Covid-19 Social Study

Results Release 32

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Nuffield Foundation

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Executive summary

Background

This report provides data from the last 52 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-SECOND report, we focus on psychological responses to the first fifty-two weeks since just before the first UK lockdown was announced (21/03/2020 to 21/03/2021). 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***** Sleep quality and changes in Covid-19 vaccine intentions

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 (52.5%) of people in our study have already received at least one dose of the Covid-19 vaccine. Vaccine hesitancy appears to have improved substantially since the autumn, with around 1 in 5 (21.6%) of the most hesitant having changed their minds from 'very unlikely' in the autumn of 2020 to 'very likely' to receive the vaccine by March 2021. Similarly, 1 in 3 (32.6%) who reported being 'very unlikely' to receive the vaccine last autumn have now already had at least one dose. There have also not been increases in Covid-19 vaccine hesitancy; fewer than 1% of people who were 'very likely' to get the vaccine last autumn are now 'very unlikely' to do so.

- At the same time, many people who expressed strong vaccine hesitancy in the autumn of 2020 have shown little change in their reluctance about the Covid-19 vaccine. This has been most noticeable in young adults (ages 18-29), with nearly 1 in 3 (29.2%) in this age group who expressed strong vaccine hesitancy ('very unlikely') remaining so. In adults ages 30-59, this proportion is 18.5%, whilst in older adults, it was 21.5%.

- Fewer than 1 in 7 people (7.7%) say they are getting 'very good' quality sleep, and sleep quality appears to have deteriorated by 39.4% as the pandemic has progressed. Older adults, people who do not have a diagnosed mental health condition, men, those of white ethnicity, and people not living with children have reported better quality sleep over the past year.

- The number of people who said they were getting 'very poor' sleep quality increased from 5.4% in the autumn of 2020 to 10.1% the start of the new year, although it now appears to be decreasing. People with lower household incomes, those with a mental or physical health condition, people with lower levels of education, and those from ethnic minority backgrounds have reported more 'very poor' sleep quality.

- Stress about catching Covid-19 or becoming seriously ill from it has decreased substantially since the end of 2020 and is now lower than it has ever been, with fewer than 1 in 3 people (28.7%) reporting being worried. These decreases have been most consistent in adults over the age of 30. Although worries about obtaining sufficient food have decreased over the course of the latest lockdown, this concern is still affecting 1 in 10 people.

- Around one in four people have consistently reported being concerned about finances since the start of the new year. These concerns remain highest amongst adults of working age (18-59 years), and just over 1 in 3 in this age group are worried about finances (18-29 years: 32.7% and 30-59 years: 34.7%). Unemployment and financial stress are still higher in those living with children compared with those who do not live with children.

- Confidence in the central government to handle the Covid-19 pandemic has continued to increase since the start of the year in England. However, levels remain noticeably lower in England than in devolved nations.

- Majority compliance continues to be reported by around 96% of people. Although complete compliance (no bending of the rules) has decreased somewhat since the start of the year, it is still comparable to what it was at the start of the latest lockdown (January 2021).

- Levels of anxiety are similar to what they were in the autumn, and depression levels are comparable to what they were at the end of the first lockdown in May 2020. Life satisfaction has been increasing since the start of the new year across all demographic groups and is now comparable to what it was in the summer of 2020. The exception to this trend is amongst people living with children. Life satisfaction has been decreasing over the past month in this group, which coincided with the ending of home schooling and return to school for most families.

1. Compliance and confidence

1.1 Compliance with guidelines

Figure 1 Compliance with guidelines
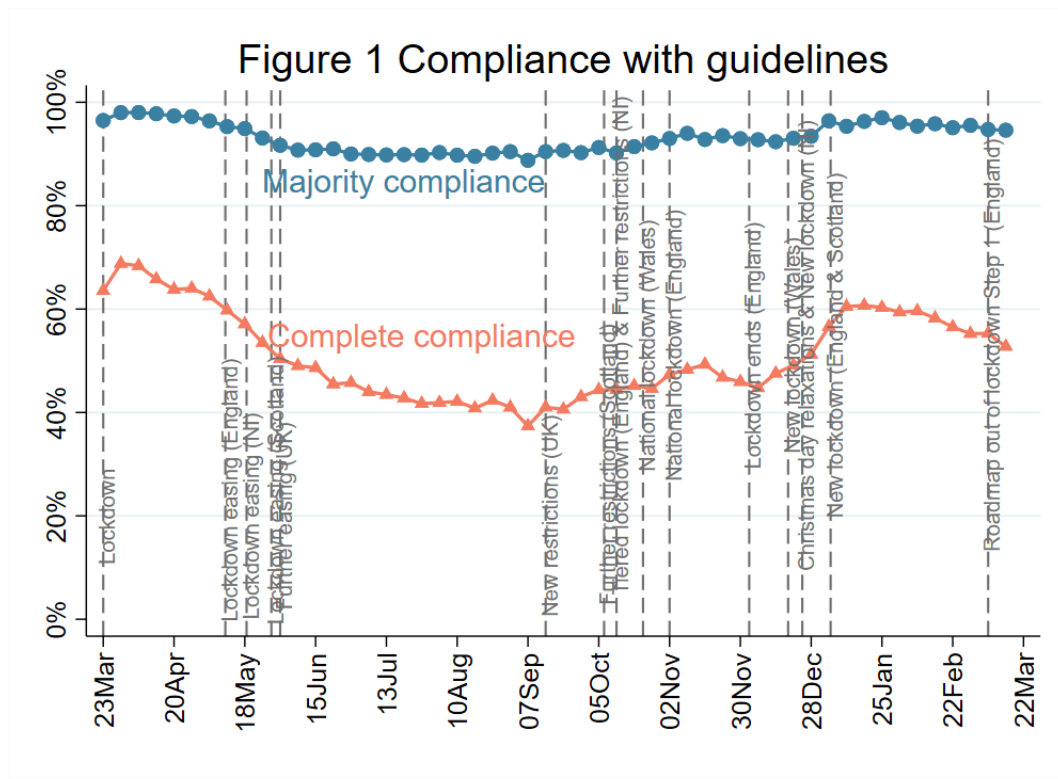
FINDINGS

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

Majority compliance has stayed consistently high since the start of the year as new lockdowns were introduced 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 decreased somewhat since the start of the new year, but is still as high as it was in May of 2020. 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 for the duration of the study to maximise sample size.

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Figure 2a Complete compliance by age groups
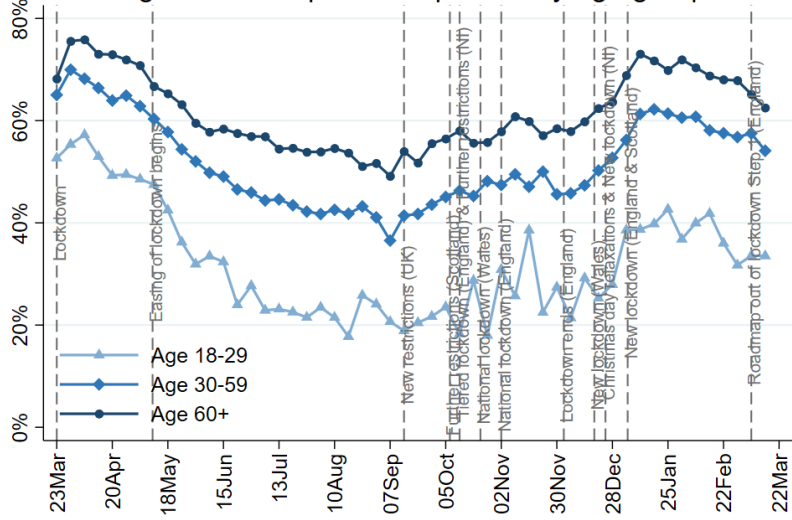
Figure 2b Complete compliance by living arrangement
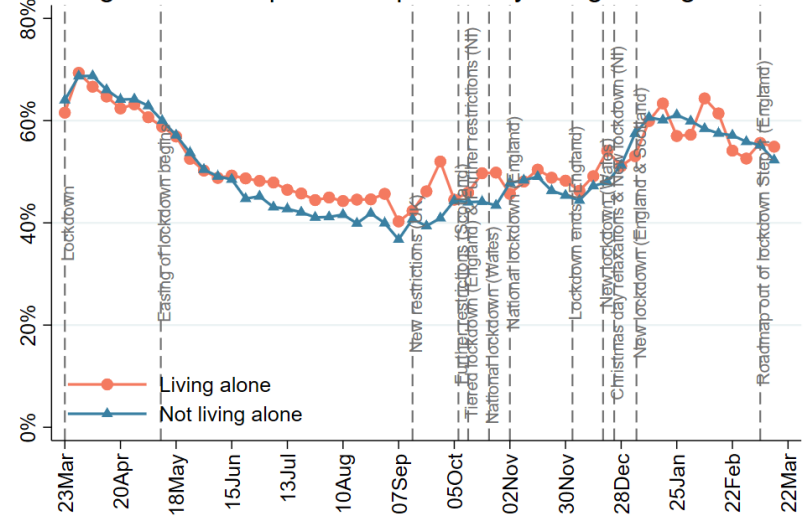
Figure 2c Complete compliance by household income
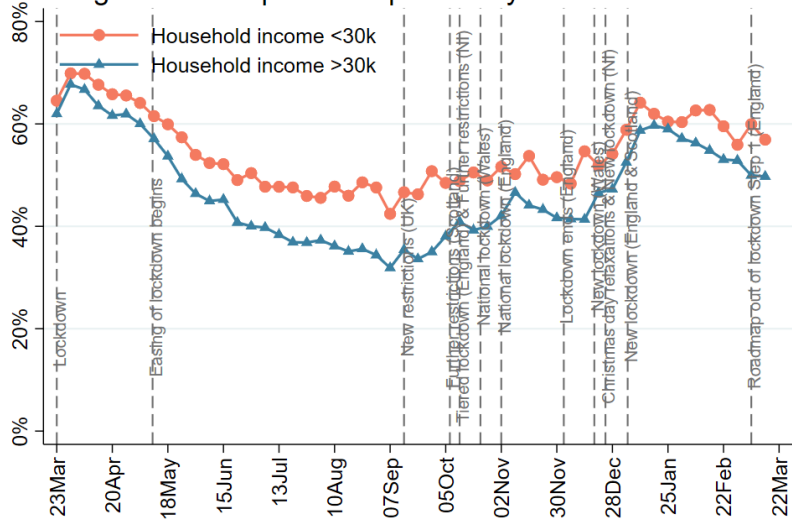
Figure 2d Complete compliance by mental health
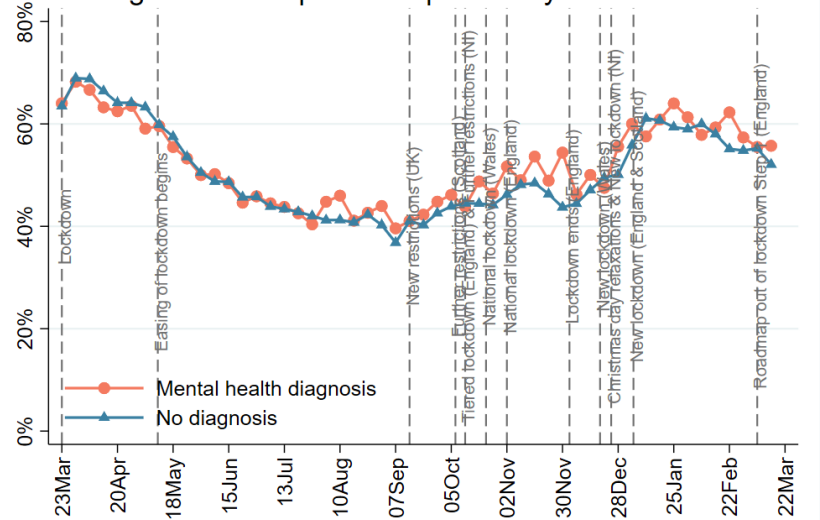
Figure 2e Complete compliance by nations
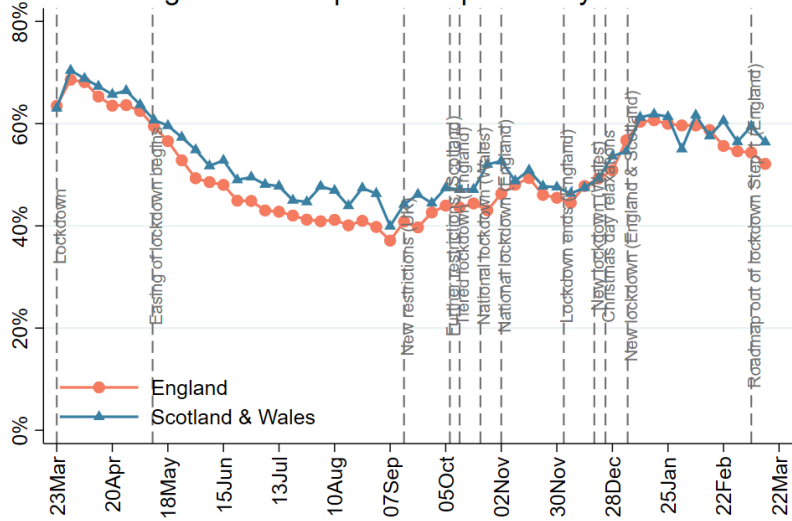
Figure 2f Complete compliance by keyworker status
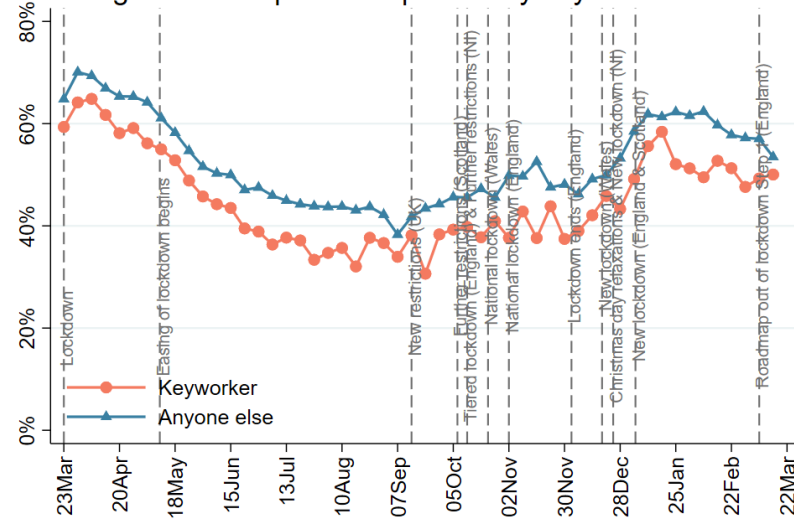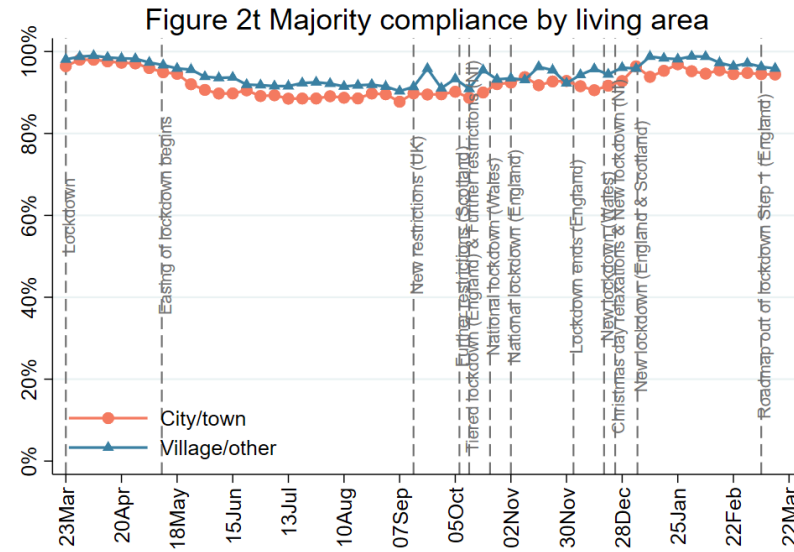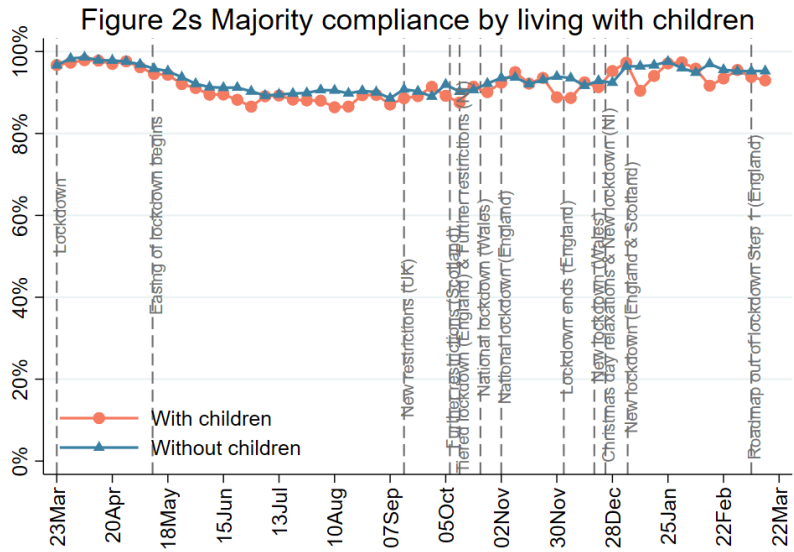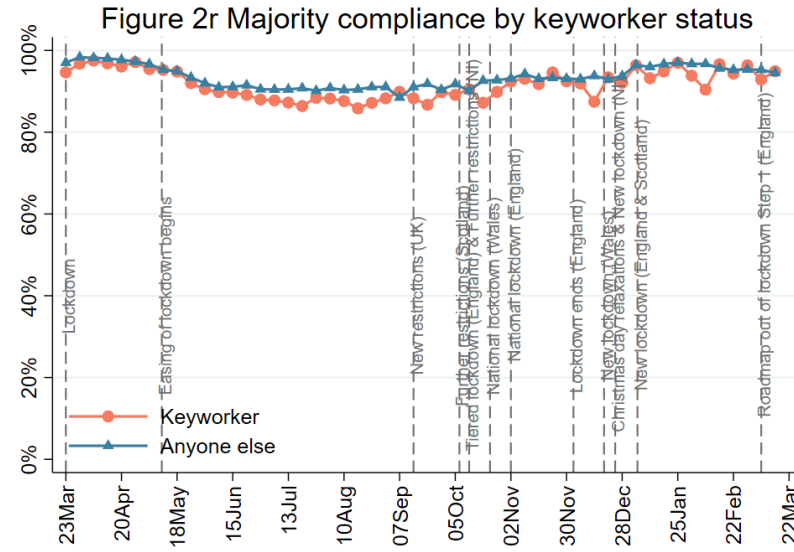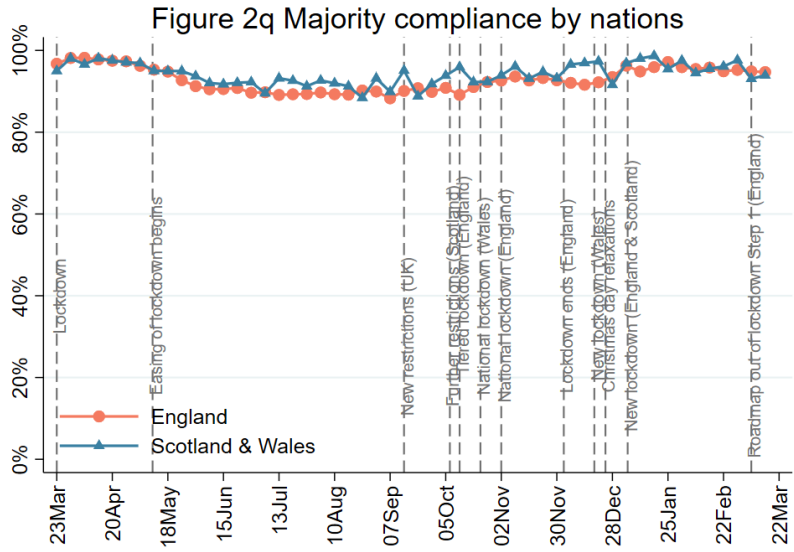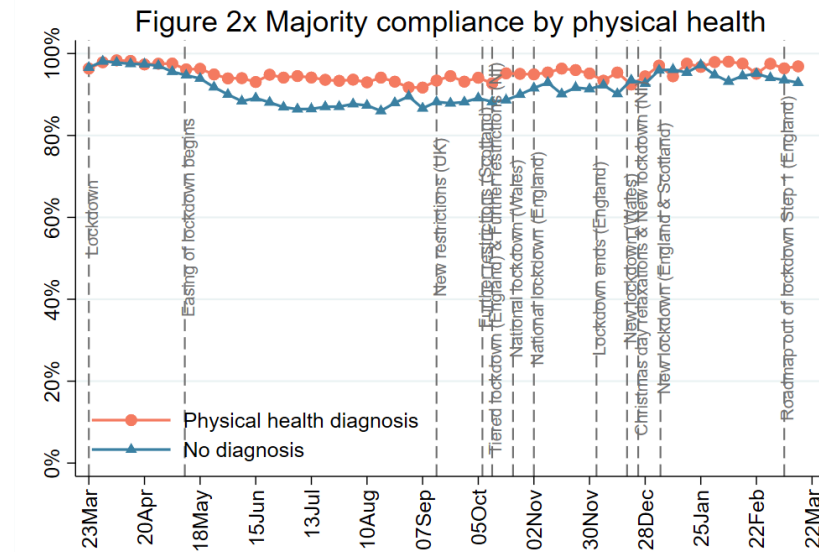

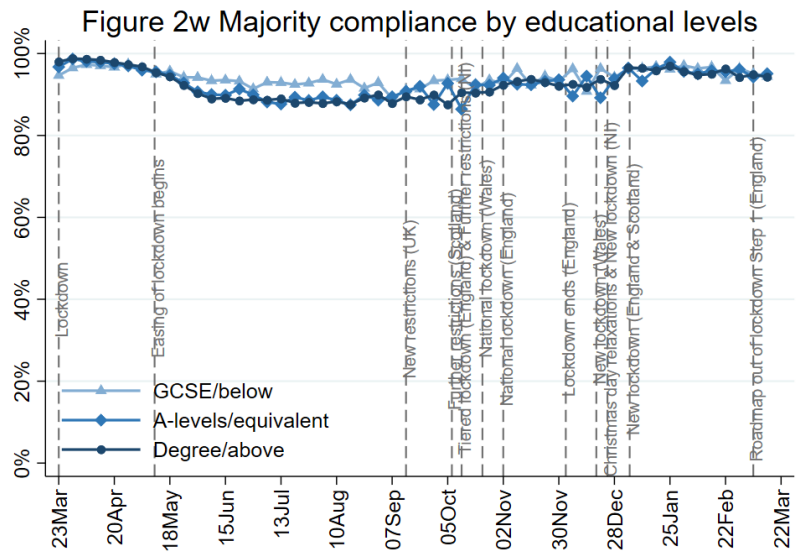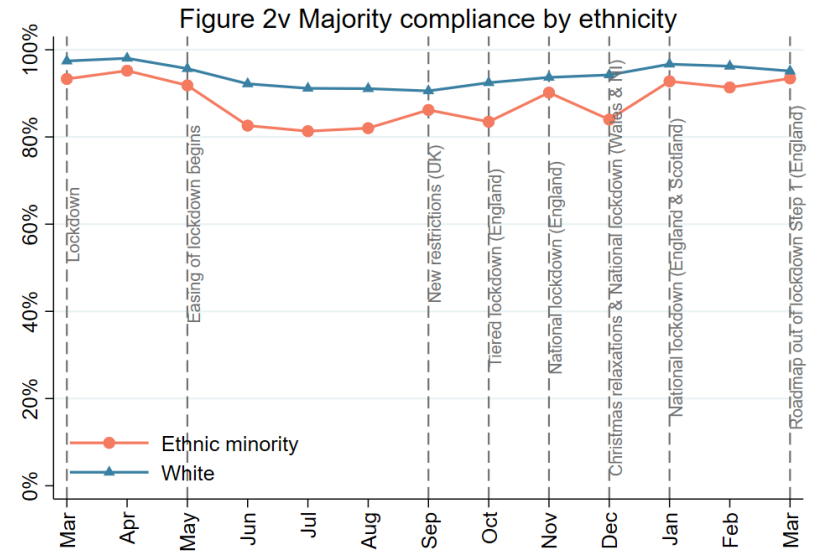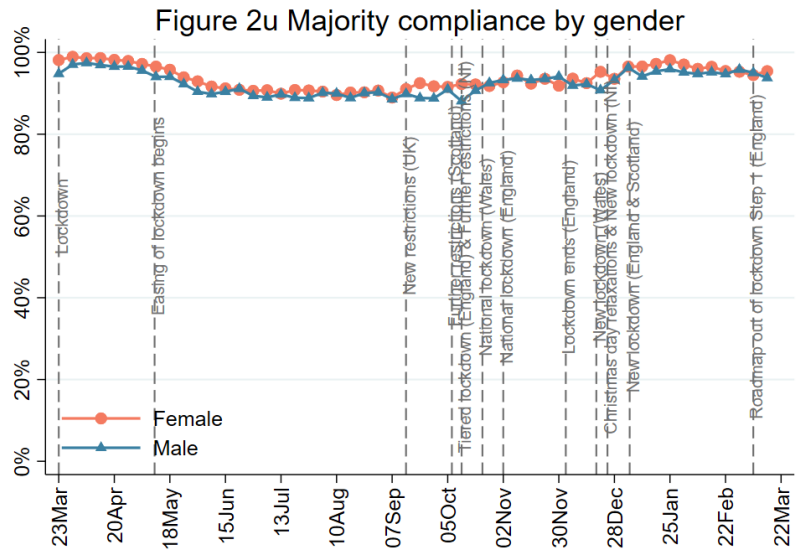## Figure 2g Complete compliance by living with children
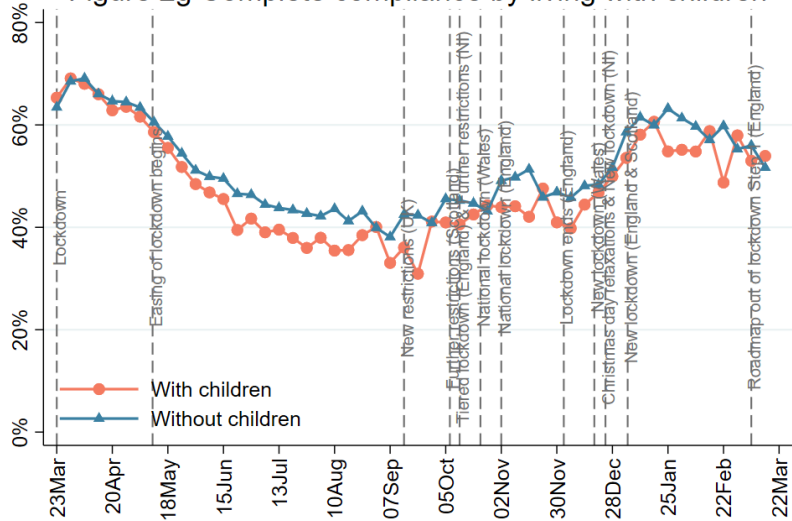
Figure 2h Complete compliance by living area

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

Age 18-29
Age 30-59
Age 60+

Figure 2n Majority compliance by living arrangement

Living alone
Not living alone

Figure 2o Majority compliance by household income

Household income <30k
Household income >30k

Figure 2p Majority compliance by mental health

Mental health diagnosis
No diagnosis

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

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 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 been steadily increasing since the start of the year in England. Whilst levels remain lower in England than devolved nations[2], they are now back to levels recorded in mid-May 2020.

For subgroup analyses in Figures 4a-d and 4f-h, we restrict our results to respondents living in England in order to have sufficient sample sizes for meaningful subgroup analyses. In England, confidence in government is still lowest in those under the age of 30. Confidence also remains lower in urban areas, amongst people from ethnic minority backgrounds, in people with a mental health diagnosis, people with higher household incomes, and amongst people with higher educational qualifications.

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[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

Figure 4b Confidence by living arrangement

Figure 4c Confidence by household income

Figure 4d Confidence by mental health diagnosis
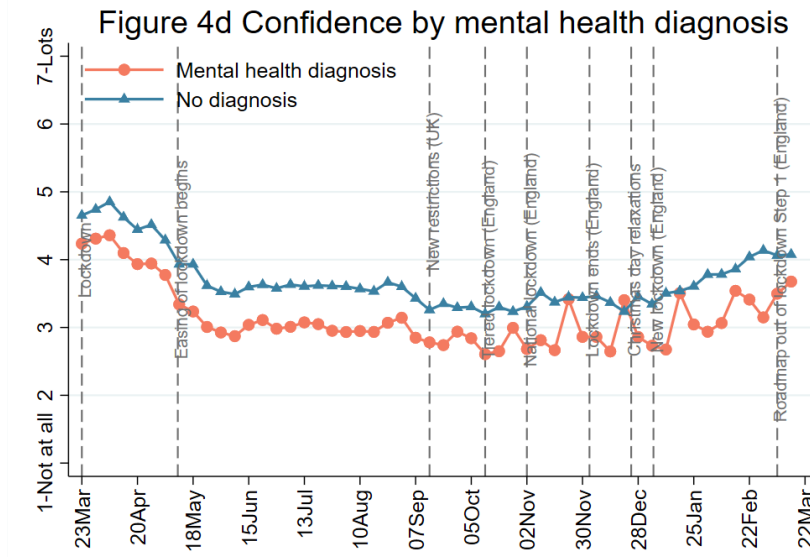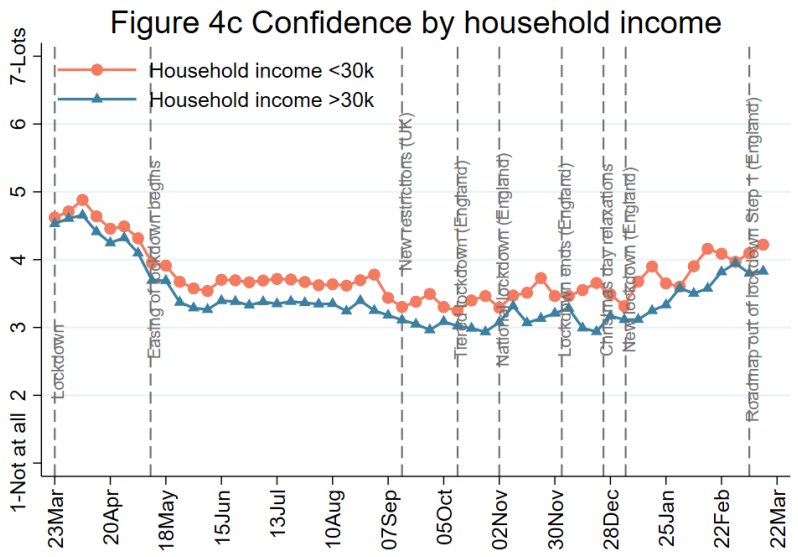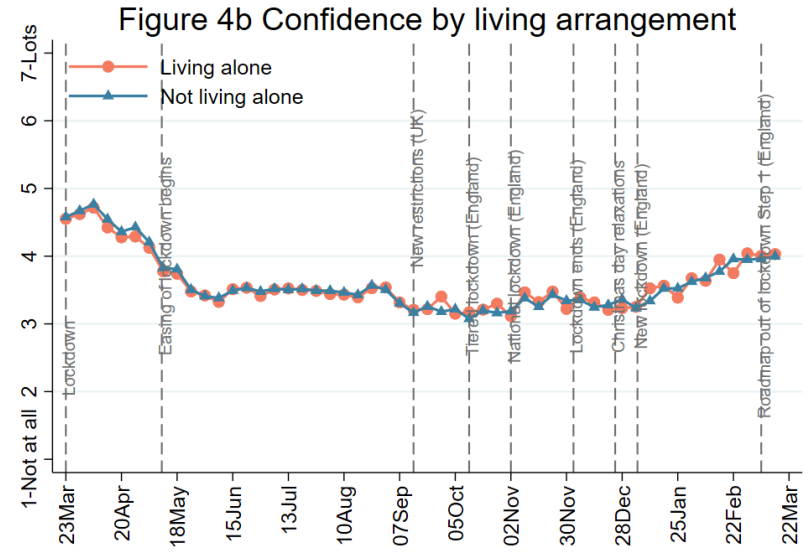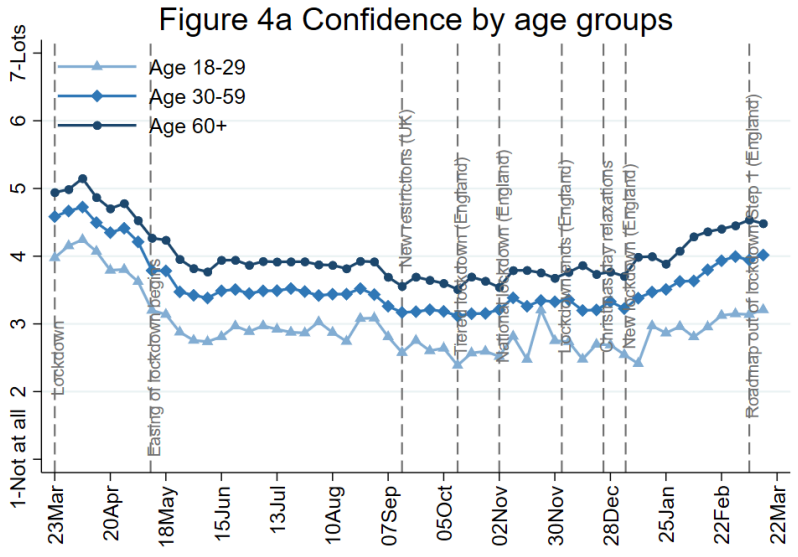
Figure 4e Confidence by nations
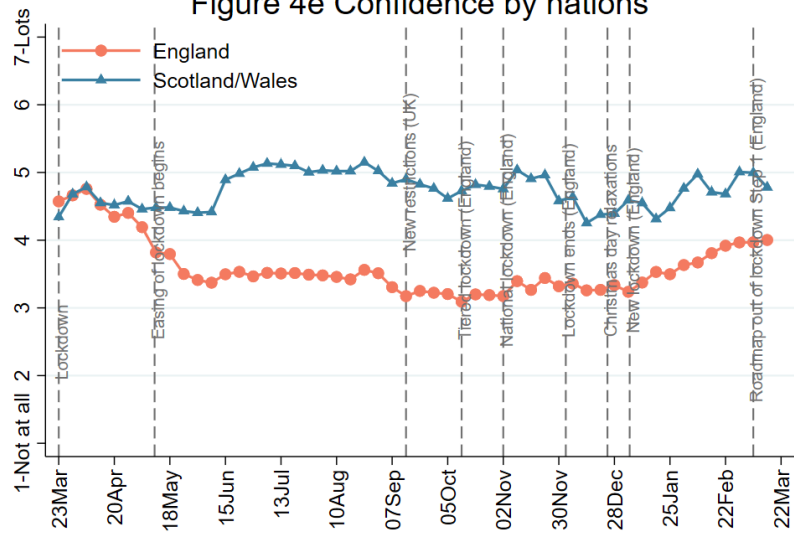
Figure 4f Confidence by keyworker status
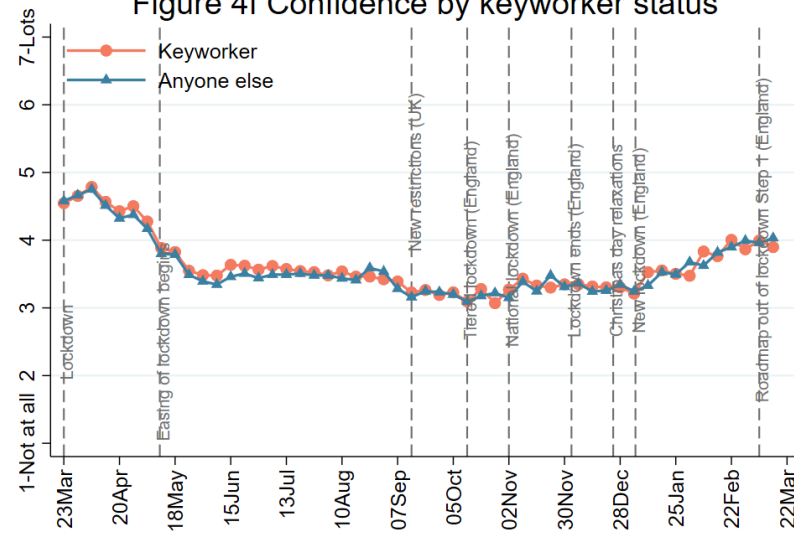
Figure 4g Confidence by living with children
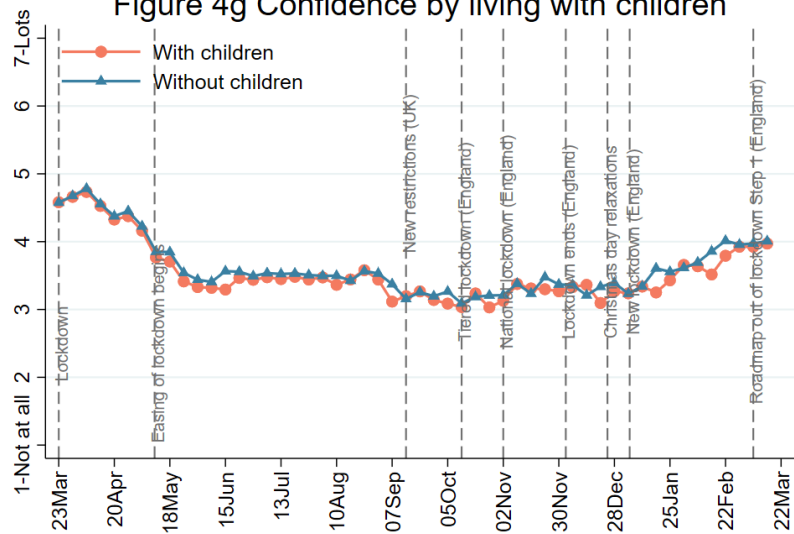
Figure 4h Confidence by living area
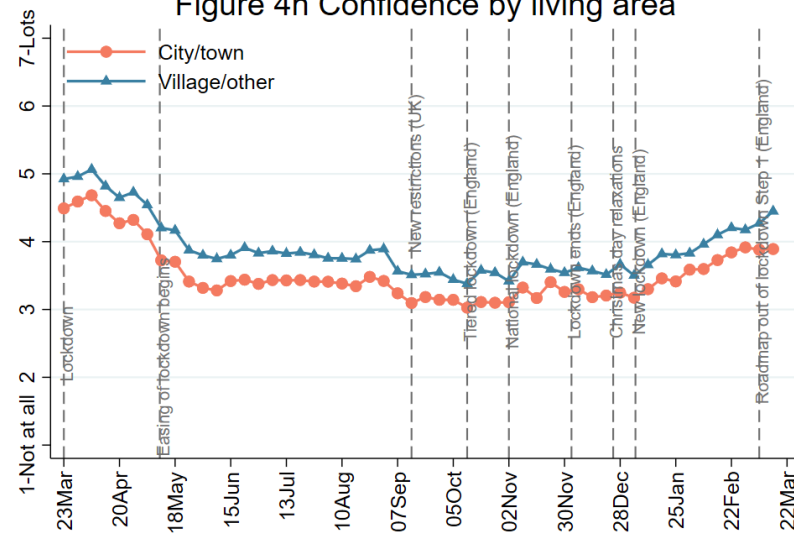
Figure 4i Confidence in government by gender
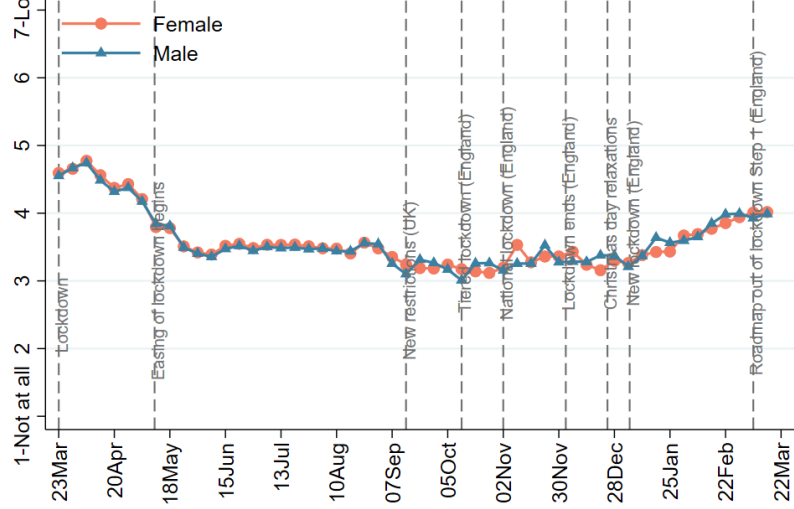
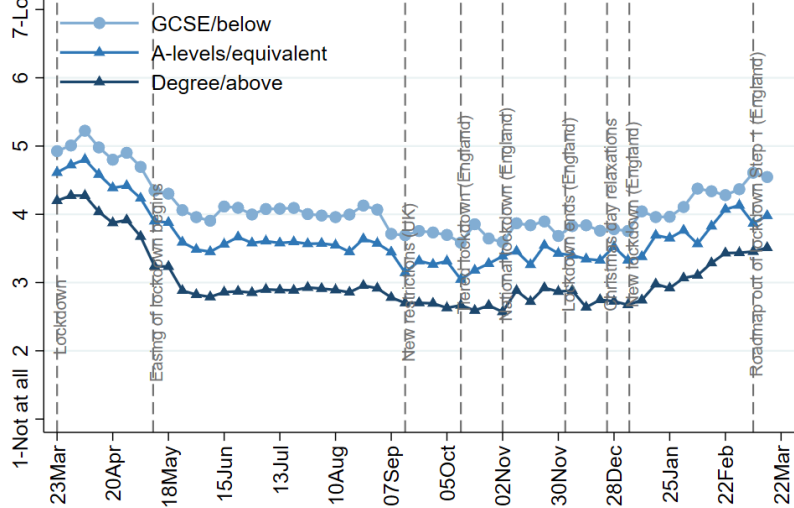Figure 4j Confidence in government by ethnicity
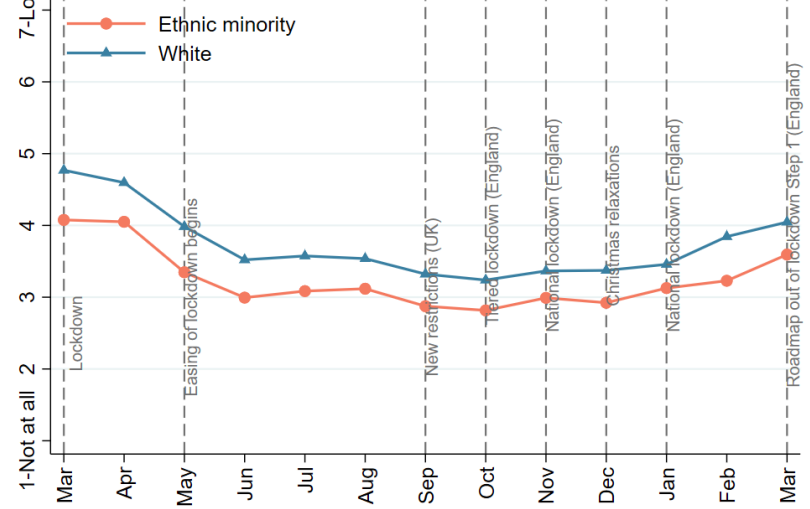
Figure 4k Confidence in government by educational levels

Figure 4l Confidence in government by physical health
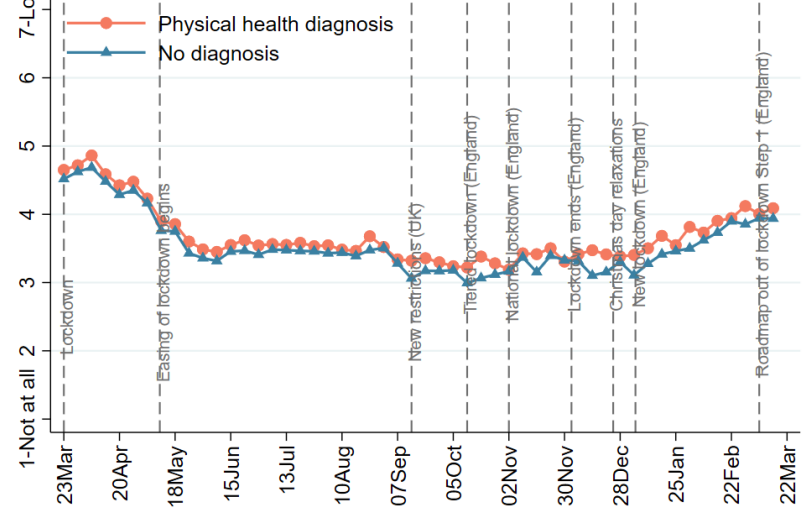
2. Mental Health

2.1 Depression and anxiety

Figure 5 Depression and anxiety
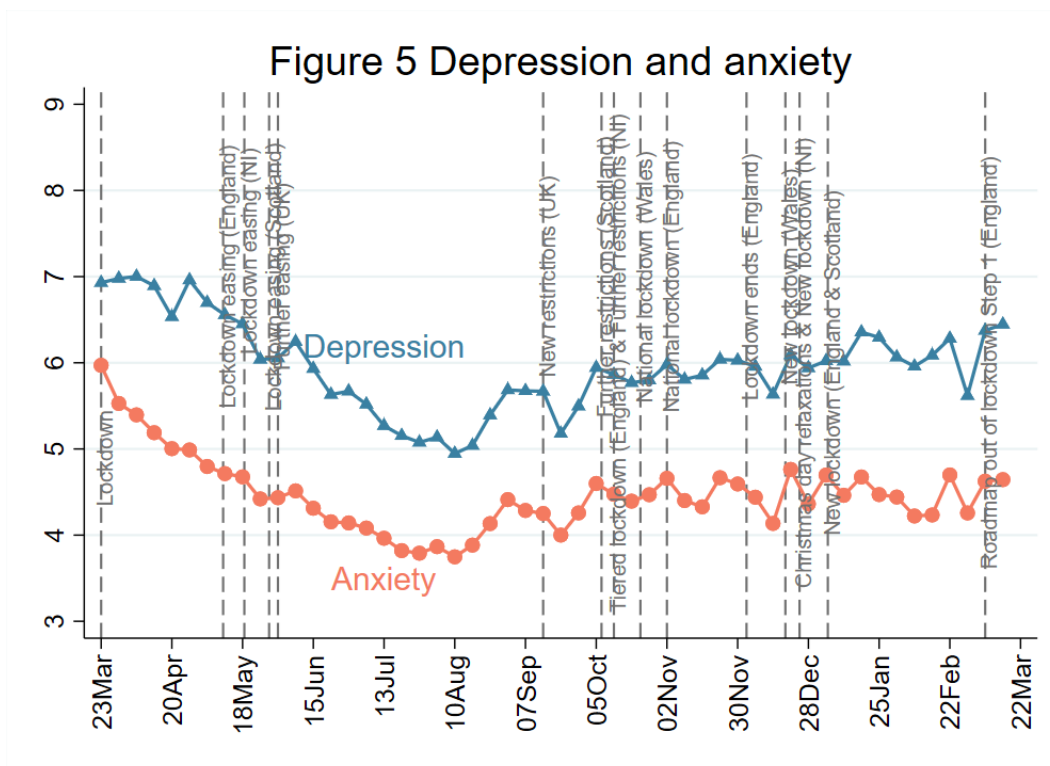
FINDINGS

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 higher than 10 can indicate major depression or moderate anxiety.

Although there appear to have been small decreases in anxiety and depression levels over the first month of the most recent lockdown, levels may be increasing again. Anxiety levels are similar to what they were in the autumn of 2020, and depression levels are similar to what they were at the end of the first lockdown.

Although this study focuses on trajectories rather than prevalence, the levels overall are higher than usual reported averages using the same measures (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 from ethnic minority backgrounds, those with a physical health condition, and people living with children. People with a diagnosed mental illness are still reporting higher levels of depression and anxiety symptoms (as might be expected) (see Figures 6d and 7d).

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[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
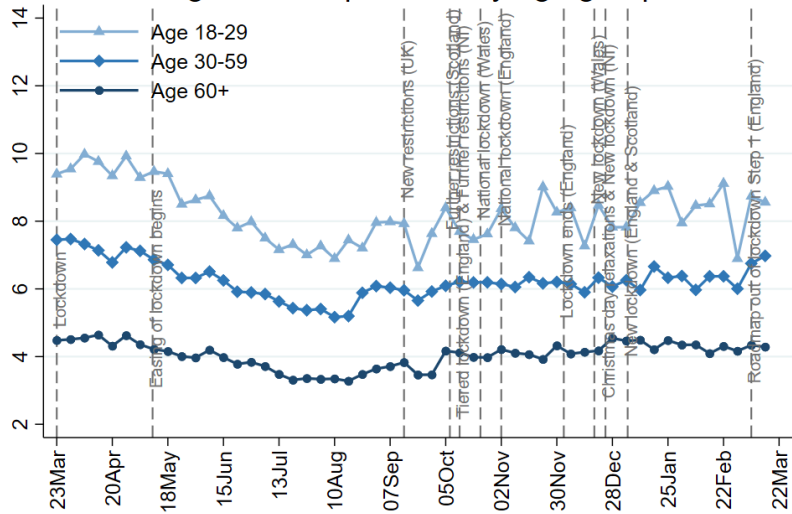
Figure 6b Depression by living arrangement
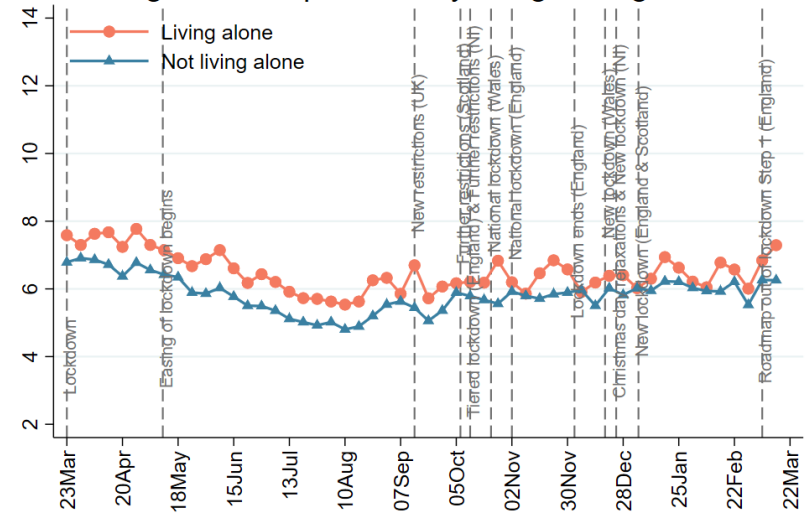
Figure 6c Depression by household income
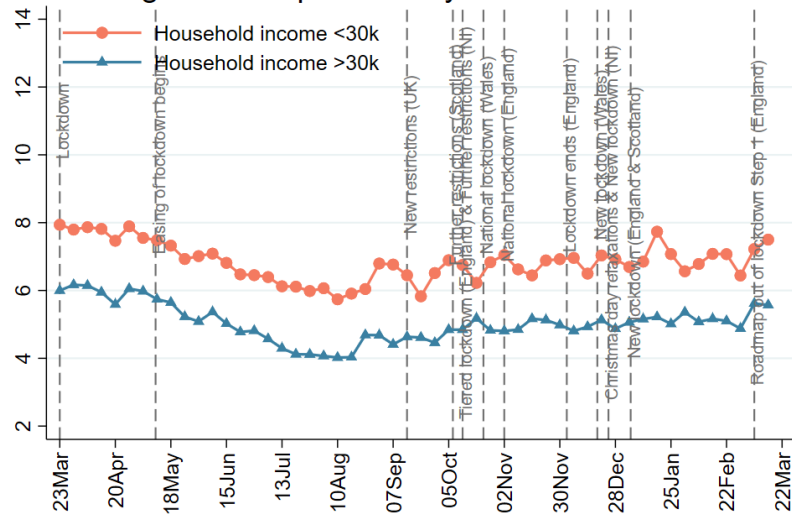
Figure 6d Depression by mental health diagnosis
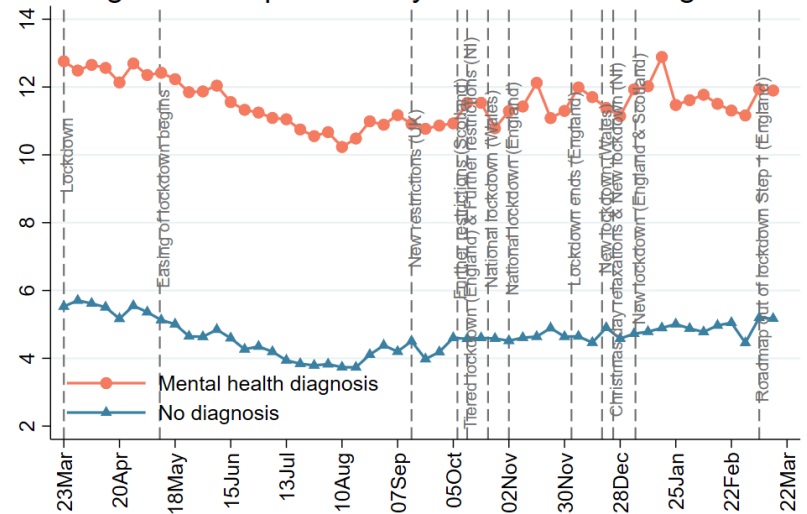
Figure 6e Depression by nations
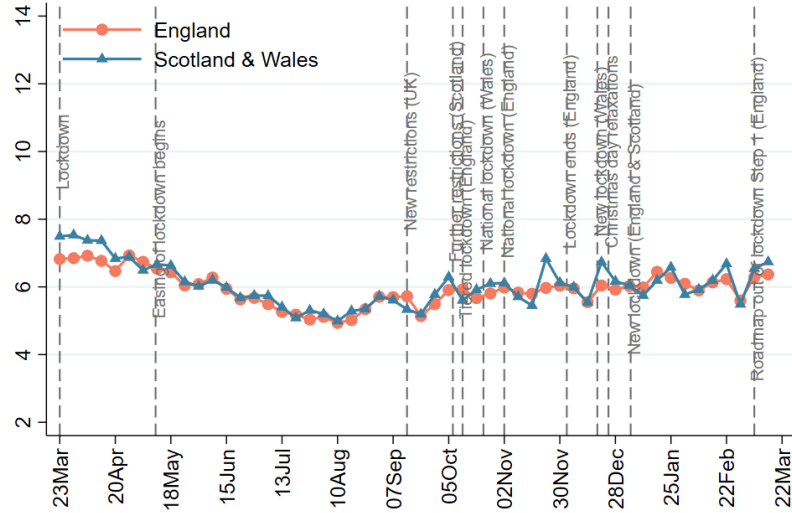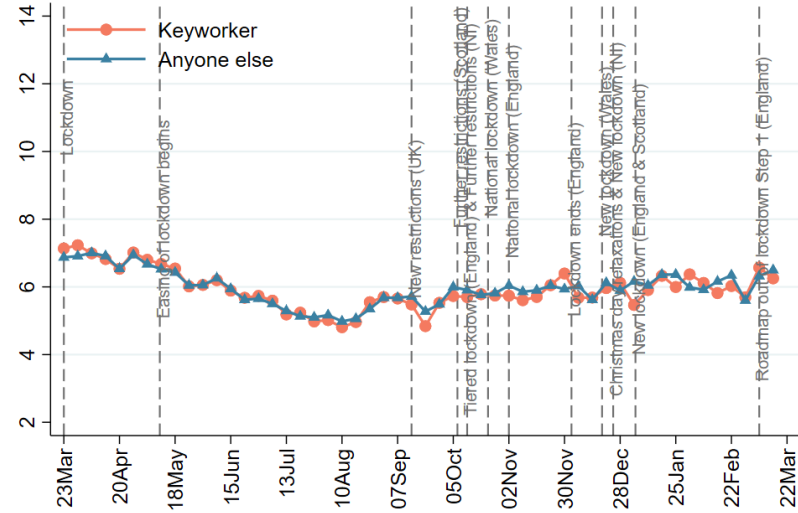
Figure 6f Depression by keyworker status

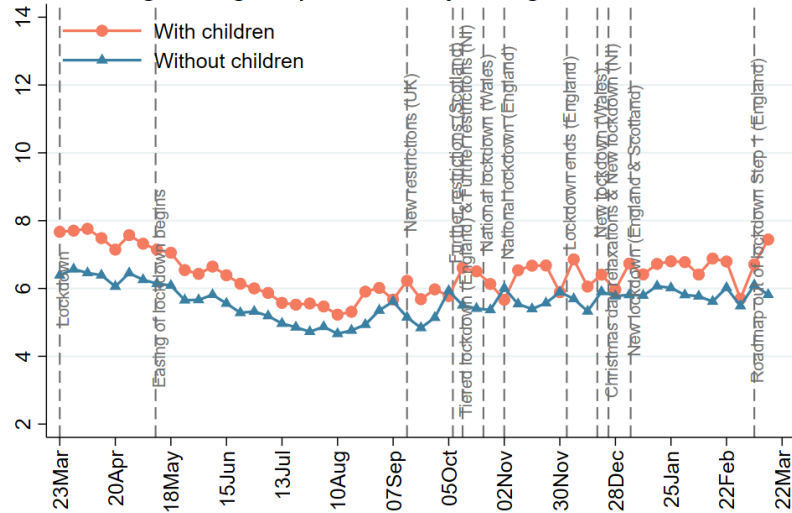Figure 6g Depression by living with children
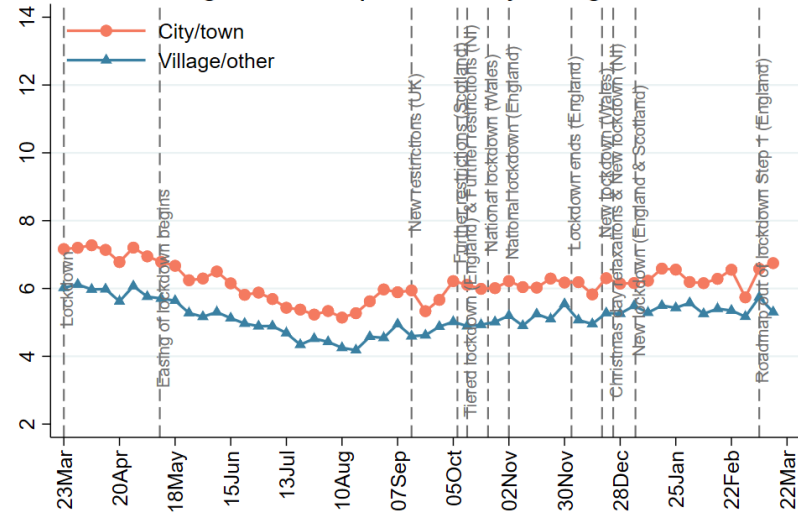
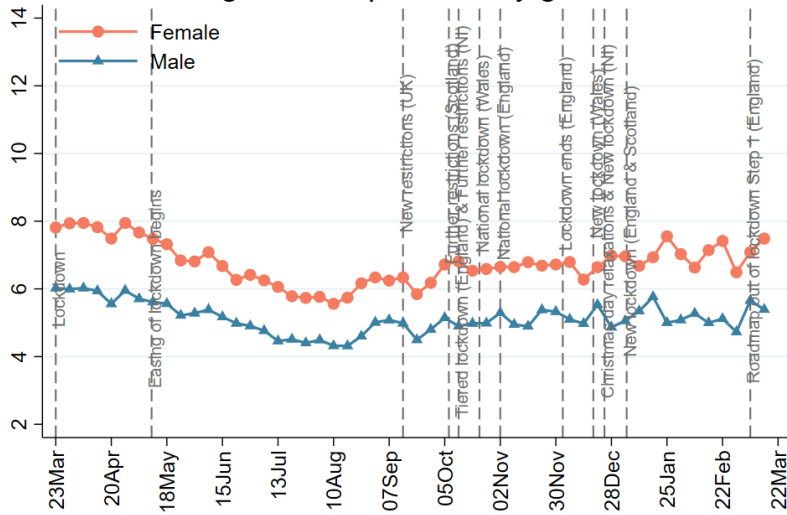Figure 6h Depression by living area

Figure 6i Depression by gender

Figure 6j Depression by ethnicity
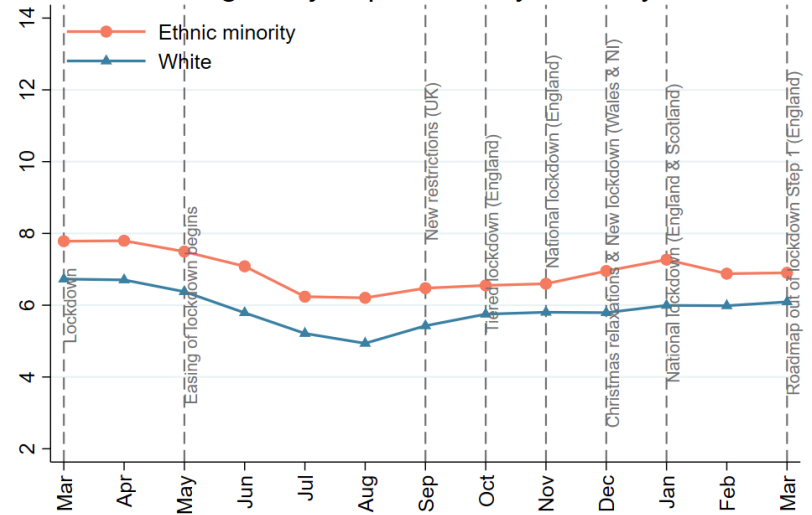
Figure 6k Depression by educational levels
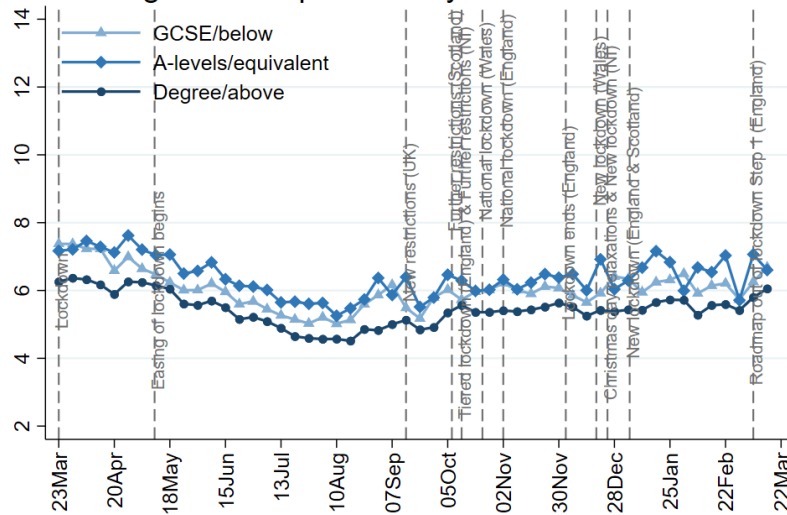
Figure 6l Depression by physical health diagnosis
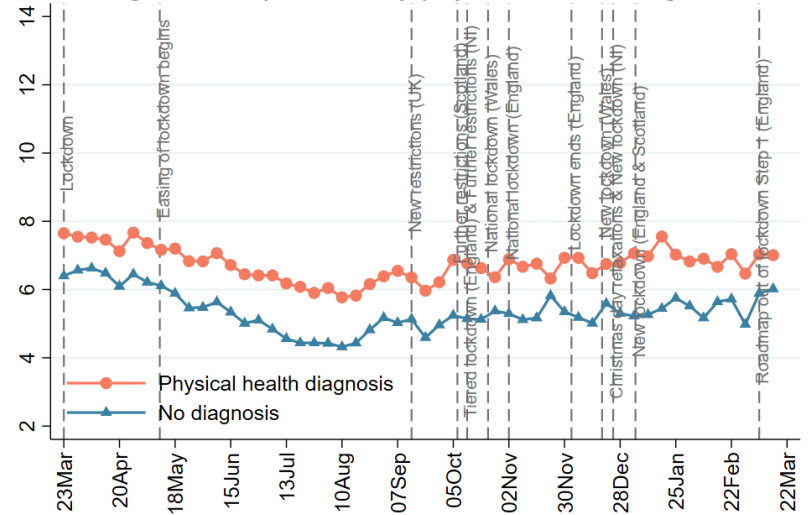
Figure 7a Anxiety by age groups
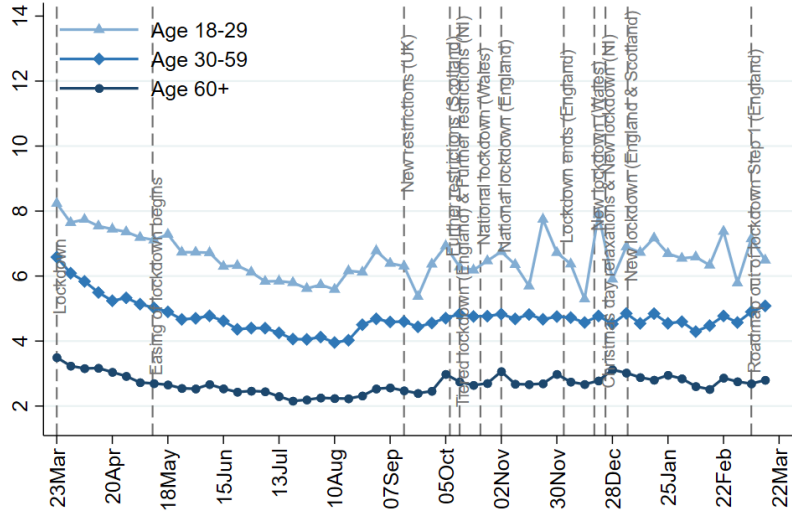
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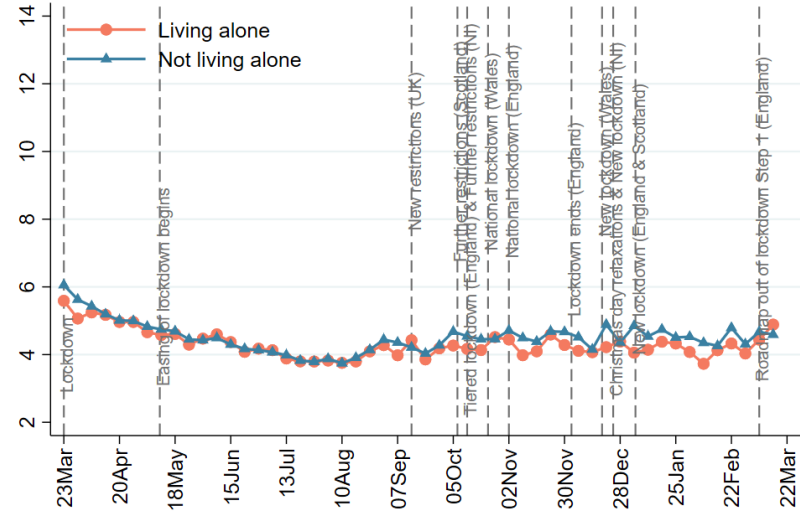
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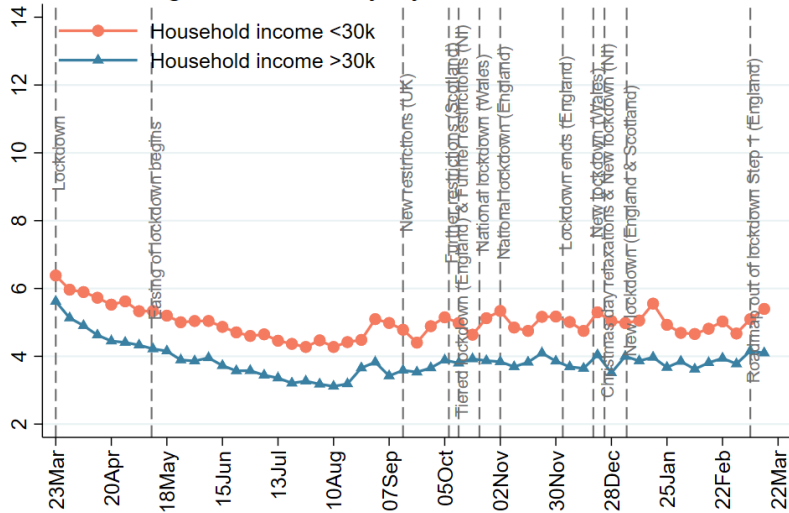
Figure 7d Anxiety by mental health diagnosis
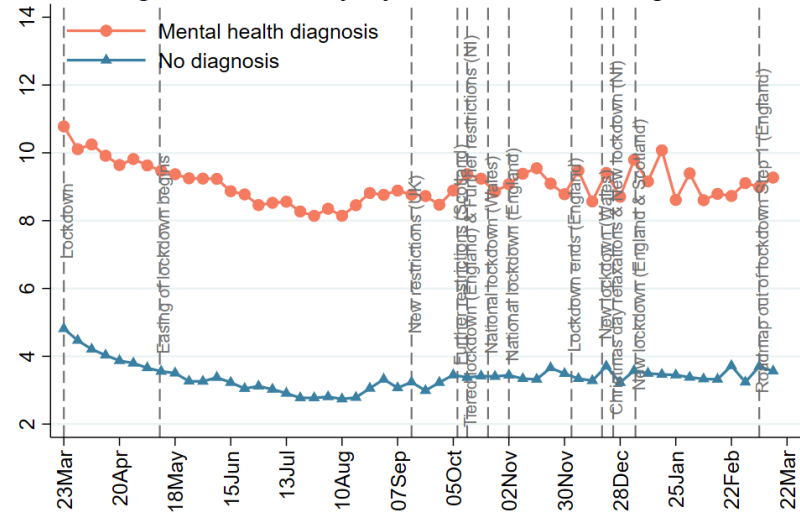
Figure 7e Anxiety by nations
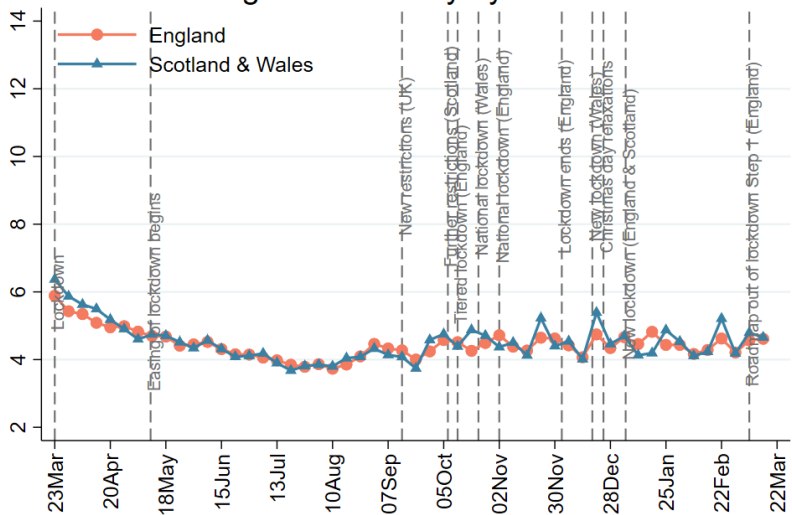
Figure 7f Anxiety by keyworker status
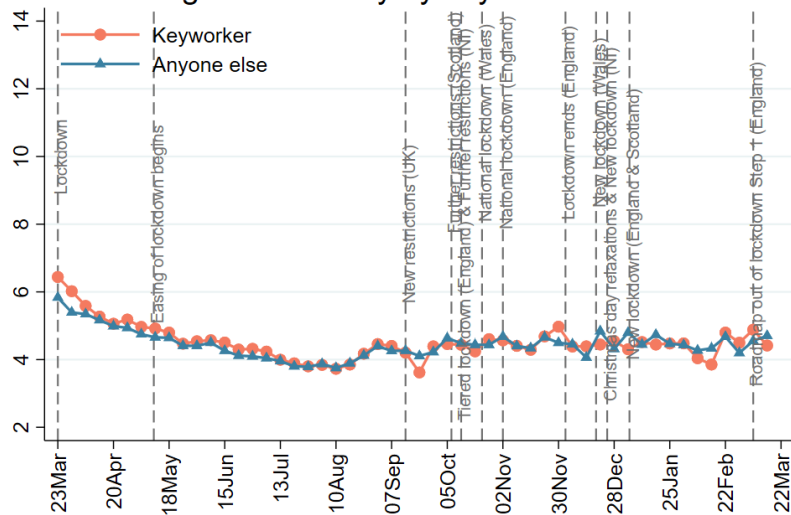
Figure 7g Anxiety by living with children
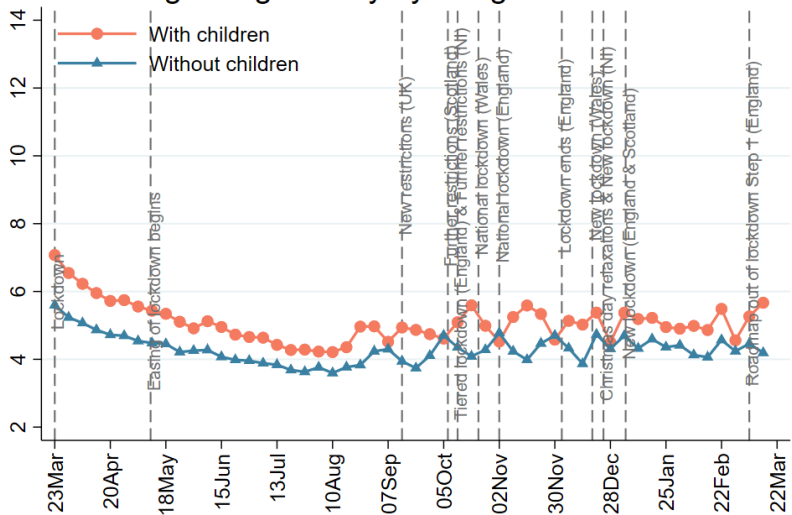
Figure 7h Anxiety by living area
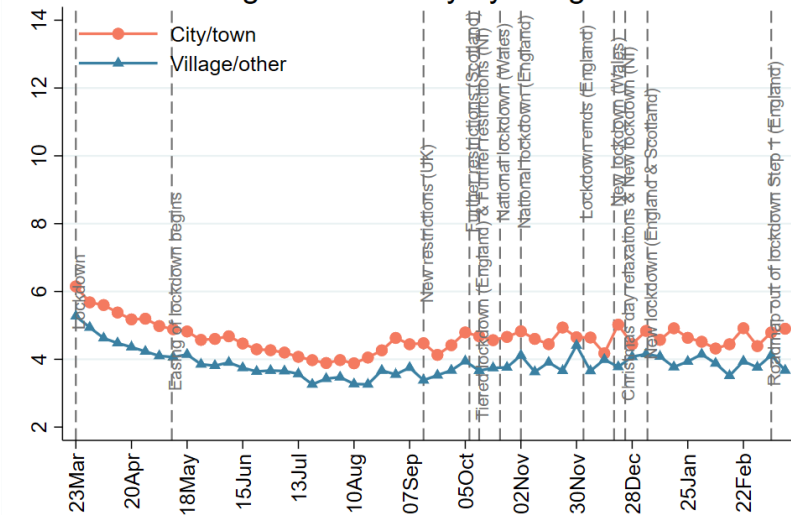
Figure 7i Anxiety by gender
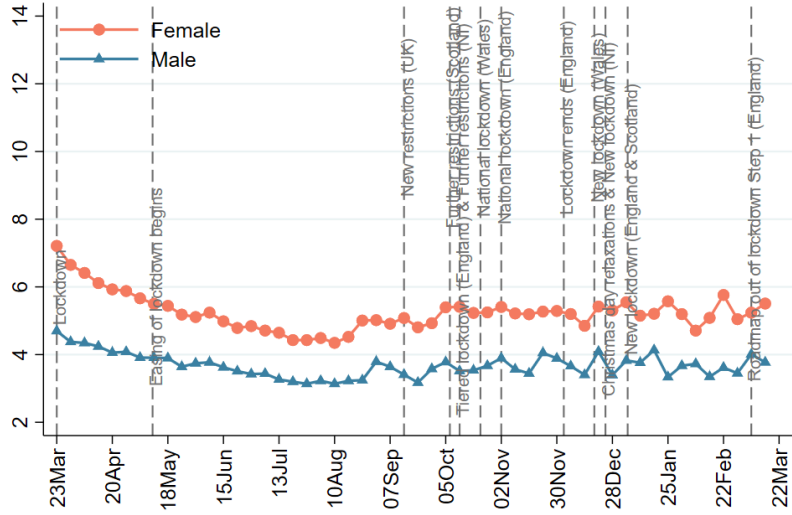
Figure 7j Anxiety by ethnicity
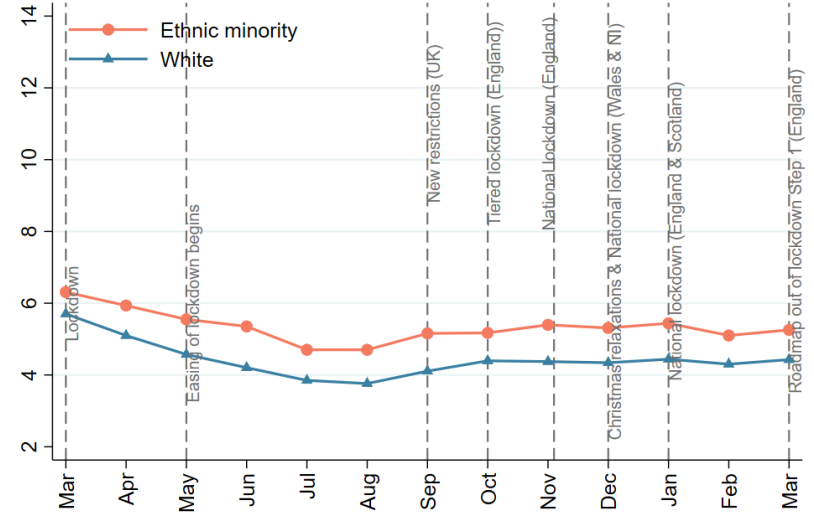
Figure 7k Anxiety by educational levels
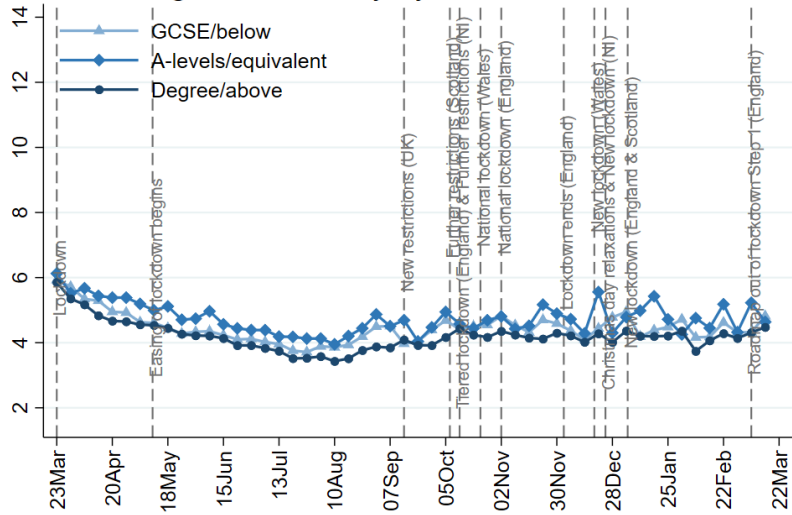
Figure 7l Anxiety by physical health diagnosis
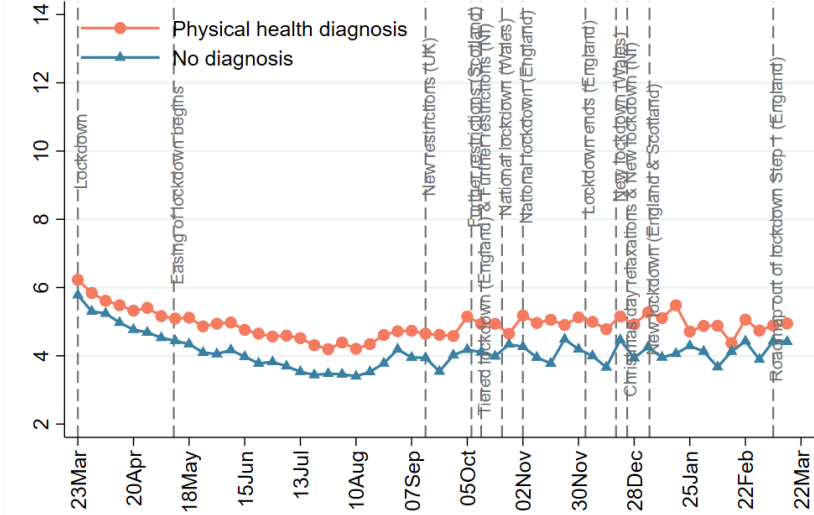
2.2 Stress
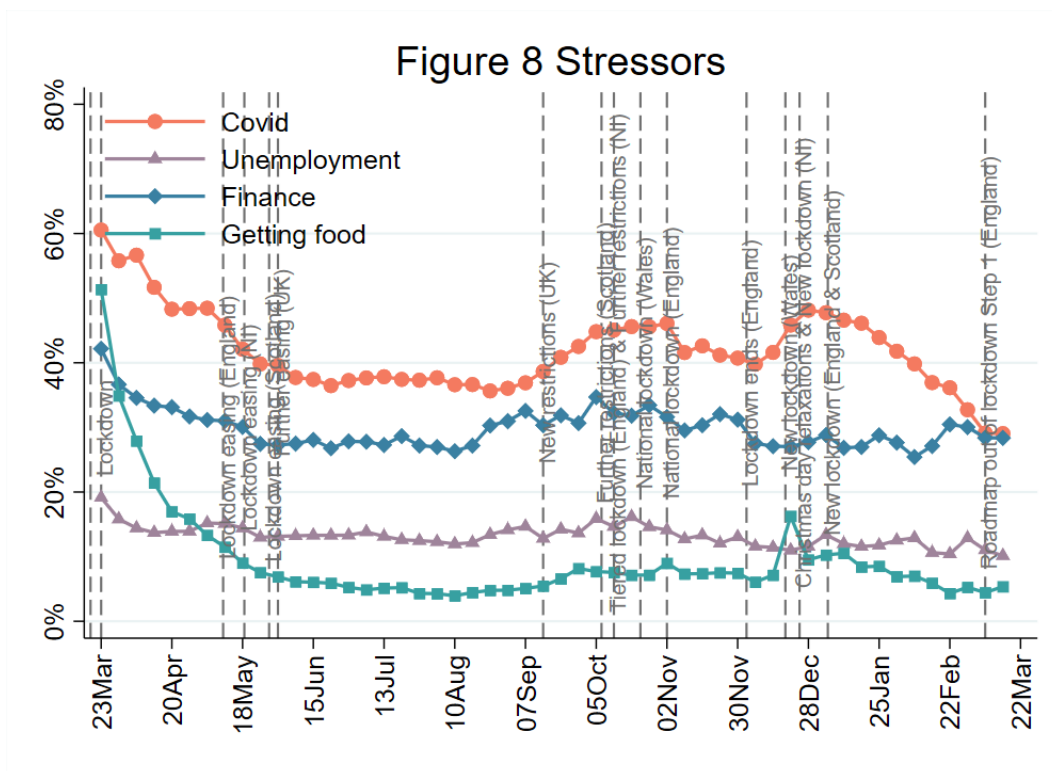
Figure 8 Stressors

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 has been decreasing substantially since the end of 2020 and is now lower than it has ever been, with fewer than 1 in 3 people (28.7%) now reporting being worried. When separated by age group, these decreases were seen more consistently in adults aged 30-59 years and 60 years and older since the start of the year, whilst there were more fluctuations in young adults. The former two groups 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 and are comparable to their lowest levels of just over 1 in 4 people (28.7%) over the summer. Worries about unemployment remain relatively low, concerning just 1 in 8 people. Worries about accessing food slightly decreased over the course of the third lockdown but are still 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, and these differences are most pronounced for financial stress. In relation to worries about Covid-19, these levels are highest in people with diagnosed physical health conditions, although this seems to have been decreasing since the start of the year. Concerns about unemployment and finances remain highest amongst adults of working age (18-59 years), with just over 1 in 3 reporting concerns about finances (18-29 years: 32.7% and 30-59 years: 34.7%). 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. People with physical health conditions are also more concerned about accessing food, which may be due to greater concerns about going to supermarkets.

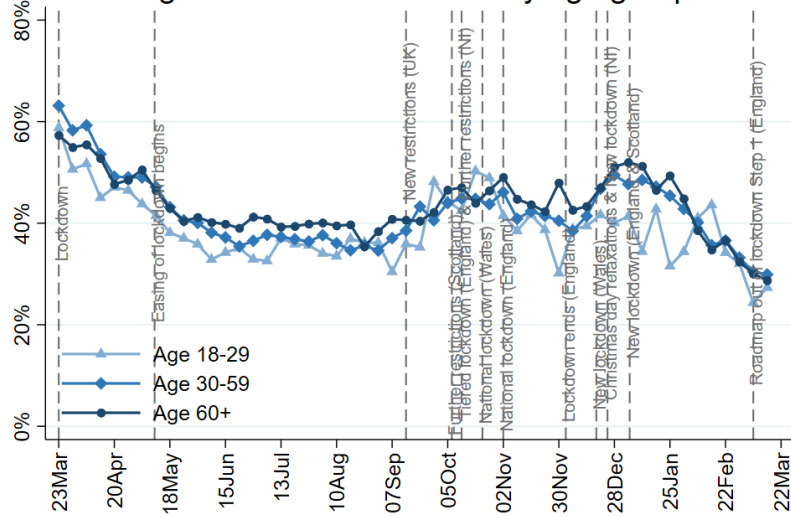## Figure 9a Covid-19 stress by age groups

Age 18-29
Age 30-59
Age 60+

Figure 9b Covid-19 stress by living arrangement

Living alone
Not living alone
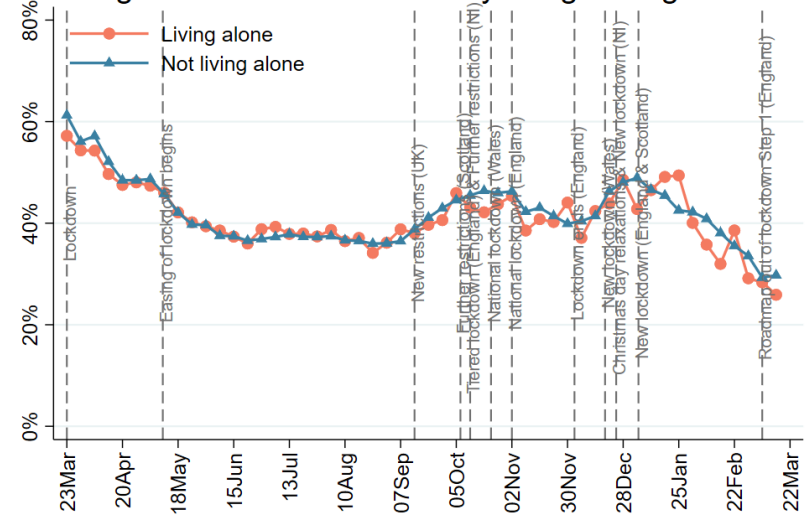
Figure 9c Covid-19 stress by household income

Household income <30k
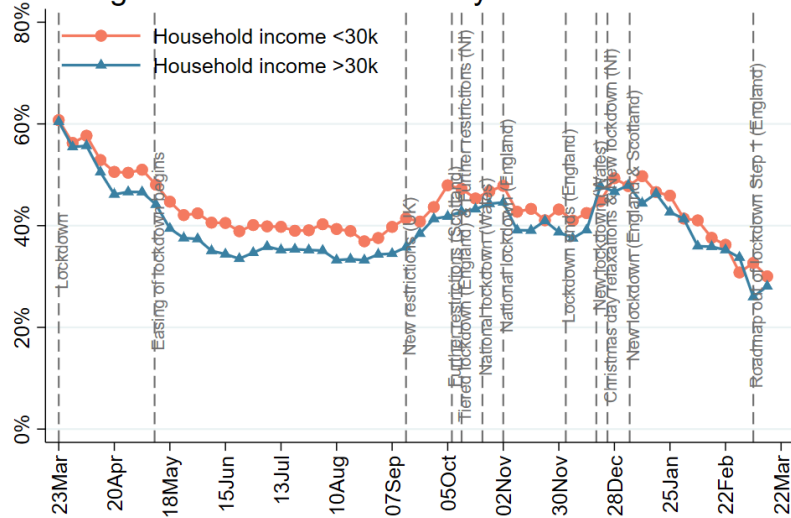Household income >30k

Figure 9d Covid-19 stress by mental health diagnosis

Mental health diagnosis
No diagnosis
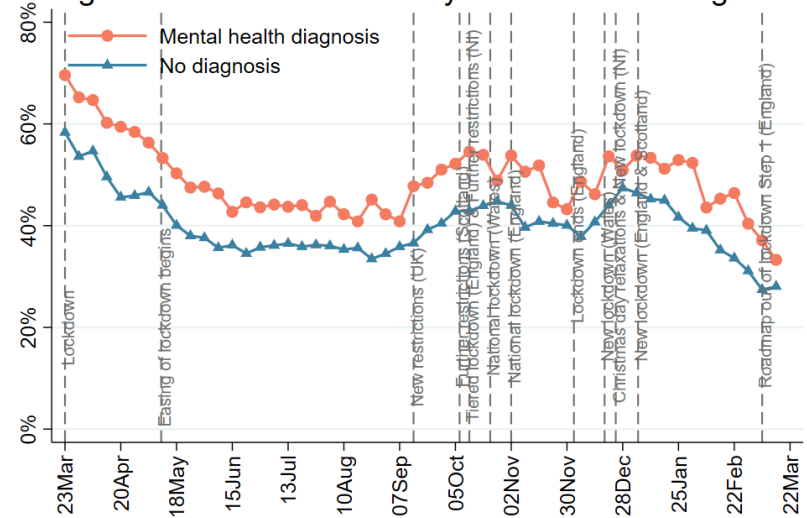
Figure 9e Covid-19 stress by nations
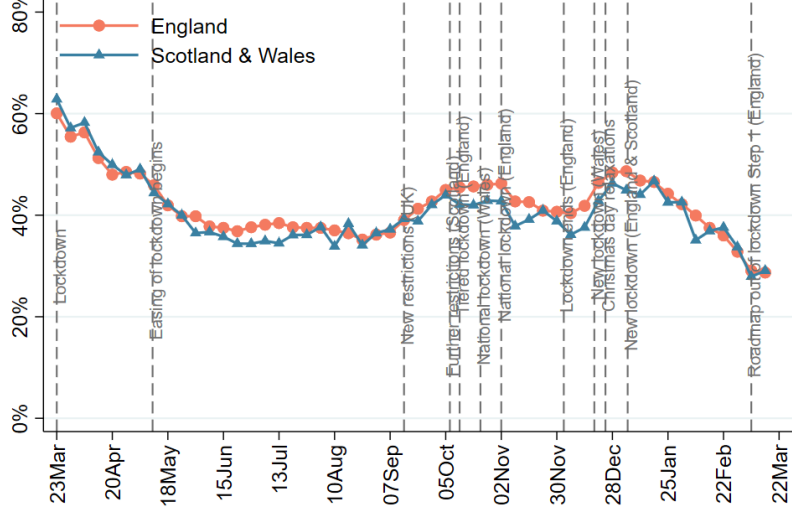
Figure 9f Covid-19 stress by keyworker status
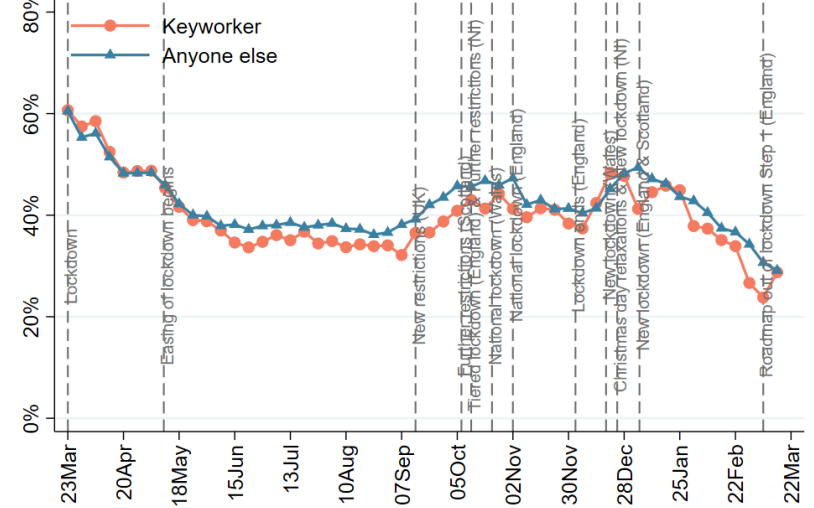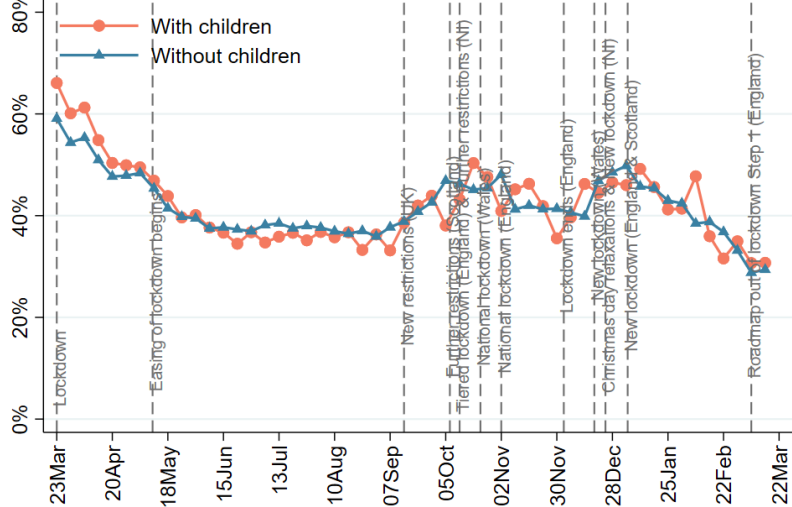
Figure 9g Covid-19 stress by living with children

Figure 9h Covid-19 stress by living area
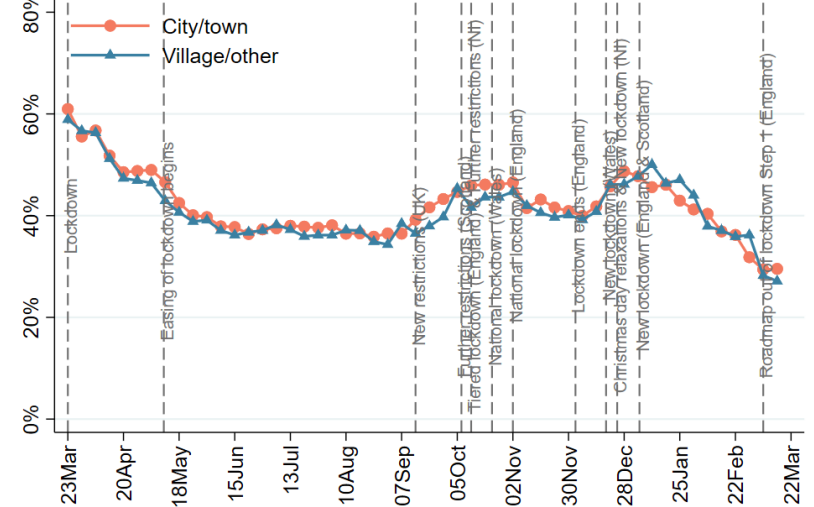
Figure 9i Covid-19 stress by gender
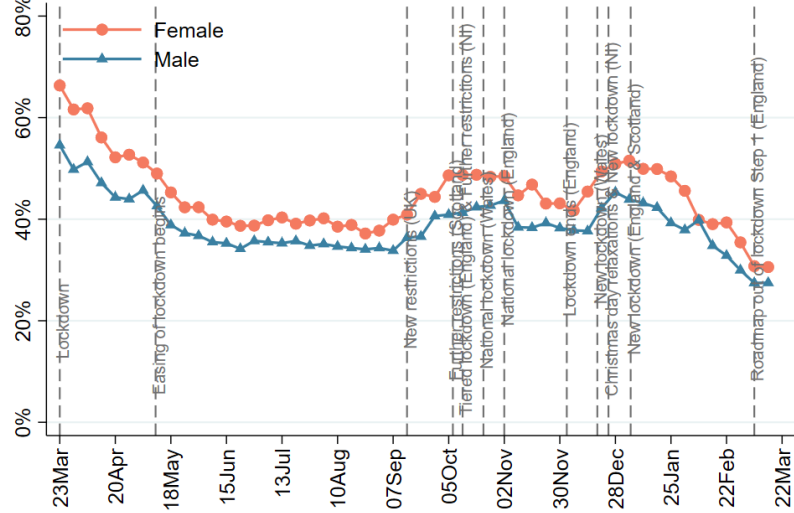
Figure 9j Covid-19 stress by ethnicity
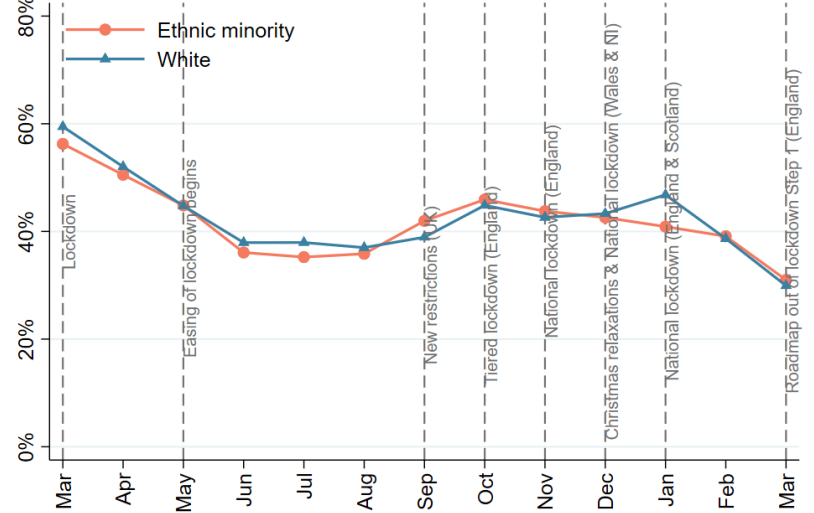
Figure 9k Covid-19 stress by educational levels
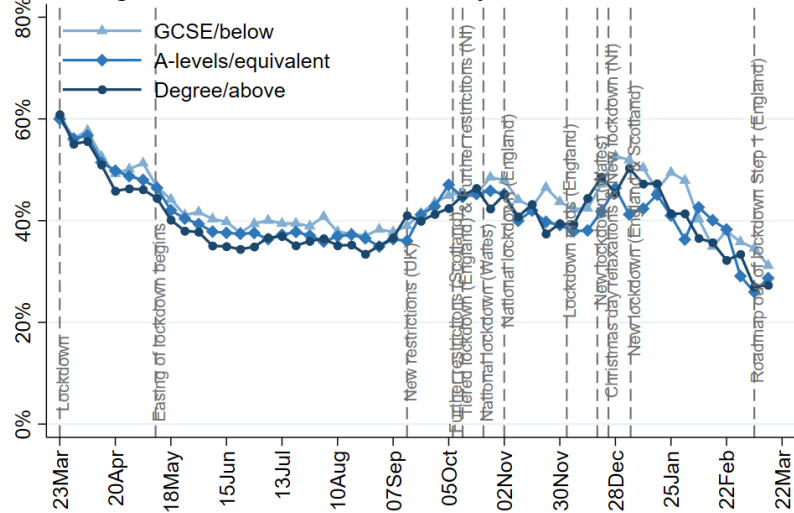
Figure 9l Covid-19 stress by physical health diagnosis
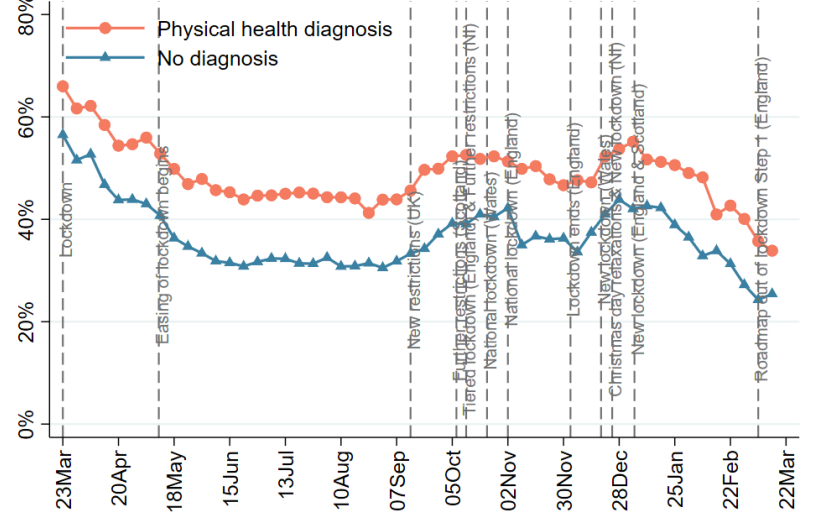
Figure 10a Unemployment stress by age groups
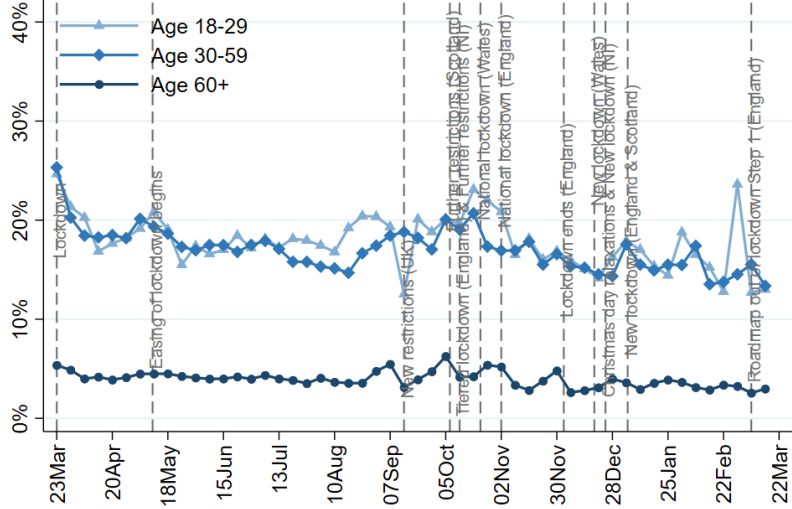
Figure 10b Unemployment stress by living arrangement
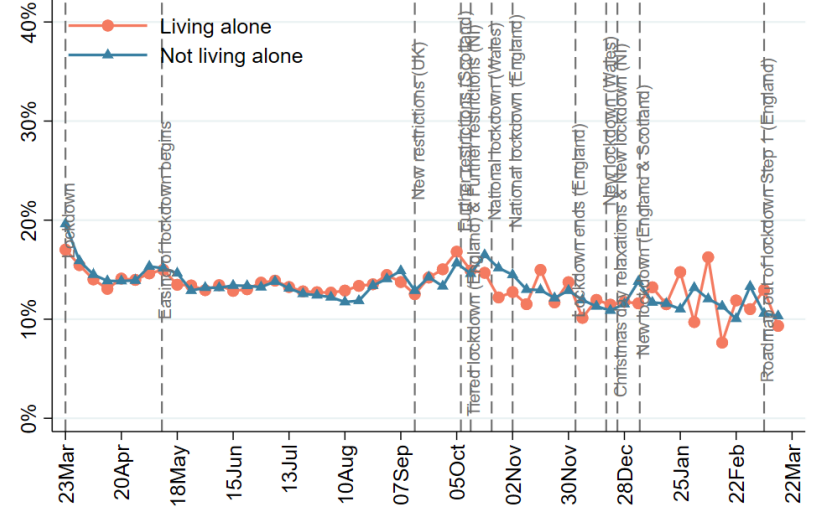
Figure 10c Unemployment stress by household income
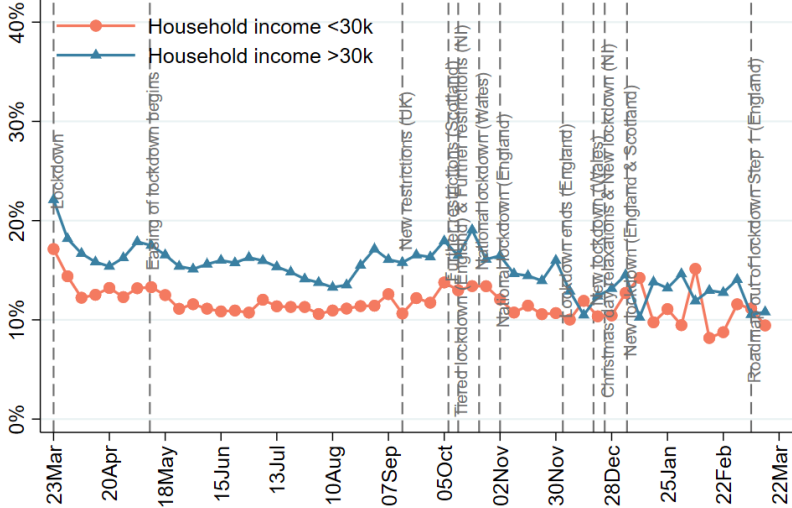
Figure 10d Unemployment stress by mental health
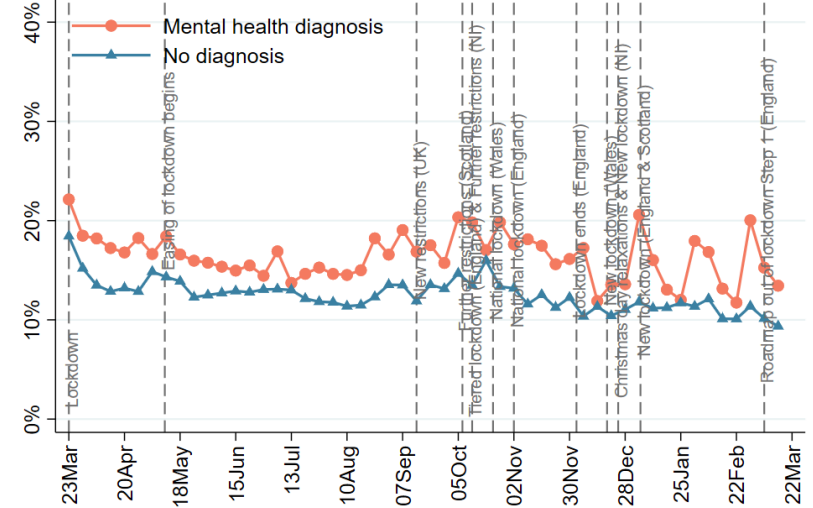
Figure 10e Unemployment stress by nations
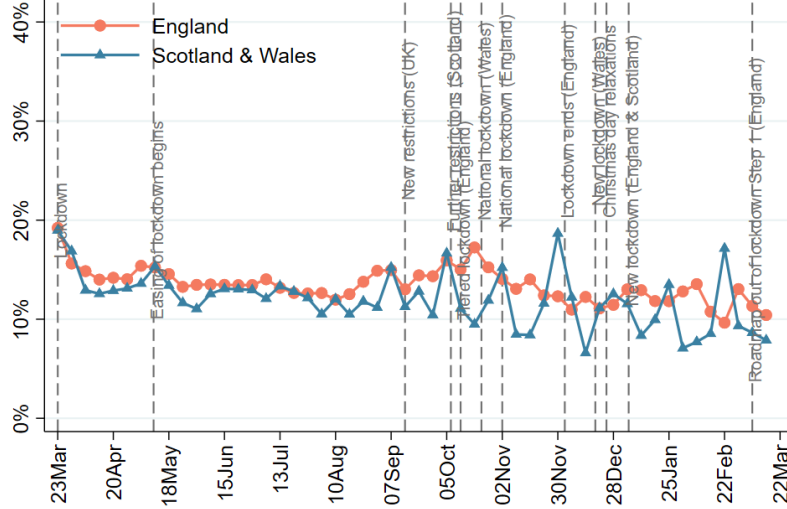
Figure 10f Unemployment stress by keyworker status
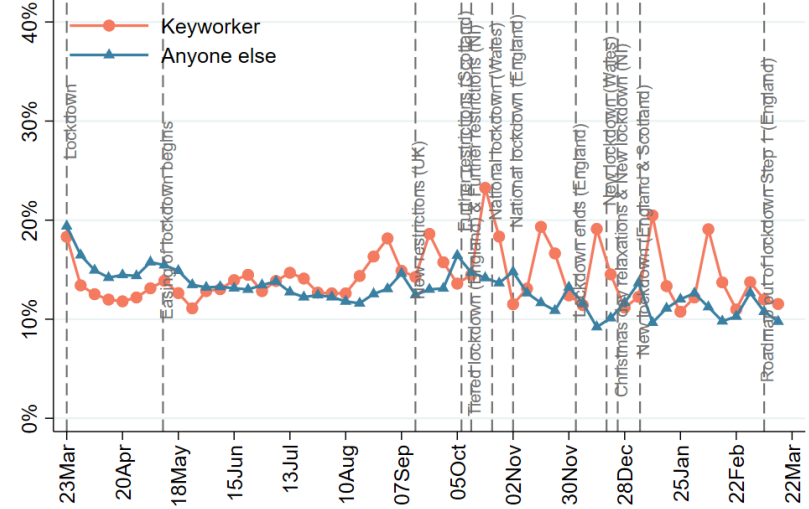
Figure 10g Unemployment stress by living with children
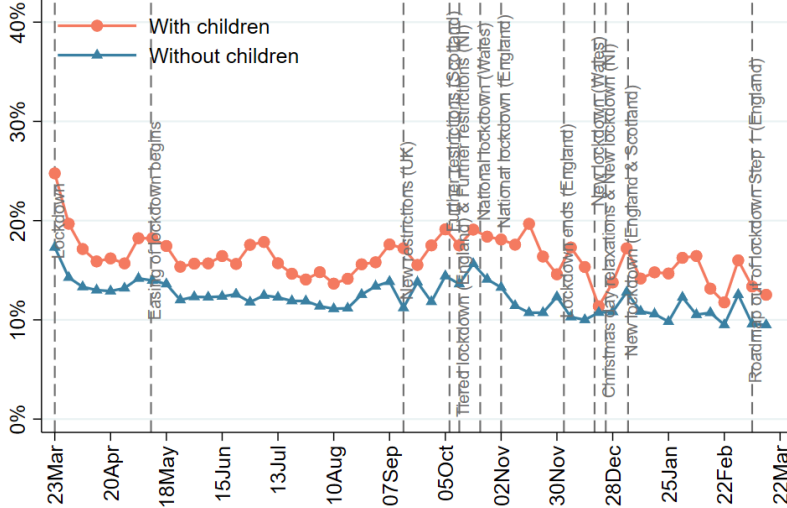
Figure 10h Unemployment stress by living area
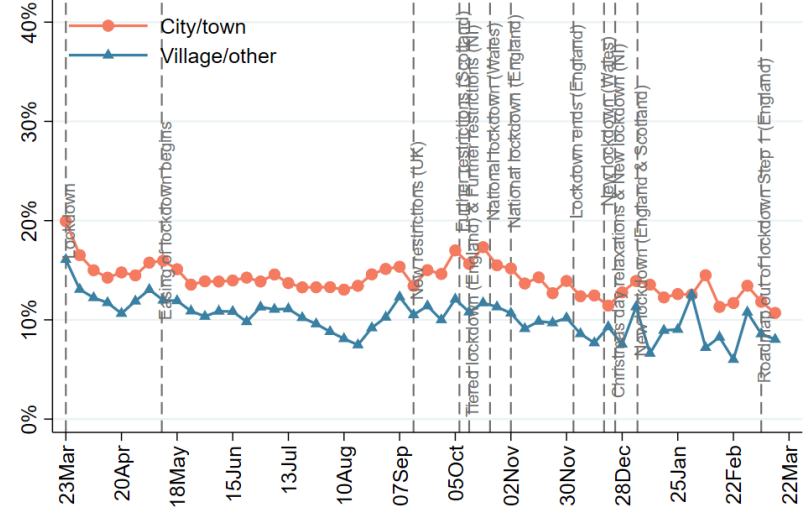
Figure 10i Unemployment stress by gender
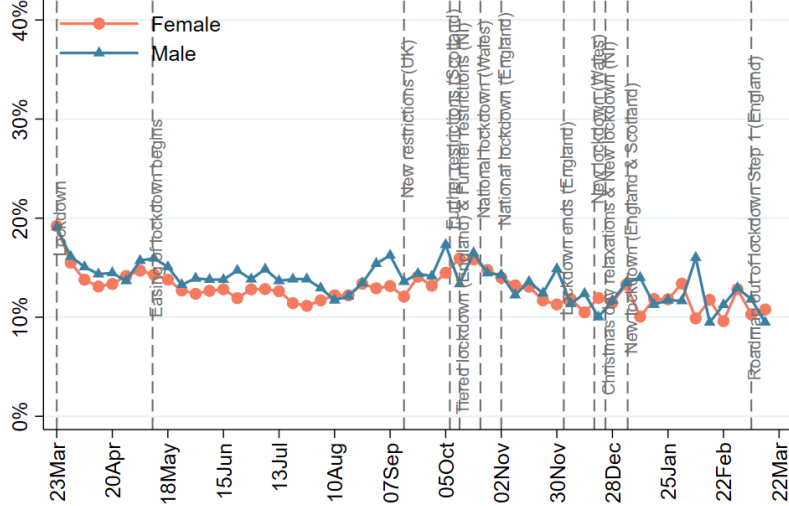
Figure 10j Unemployment stress by ethnicity
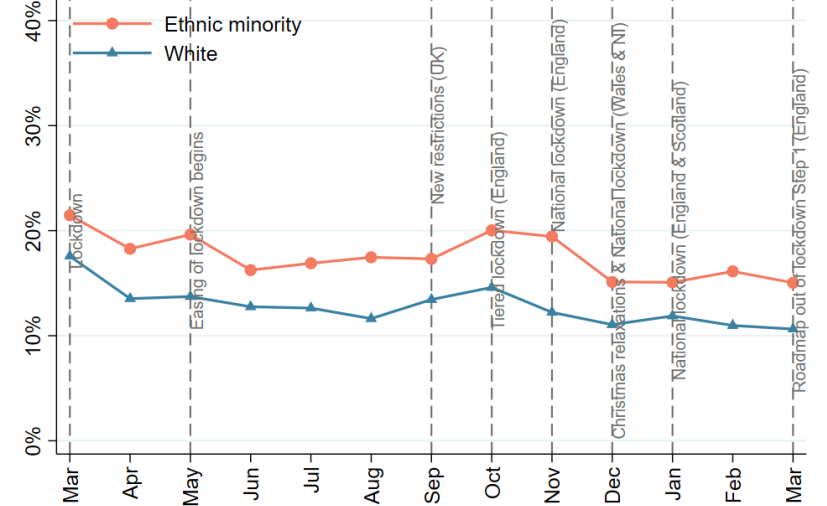
Figure 10k Unemployment stress by educational levels
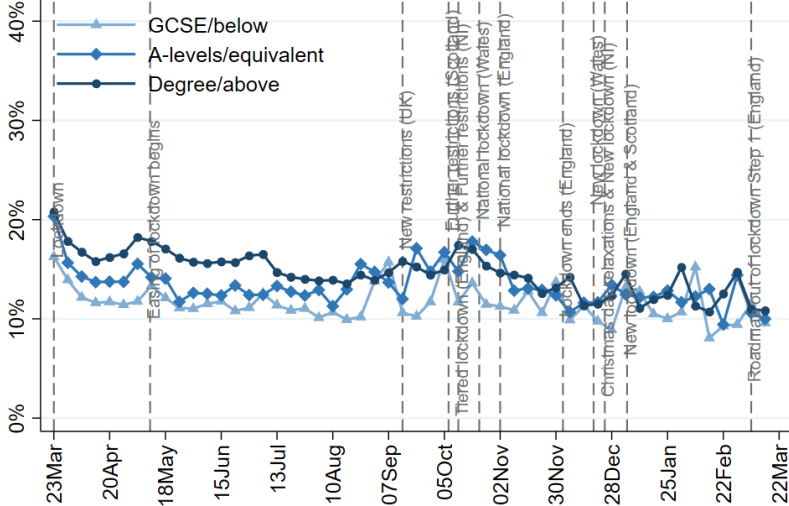
Figure 10l Unemployment stress by physical health diagnosis
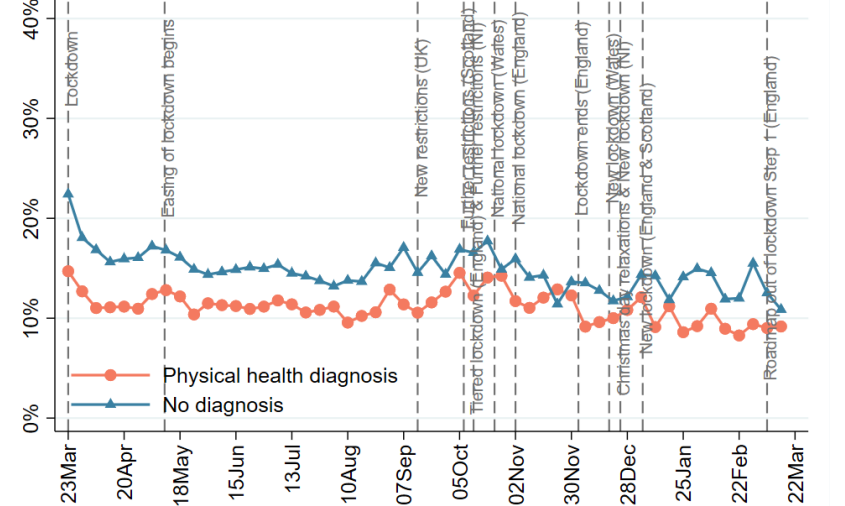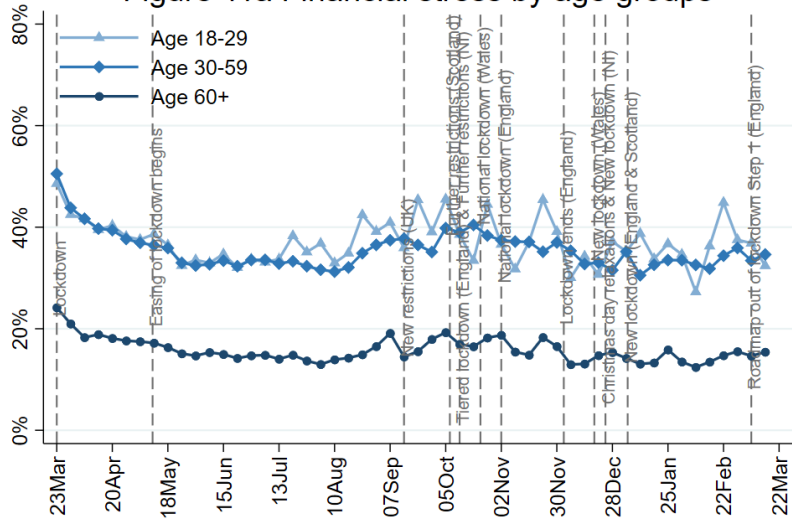
Figure 11a Financial stress by age groups

Figure 11b Financial stress by living arrangement
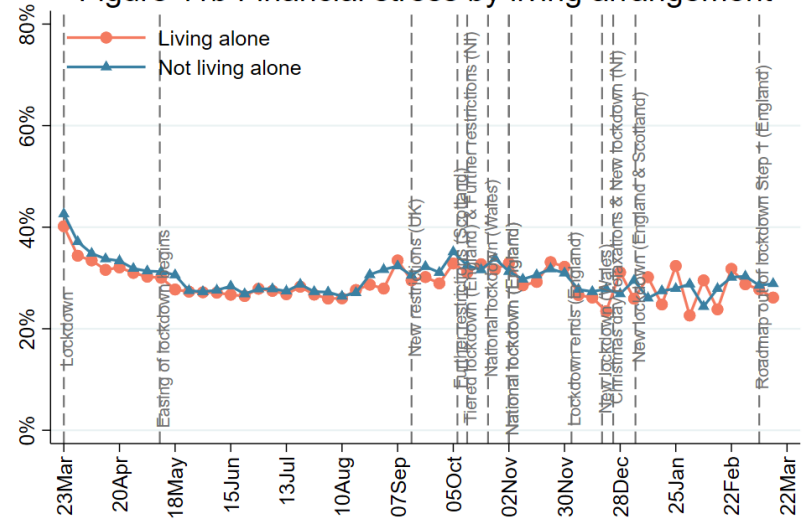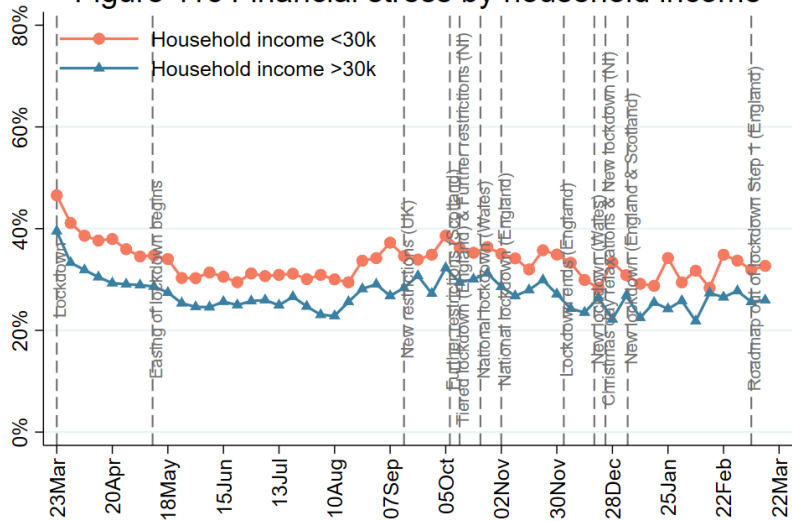

Figure 11c Financial stress by household income

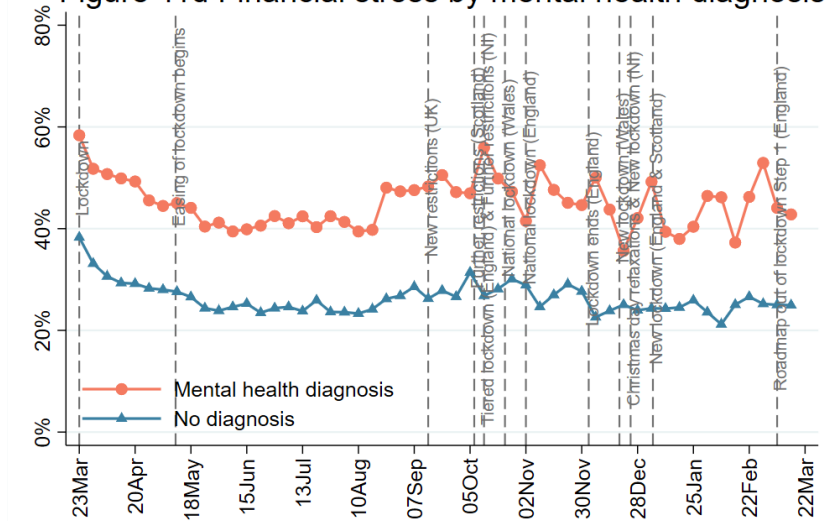Figure 11d Financial stress by mental health diagnosis
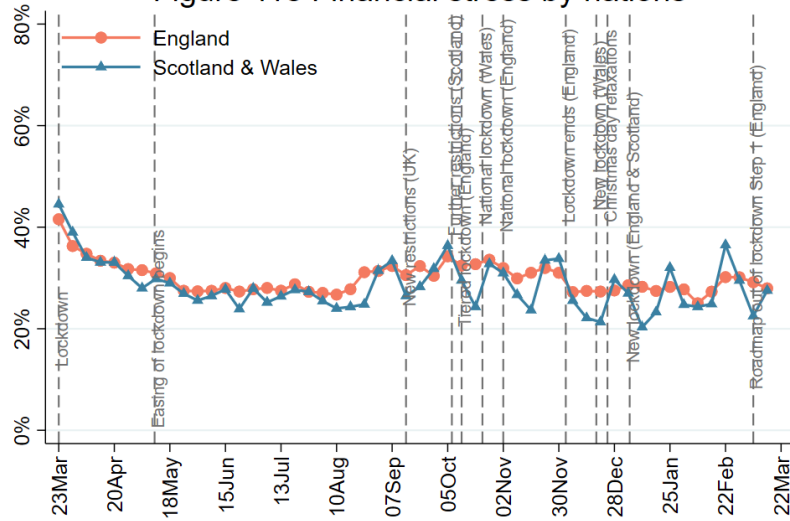
Figure 11e Financial stress by nations

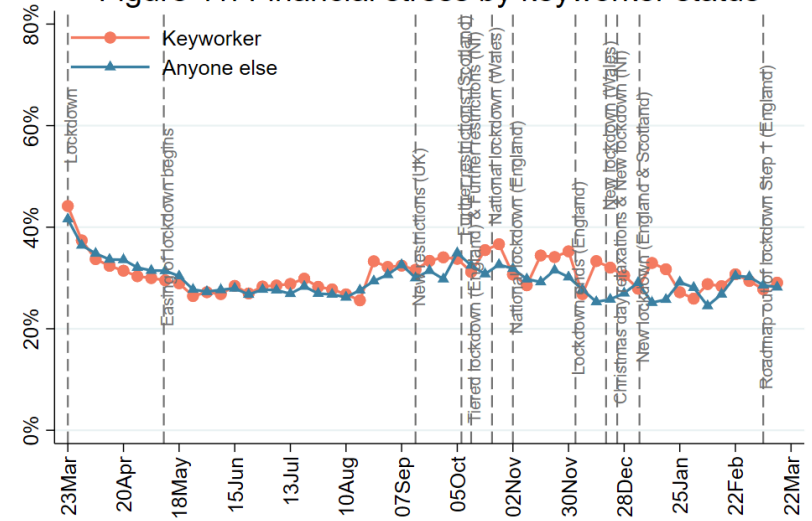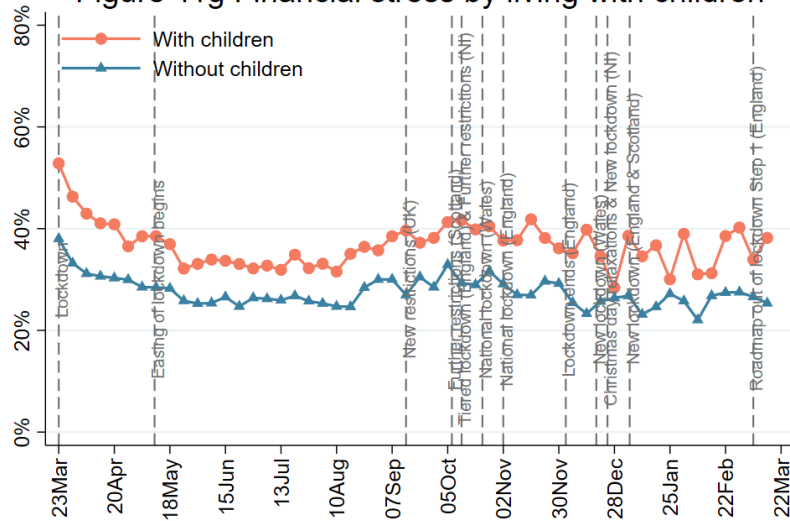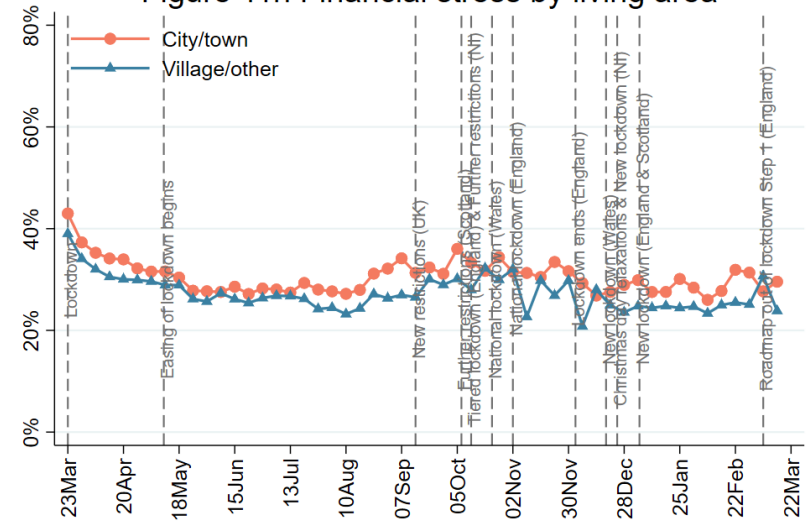Figure 11f Financial stress by keyworker status

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
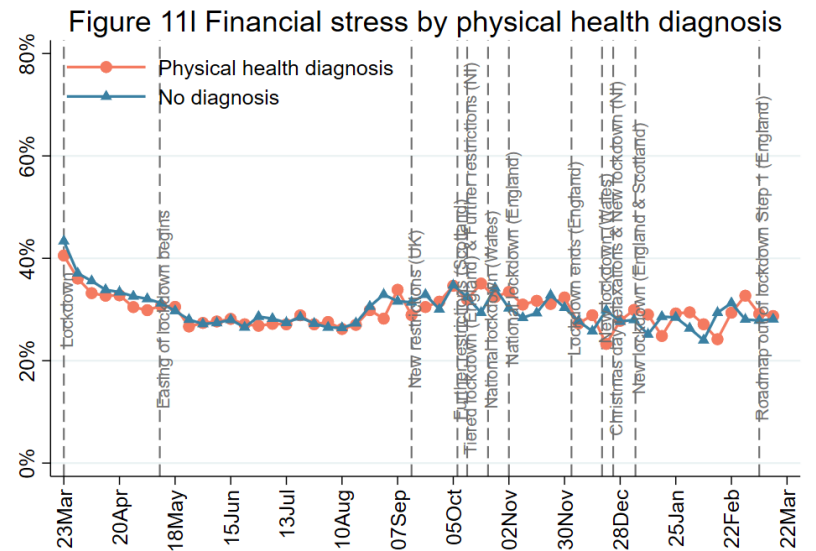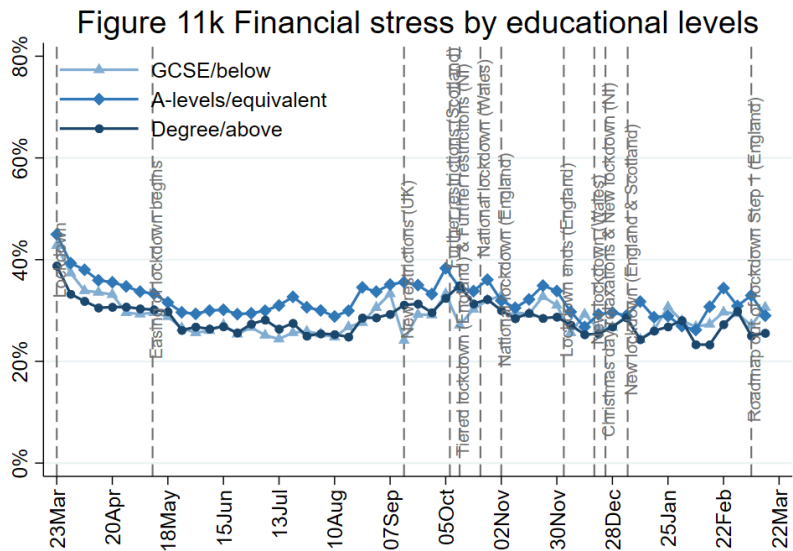

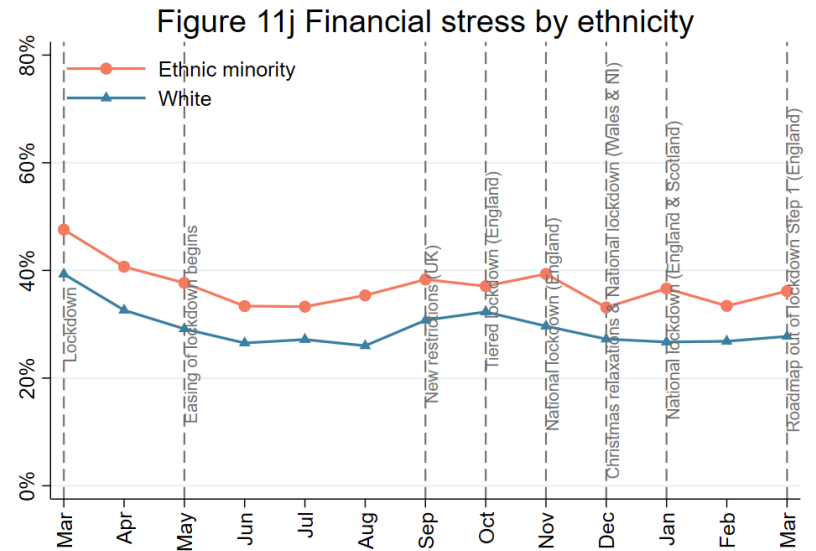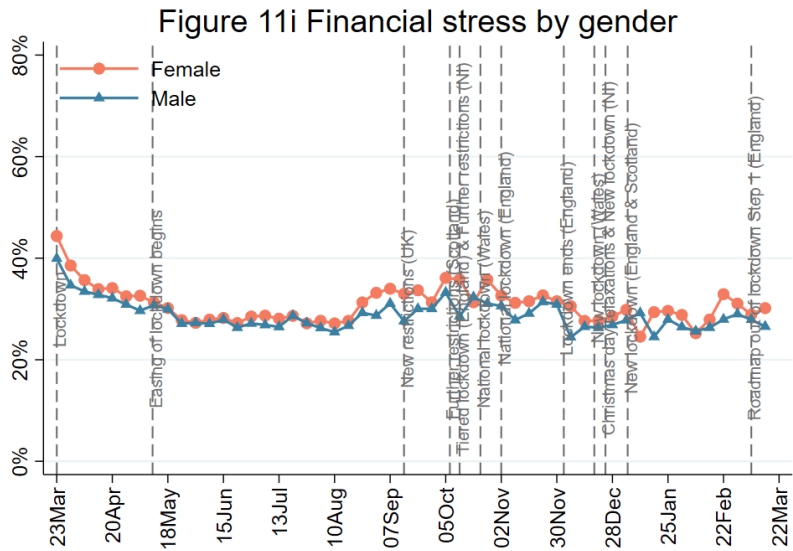## Figure 11l Financial stress by physical health diagnosis

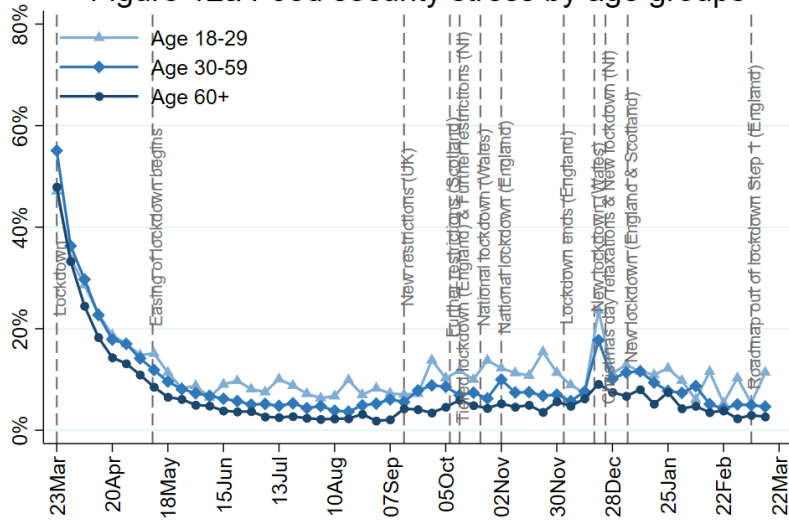Figure 12a Food security stress by age groups

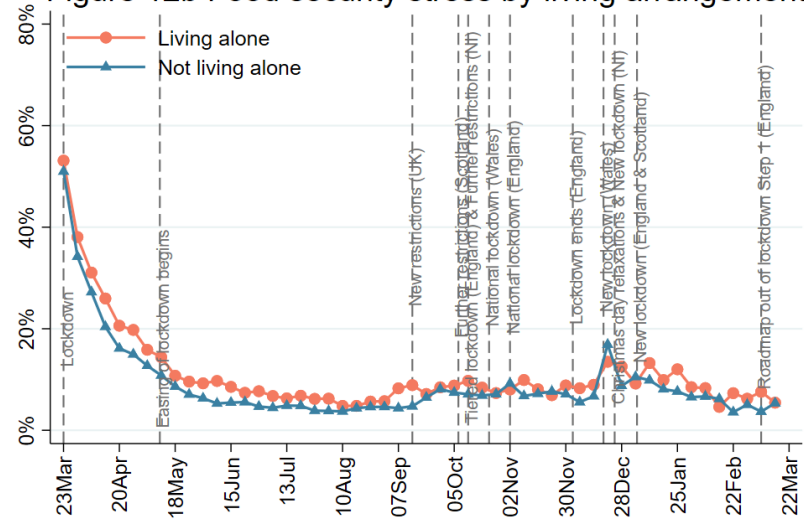Figure 12b Food security stress by living arrangement

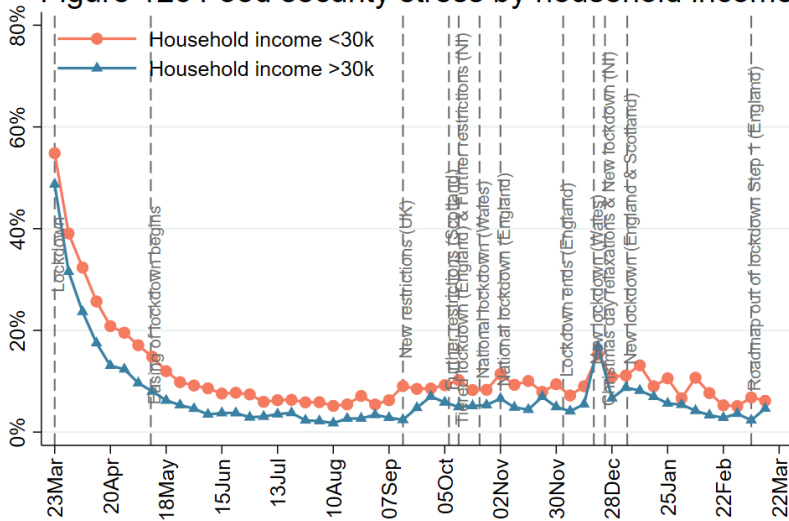Figure 12c Food security stress by household income

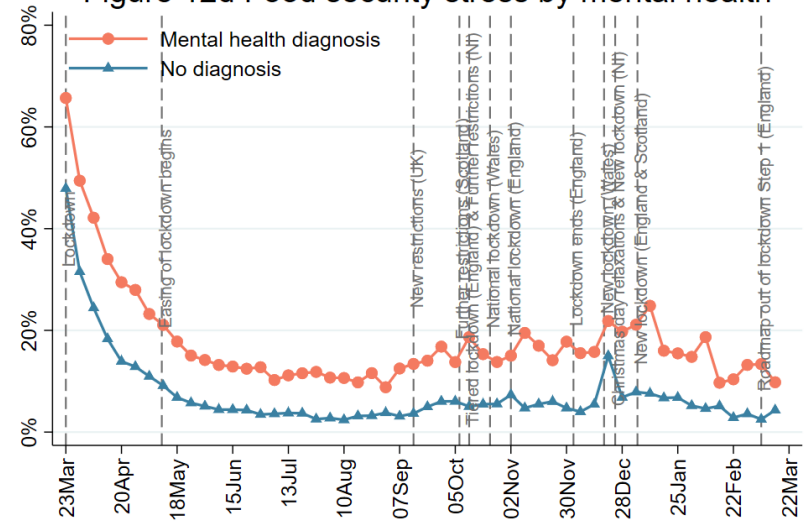Figure 12d Food security stress by mental health
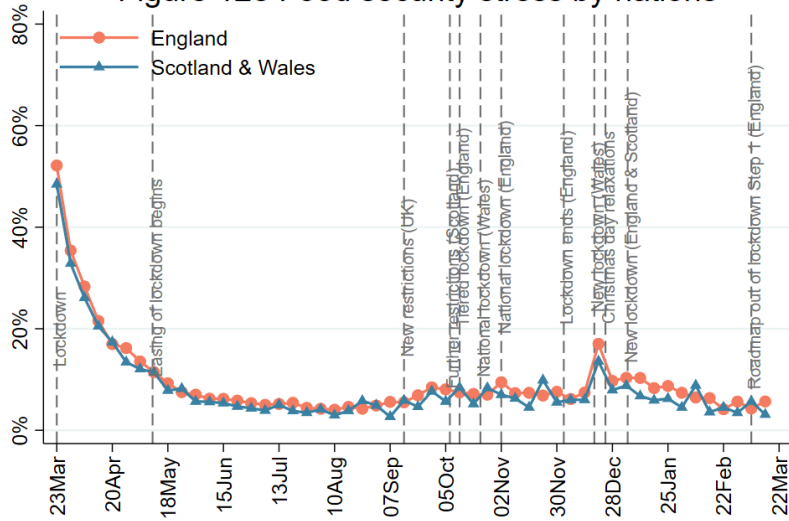
Figure 12e Food security stress by nations

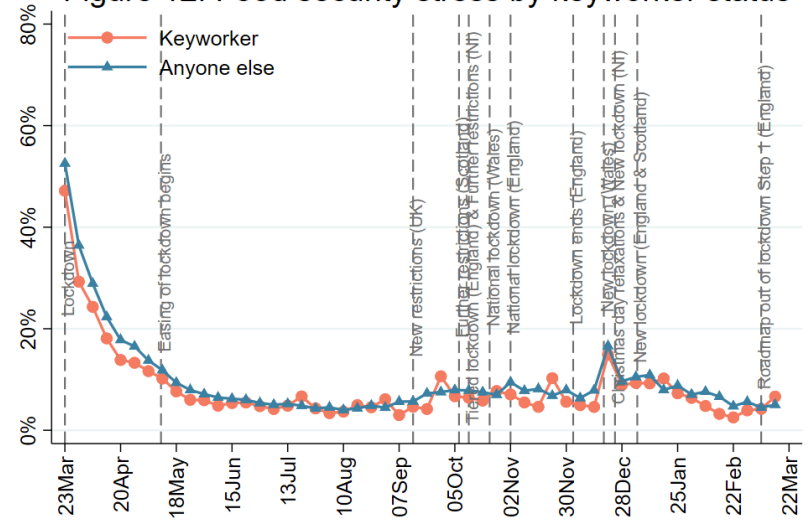Figure 12f Food security stress by keyworker status

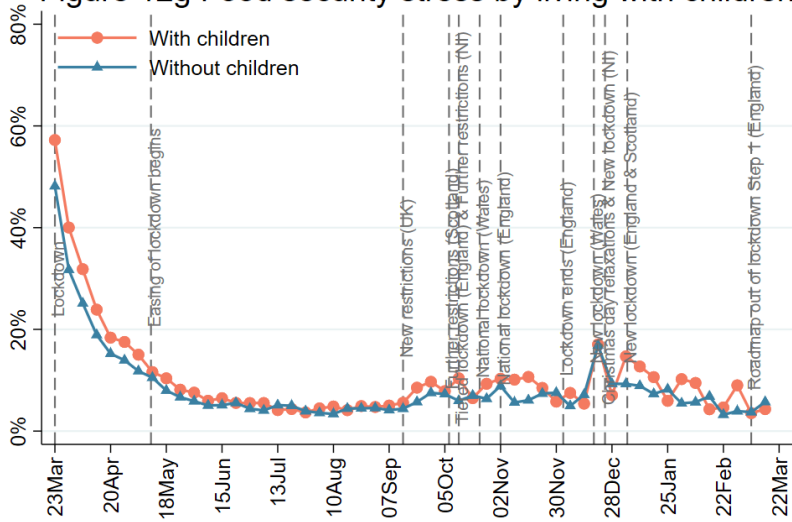Figure 12g Food security stress by living with children

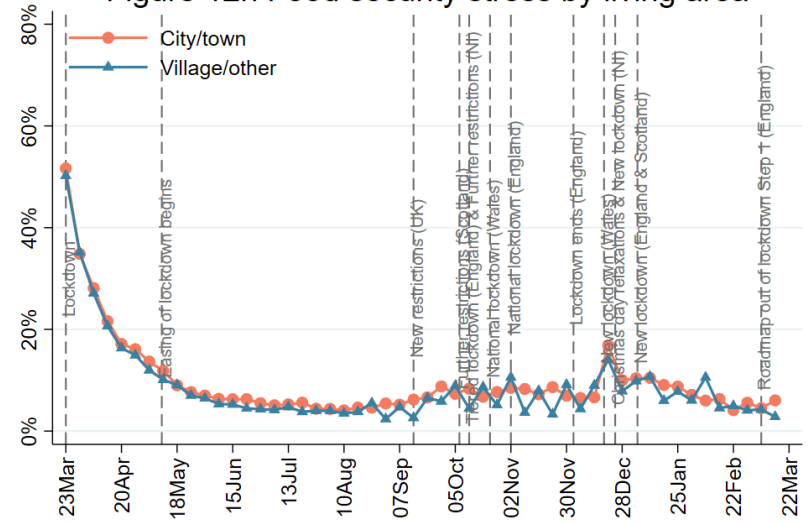Figure 12h Food security stress by living area
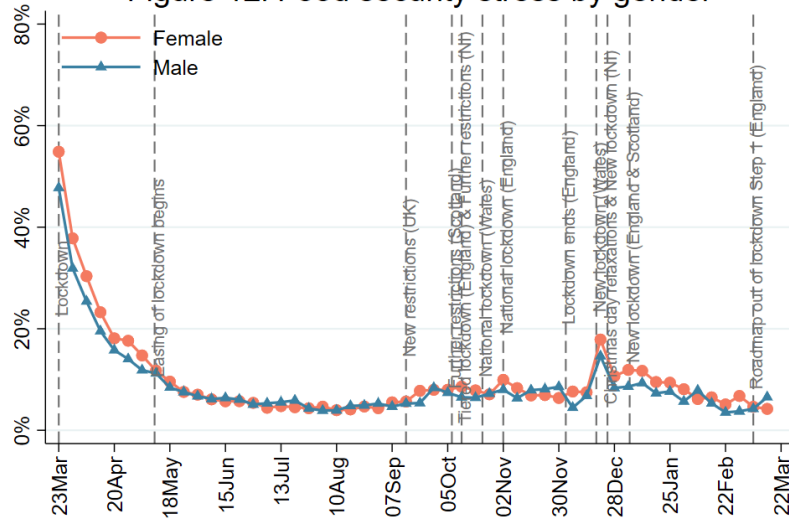
33

Figure 12i Food security stress by gender
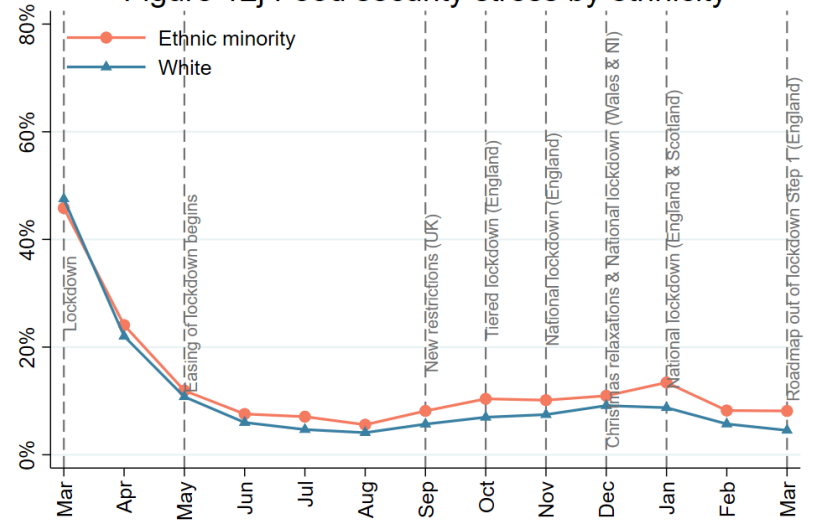

Figure 12j Food security stress by ethnicity
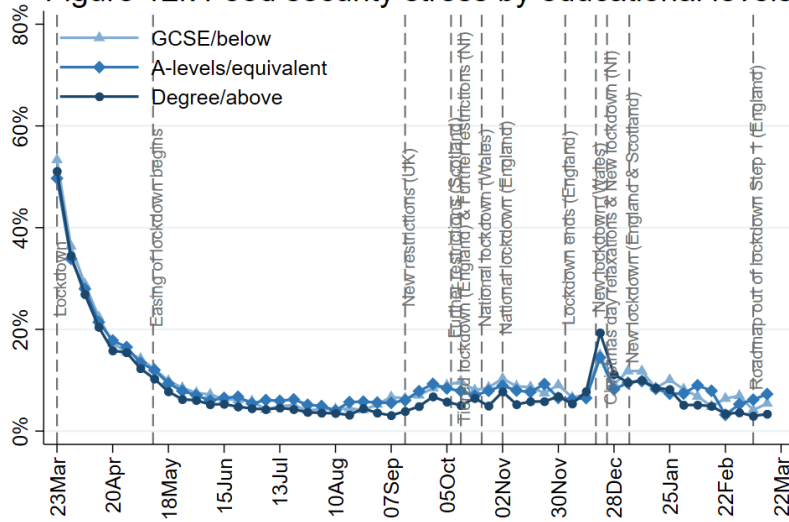

Figure 12k Food security stress by educational levels
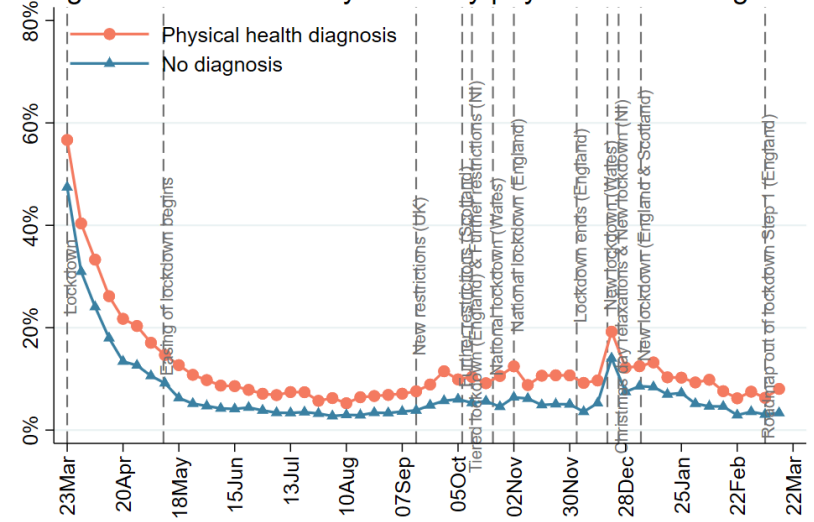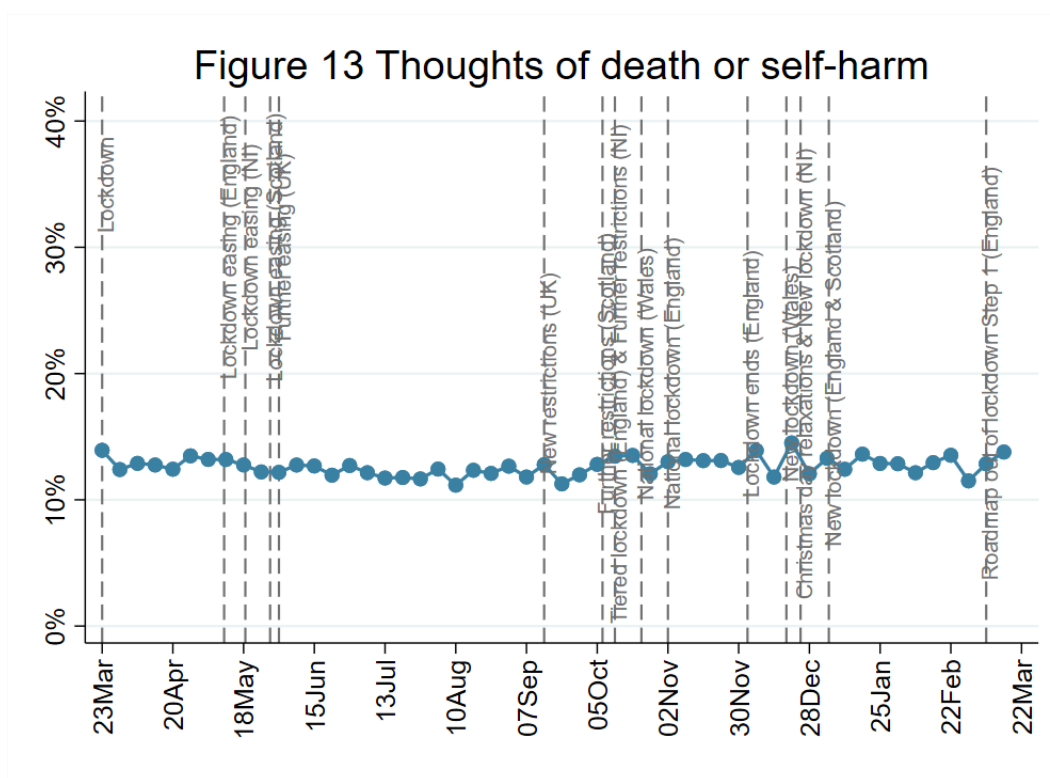

Figure 12l Food security stress by physical health diagnosis

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 1 in 5 reporting thoughts of death or self-harm. Thoughts of death or self-harm are also higher in those with a diagnosed mental health condition, people from ethnic minority groups, people with a physical health diagnosis, those with lower incomes, and in urban areas.

Figure 14a Thoughts of death by age groups

Figure 14b Thoughts of death by living arrangement

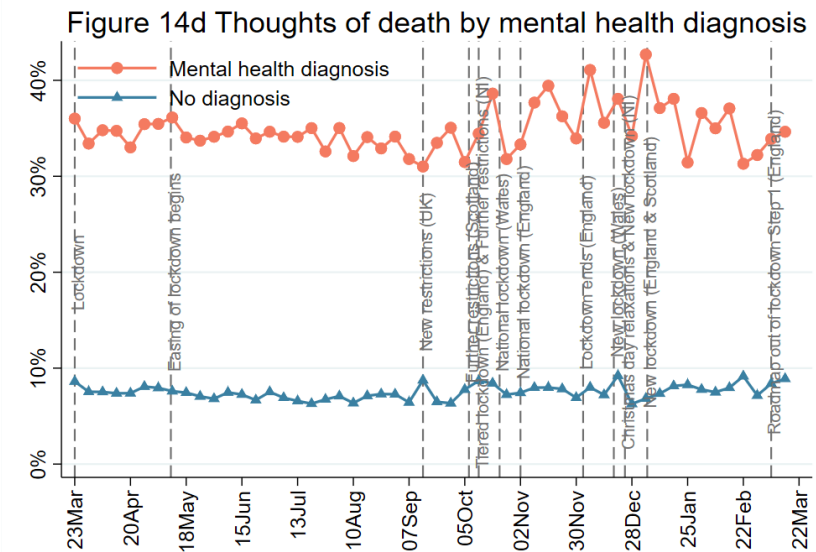Figure 14c Thoughts of death by household income

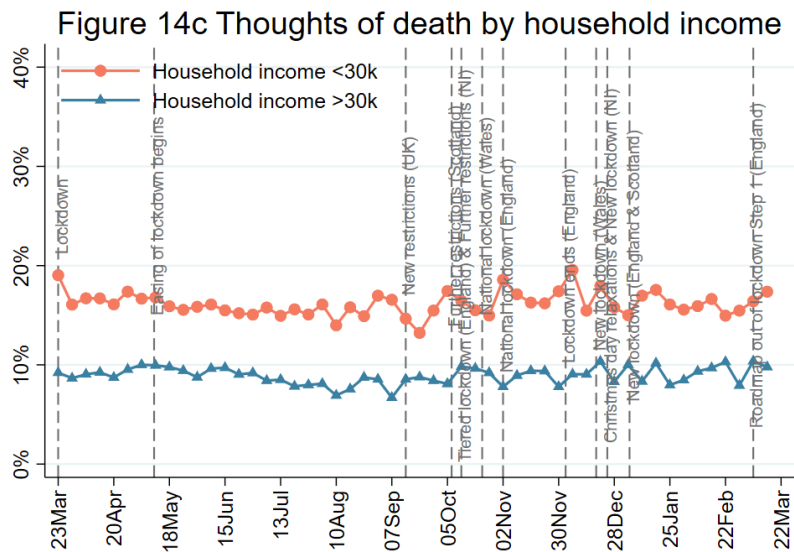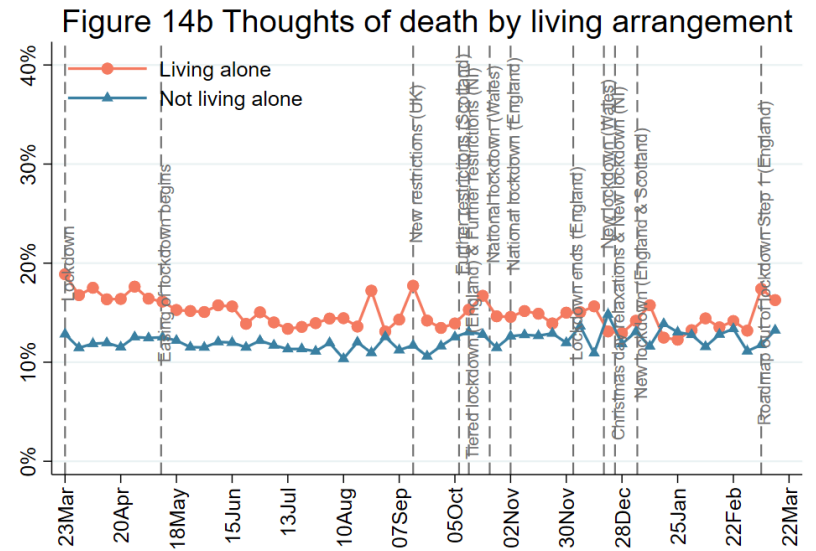Figure 14d Thoughts of death by mental health diagnosis
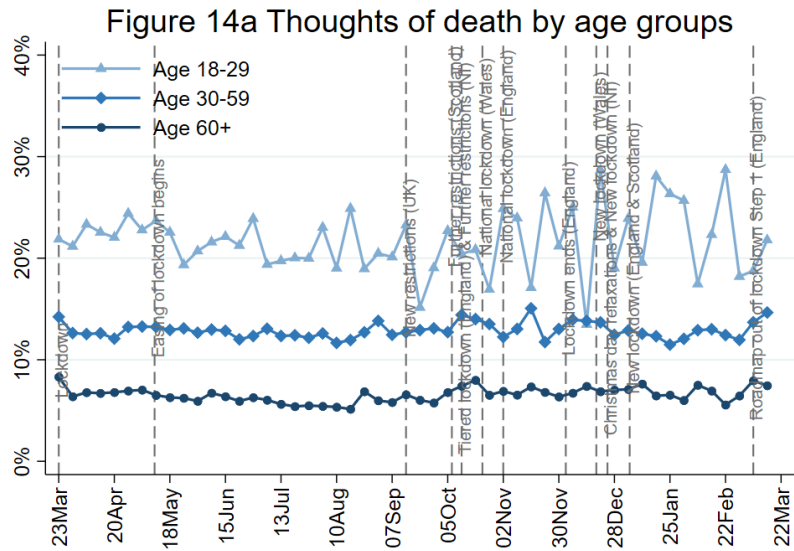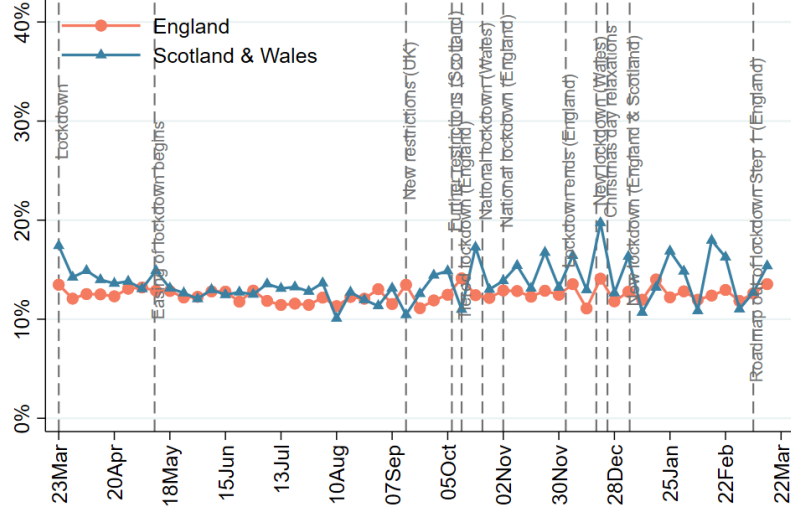
Figure 14e Thoughts of death by nations

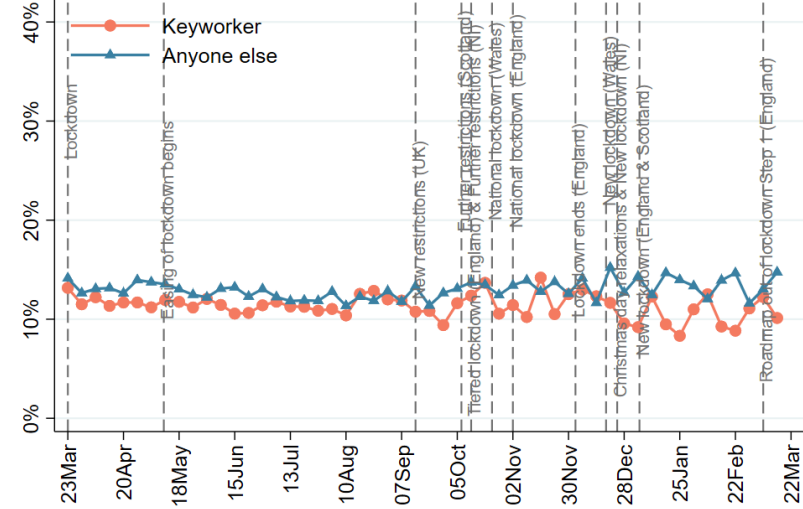Figure 14f Thoughts of death by keyworker status

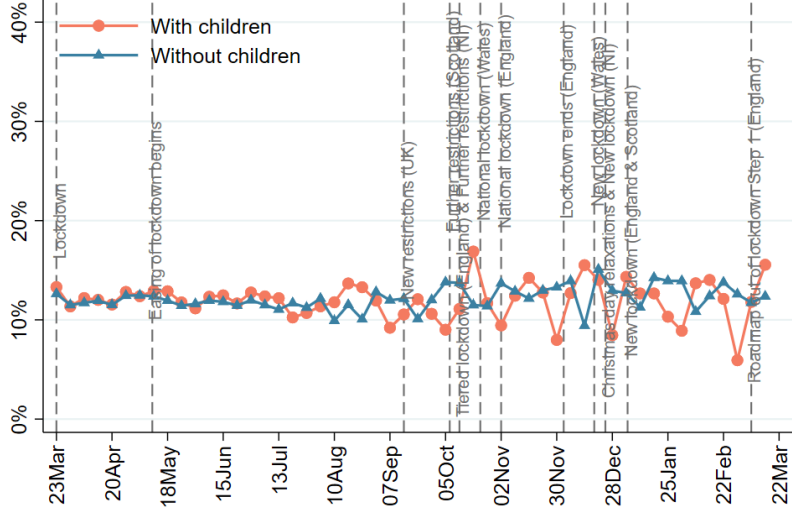Figure 14g Thoughts of death by living with children
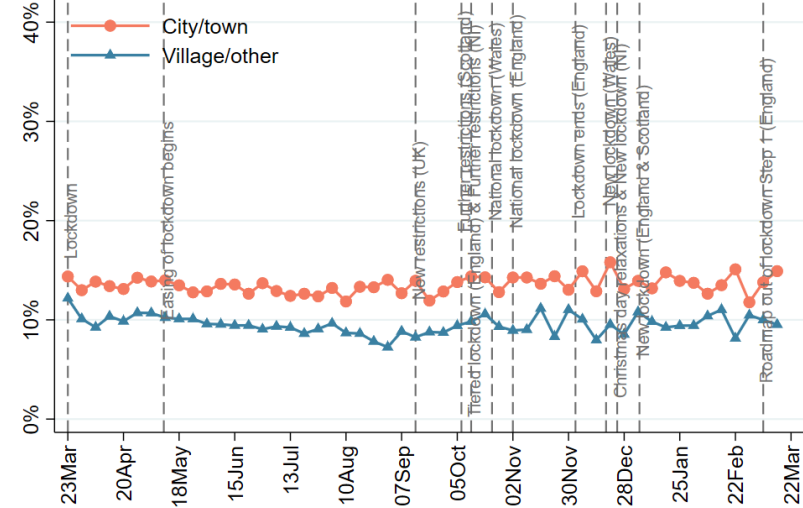

Figure 14h Thoughts of death by living area

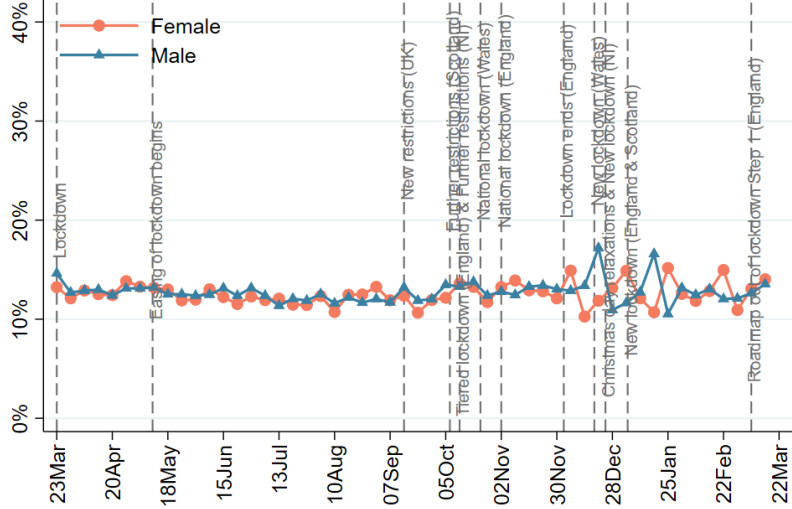Figure 14i Thoughts of death by gender

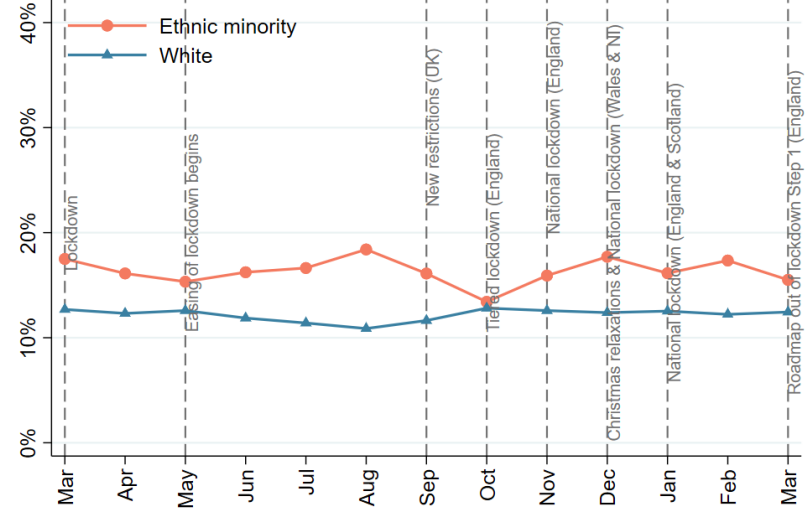
Figure 14j Thoughts of death by ethnicity
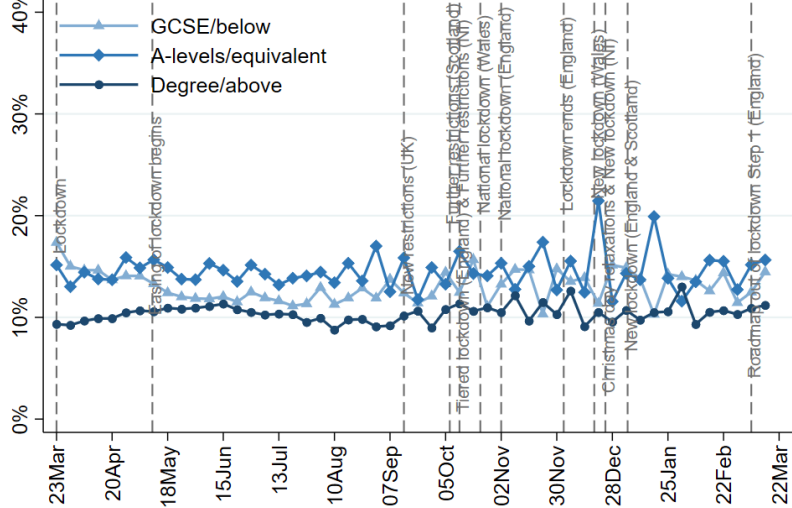

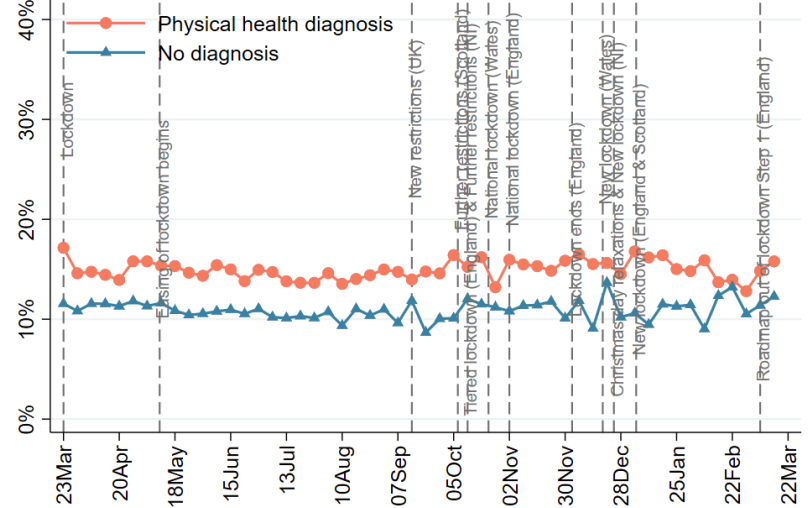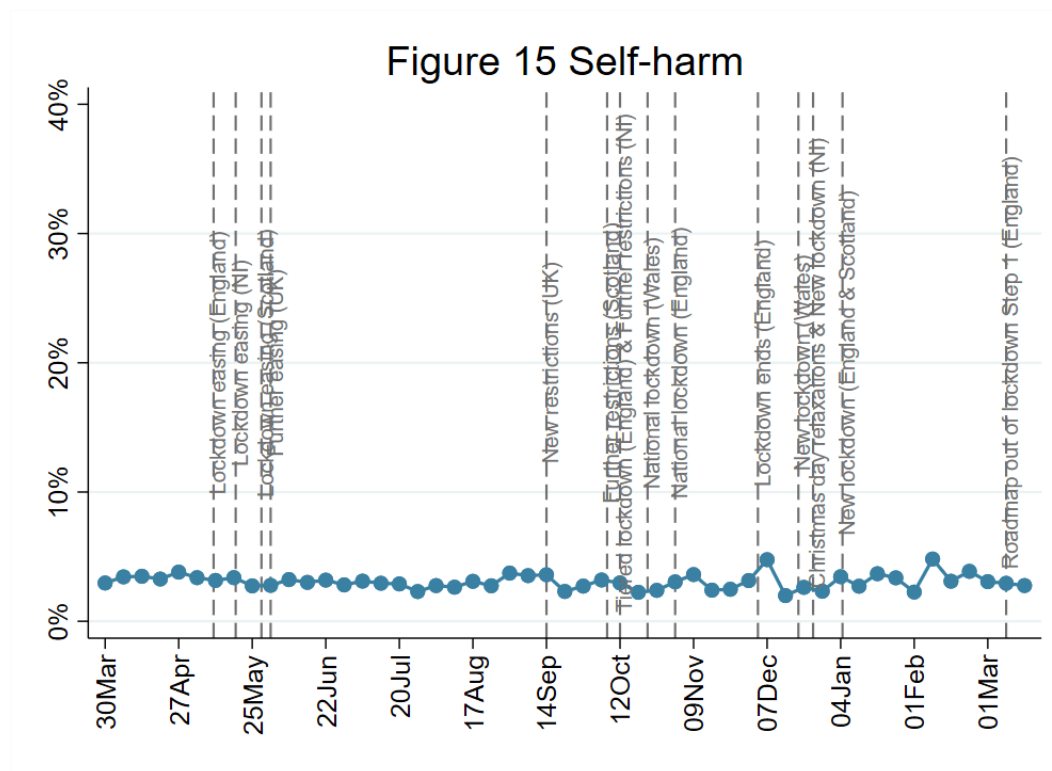Figure 14k Thoughts of death by educational levels

Figure 14l Thoughts of death by physical health diagnosis

3.2 Self-harm

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 remains relatively stable over the course of the pandemic. Throughout most of the pandemic, self-harm has been higher amongst younger adults but appears to have been decreasing over the last month. More data will be needed to confirm this trend as these fluctuations may be due to smaller sample sizes in certain weeks. People with a diagnosed mental health condition and those with lower incomes are also more likely to report self-harm.

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].

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[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 therefore slightly different compared to the other graphs in this report.

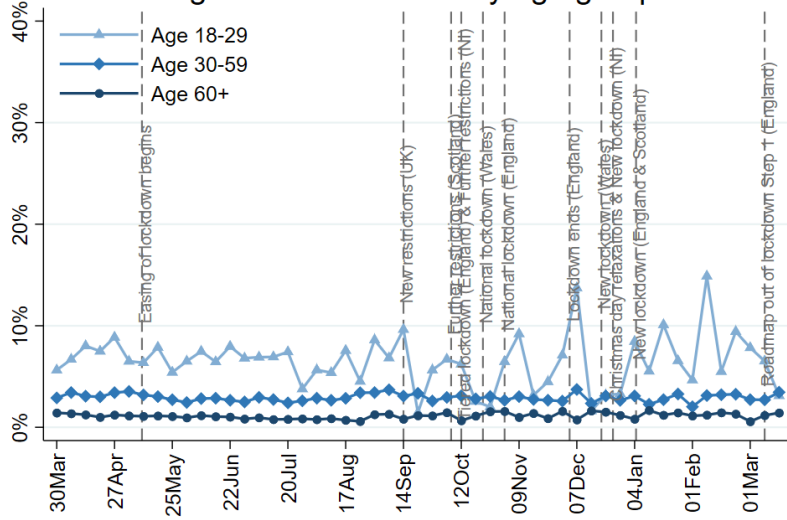## Figure 16a Self-harm by age groups

Figure 16b Self-harm by living arrangement

Figure 16c Self-harm by household income
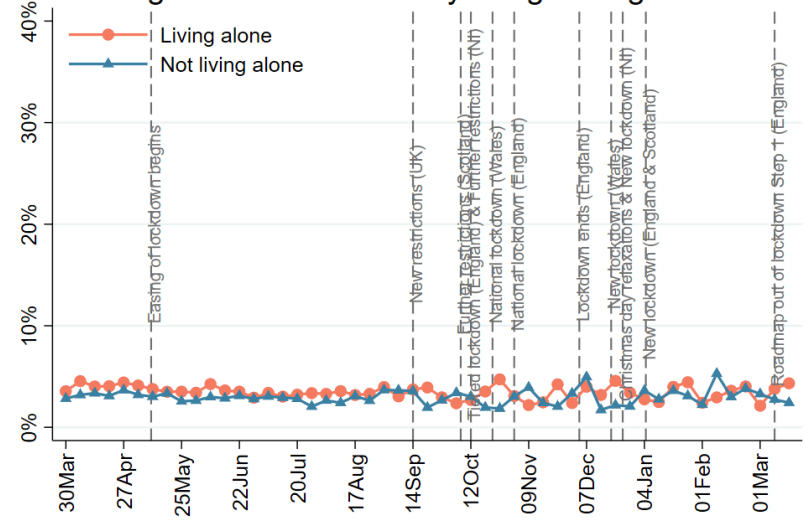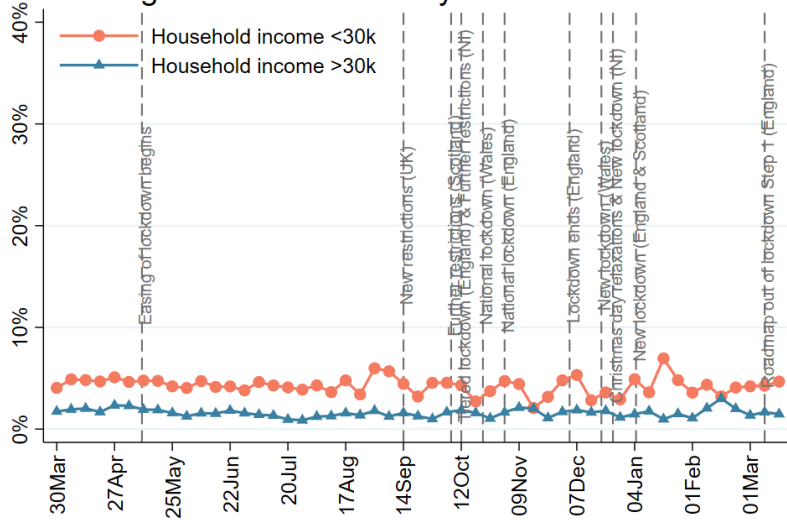

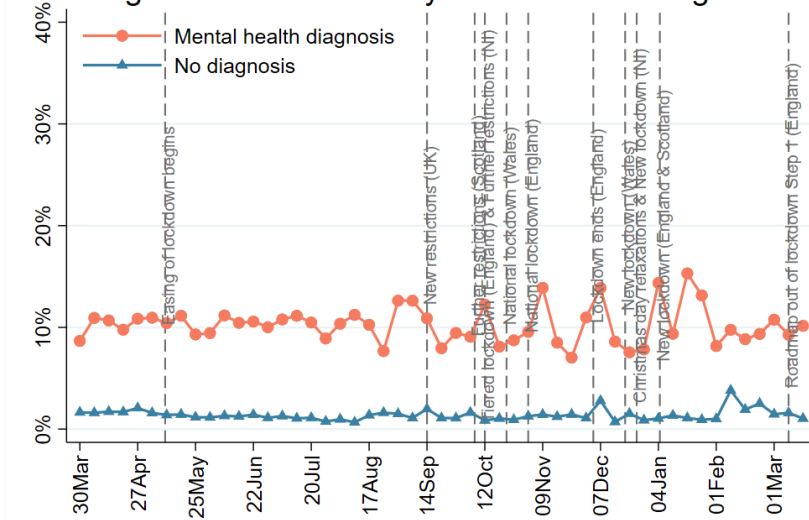## Figure 16d Self-harm by mental health diagnosis
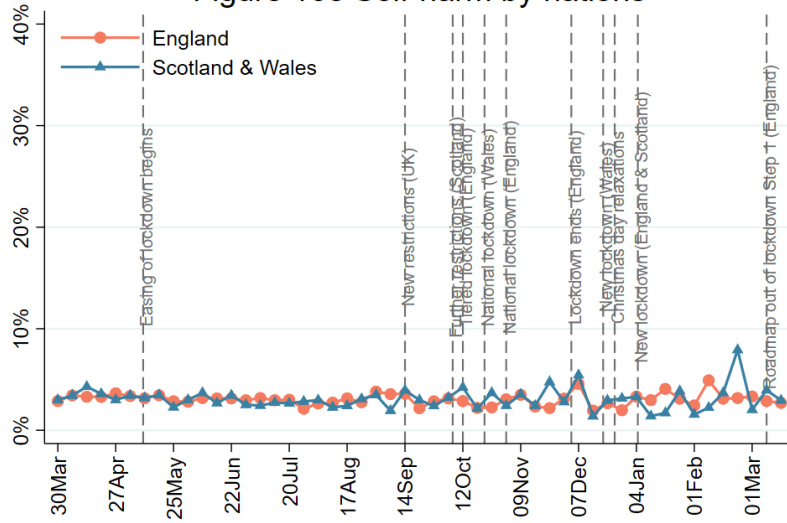
Figure 16e Self-harm by nations

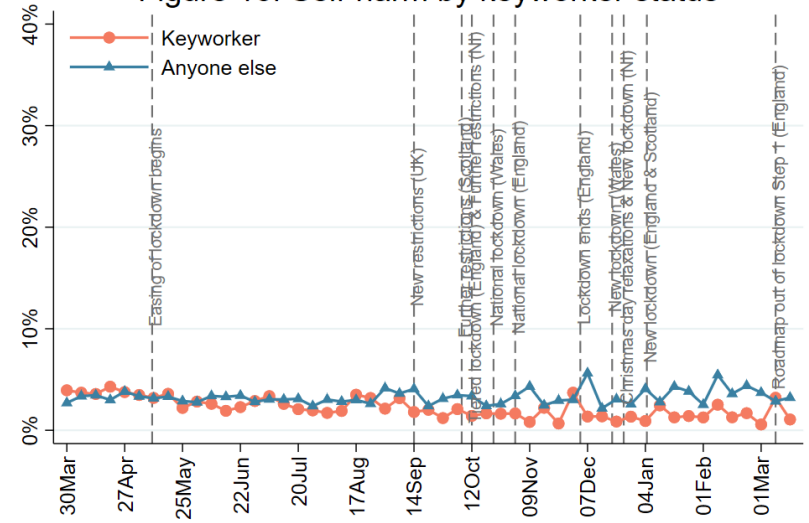Figure 16f Self-harm by keyworker status

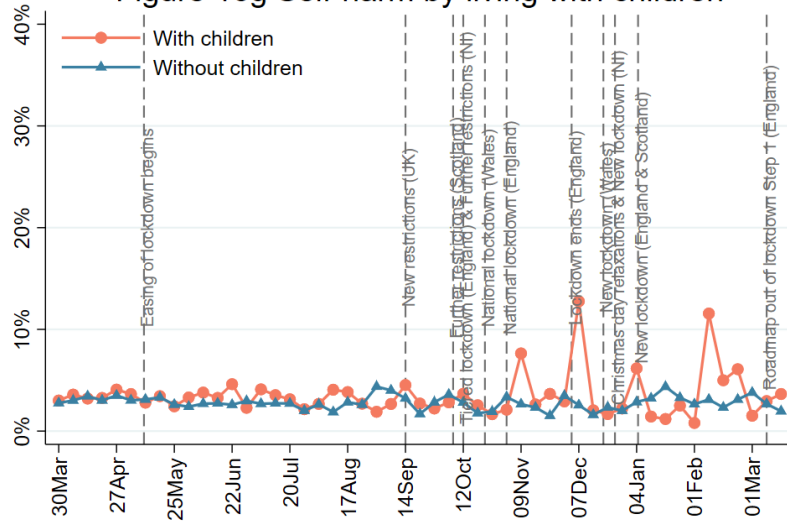Figure 16g Self-harm by living with children
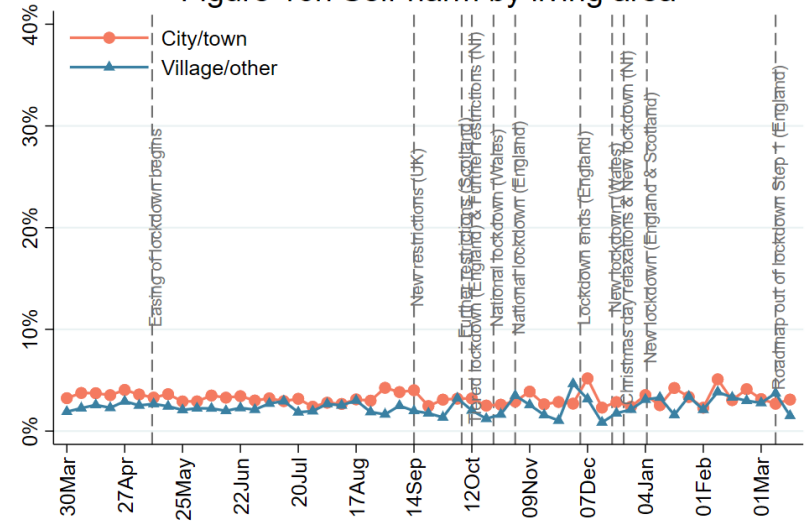
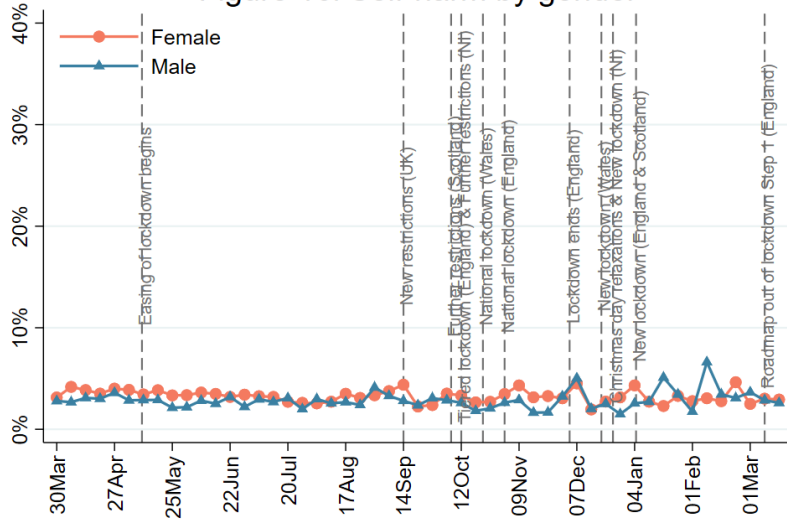Figure 16h Self-harm by living area

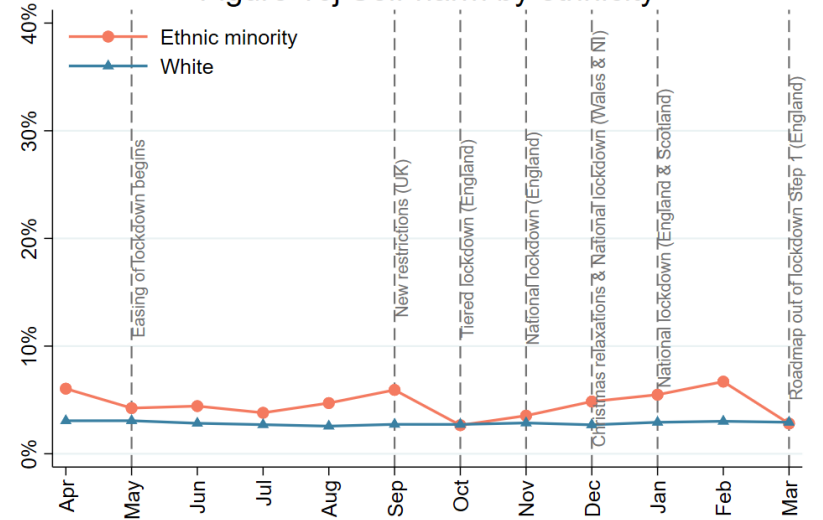Figure 16i Self-harm by gender

Figure 16j Self-harm by ethnicity
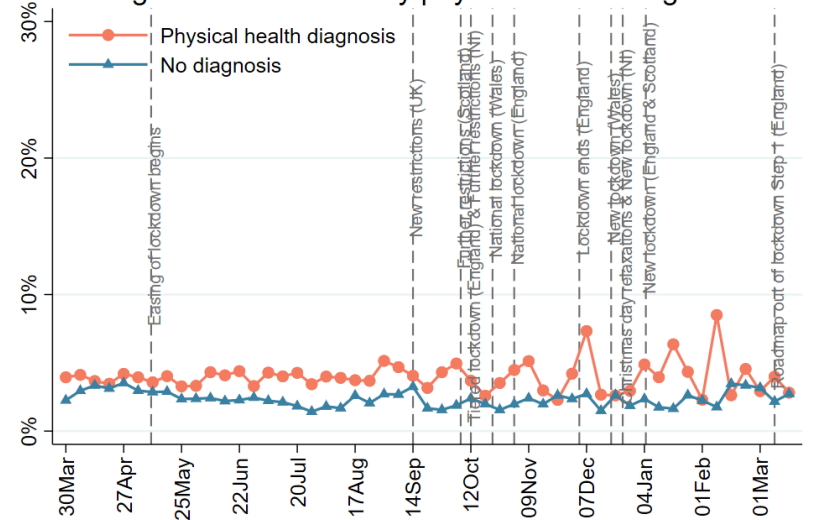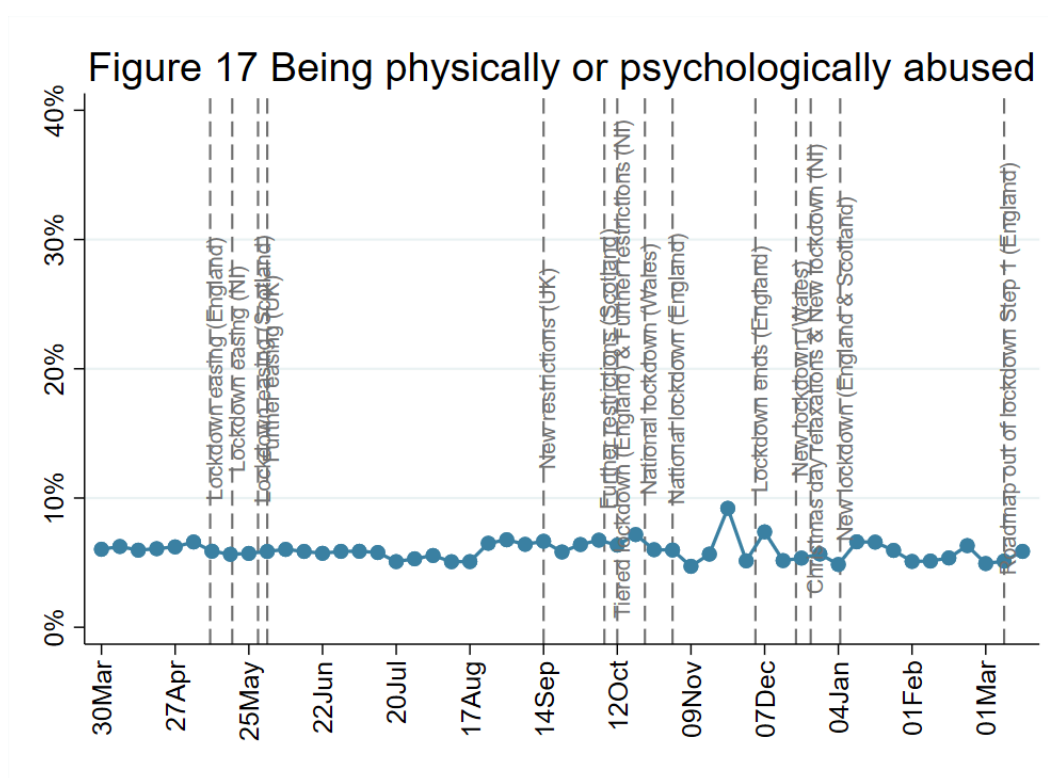

Figure 16k Self-harm by educational levels
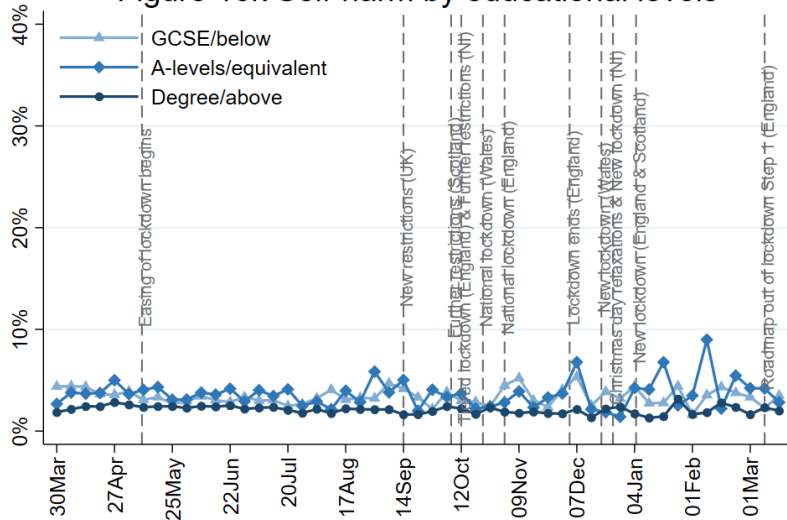
Figure 16l Self-harm by physical health diagnosis

3.3 Abuse

Figure 17 Being physically or psychologically abused

FINDINGS

Abuse was measured using two questions that ask if 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 condition and is also slightly higher amongst people with lower household income, and those with a physical health condition. Although a greater proportion of people from ethnic minority backgrounds consistently reported abuse over the course of the pandemic, abuse in this group had been decreasing since the start of the third lockdown and now appears to be similar to what it is amongst people of white ethnicity.

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].

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[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

Figure 18b Abuse by living arrangement
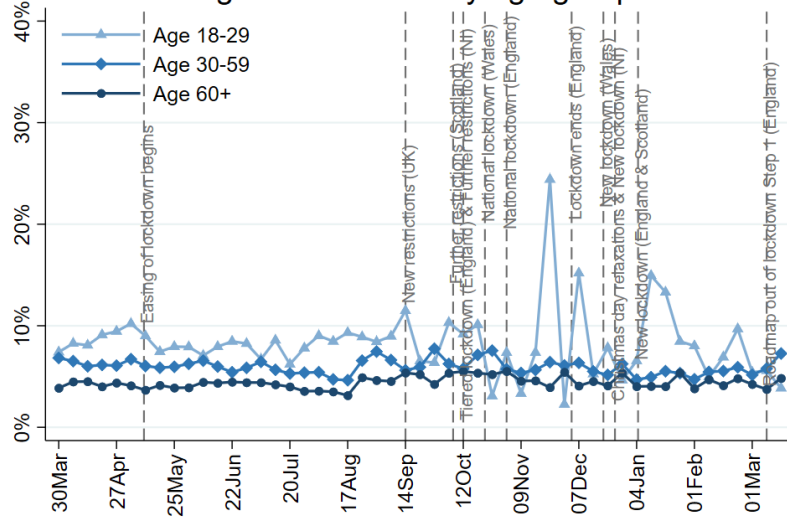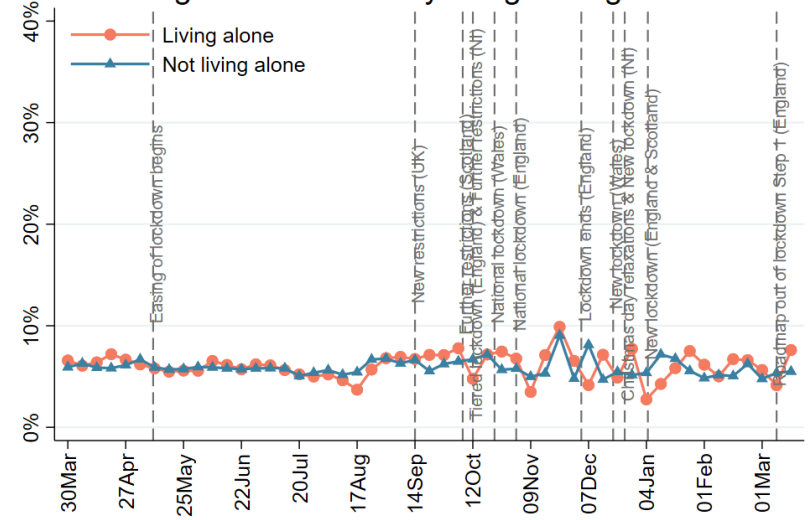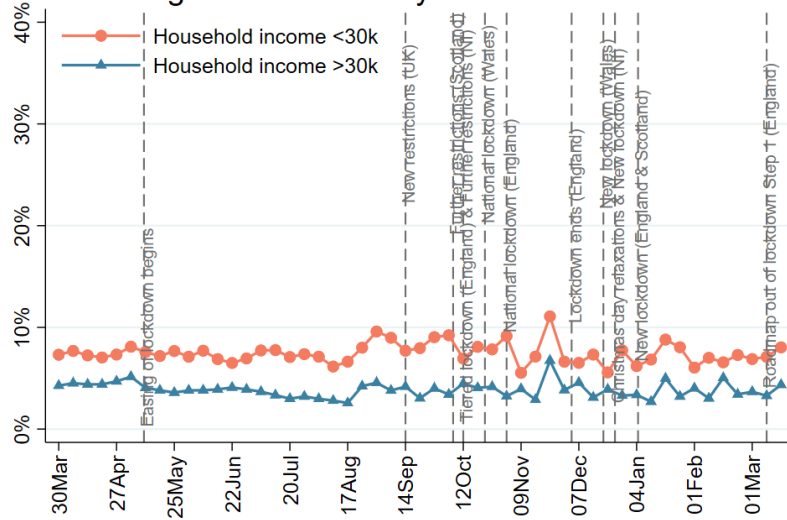

Figure 18c Abuse by household income

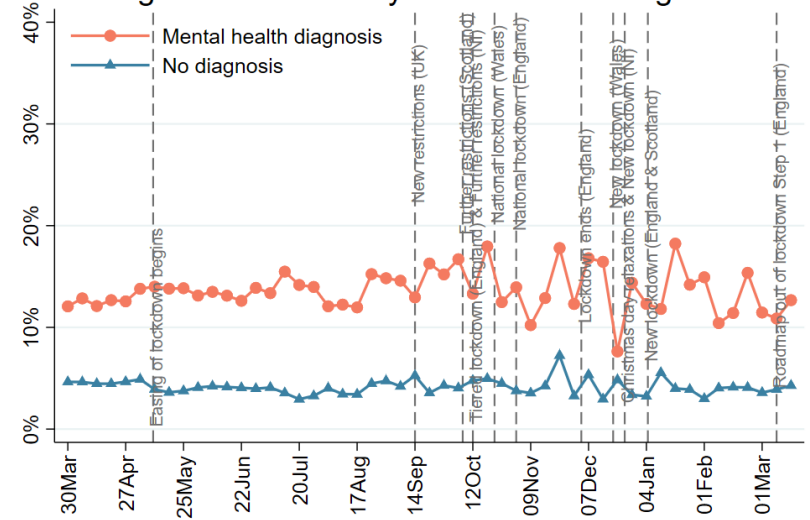Figure 18d Abuse by mental health diagnosis
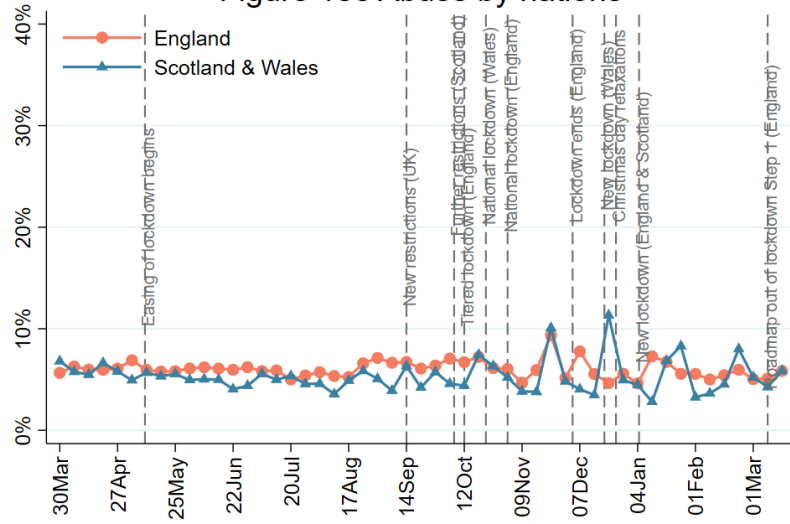
Figure 18e Abuse by nations
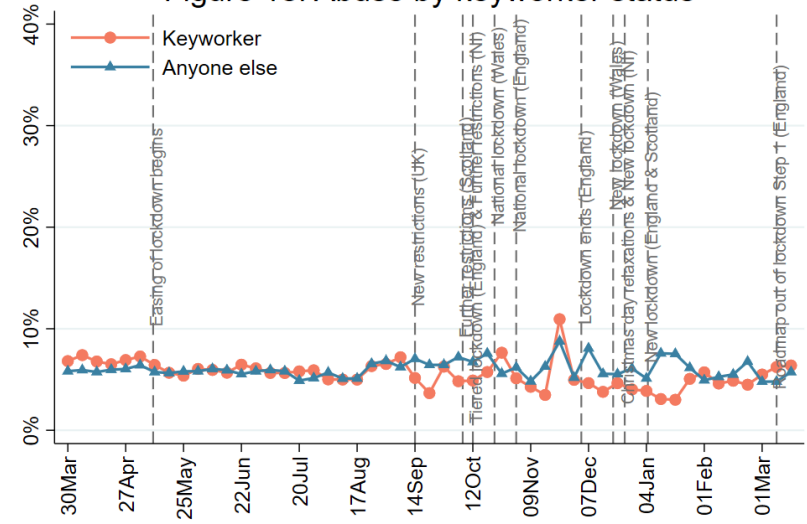

Figure 18f Abuse by keyworker status

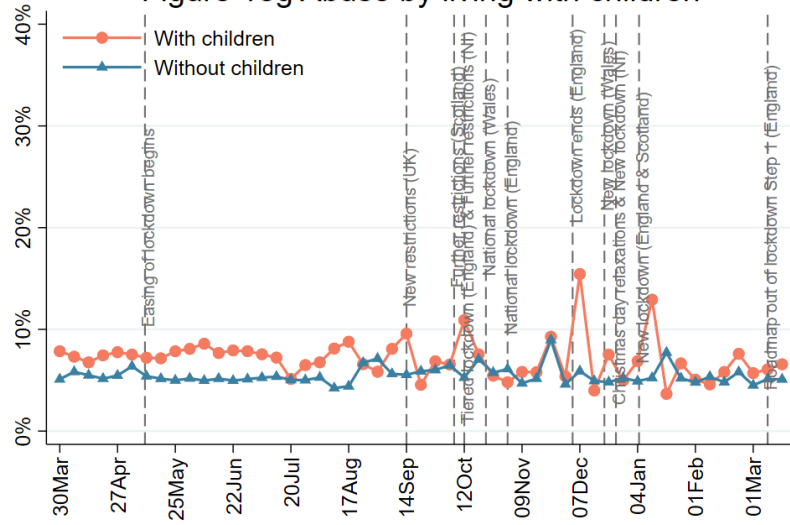Figure 18g Abuse by living with children
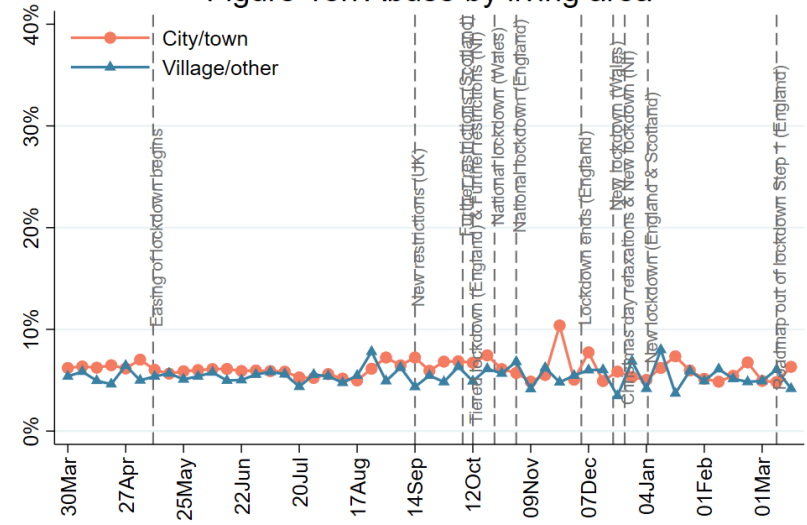

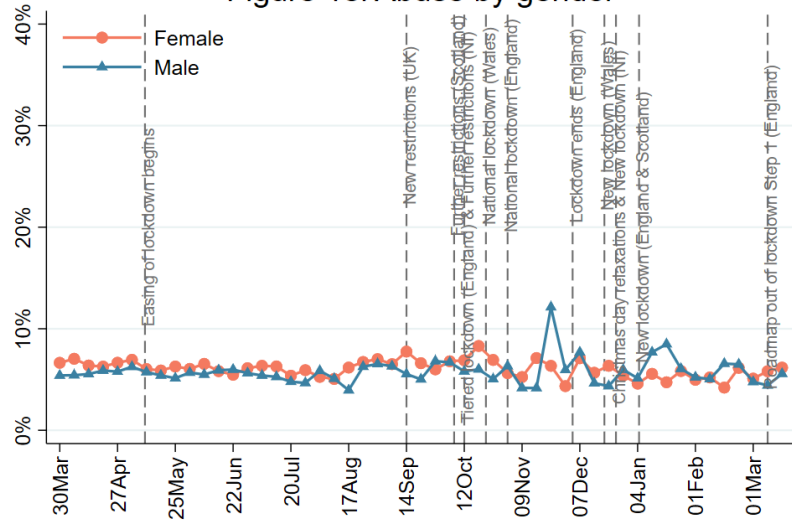Figure 18h Abuse by living area
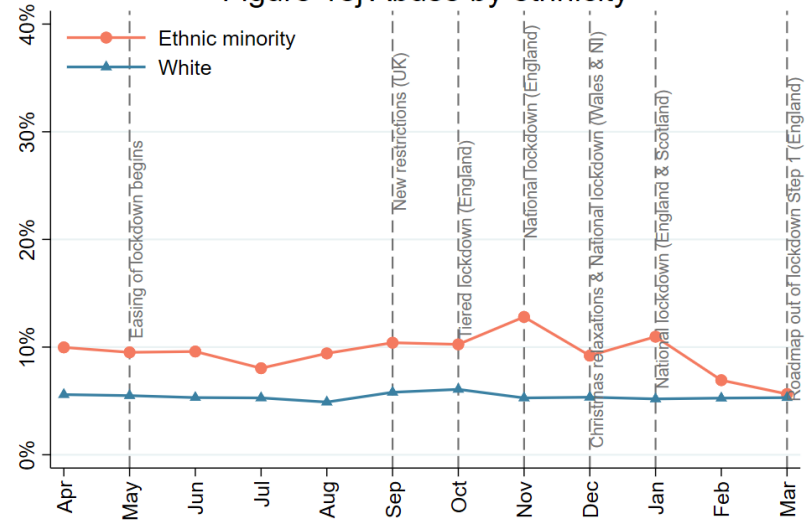
Figure 18i Abuse by gender

Figure 18j Abuse by ethnicity
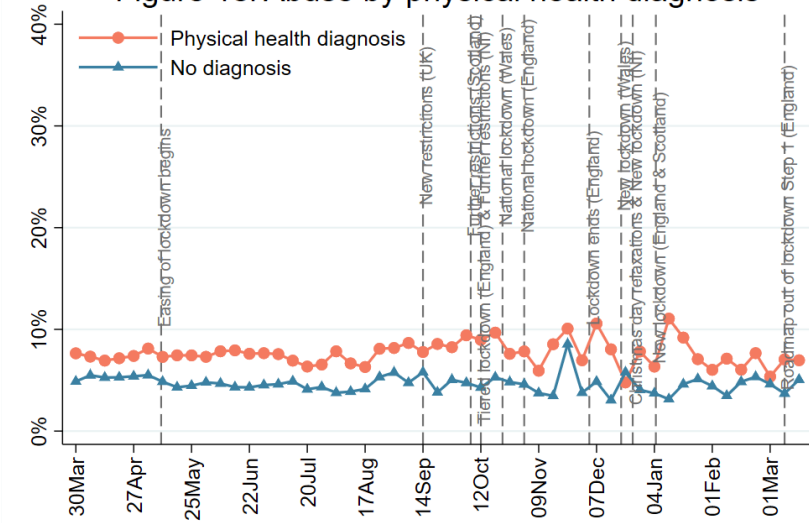

Figure 18k Abuse by educational levels
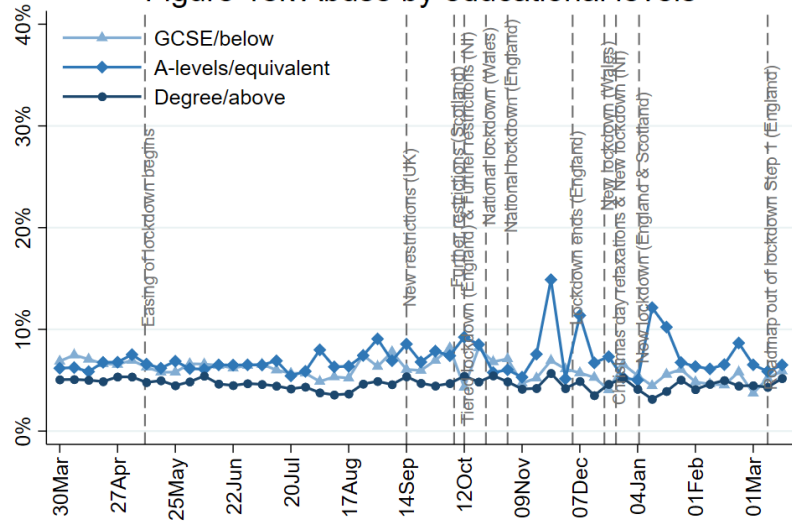
Figure 18l Abuse by physical health diagnosis

4. General well-being

4.1 Life satisfaction

Figure 19 Life satisfaction
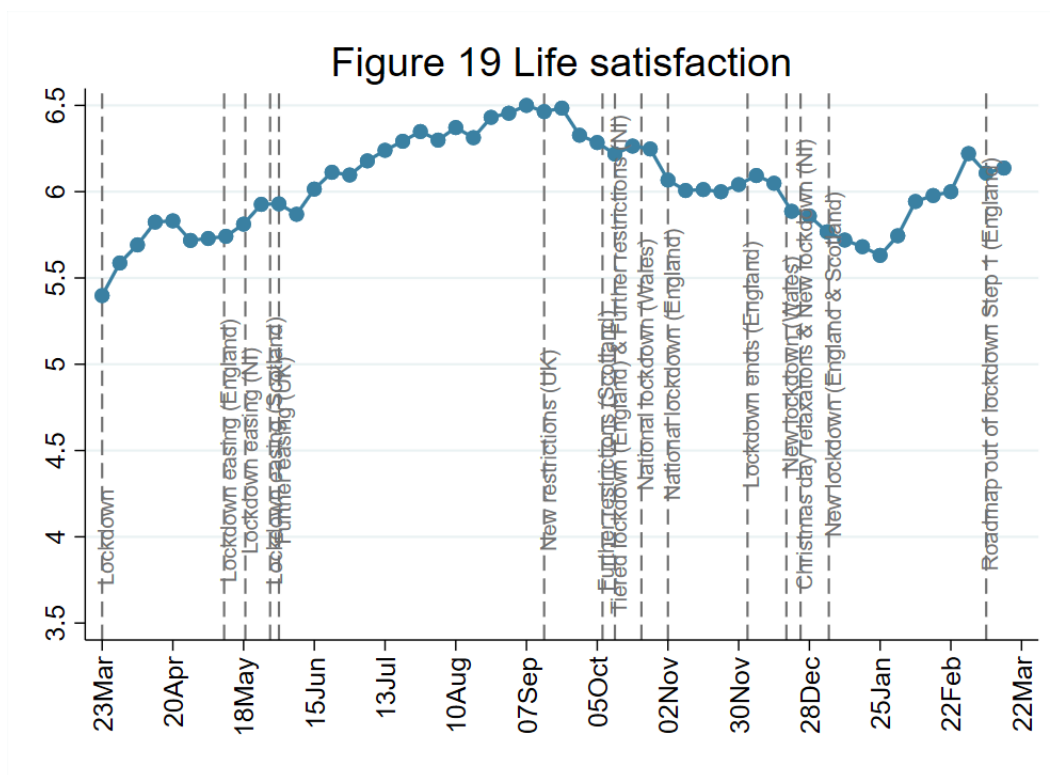
FINDINGS

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

Life satisfaction is now similar to what it was in mid-summer 2020. There has been an increase in life satisfaction since the start of the new year across all demographic groups. The exception to this trend is amongst people living with children, where life satisfaction has been decreasing over the past month.

However, people from ethnic minority groups, 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 living in cities/towns, and people with a long-term physical health condition.

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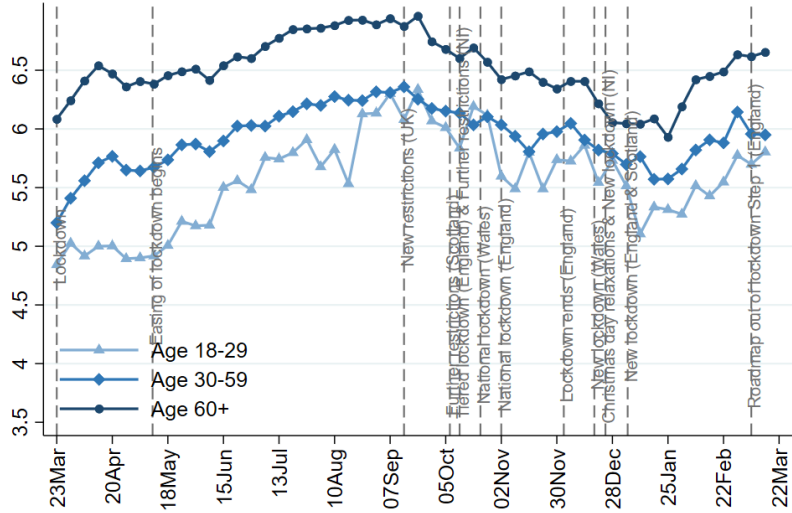
Figure 20b Life satisfaction by living arrangement
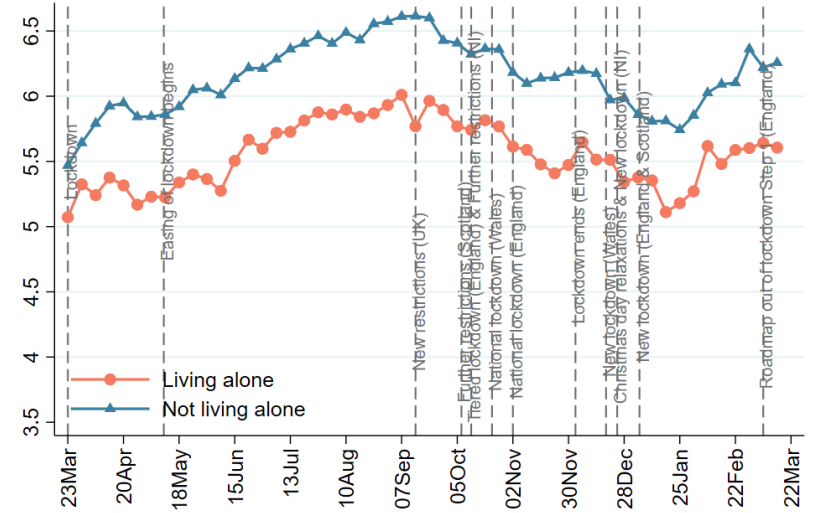
Figure 20c Life satisfaction by household income
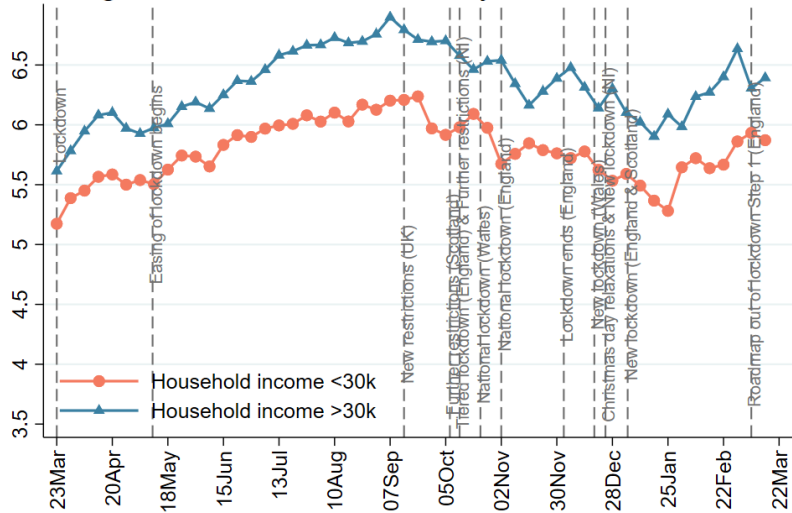
Figure 20d Life satisfaction by mental health diagnosis
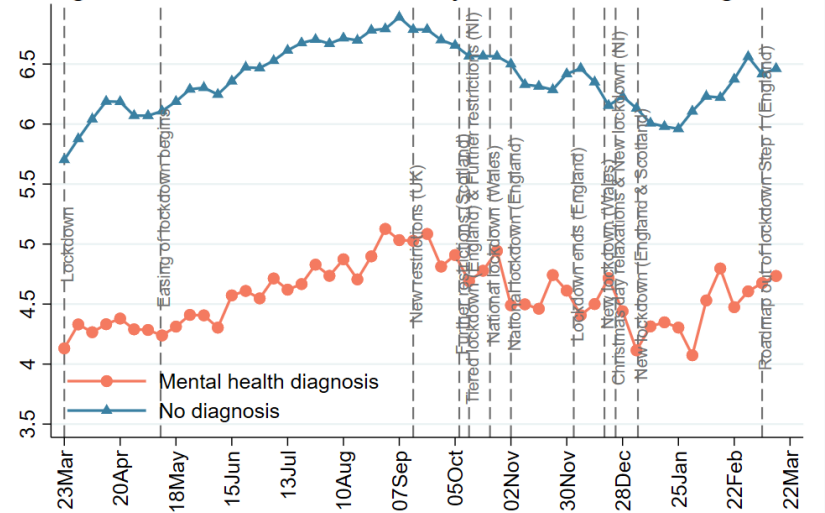
Figure 20e Life satisfaction by nations
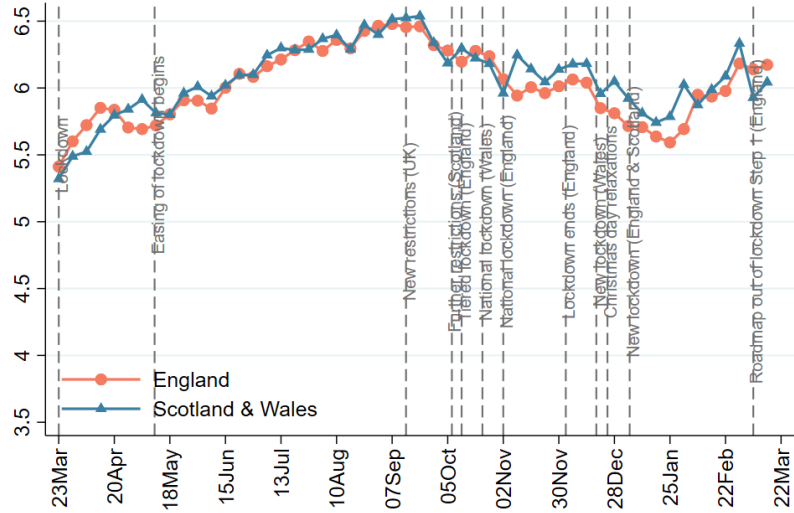
Figure 20f Life satisfaction by keyworker status
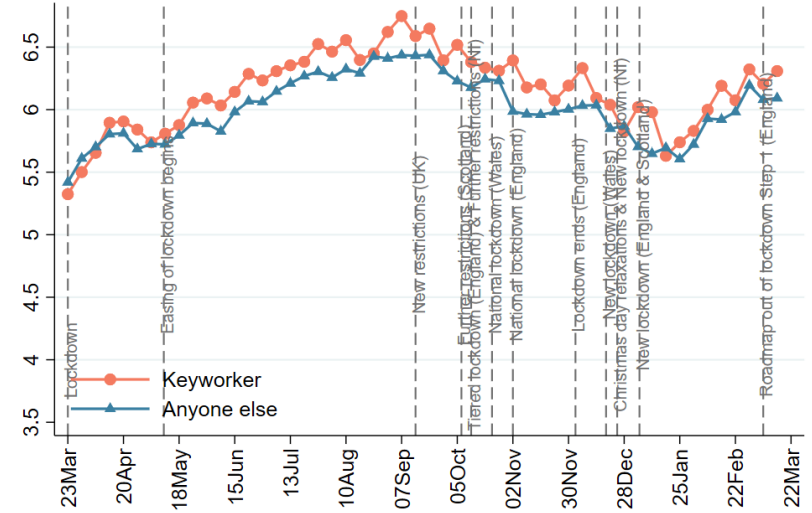
Figure 20g Life satisfaction by living with children
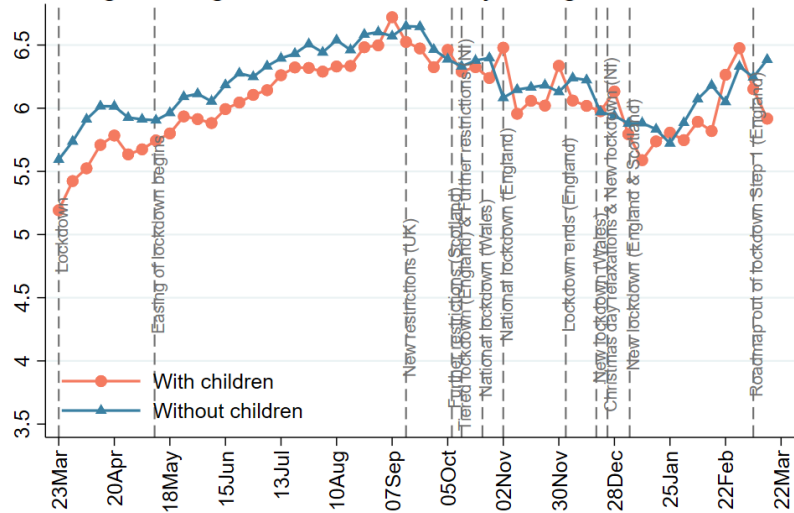
Figure 20h Life satisfaction by living area
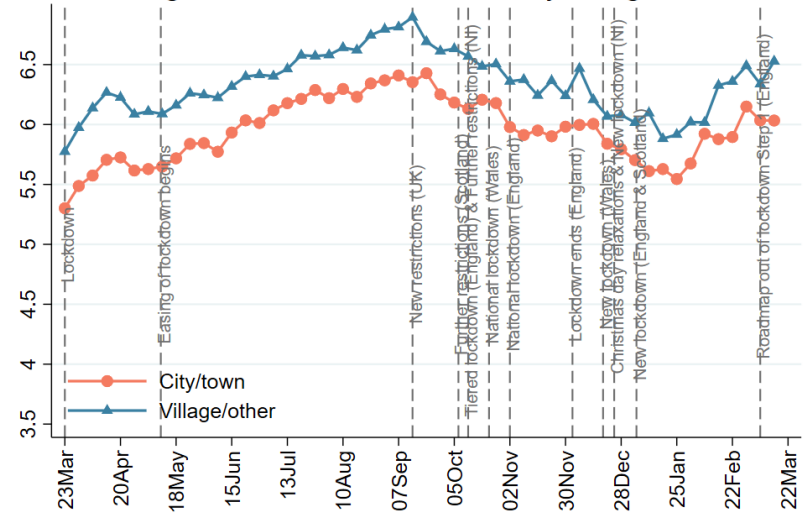
Figure 20i Life satisfaction by gender
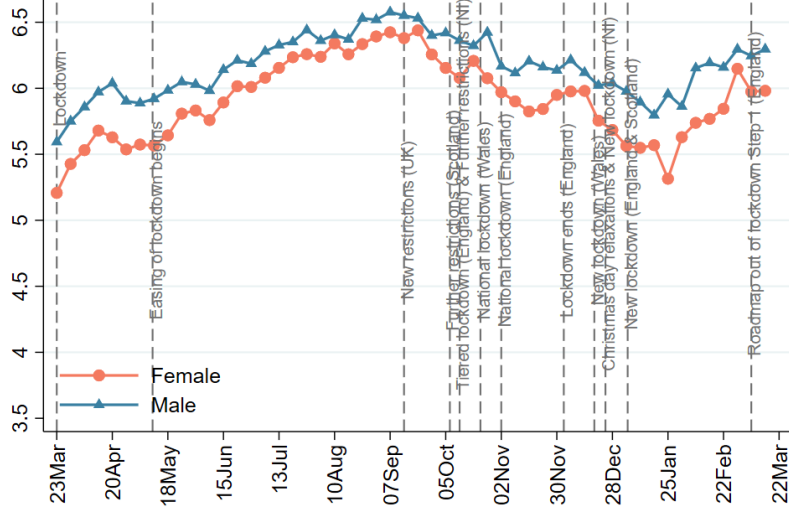
Figure 20j Life satisfaction by ethnicity
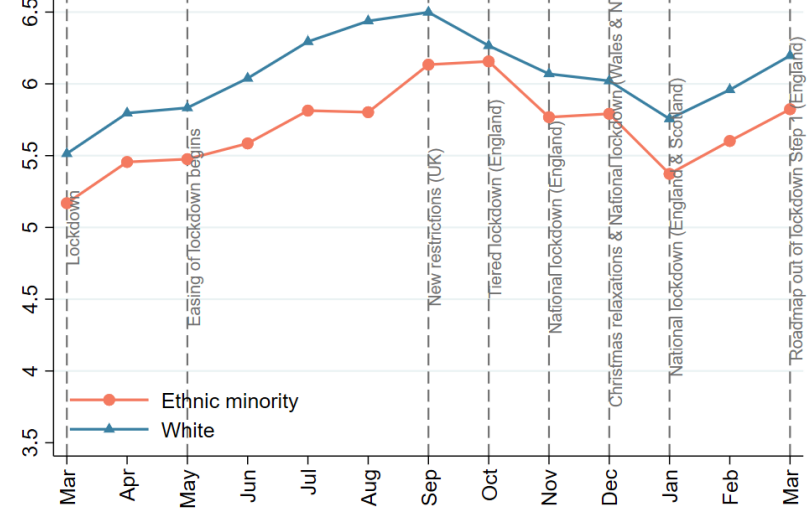
Figure 20k Life satisfaction by educational levels
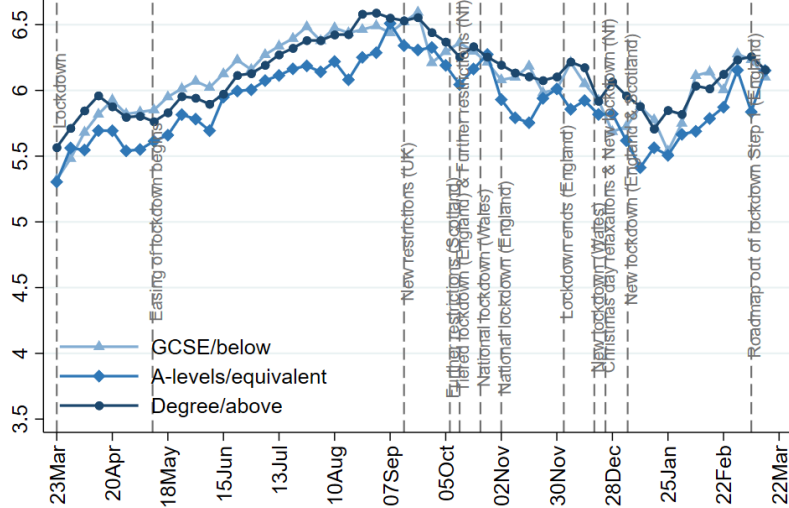
Figure 20l Life satisfaction by physical health diagnosis

4.2 Loneliness
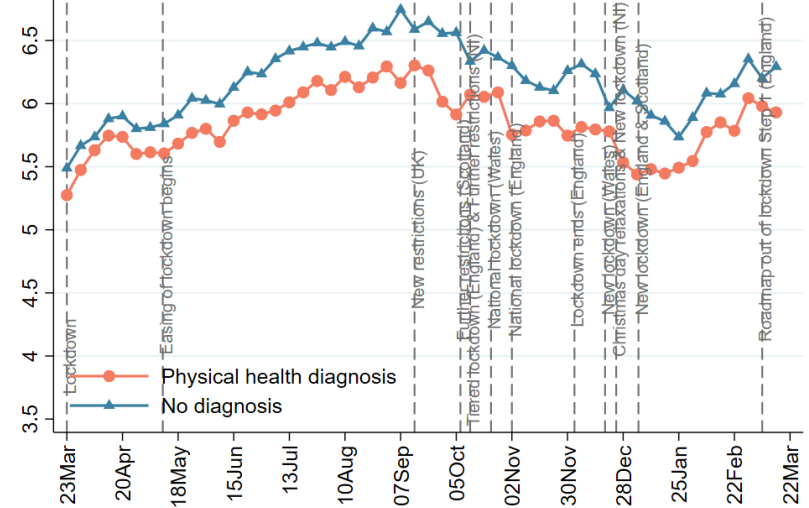
Figure 21 Loneliness
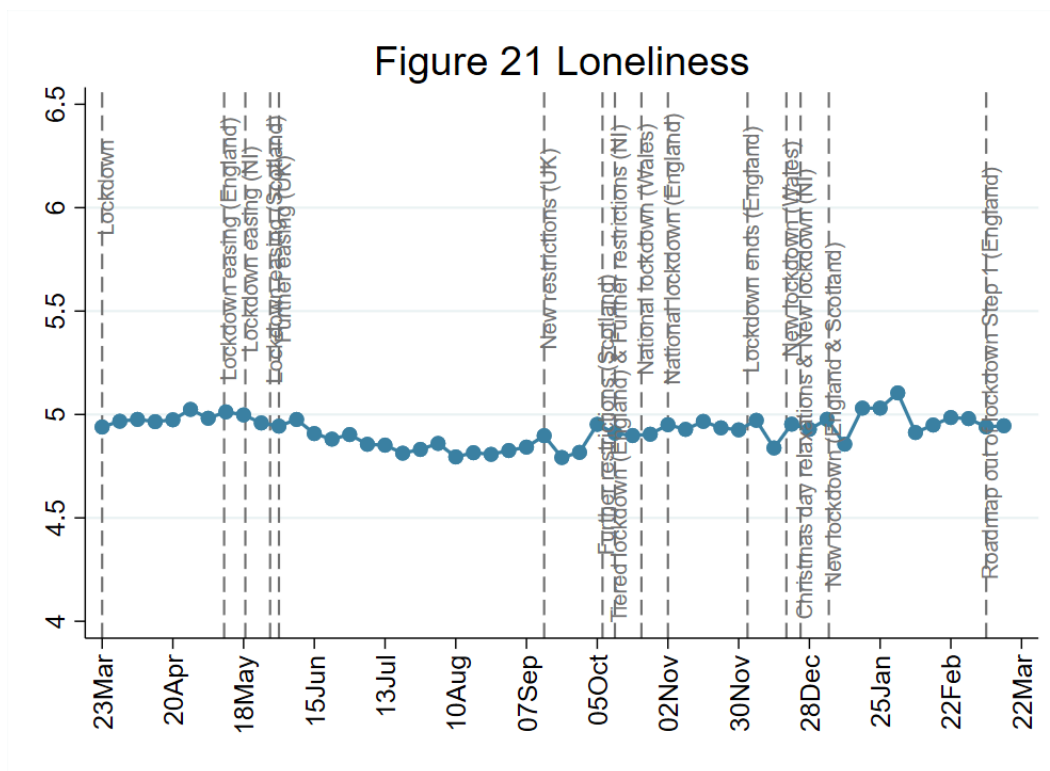
FINDINGS

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 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 decreased slightly at the end of January 2021, loneliness levels recorded in the past two months are in line with those recorded over the autumn and winter of 2020. Loneliness remains highest in young adults, people living alone, those with a mental or physical health condition, amongst those from ethnic minority backgrounds, people with lower household income, women, and those living in cities/towns.

Figure 22a Loneliness by age groups

Figure 22b Loneliness by living arrangement

Figure 22c Loneliness by household income

Figure 22d Loneliness by mental health diagnosis
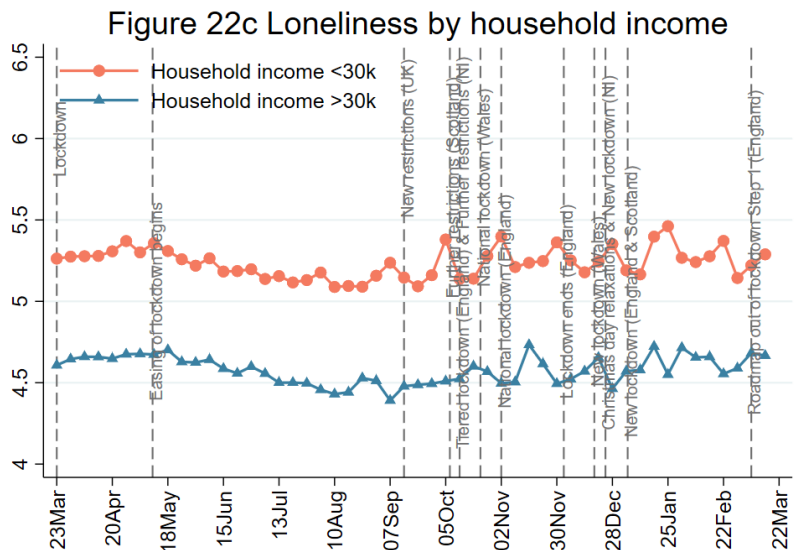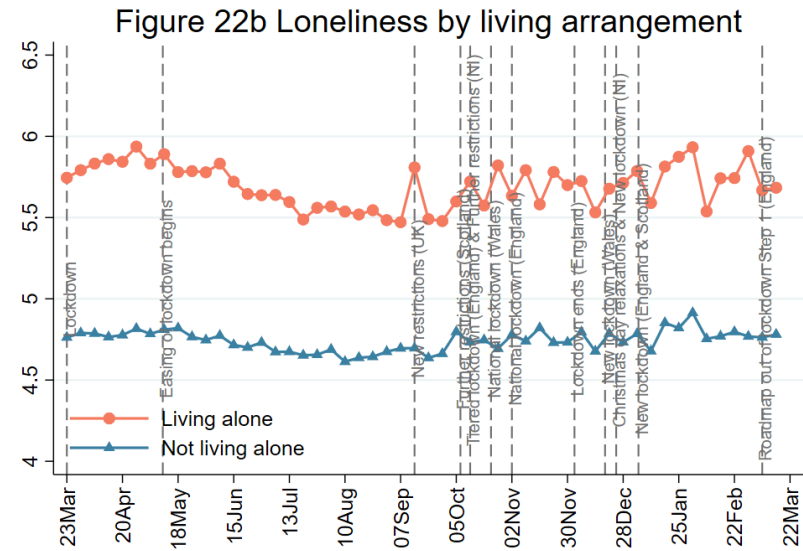
Figure 22e Loneliness by nations

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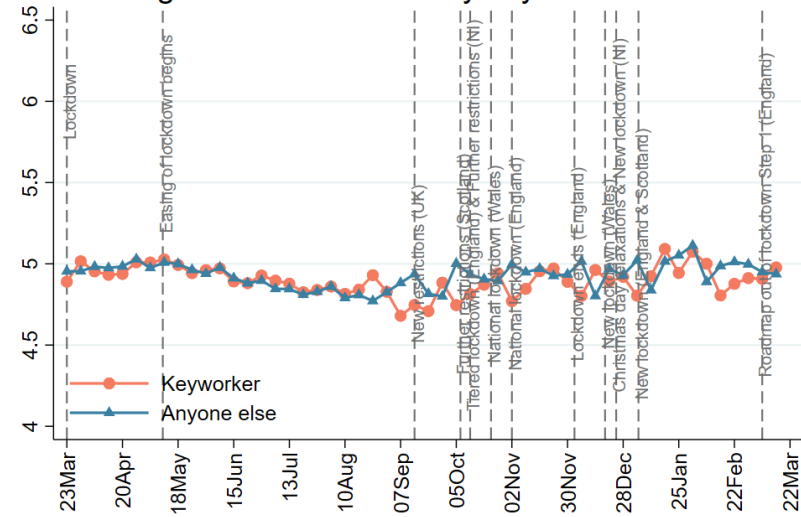
Figure 22g Loneliness by living with children
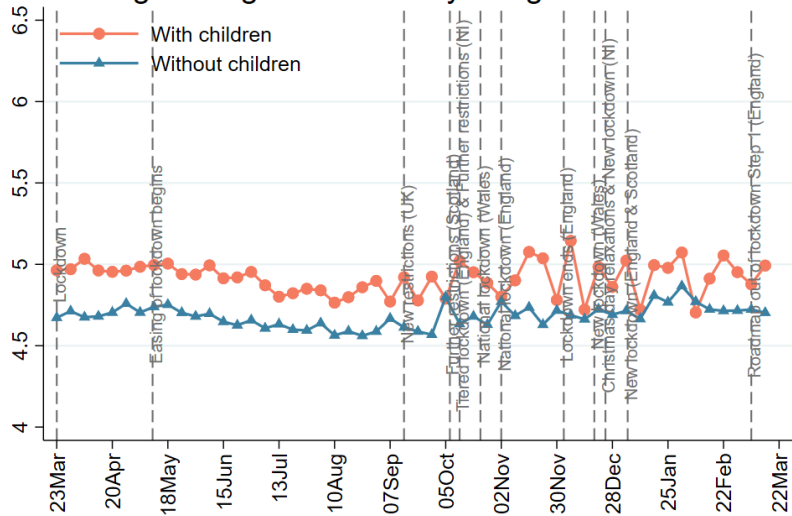
Figure 22h Loneliness by living area
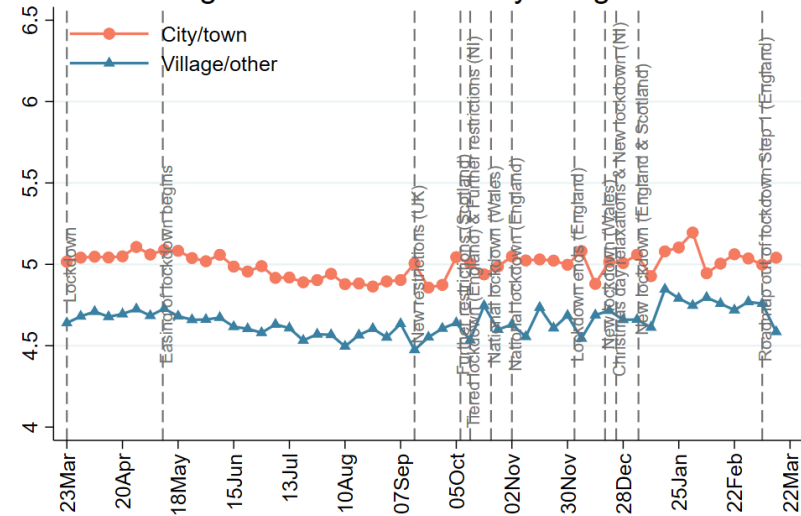
Figure 22i Loneliness by gender
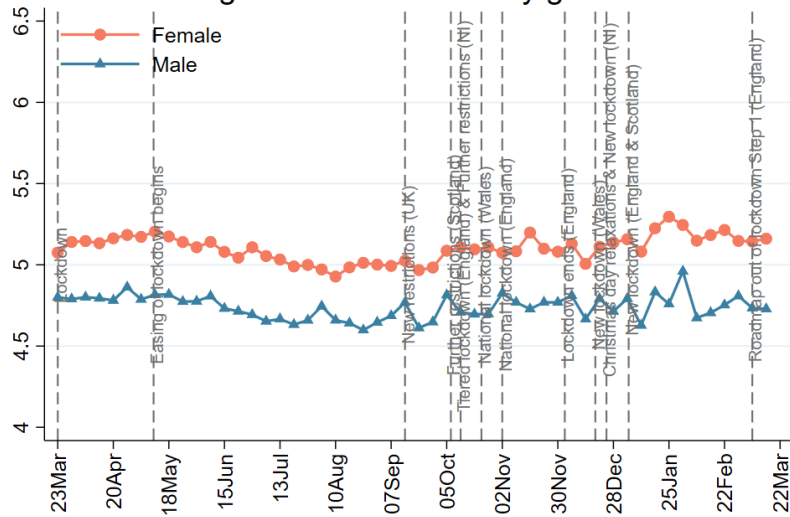
Figure 22j Loneliness by ethnicity
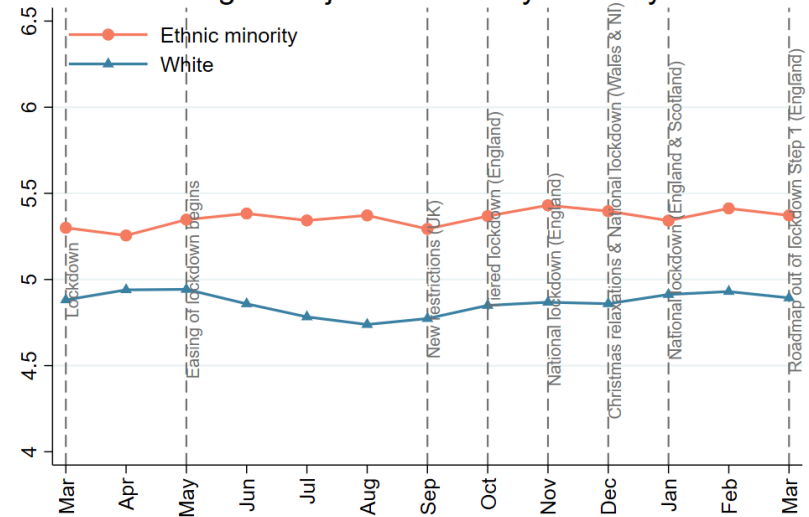
Figure 22k Loneliness by educational levels
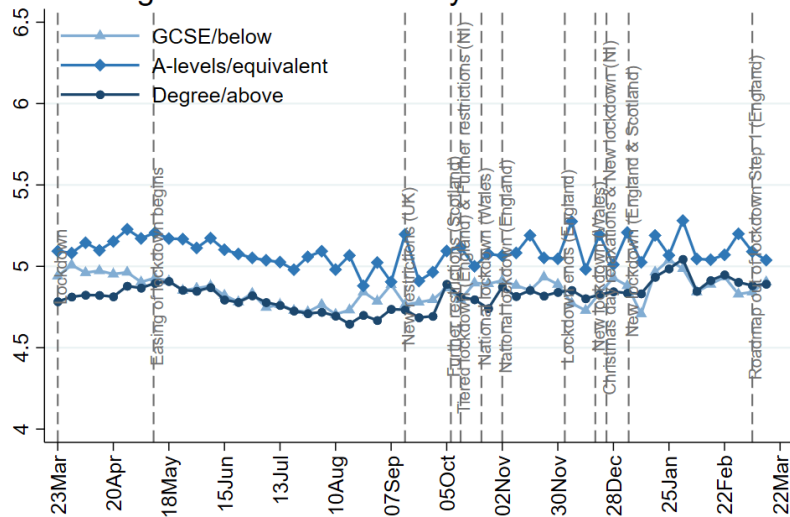
Figure 22l Loneliness by physical health diagnosis

4.3 Happiness

Figure 23 Happiness
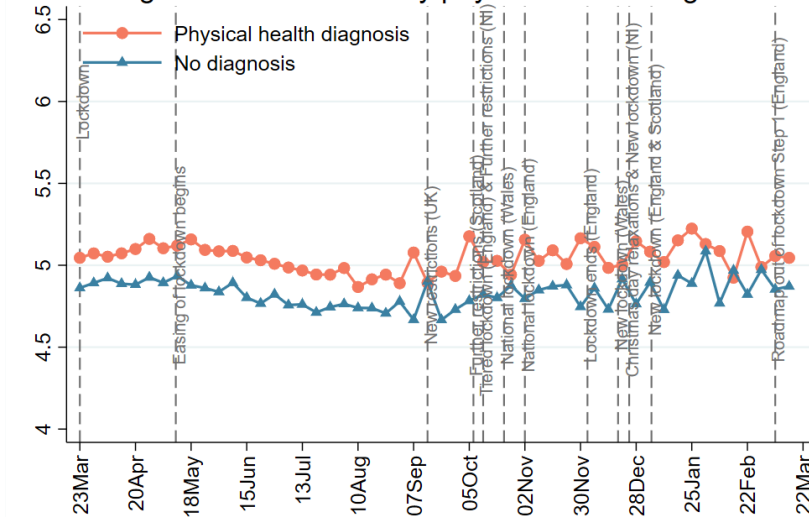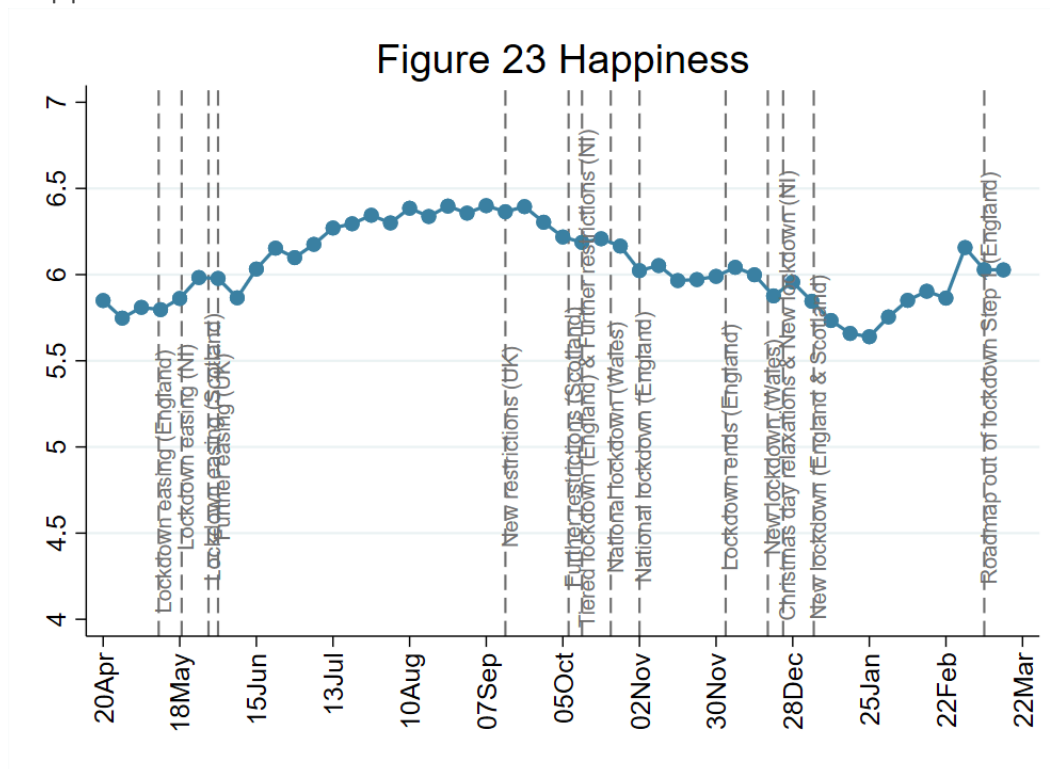
Respondents were asked to rate to what extent they felt happy during the past week using the Office for National Statistics (ONS) wellbeing scale on a scale from 0 (not at all) to 10 (completely). Happiness ratings are only available from 21 April 2020 onwards.
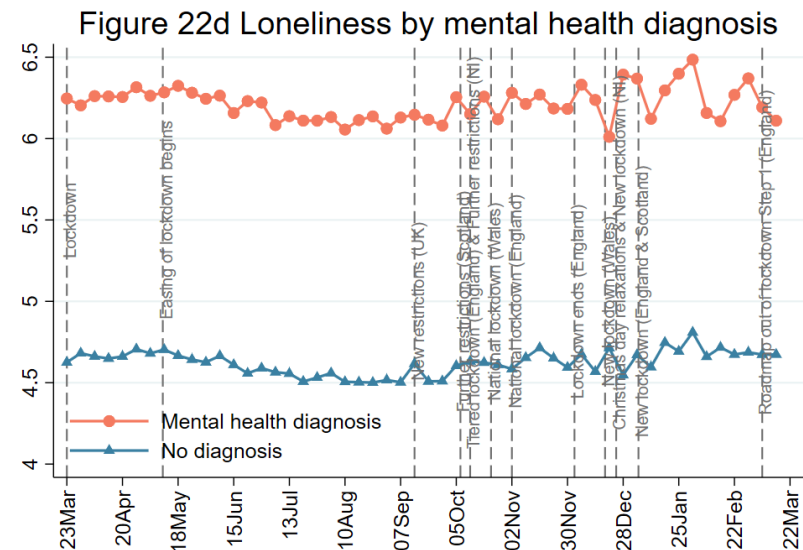
Although happiness levels increased from the end of January 2021 in all age groups, they have decreased over the past month in adults of working age and are now similar to what they were in the summer of 2020.

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

Figure 24a Happiness by age groups
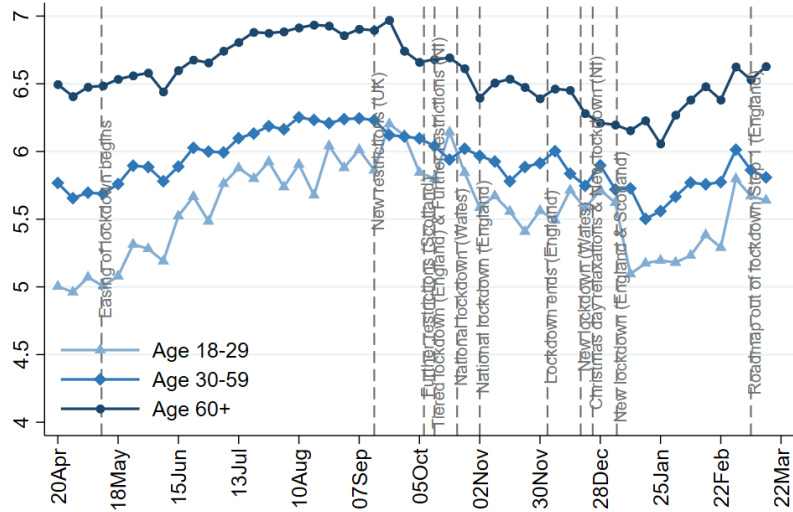
Figure 24b Happiness by living arrangement

Figure 24c Happiness by household income

Figure 24d Happiness by mental health
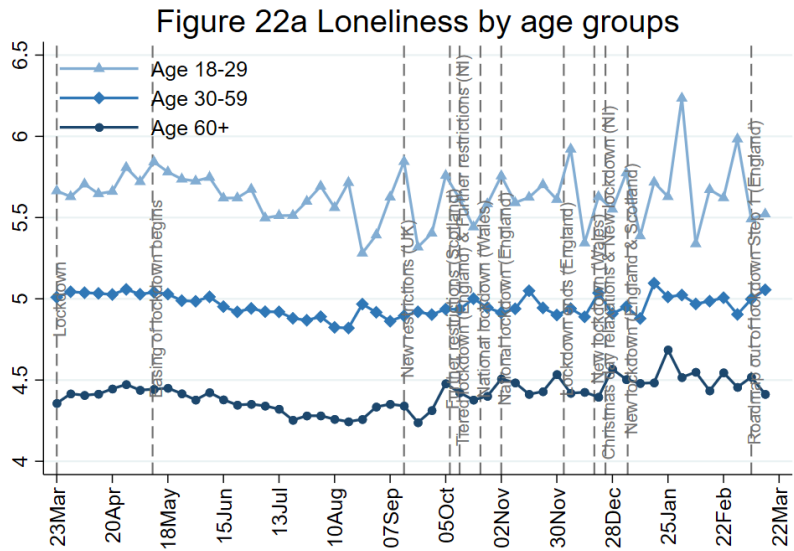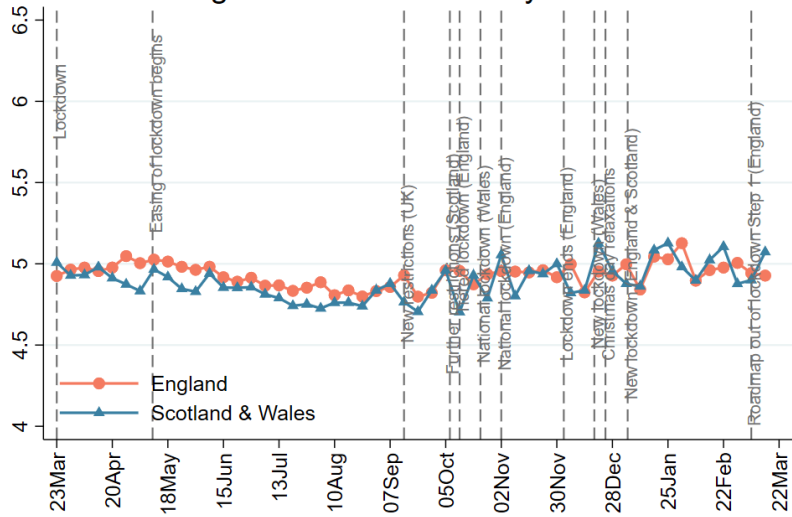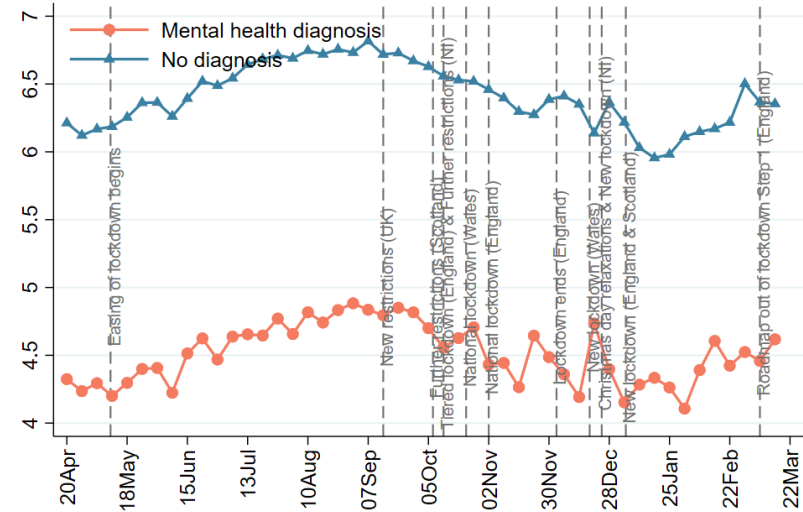
Figure 24e Happiness by nations
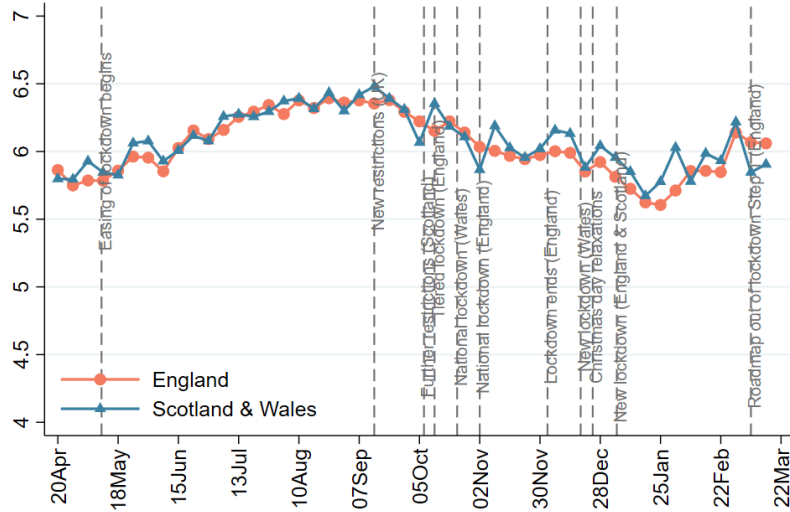
Figure 24f Happiness by keyworker status
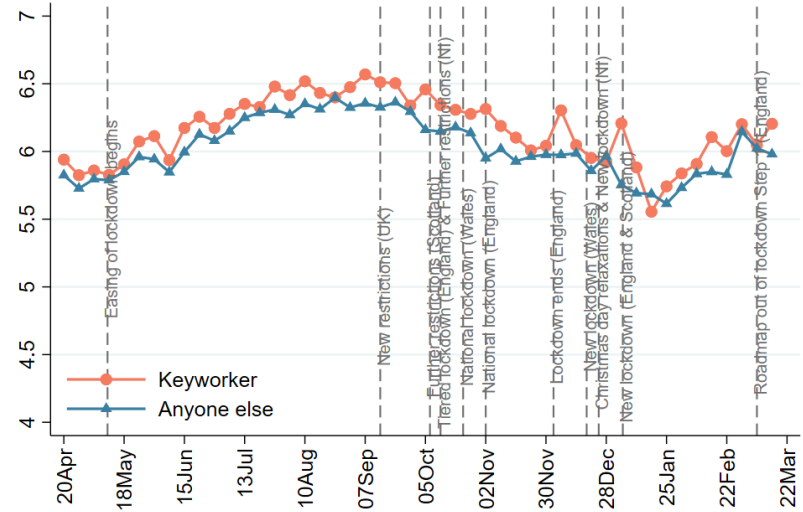
Figure 24g Happiness by living with children
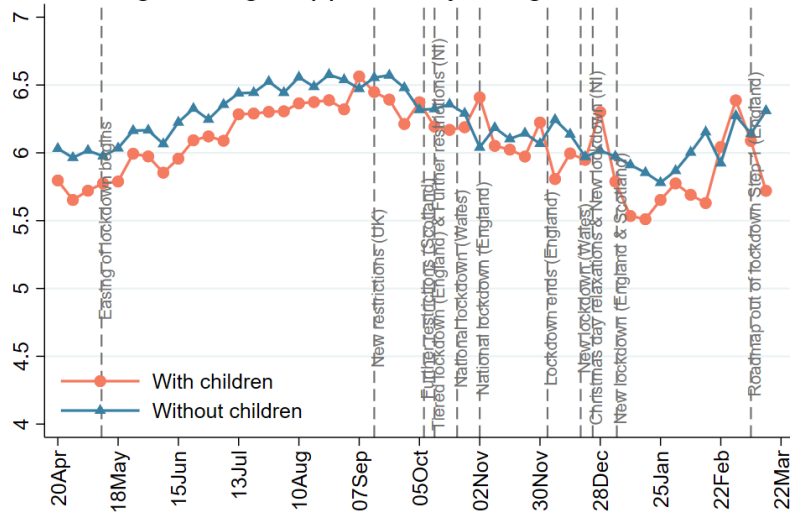
Figure 24h Happiness by living area
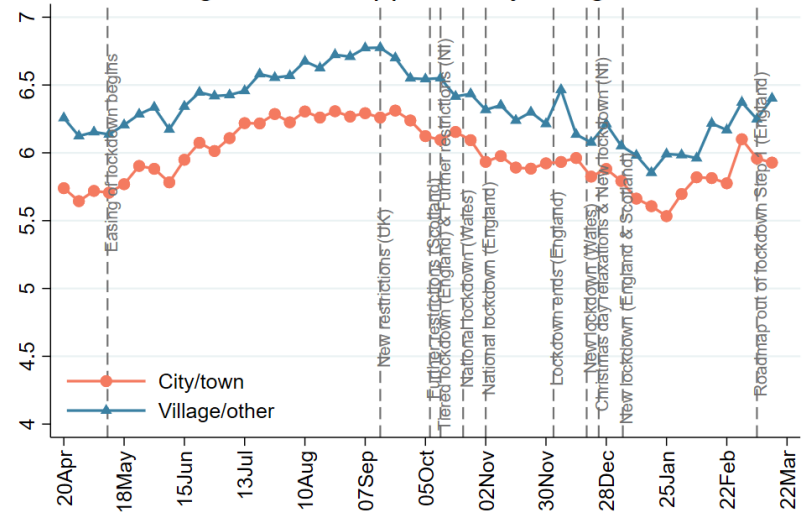
Figure 24i Happiness by gender
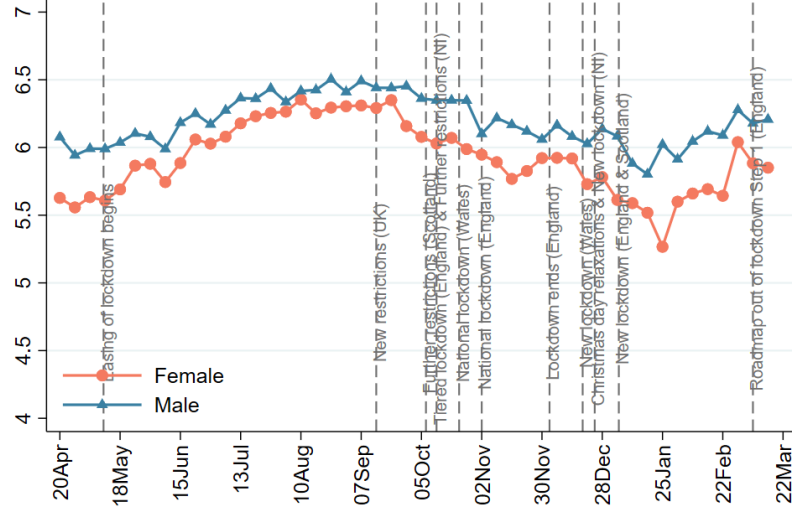
Figure 24j Happiness by ethnicity

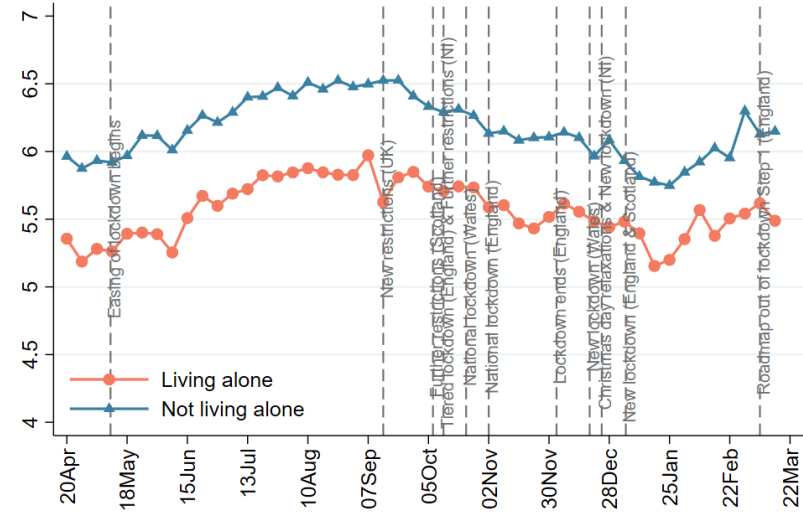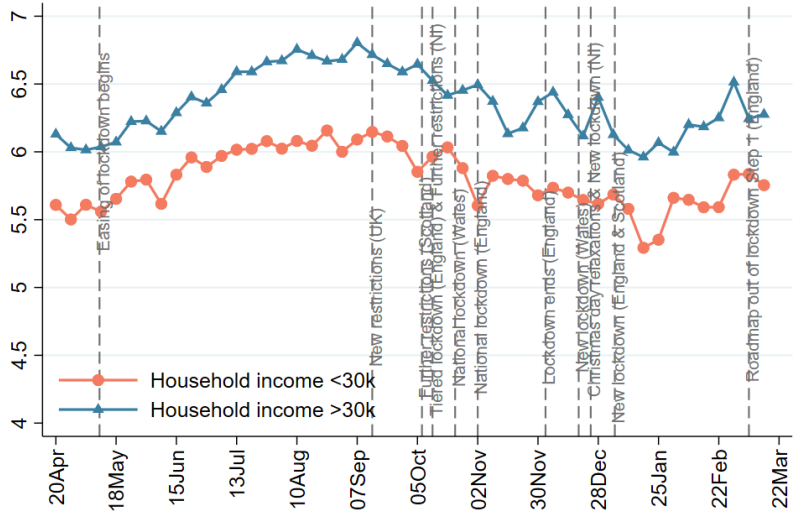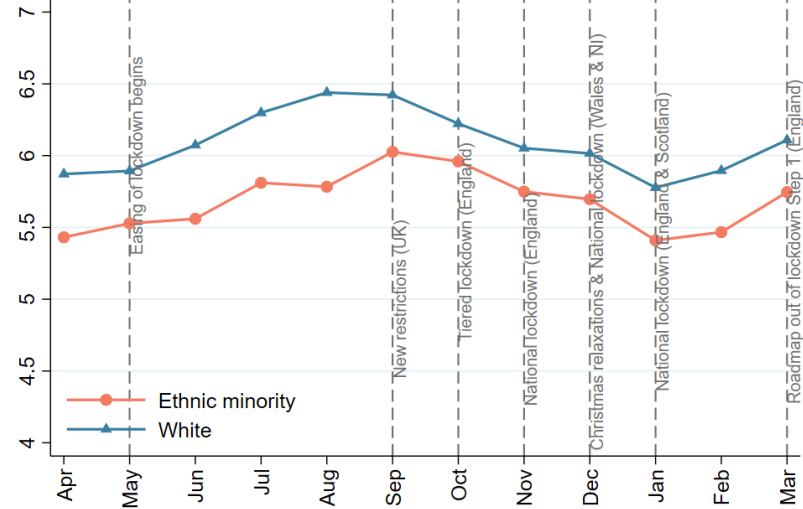

Figure 24k Happiness by educational levels
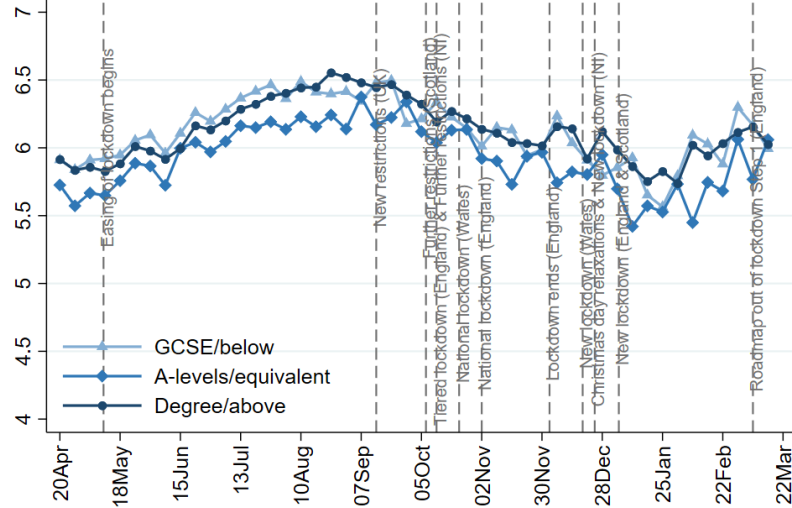
Figure 24l Happiness by physical health diagnosis

5. Sleep quality
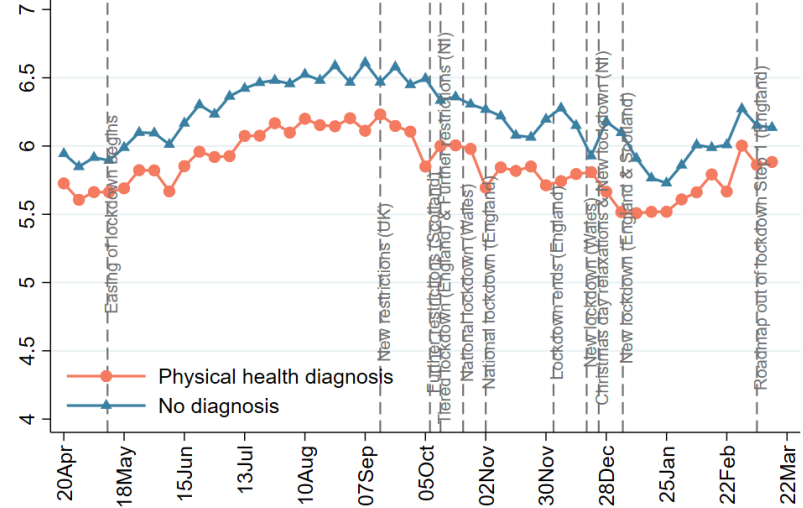
Figure 25 Sleep quality
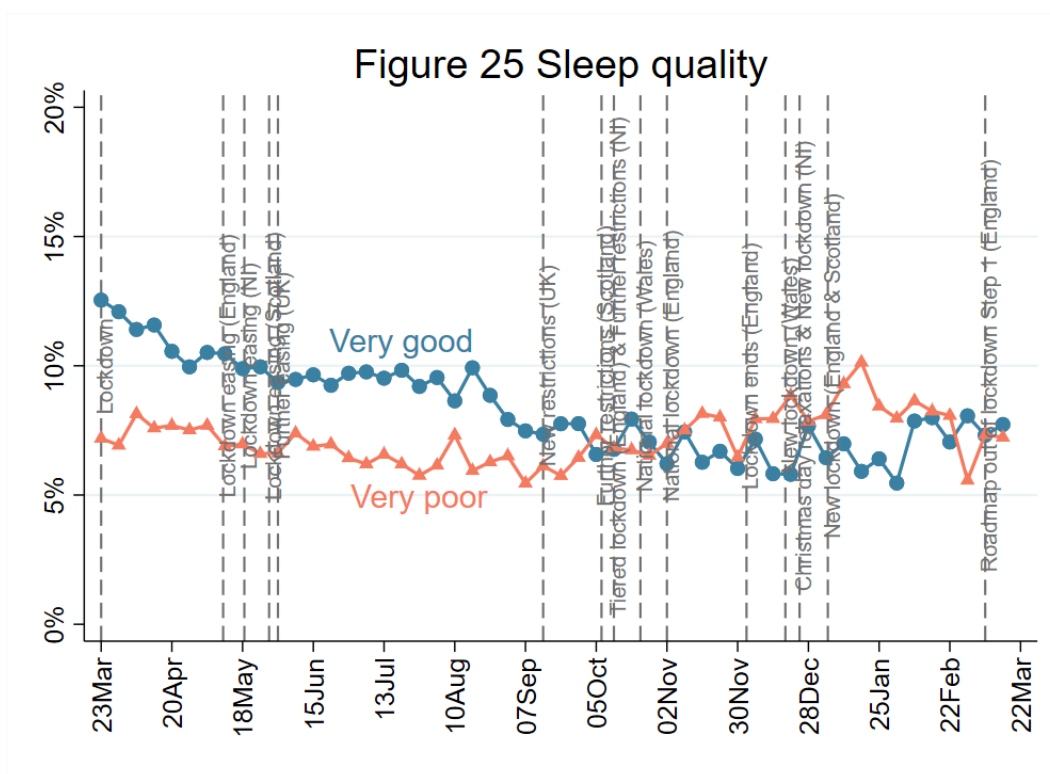
FINDINGS

Respondents were asked to rate the quality of their sleep with the question, "Over the past week, how has your sleep been?" Responses were rated on a 5-point scale ranging from "very good" to "very poor". We focused on the two responses at the extreme ends of this scale: "very good" and "very poor" quality sleep.

The proportion of people reporting 'very good' sleep quality decreased from the start of the first lockdown (12.7%) to the end of 2020 and has increased somewhat since the start of the new year. The number of adults currently reporting very good sleep has decreased by 39.4% from March 2020 to only 7.7%.

'Very poor' sleep quality nearly doubled from autumn 2020 (5.41%) to the start of the new year (10.1%). The proportion of adults reporting very poor-quality sleep has since been decreasing over the past two months but is still similar to what it was in the summer of 2020.

There were several differences in sleep quality across demographic groups. Better sleep has been recorded among older adults, those without a mental health condition, people who do not live with children, men, and those of white ethnicity.

Conversely, people with a mental health diagnosis, those in ethnic minority groups, and women generally reported more 'very poor' quality sleep. Very poor sleep quality was more often reported by those with lower household incomes, people with physical health conditions, those with lower levels of education, and people from ethnic minority backgrounds.

Figure 26a Very good sleep quality by age groups

Figure 26b Very good sleep quality by living arrangement

Figure 26c Very good sleep quality by household income

Figure 26d Very good sleep quality by mental health
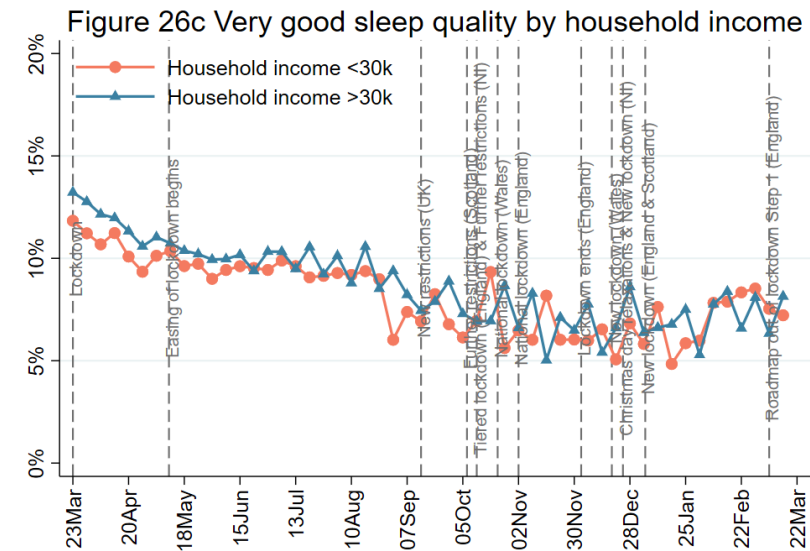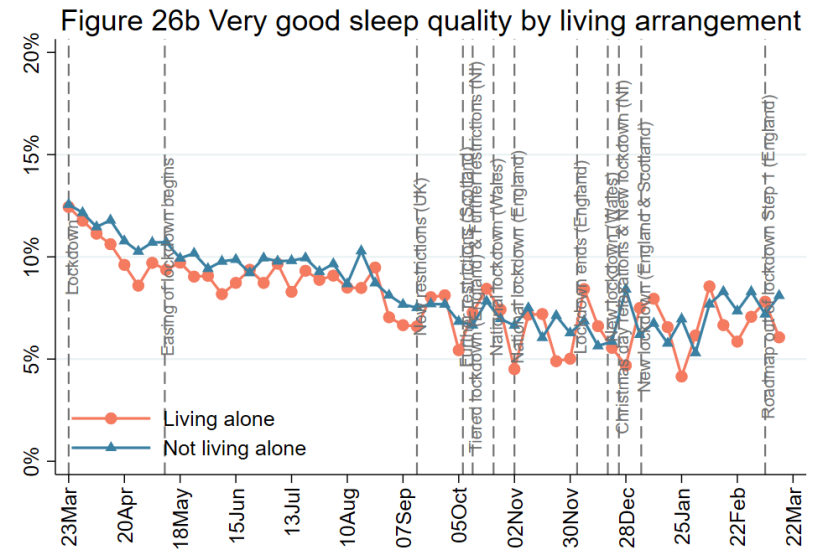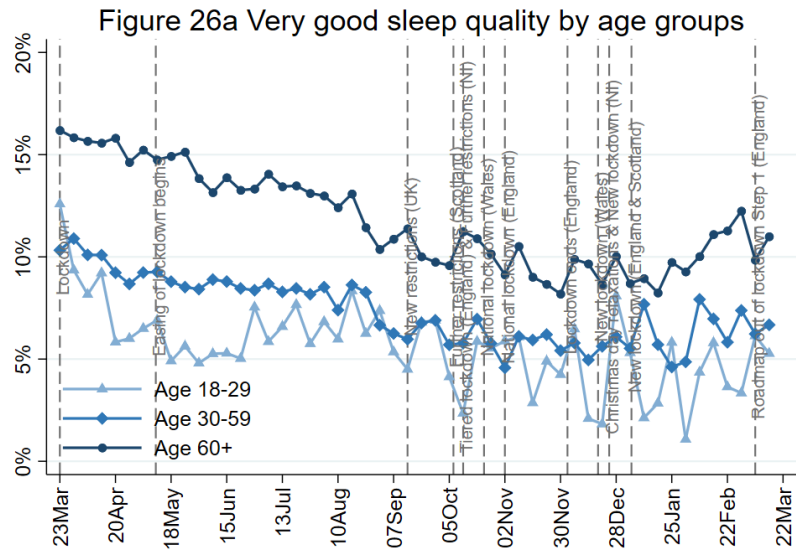
Figure 26e Very good sleep quality by nations

Figure 26f Very good sleep quality by keyworker status

Figure 26g Very good sleep quality by living with children

Figure 26h Very good sleep quality by living area

Figure 26i Very good sleep quality by gender

Figure 26j Very good sleep quality by ethnicity

Figure 26k Very good sleep quality by educational levels

Figure 26l Very good sleep quality by physical health

Figure 26m Very poor sleep quality by age groups

Figure 26n Very poor sleep quality by living arrangement

Figure 26o Very poor sleep quality by household income
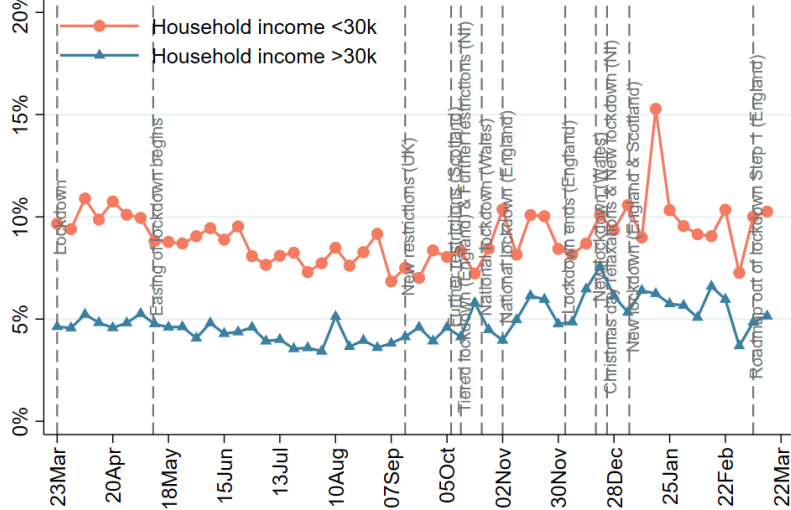
Figure 26p Very poor sleep quality by mental health

Figure 26q Very poor sleep quality by nations
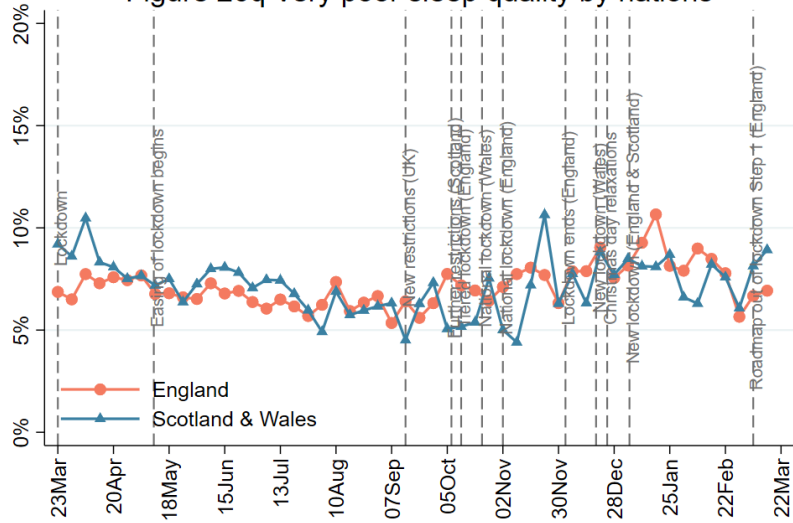
Figure 26r Very poor sleep quality by keyworker status
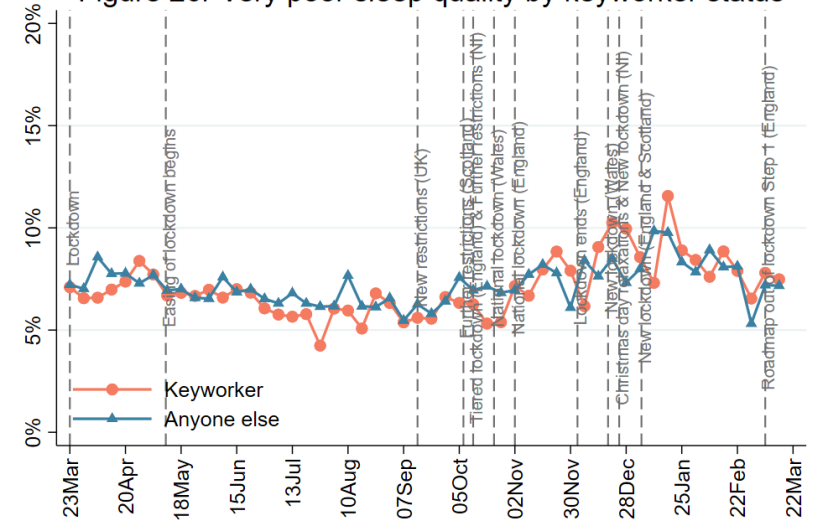
Figure 26s Very poor sleep quality by living with children
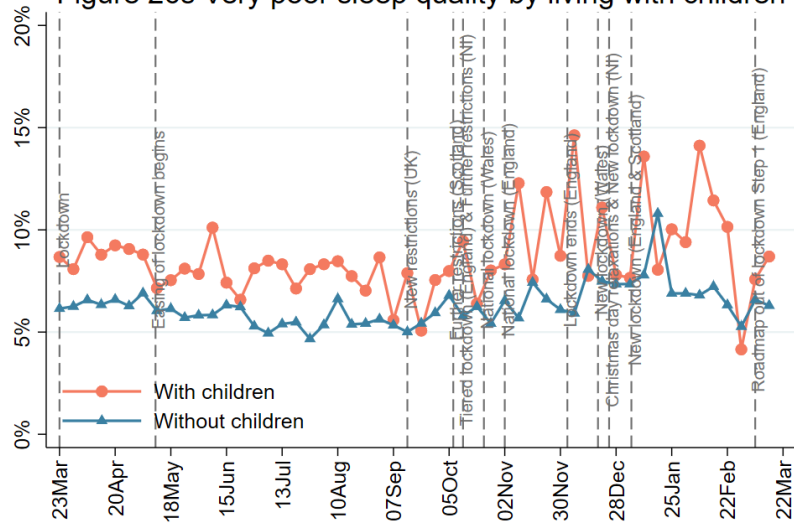
Figure 26t Very poor sleep quality by living area

64
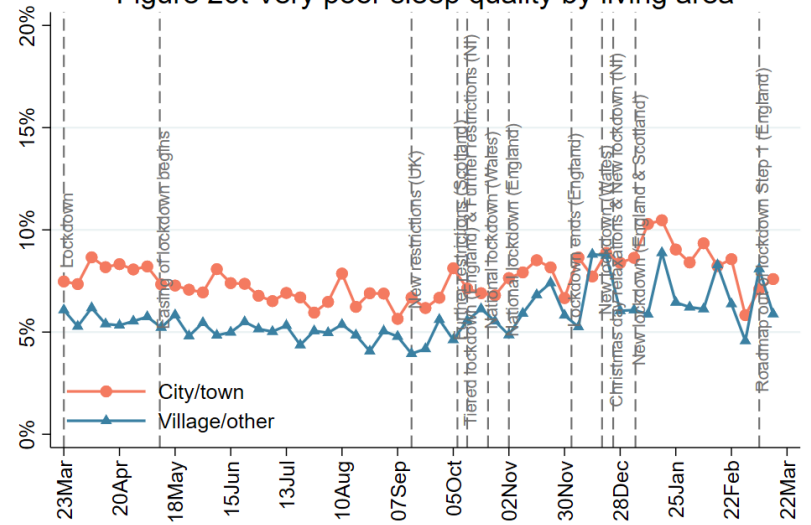
Figure 26u Very poor sleep quality by gender
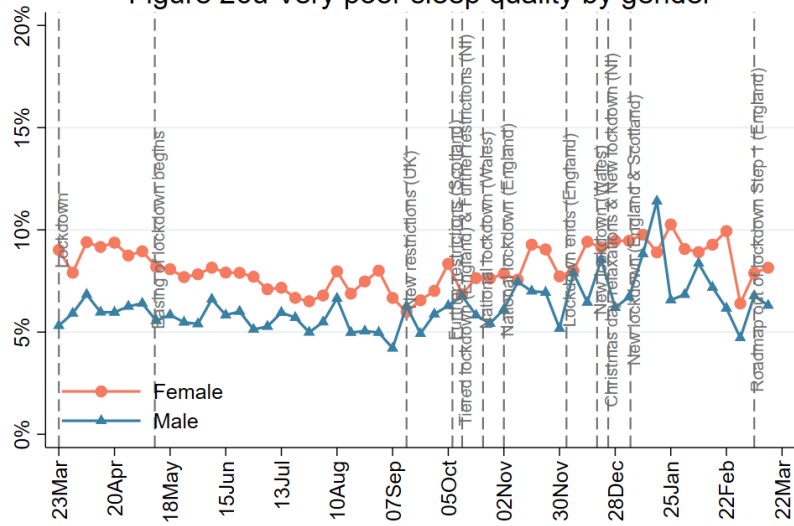
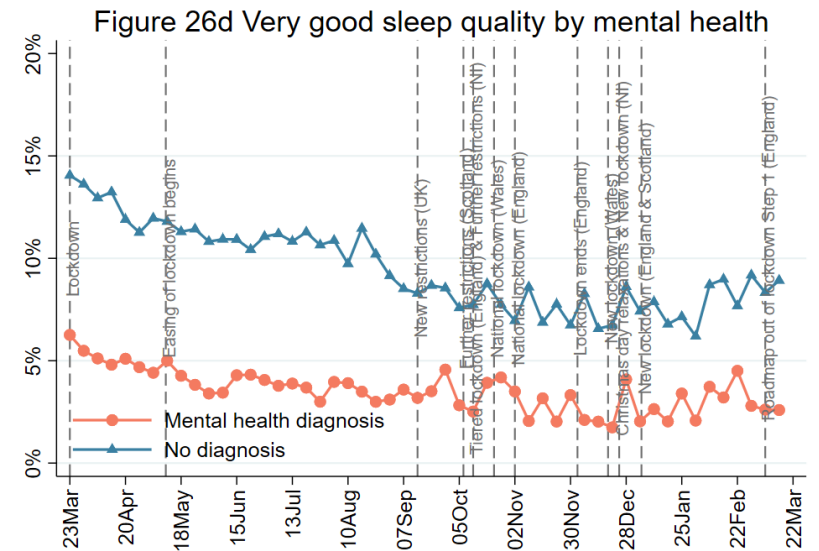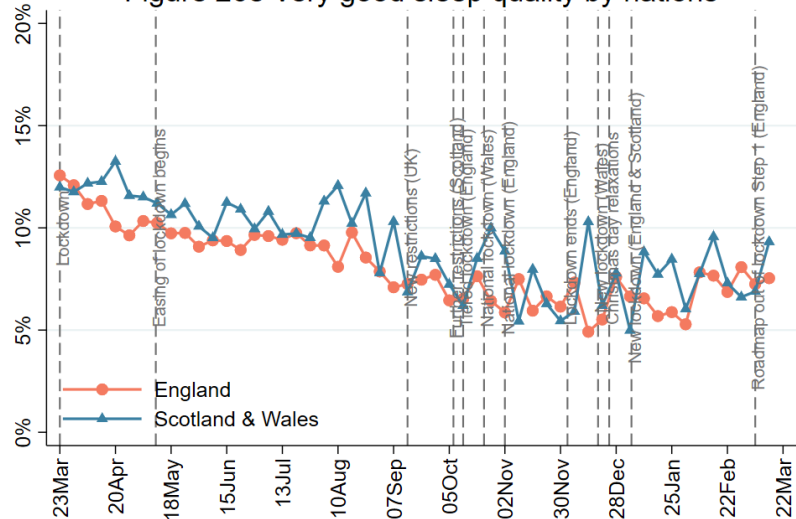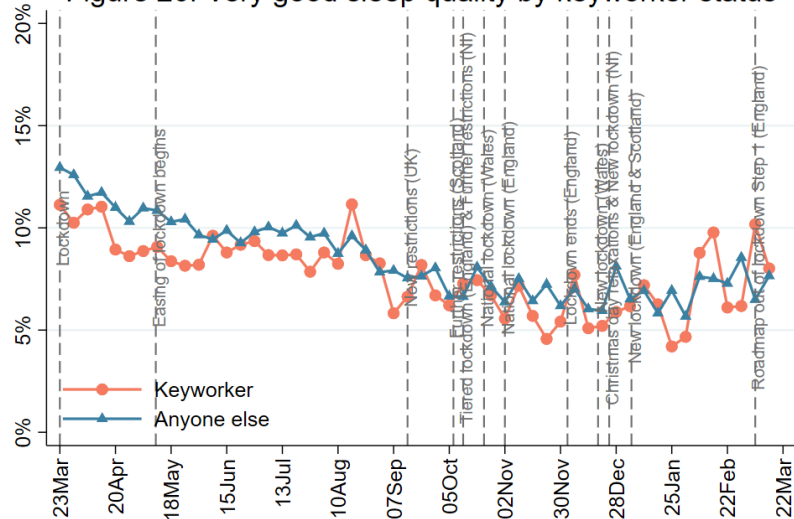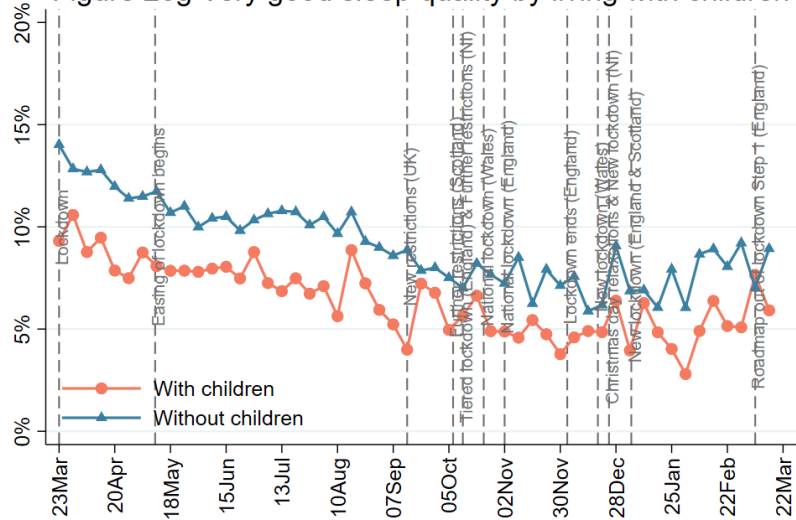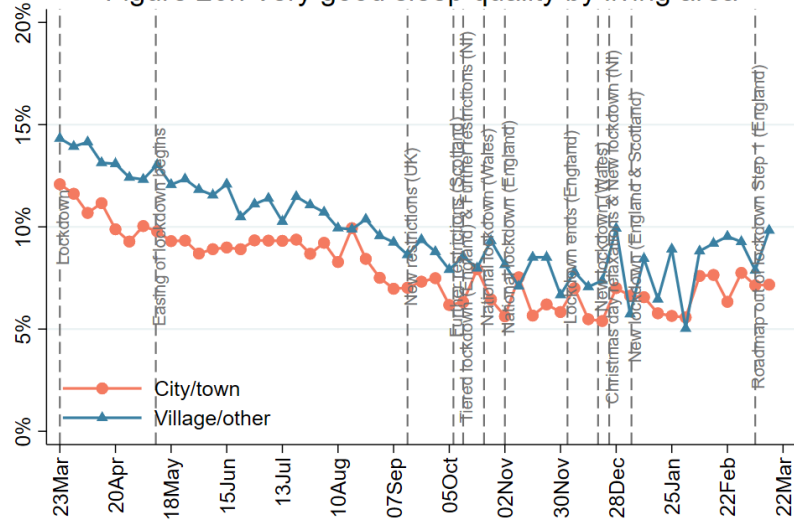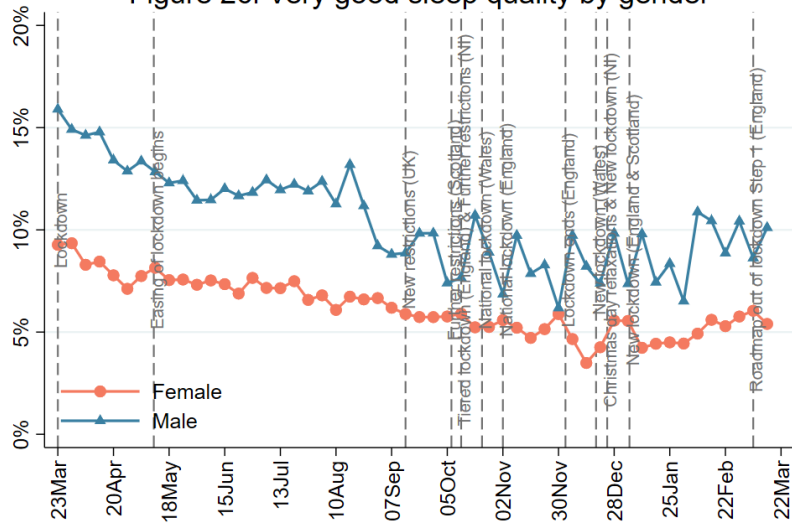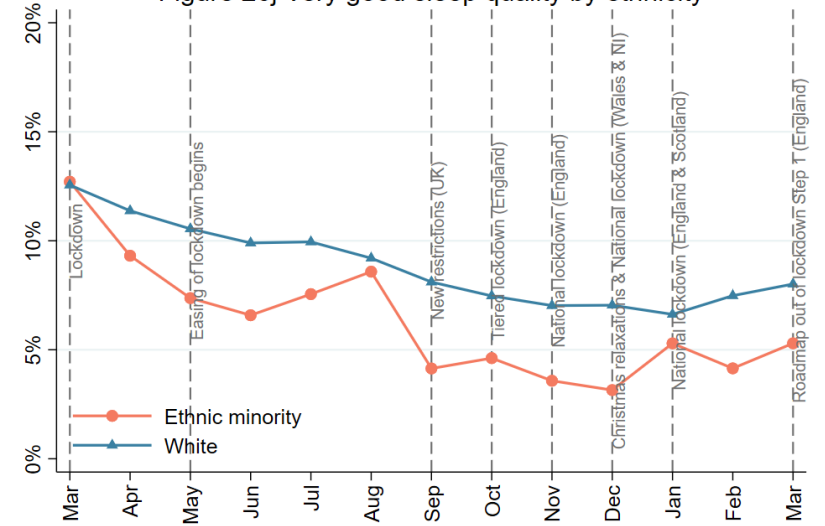Figure 26v Very poor sleep quality by ethnicity
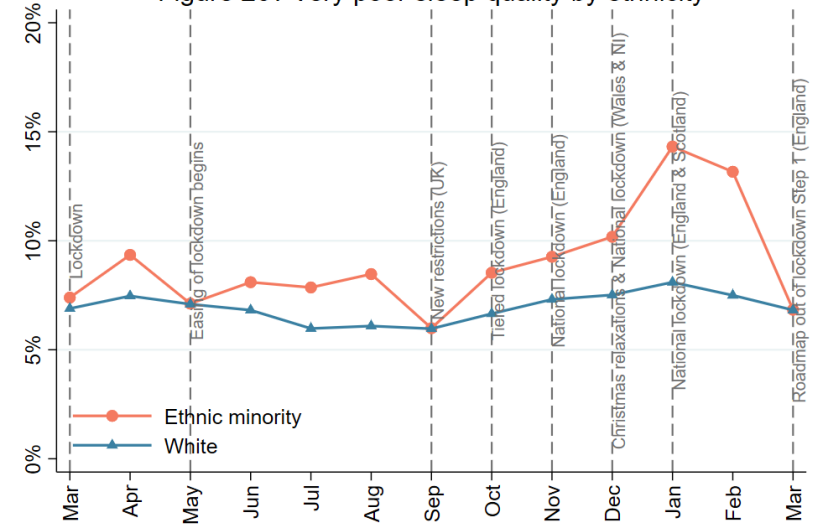
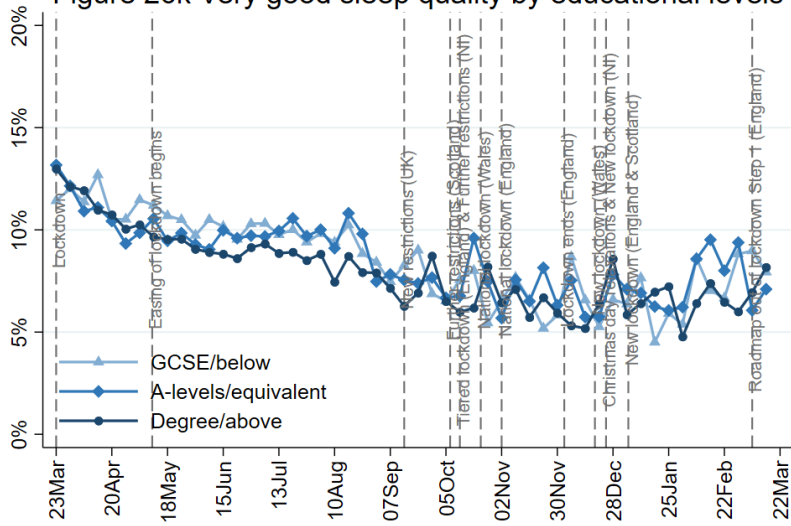Figure 26w Very poor sleep quality by educational levels
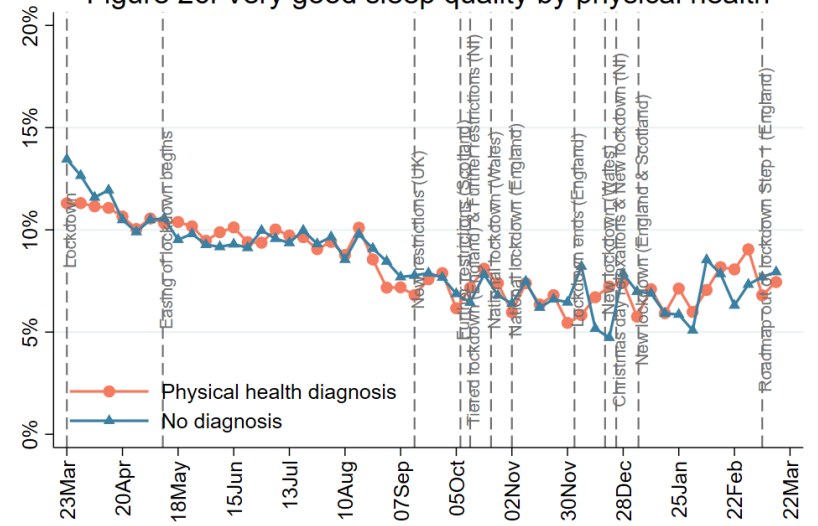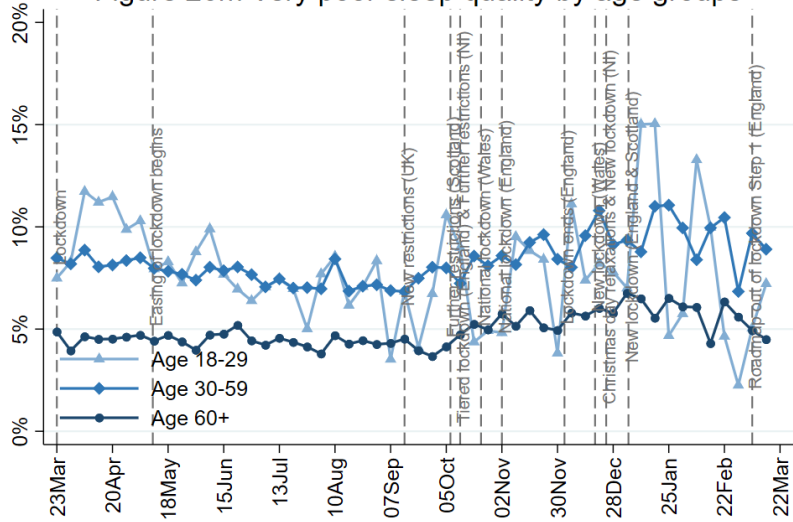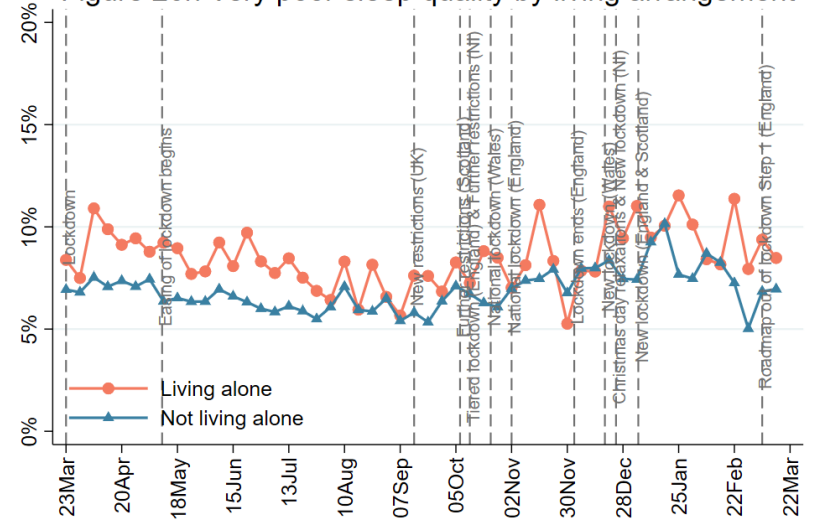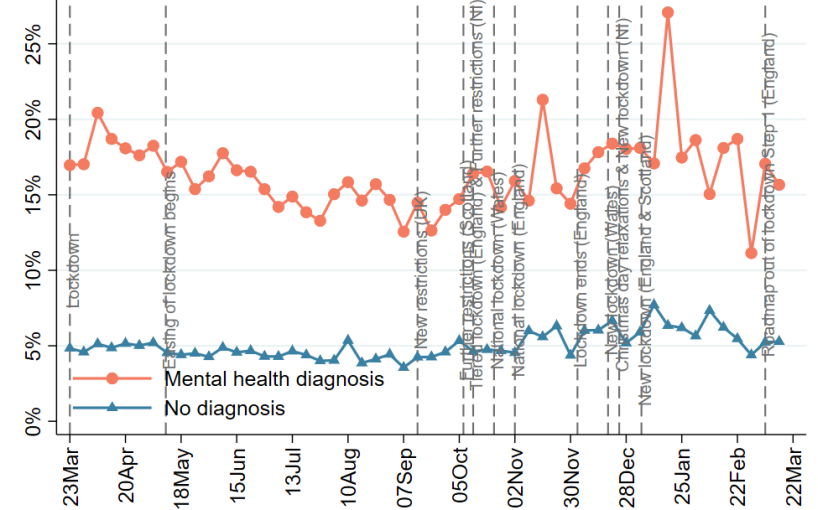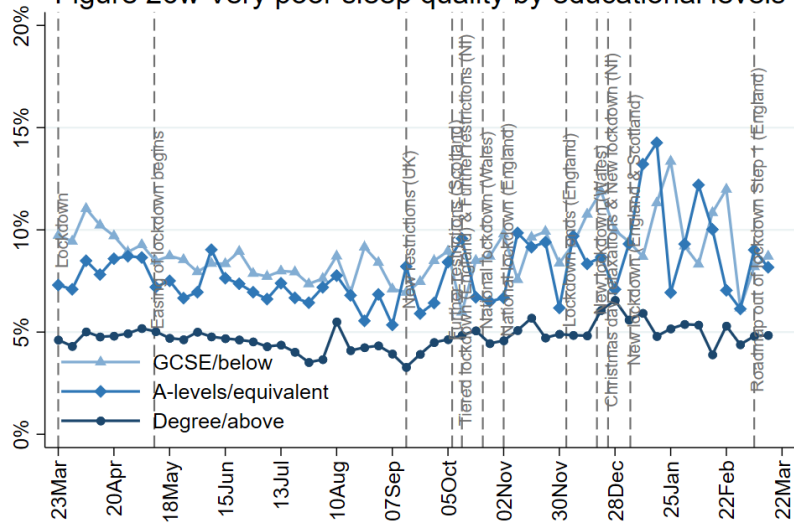

Figure 26x Very poor quality by physical health
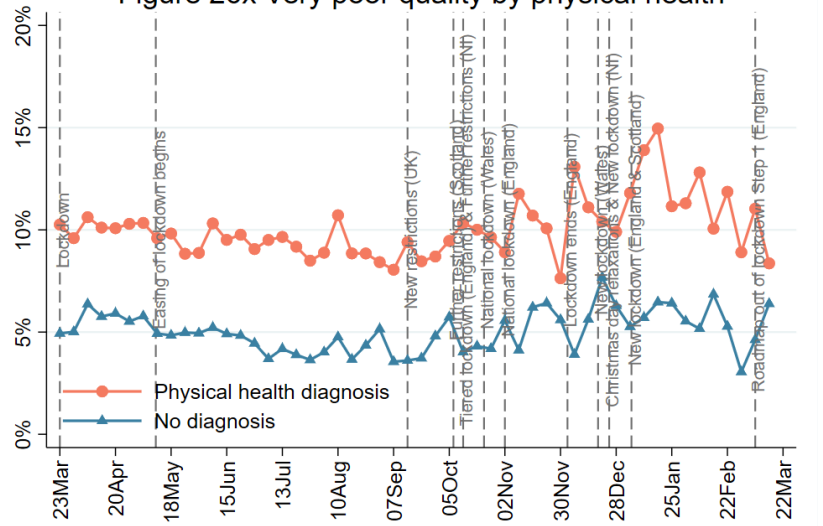
6. Changes in Covid-19 vaccine intentions

Figure 27 Changes in Covid-19 vaccine intentions between Sep/Oct 2020 and Feb/Mar 2021
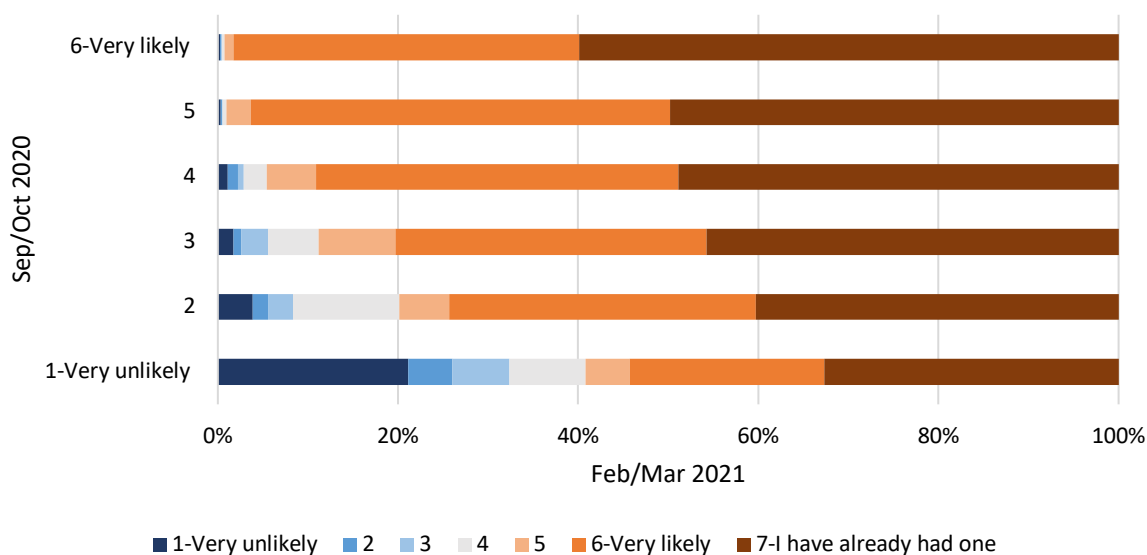
FINDINGS

Participants were asked, "How likely to do you think you are to get a Covid-19 vaccine when one is approved?" Response options ranged from "1- very unlikely" to "6 – very likely" in September/October 2020 when the Covid-19 vaccine was not yet available, and in December 2020 an additional option was added ("I have already had one").

Overall, 52.5% of adults in our study said they had already received at least one dose of the Covid-19 vaccine. As might be expected, a greater proportion of older than younger people had received a vaccination. The groups most likely to have been vaccinated are those who expressed the strongest intentions to do so in the autumn of 2020. The proportion of people saying they are very unlikely to receive the vaccine is also now lower (2.4%) than what it was in the autumn (8.2%).

Vaccine intentions appear to have changed favourably since the autumn. Around 1 in 5 (21.6%) who said they were 'very unlikely' to get the Covid-19 vaccine in September/October 2020 are now saying they are very likely to get it. Of those who said in September/October that they were very unlikely to get the vaccine, 1 in 3 (32.6%) had received it by March 2021. However, 1 in 5 (21.1%) of the most hesitant people continued to report that they are still very unlikely to receive the vaccine. Only a very small percentage (0.3%) of people who said in the autumn that they were very likely to receive the Covid-19 vaccine had changed their minds to 'very unlikely' by March of this year.

Vaccine hesitancy was most stable in young adults, with 29.2% who were 'very unlikely' to get the vaccine in the autumn indicating that they were still very unlikely to accept vaccination by March 2021. These proportions were 18.5% in adults aged 30-59 and 21.5% in older adults. Amongst adults under 30 who said they were 'very unlikely' to get the vaccine, 28.4% now report that they are either very likely to receive it or have already had one. Of adults aged 60 or above, 71% have changed their mind from 'very unlikely' to either 'very likely' or have already received the vaccine.

Figure 28a Changes in vaccine intentions amongst young adults (aged 18-29)
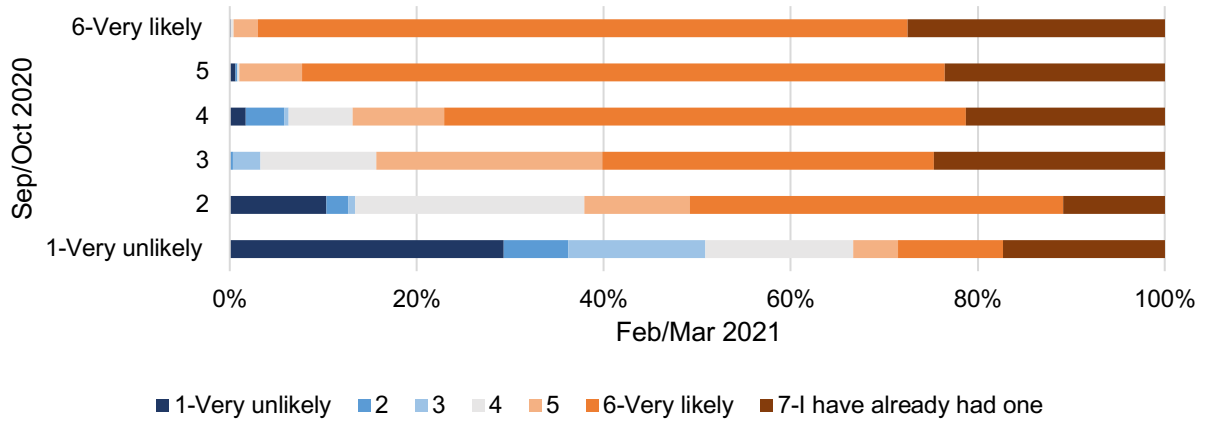
Figure 28b Changes in vaccine intentions amongst adults (aged 30-59)
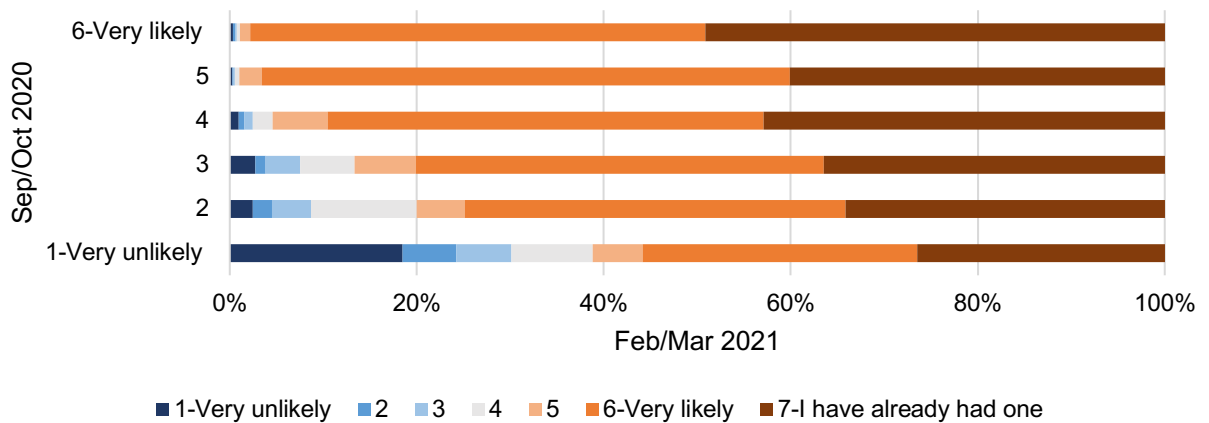
Figure 28c Changes in vaccine intentions amongst older adults (aged 60+)
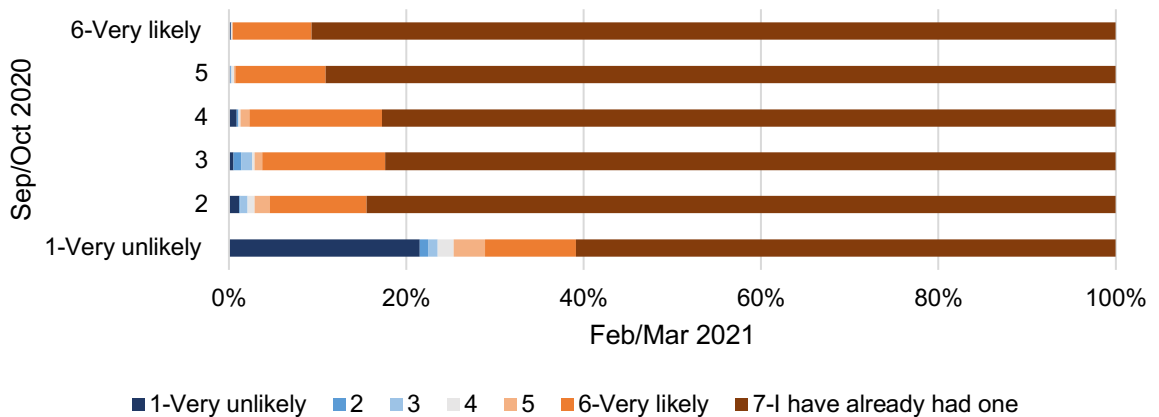
Appendix

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 21 March 2020 to the 21 March 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	51,858	5.77	**GCSE or below**	126,427	14.1
30-59	493,016	54.9	**A-levels of equivalent**	154,954	17.3
60+	353,559	39.4	**Degree or above**	617,052	68.7
Gender			**Any diagnosed mental health conditions**		
Male	225,578	25.2	**No**	748,416	83.3
Female	669,279	74.8	**Yes**	150,017	16.7
Ethnicity			**Any diagnosed physical health conditions**		
White	860,157	96.0	**No**	516,884	57.5
Ethnic minority	35,455	3.96	**Yes**	381,549	42.5
UK nations			**Keyworker**		
England	725,705	81.6	**No**	711,201	79.2
Wales	108,598	12.2	**Yes**	187,232	20.8
Scotland	55,416	6.23	**Living with children**		
Living arrangement			**No (excluding those who live alone)**	510,650	72.0
Not living alone	709,289	79.0	**Yes**	198,639	28.0
Living alone	189,144	21.1	**Living area**		
Annual household income			**Village/hamlet/isolated dwelling**	225,022	25.1
>30k	482,268	59.6	**City/large town/small town**	673,411	75.0
<30k	327,187	40.4			