satisfaction

Figure 19 Life satisfaction

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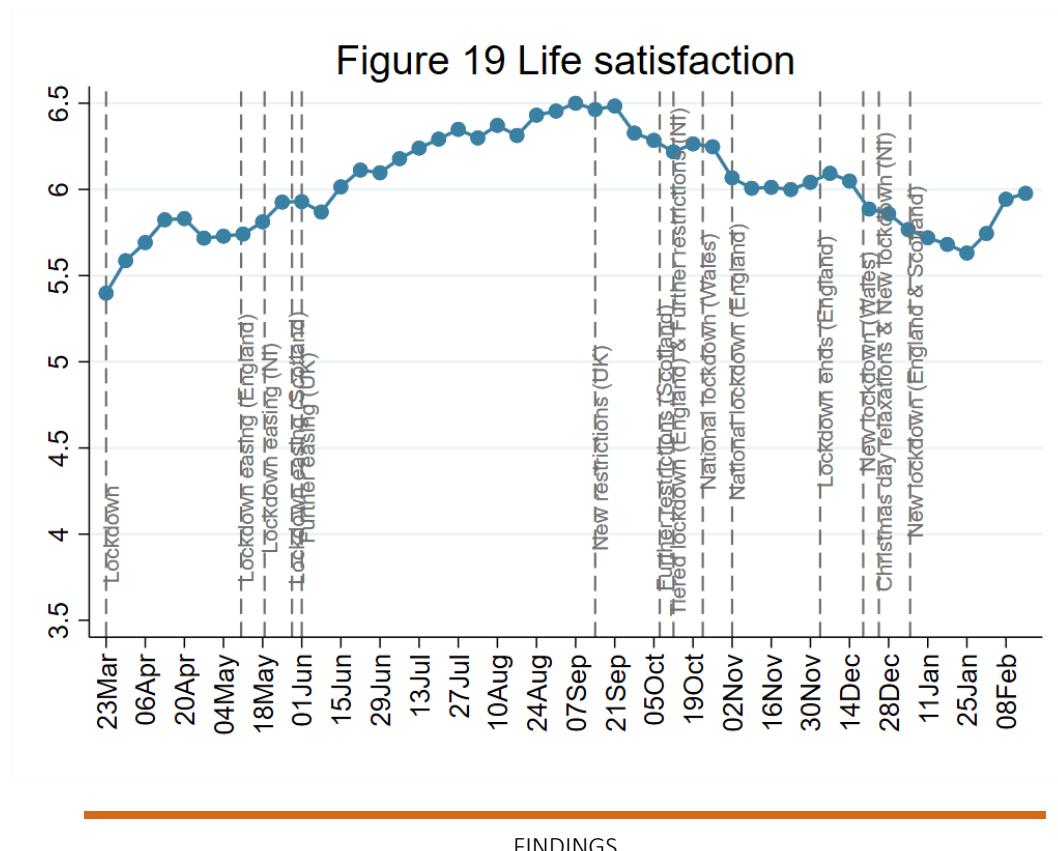
Respondents were asked to rate their life satisfaction during the past week using the ONS wellbeing scale, which asks respondents about how satisfied they are with their life, using a scale from 0 (not at all) to 10 (completely).

There has been an increase in life satisfaction in the last month seen across all age groups. Life satisfaction remains lower than during the summer, but levels are now similar to June 2020 when lockdown restrictions were being lifted.

However, younger adults and women continue to have lower levels of life satisfaction, as are people living alone, those with a mental health condition, those with lower household incomes, 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).

Although this study focuses on trajectories rather than prevalence, the levels of life satisfaction are lower than usual reported averages using the same scale (7.7)[6].

---

[6] 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
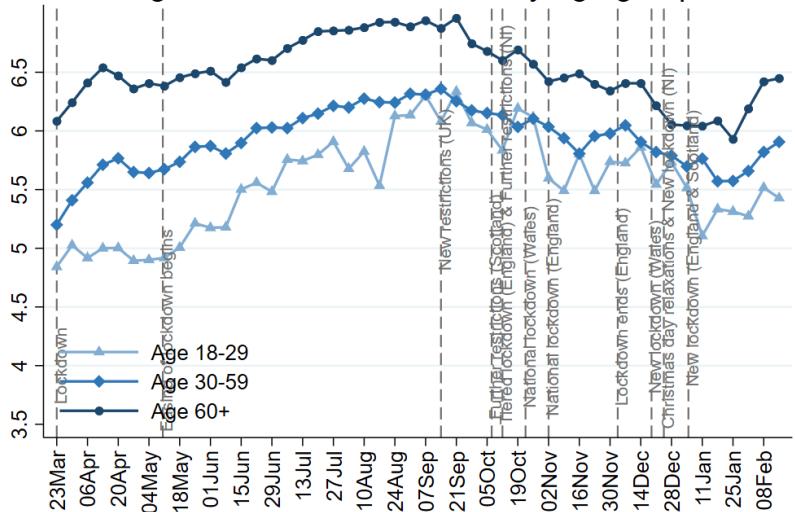
Figure 20b Life satisfaction by living arrangement
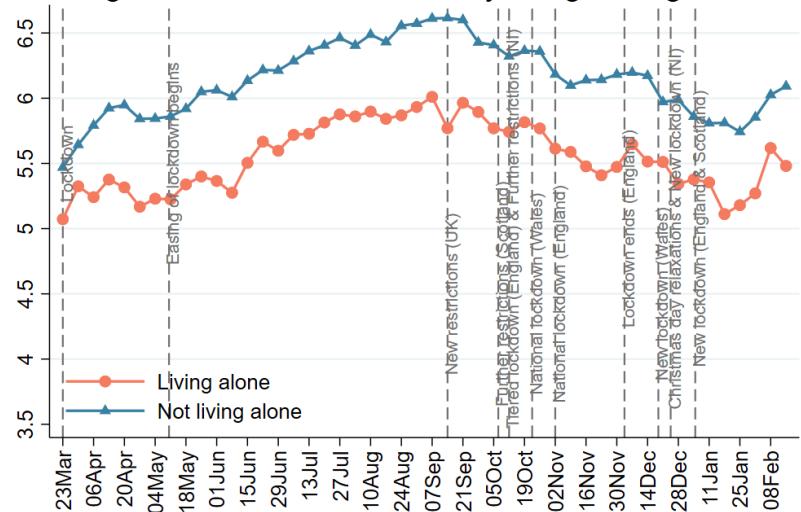
Figure 20c Life satisfaction by household income
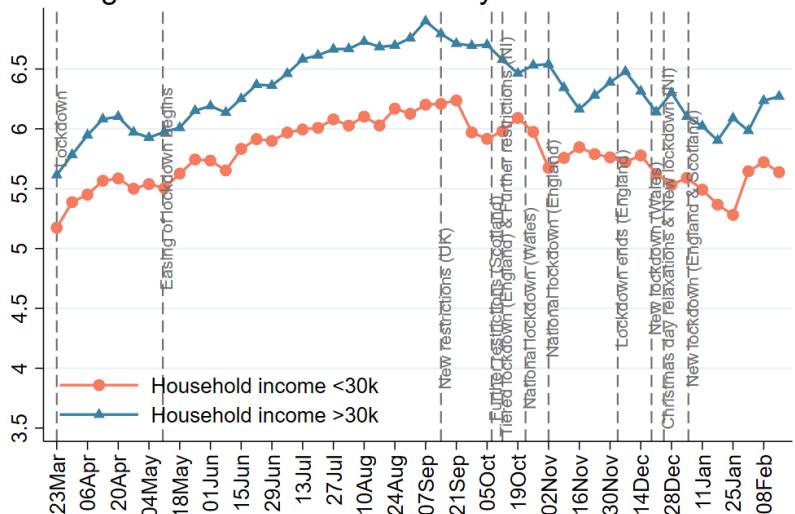

Figure 20d Life satisfaction by mental health diagnosis
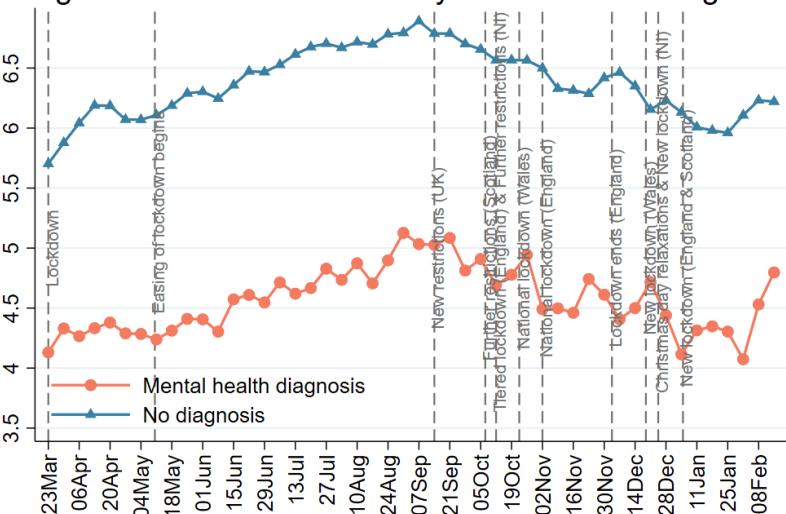
Figure 20e Life satisfaction by nations
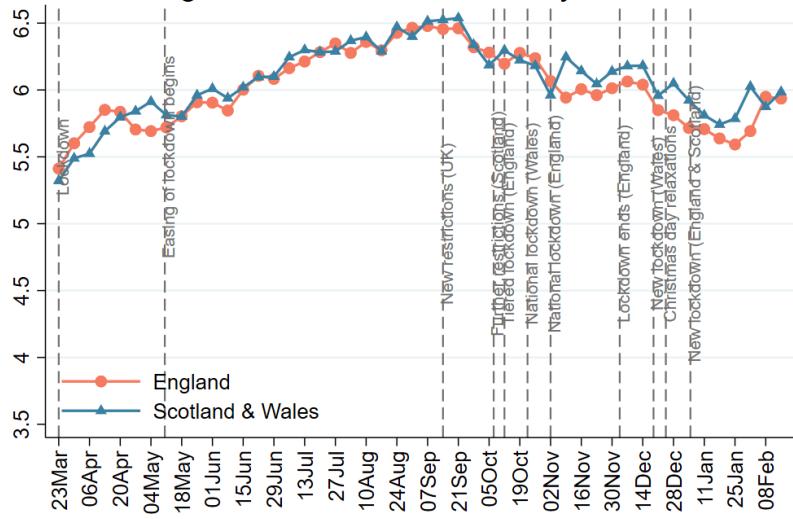
Figure 20f Life satisfaction by keyworker status
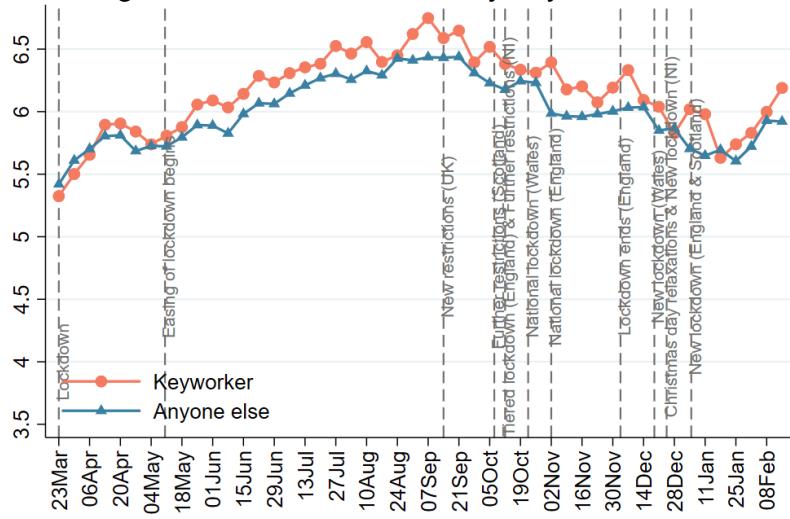
Figure 20g Life satisfaction by living with children
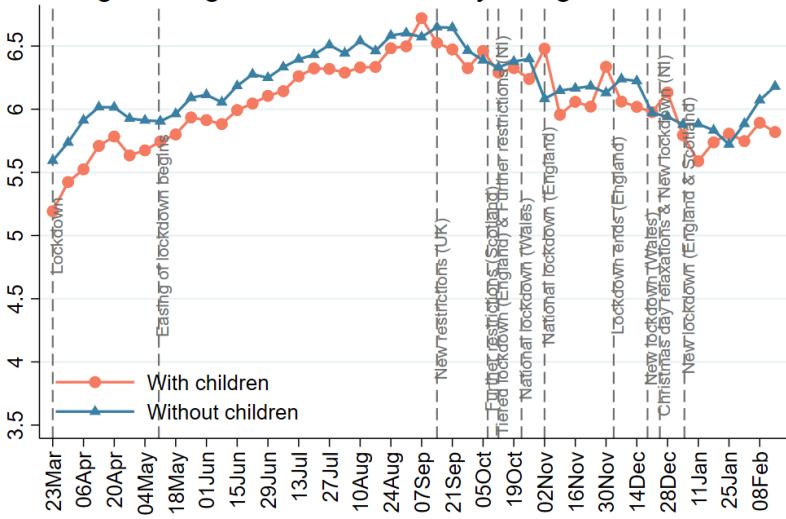
Figure 20h Life satisfaction by living area
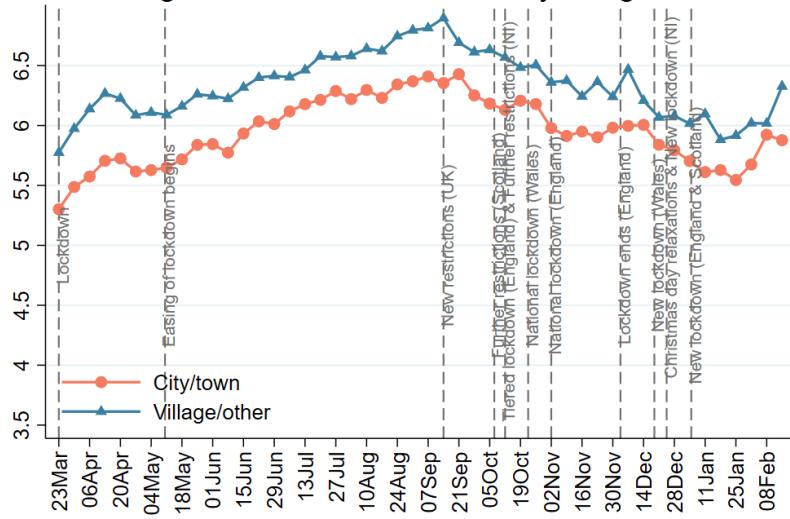
Figure 20i Life satisfaction by gender
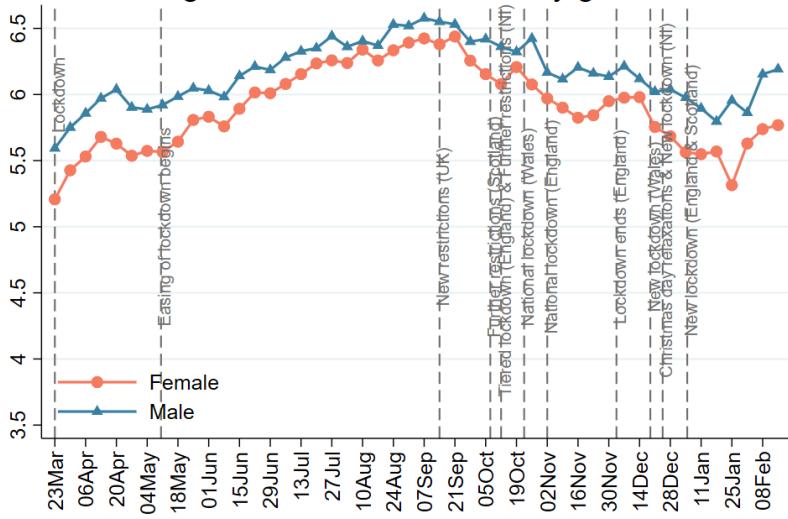
Figure 20j Life satisfaction by ethnicity
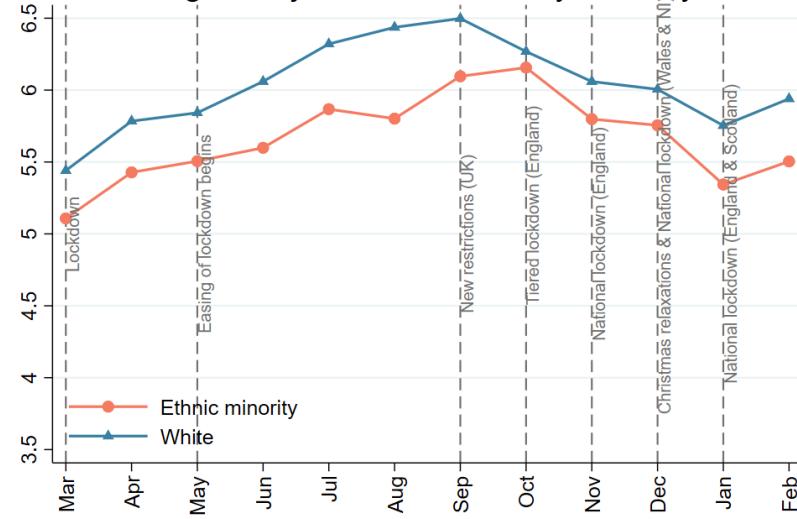
Figure 20k Life satisfaction by educational levels
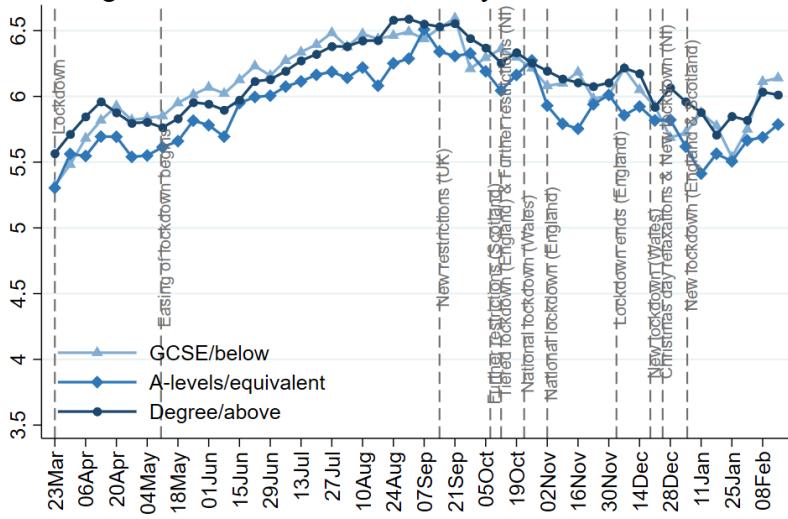
Figure 20l Life satisfaction by physical health diagnosis
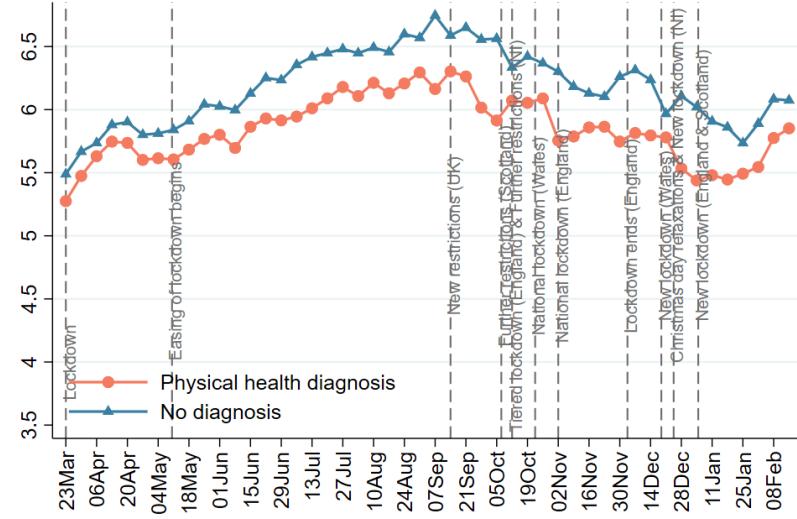
4.2 Loneliness

Figure 21 Loneliness
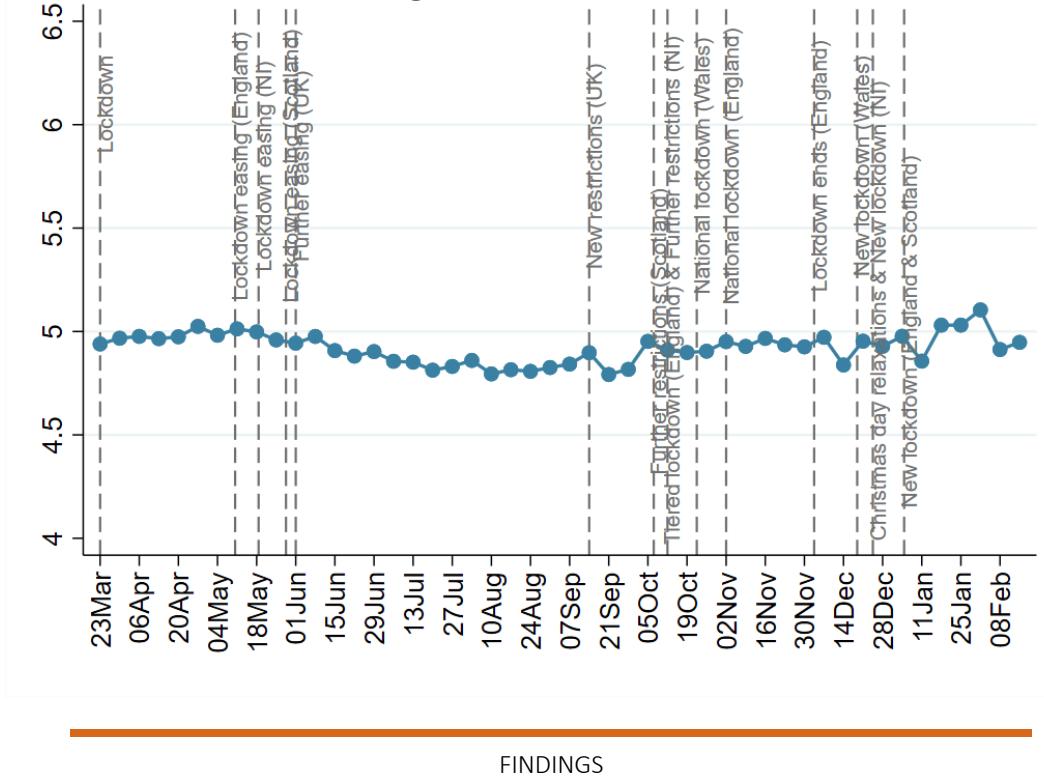
FINDINGS

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

Loneliness levels remain similar to what they were during first lockdown. Although they increased just after the introduction of the latest lockdown, the levels recorded in the past two weeks are in line with those recorded over the autumn and winter. Loneliness remains highest in people living alone, those with a mental health condition, amongst those from ethnic minority backgrounds, people with lower household income, and women.

Figure 22a Loneliness by age groups
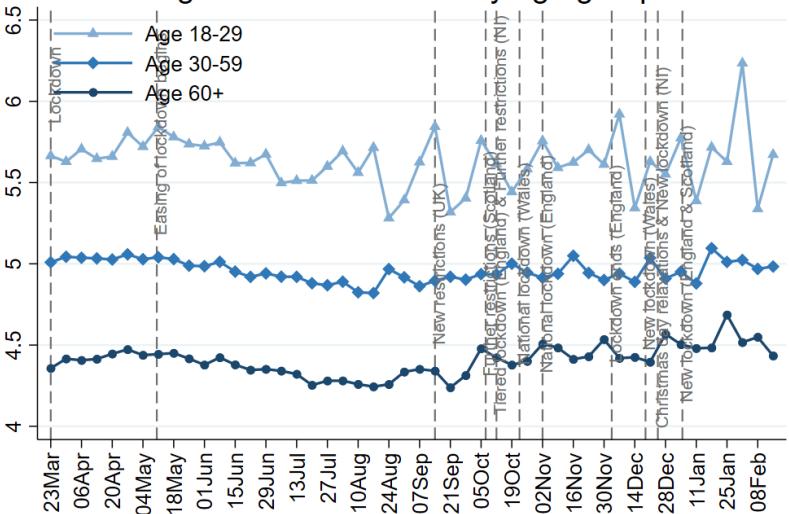
Figure 22b Loneliness by living arrangement
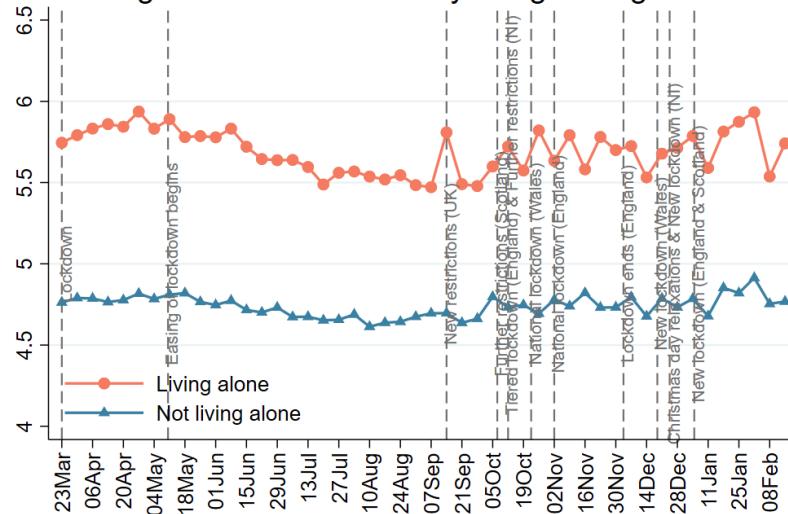
Figure 22c Loneliness by household income
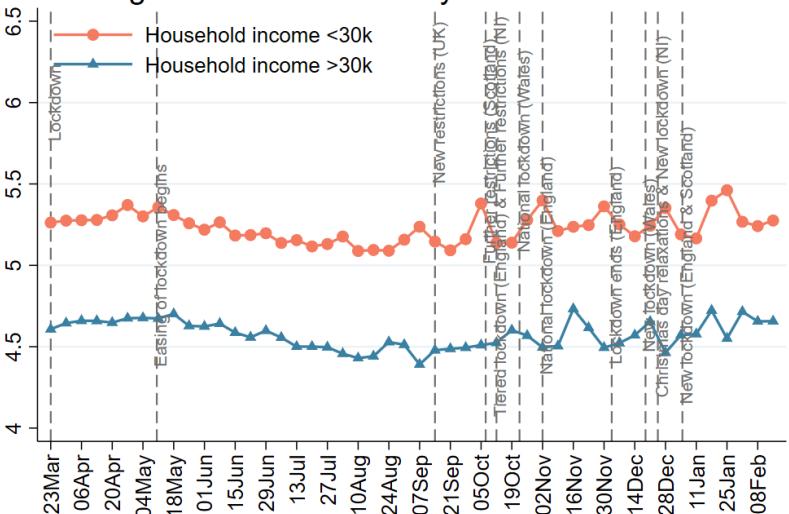
Figure 22d Loneliness by mental health diagnosis

52
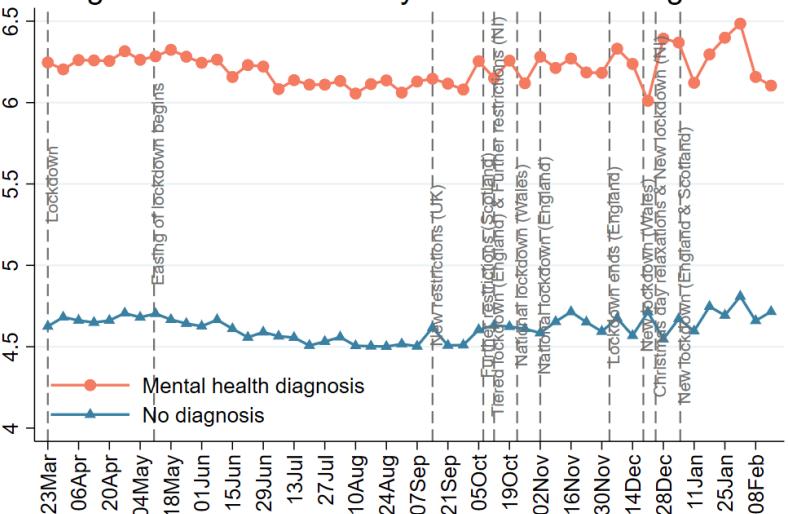
Figure 22e Loneliness by nations
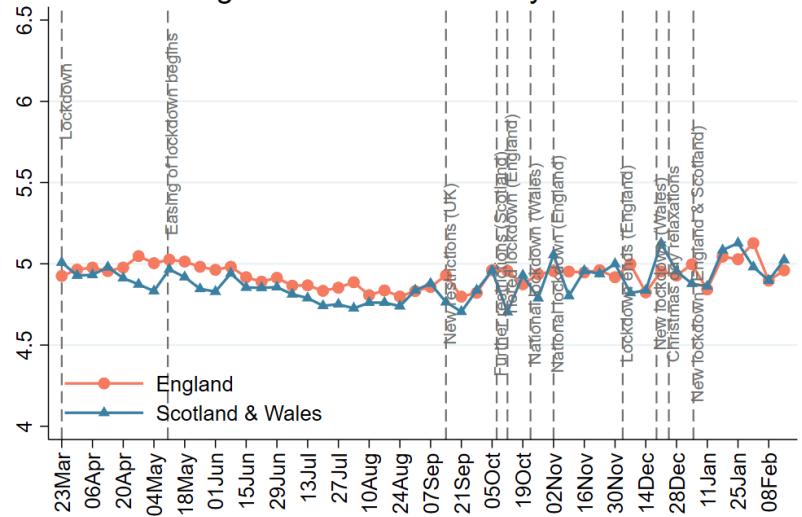
Figure 22f Loneliness by keyworker status
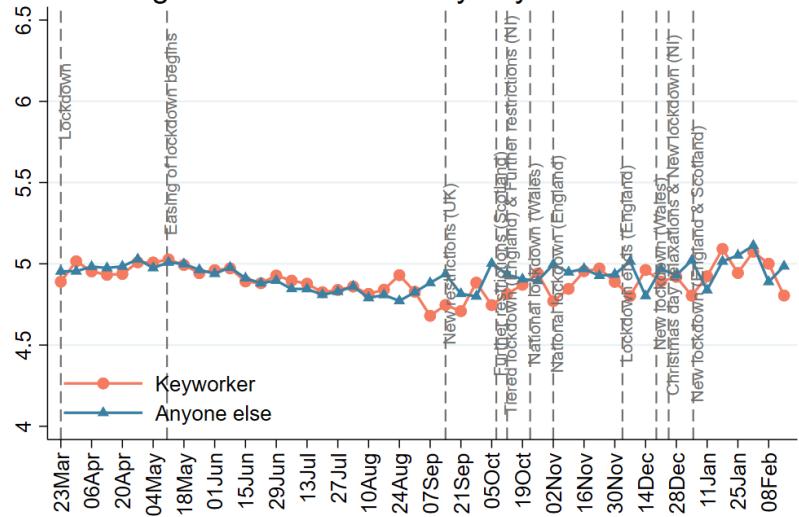
Figure 22g Loneliness by living with children
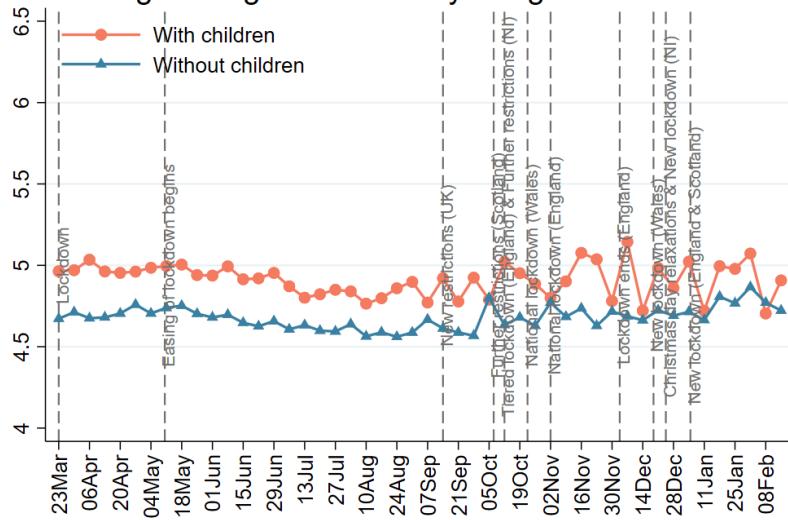
Figure 22h Loneliness by living area
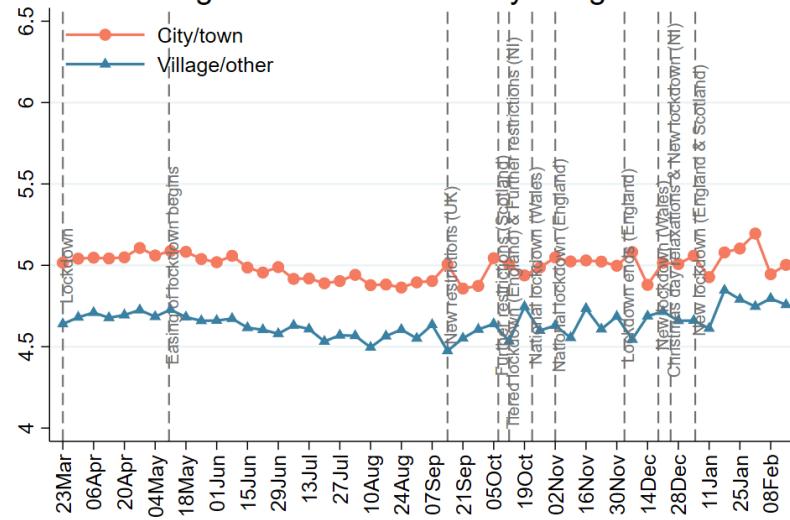
Figure 22i Loneliness by gender
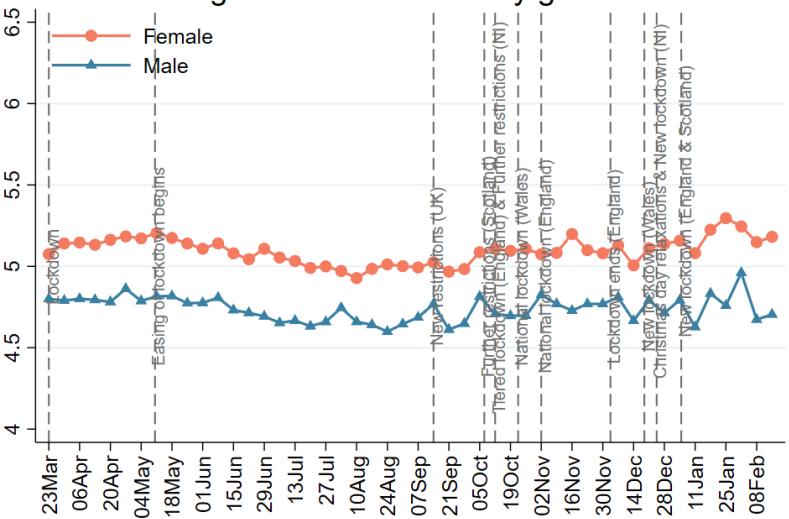
Figure 22j Loneliness by ethnicity
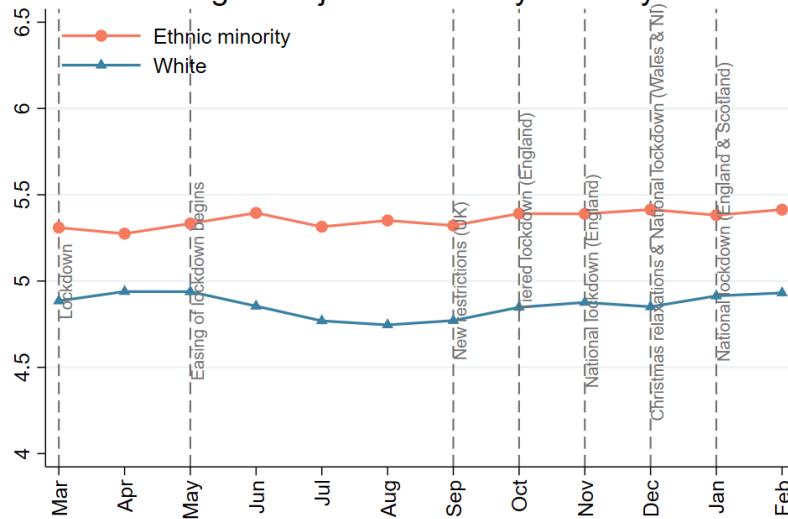
Figure 22k Loneliness by educational levels
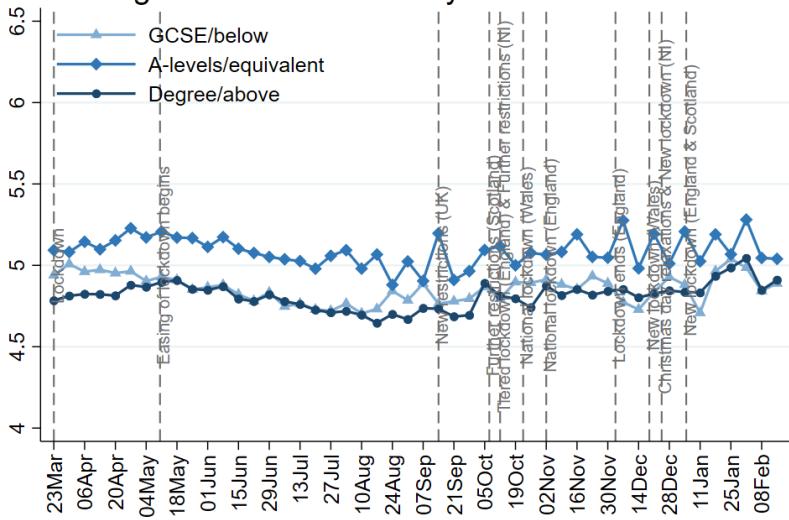
Figure 22l Loneliness by physical health diagnosis
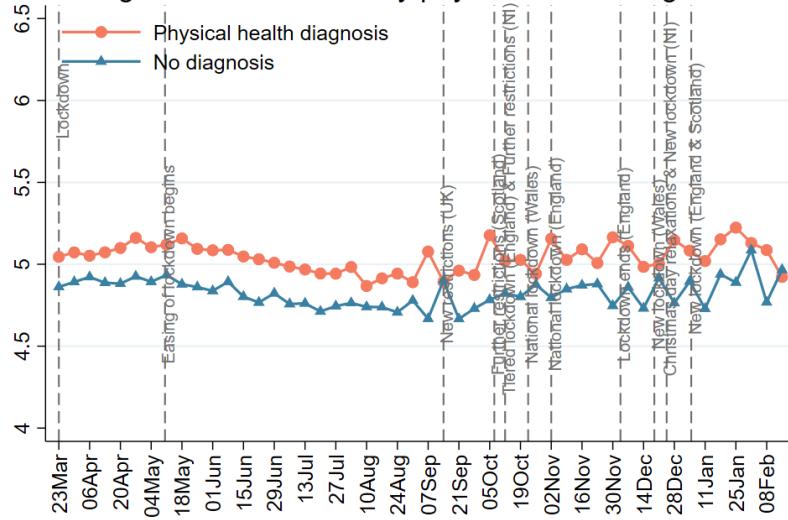
4.3 Happiness

Figure 23 Happiness
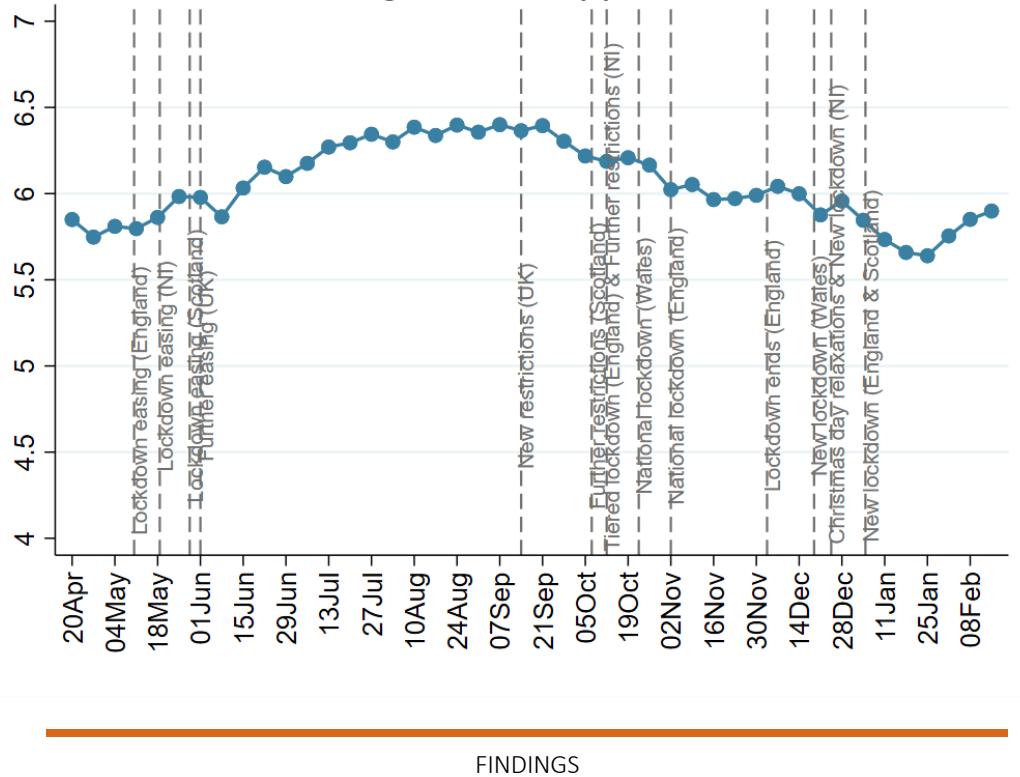
Respondents were asked to rate to what extent they felt happy during the past week using the Office for National Statistics wellbeing scale on a scale from 0 (not at all) to 10 (completely). Happiness ratings are only available from 21st April onwards.

Happiness levels have increased somewhat in recent weeks in all age groups, showing similar levels to during first lockdown in 2020. However, they remain lower than they were in the summer. Happiness levels over the past several weeks are similar to levels early in the pandemic in the UK.

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

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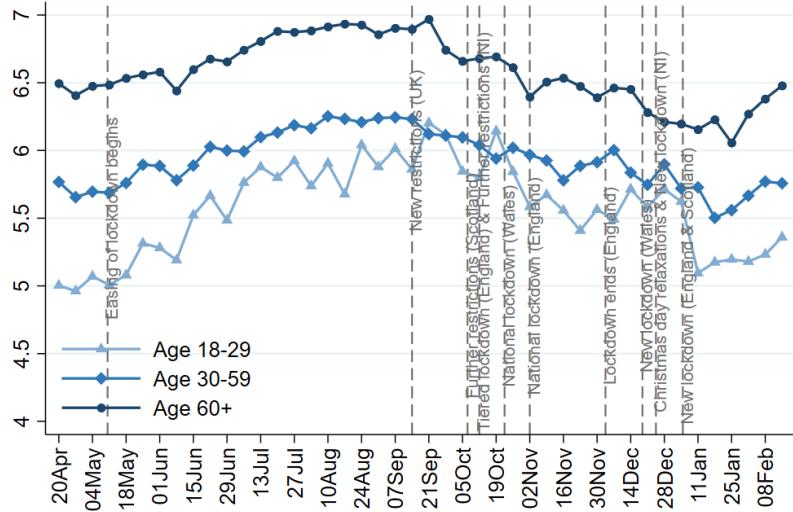
Figure 24b Happiness by living arrangement
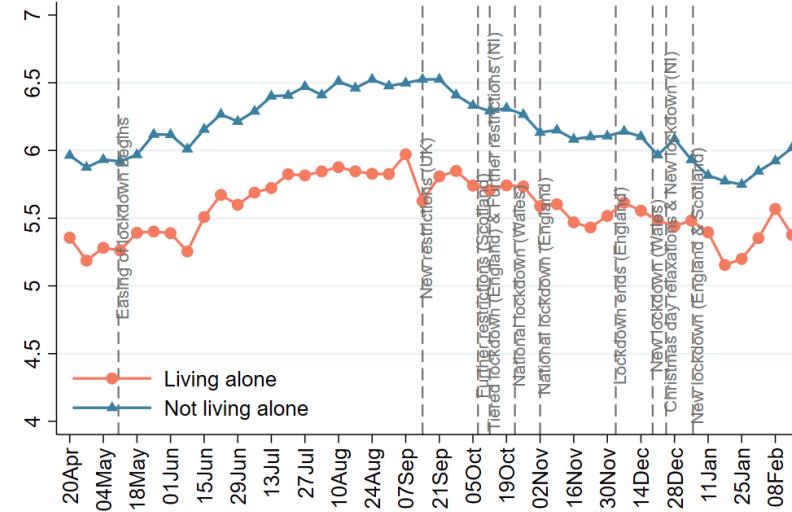
Figure 24c Happiness by household income
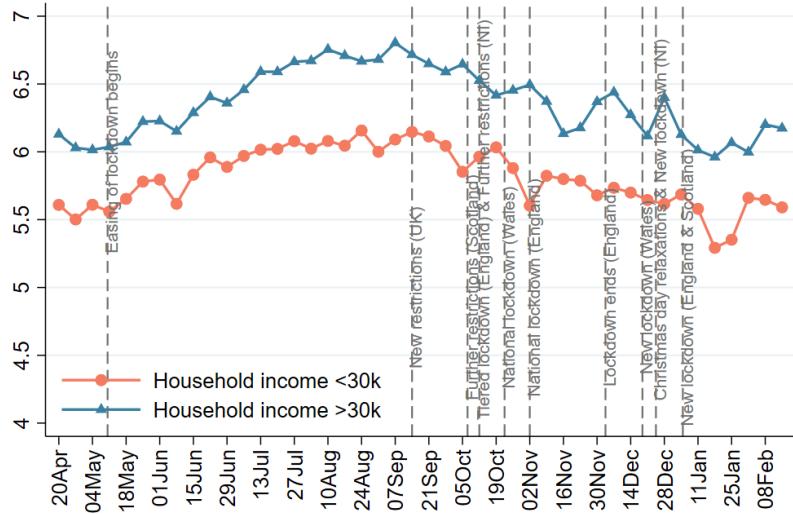
Figure 24d Happiness by mental health
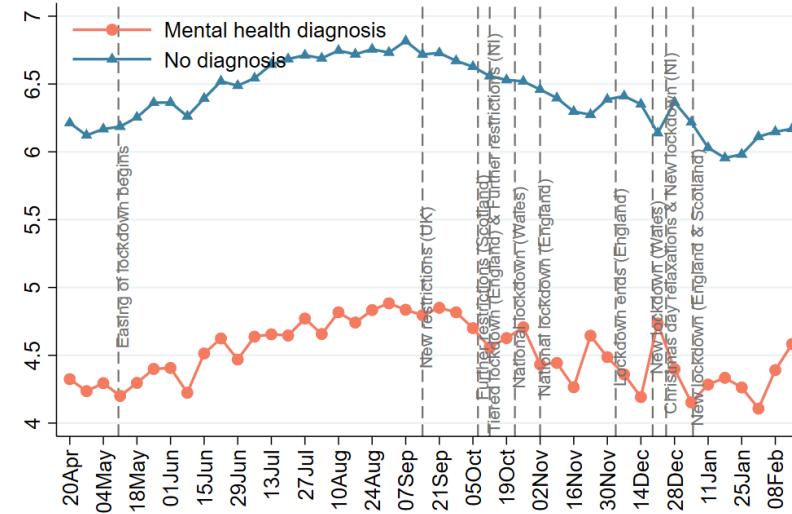
Figure 24e Happiness by nations

Figure 24f Happiness by keyworker status

Figure 24g Happiness by living with children
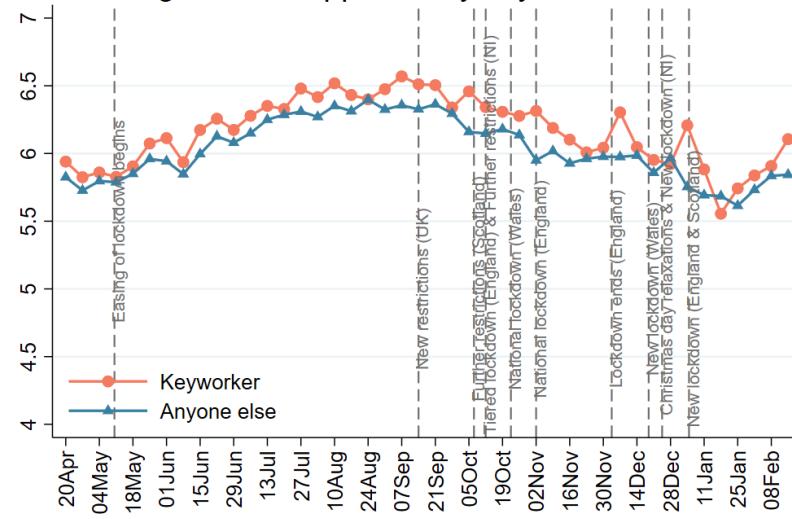
Figure 24h Happiness by living area
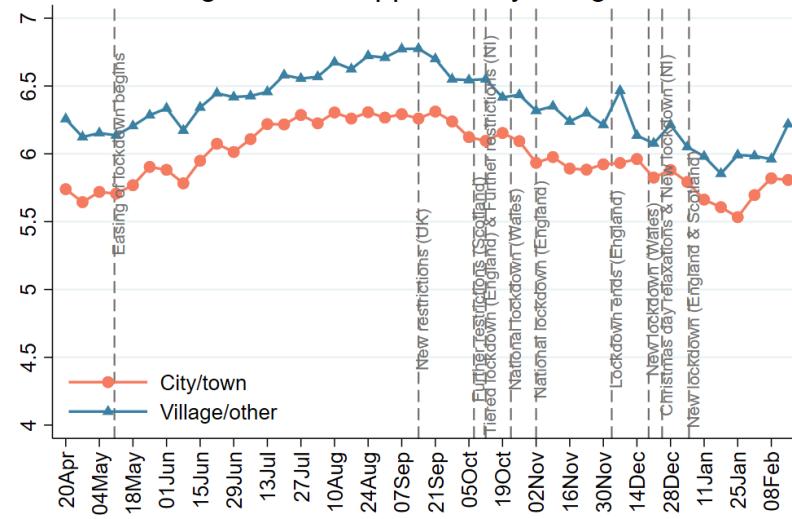
Figure 24i Happiness by gender
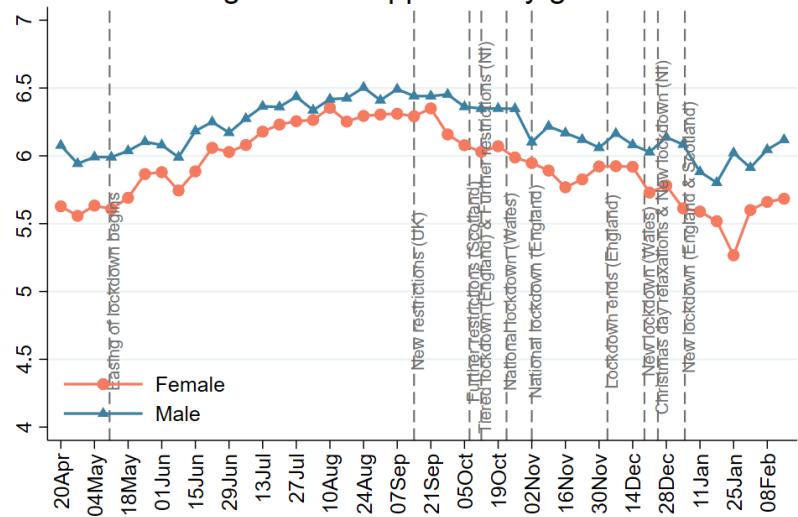
Figure 24j Happiness by ethnicity
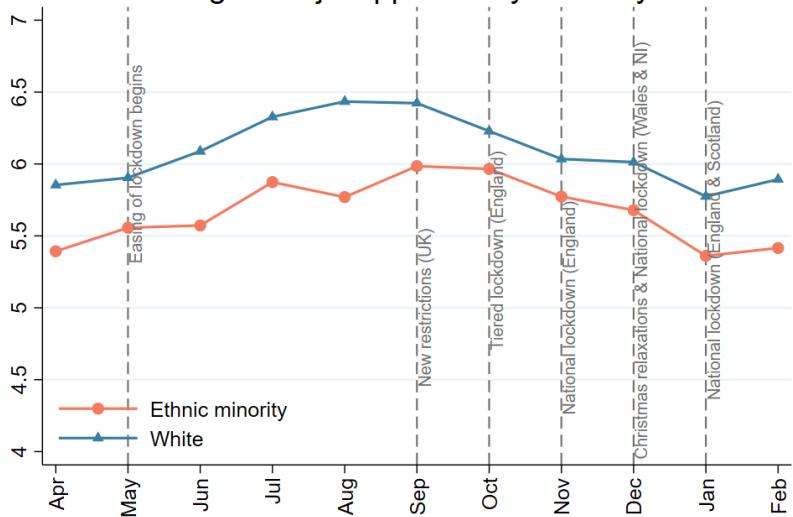
Figure 24k Happiness by educational levels
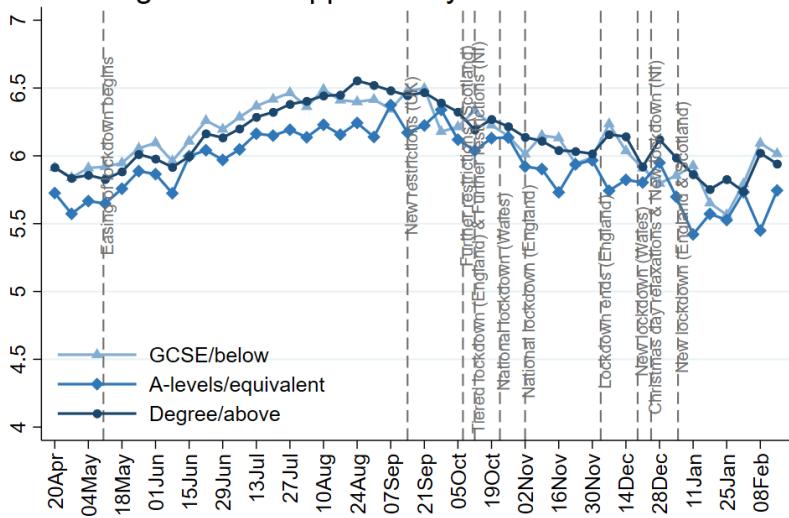
Figure 24l Happiness by physical health diagnosis
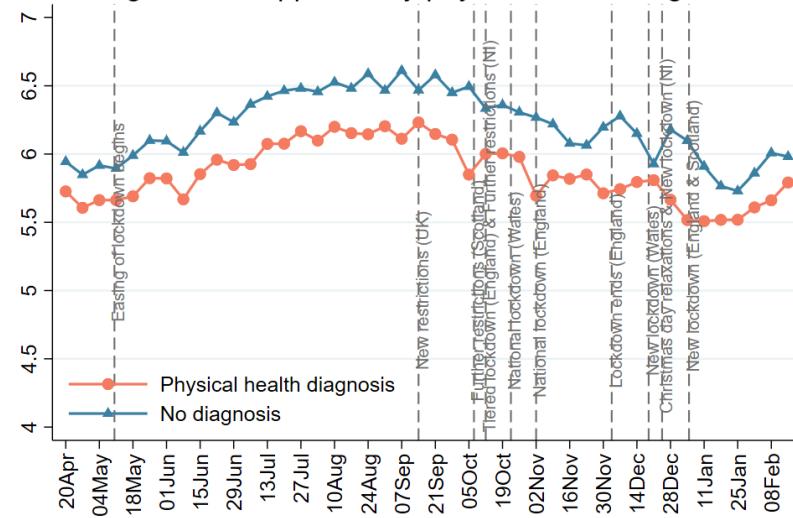
5. Concerns after lockdown

Figure 25 Concerns after lockdown in May 2020 vs Jan-Feb 2021

FINDINGS
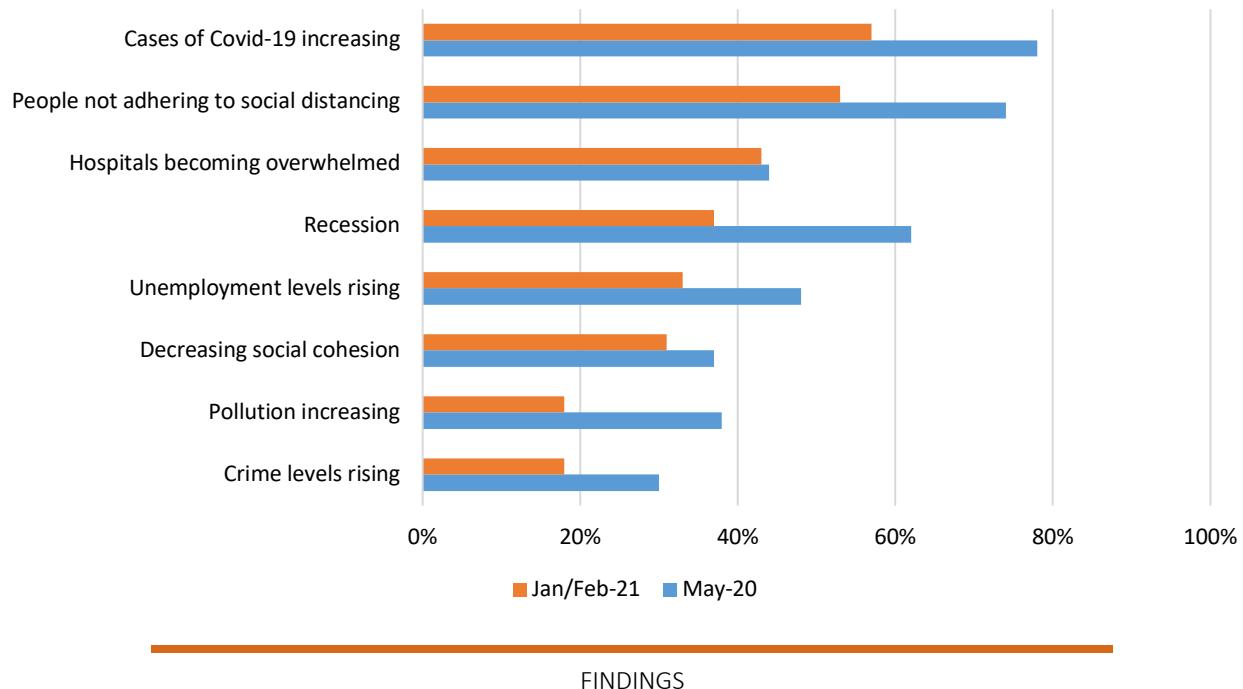
In May 2020 towards the end of first lockdown, respondents were asked about what factors they were concerned about as lockdown is eased. In January-February 2021 these questions were repeated.

The proportion of people concerned about each factor has decreased compared to May, although concerns about hospitals becoming overwhelmed remain similar in January/February 2021 (43%) to what they were in May 2020 (44%). Concerns about increasing cases of Covid-19 and about hospitals being overwhelmed are fairly consistent in the two older age groups, but slightly higher in younger adults.

As in May 2020, the most prevalent current concerns are cases of Covid-19 increasing (57%) and people not adhering to social distancing (53%). Economic concerns remain relatively high, with around 1 in 3 people (37%) concerned about a recession and about unemployment levels rising (33%), and nearly as many people are worried about social cohesion decreasing (31%). Fewer than 1 in 5 people are now showing concern about pollution increasing and crime levels rising compared to around 1 in 3 in May 2020.

Around 1 in 3 adults of all ages are concerned about unemployment and a recession, and these proportions are slightly higher in adults of working age (recession: 39%, unemployment: 34%). Concern about people not adhering to social distancing is highest in older adults, while concern about pollution increasing is higher in adults under the age of 30 (26%).

Figure 26a Concerns after lockdown in Jan-Feb 2021 amongst younger adults (aged 18-29)
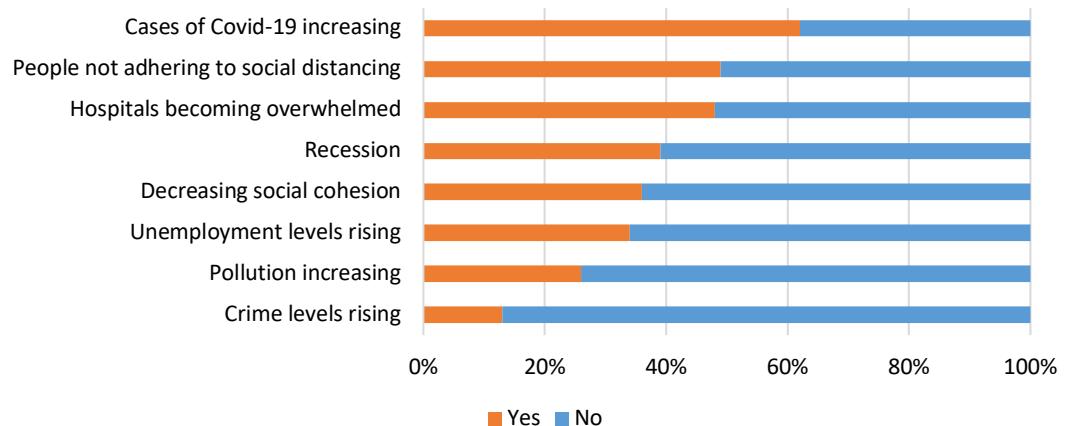
Figure 26b Concerns after lockdown in Jan-Feb 2021 amongst adults (aged 30-59)
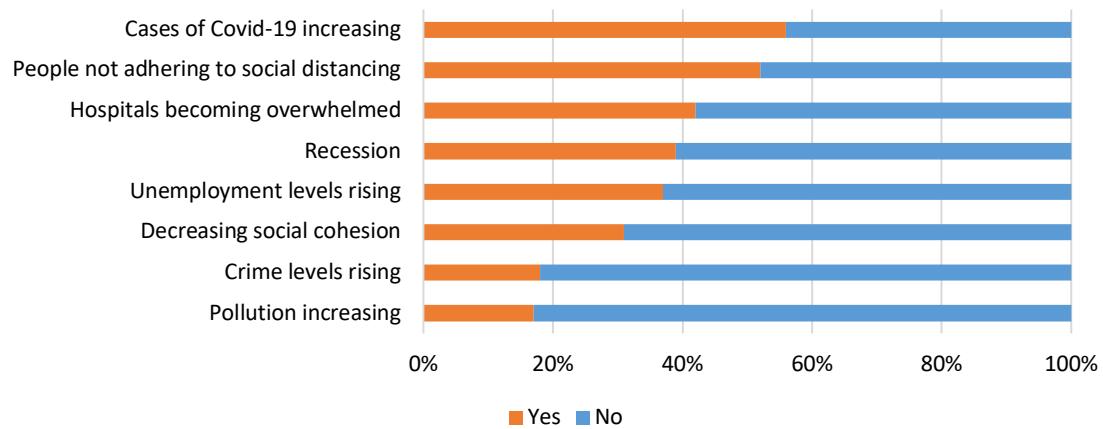
Figure 26c Concerns after lockown in Jan-Feb 2021 amongst older adults (aged 60+)

60
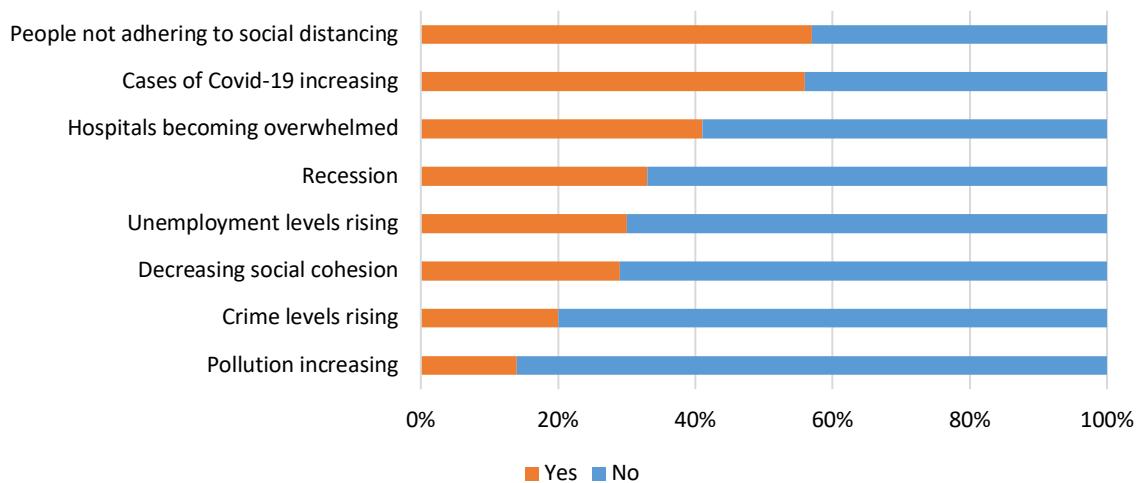
6. Activities missed during lockdown

Figure 27 Activities missed during lockdown in May 2020 vs Jan-Feb 2021
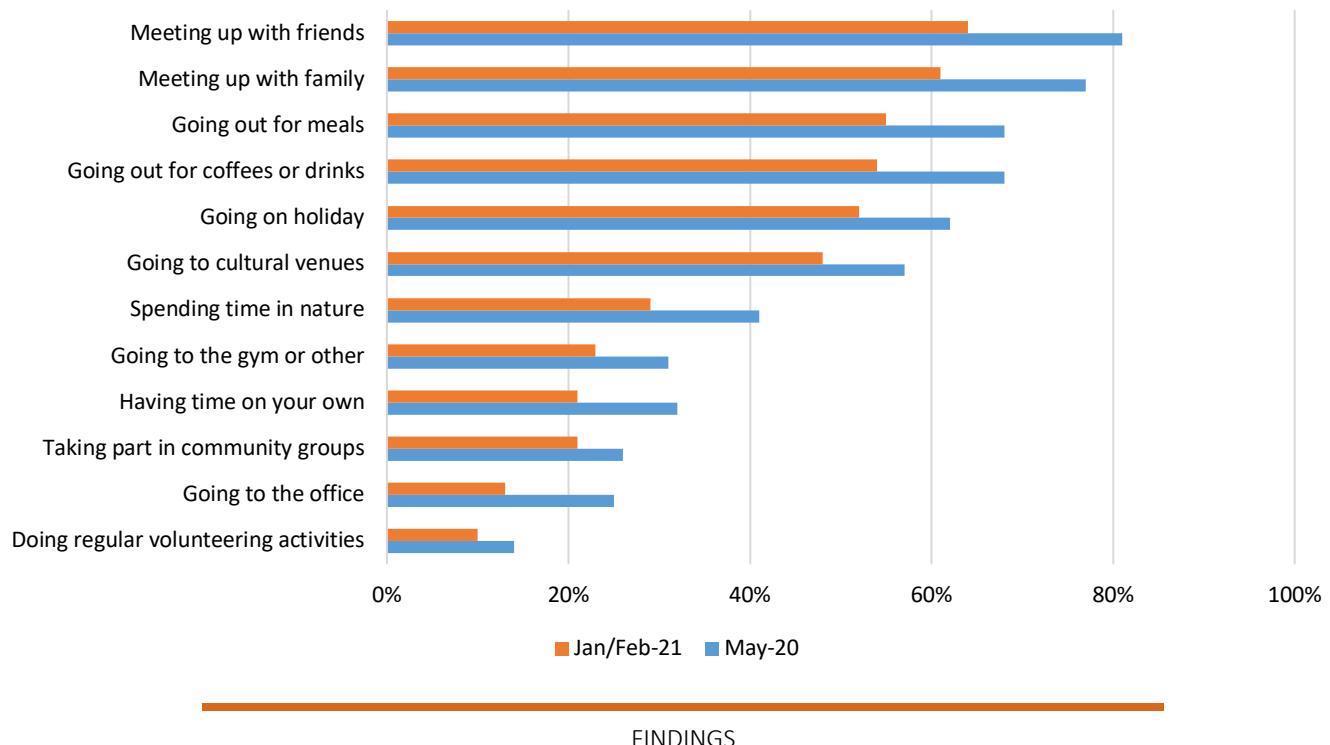
FINDINGS

In May 2020 towards the end of first lockdown, respondents were asked about which activities they have been missing during lockdown. In January-February 2021 these questions were repeated.

Whilst fewer people are currently reporting missing each of the activities compared to May 2020, the most prevalent activities missed in January/February 2021 continue to be meeting up with friends (64%) and family (61%). There are few differences in whether people are missing meeting up with family and friends by age.

Over half of adults are missing meals and coffees out and going on holiday. Going to cultural venues is being missed by 48% of adults, while 29% are missing spending time in nature. These factors are all being missed most by younger adults.

Around 1 in 4 adults are missing going to the gym. This is particularly prevalent amongst younger adults (33%). Similarly, 1 in 4 adults (35% of adults under 30) are missing having time alone.

1 in 4 adults are missing taking part in community groups, while just 13% of people are missing going to the office. More young adults say they miss going to the office (22%).

Overall, younger adults are reporting missing more things than older adults, with an average of 6 out of 12 factors reported as being missed by adults under 30 compared to 5 factors amongst adults over the age of 60.

Figure 28a Activities missed during lockdown in Jan-Feb 2021 amongst younger adults (aged 18-29)
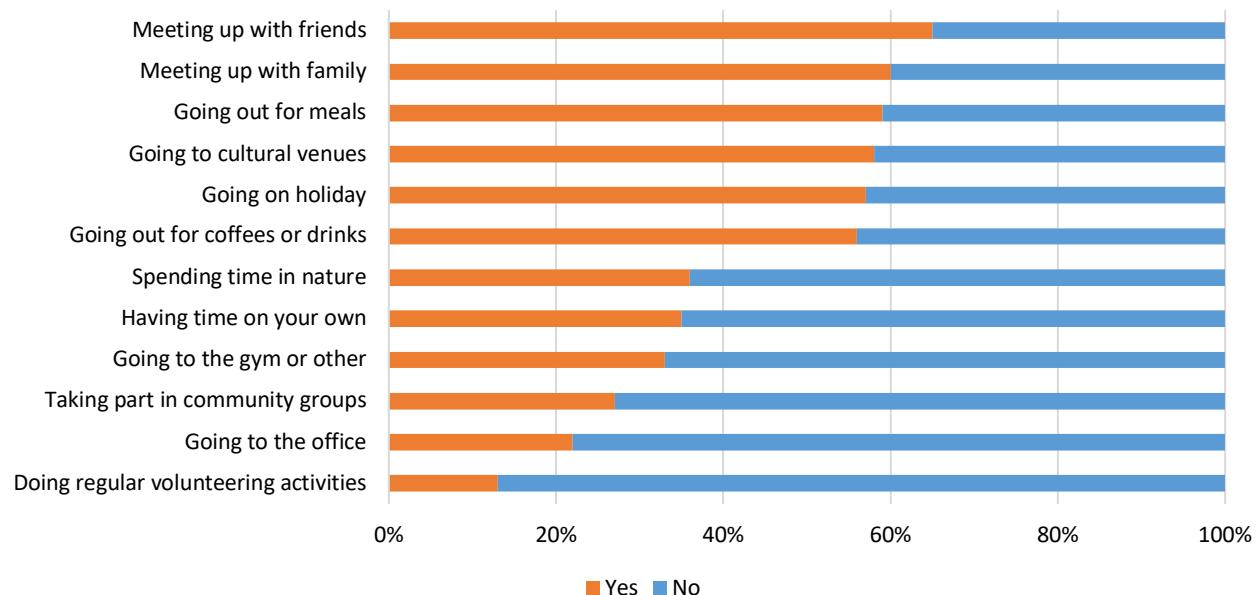
Figure 28b Activities missed during lockdown in Jan-Feb 2021 amongst adults (aged 30-59)
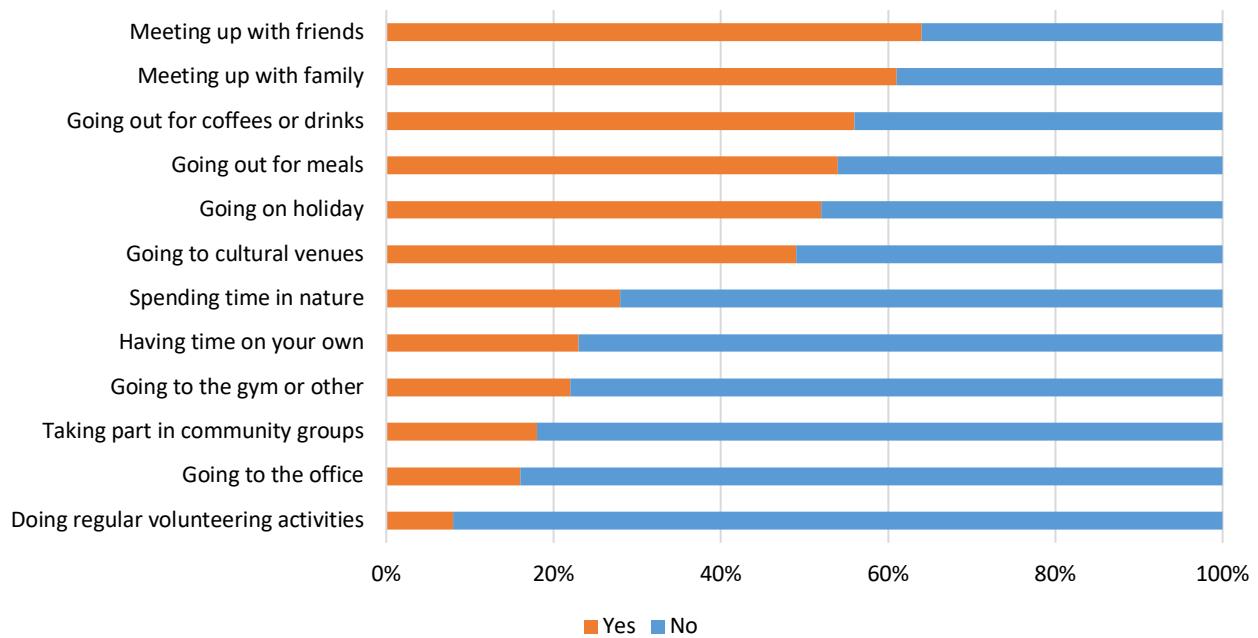
Figure 28c Activities missed during lockdown in Jan-Feb 2021 amongst older adults (aged 60+)

Meeting up with friends
Meeting up with family
Going out for meals
Going out for coffees or drinks
Going on holiday
Going to cultural venues
Spending time in nature
Taking part in community groups
Going to the gym or other
Doing regular volunteering activities
Having time on your own
Going to the office

0%   20%   40%   60%   80%   100%

■ Yes   ■ No
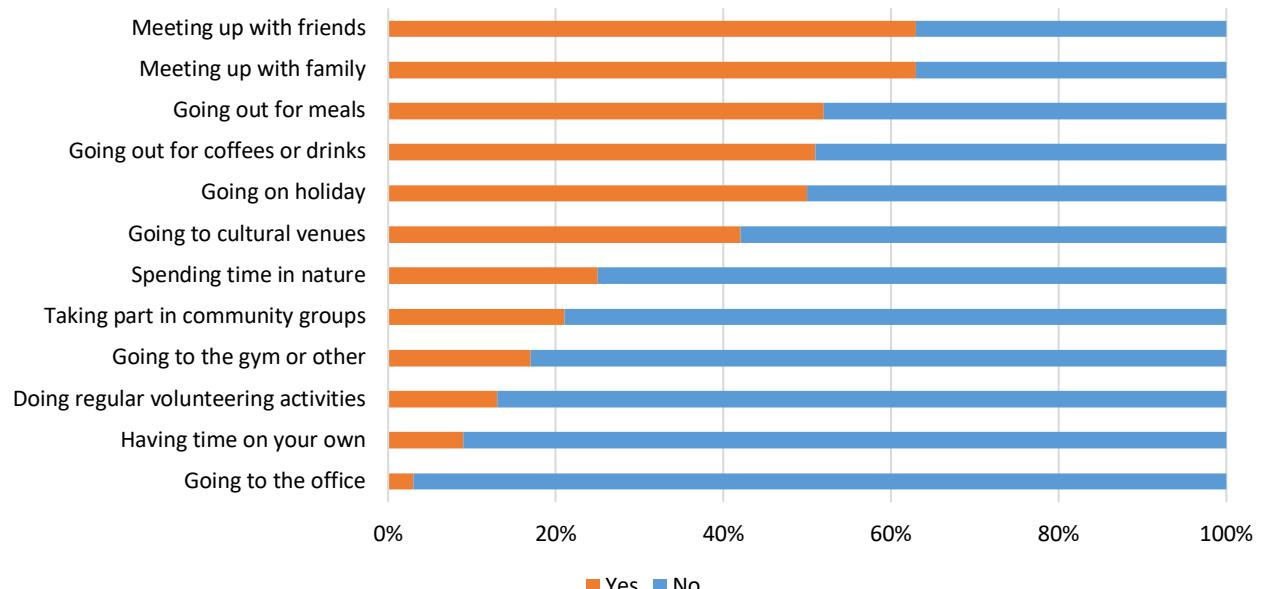
Appendix

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 21st February 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	50,367	5.80	**GCSE or below**	122,017	14.1
30-59	476,781	54.9	**A-levels of equivalent**	149,735	17.3
60+	340,615	39.3	**Degree or above**	596,011	68.7
Gender			**Any diagnosed mental health conditions**		
Male	217,845	25.2	**No**	722,653	83.3
Female	646,464	74.8	**Yes**	145,110	16.7
Ethnicity			**Any diagnosed physical health conditions**		
White	830,715	96.0	**No**	499,518	57.6
Ethnic minority	34,320	3.97	**Yes**	368,245	42.4
UK nations			**Keyworker**		
England	701,054	81.6	**No**	686,731	79.1
Wales	104,703	12.2	**Yes**	181,032	20.9
Scotland	53,592	6.24	**Living with children**		
Living arrangement			**No (excluding those who live alone)**	492,947	71.9
Not living alone	685,238	79.0	**Yes**	192,291	28.1
Living alone	182,525	21.0	**Living area**		
Annual household income			**Village/hamlet/isolated dwelling**	217,112	25.0
>30k	466,048	59.6	**City/large town/small town**	650,651	75.0
<30k	315,875	40.4			