Covid-19 Social Study

Results Release 42

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Executive summary

Background

This report provides data from the last 94 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. Routine data collection for the study ceased in November 2021 as the study moved to less frequent modules. The data in this report provides an update on previous findings with data collected from 31,151 study participants in the first week of January 2022 to capture experiences during the latest wave of Omicron.

In this FORTY-SECOND report, we focus on psychological responses to the first ninety-four weeks since just before the first UK lockdown was announced (21/03/2020 to 09/01/2022). 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*** behaviours and experiences over the Christmas period, including Covid-19 precautionary measures, exposure to Covid-19, understanding of rules, and future concerns about Covid-19.

This study is not representative of the UK population but instead was designed to have good stratification across a wide range of socio-demographic factors enabling meaningful subgroup analyses to understand the experience of Covid-19 for different groups within society. Data are weighted using auxiliary weights to the national census and Office for National Statistics (ONS) data. Full methods and demographics for the sample included in this report are reported in the Appendix and at https://osf.io/jm8ra/.

Findings

Confidence in government
- Confidence in government to handle the Covid-19 pandemic decreased over the Christmas period, both in England and Wales, although it remained steady in Scotland. This decrease was most prominent amongst younger adults. Levels are close to the lowest point recorded during the pandemic back in the autumn of 2020.

Covid-19 experiences and concerns
- The proportion of people concerned about catching or becoming seriously ill from Covid-19 increased sharply over the Christmas period. 43% are majorly concerned about catching Covid-19 within the next 3 months, 46% are worried about becoming seriously ill from Covid-19, and 58% are concerned about family or friends catching Covid-19. These fears all increase with age, with younger adults least concerned.
- Specifically, the potential for long-term symptoms of Covid-19 is causing people more concern than just catching the virus. More than 1 in 2 people remaining majorly concerned about developing Long COVID (52%).
- 1 in 3 people thought they had come into contact with Covid-19- over the Christmas period (18% definitely and 16% likely). Only 11% of people felt confident that they had not come into contact with it, with the remaining 55% believing they had not but not being entirely sure. Younger adults were most likely to report coming into contact with it (44%) compared to older adults (38% for aged 30-59 and 22% for aged 60+).
- 3 in 4 people are concerned about non-Covid-19 NHS treatment being cancelled, postponed or otherwise adversely affected in the next 3 months. 64% also have a major worry about hospitals being overwhelmed. These fears are greatest amongst adults over the age of 30 compared to adults aged 18-29.

Mental health
- Depression and anxiety symptoms sharply increased over the Christmas period, especially depressive symptoms. This increase was most prominent amongst younger adults. The increase placed levels over Christmas on a par with levels during the third lockdown at the start of 2021.
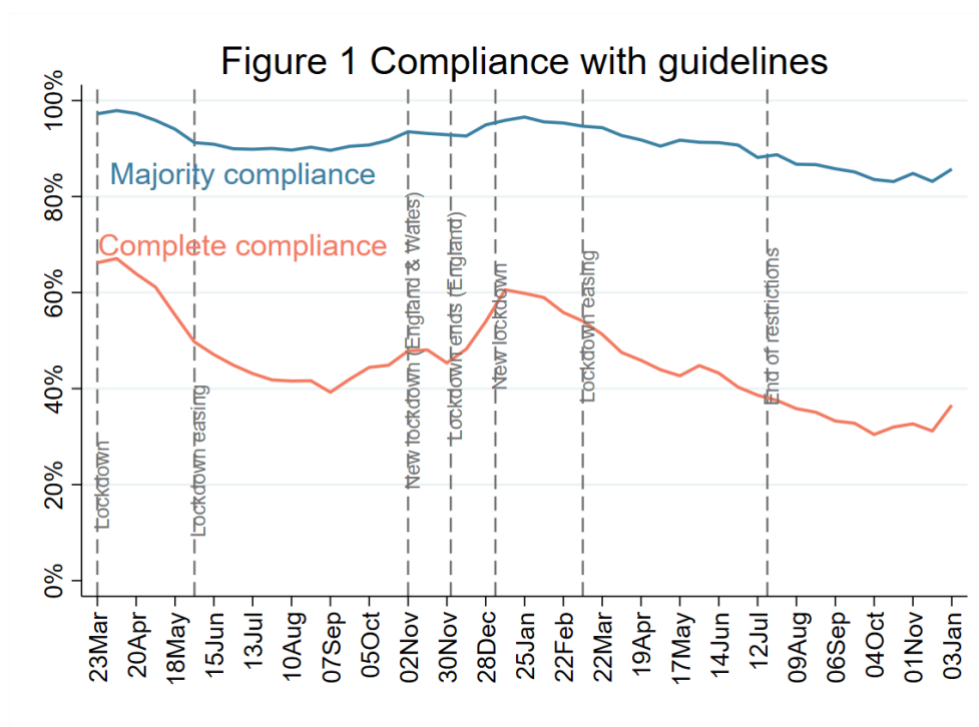
- There was a sharp decline in life satisfaction and happiness over the Christmas period, noted across all age groups. Levels remain above those reported over Christmas 2020 but reached their lowest since March 2021, just before lockdown was lifted.

Compliance & behaviours

- Compliance with guidelines to prevent the spread of Covid-19 slightly increased over the Christmas period, indicating that people tightened up their behaviours. This pattern was seen clearly in 30–59-year-olds and 60+ year olds. However, only 4 in 10 people say they currently understand the rules fully or near fully and 1 in 10 say they do not understand them at all.
- Older adults were more likely over the Christmas period to maintain a safe distance when meeting (30% always for those aged 60+ vs 9% of those aged 18-29) as well as washing their hands, wearing face masks, increasing ventilation in indoor spaces and meeting outdoors, but adults under the age of 60 were more likely to take lateral flow tests and ask others to take them.
- 86% of participants reported that their experiences and behaviours had been different over the Christmas period compared to typical Christmases, such as staying at home more, changing travel plans, meeting up with fewer people, shopping online rather than in-store, avoiding large gatherings, and making fewer plans. Younger adults (aged 18-29) reported the fewest differences to usual compared to older adults.

1. Compliance and confidence

1.1 Compliance with guidelines

Figure 1 Compliance with guidelines

Majority compliance

Complete compliance

Lockdown

Lockdown easing

New lockdown (England & Wales)

Lockdown ends (England)

New lockdown

Lockdown easing

End of restrictions

23Mar 20Apr 18May 15Jun 13Jul 10Aug 07Sep 05Oct 02Nov 30Nov 28Dec 25Jan 22Feb 22Mar 19Apr 17May 14Jun 12Jul 09Aug 06Sep 04Oct 01Nov 03Jan

FINDINGS

Respondents were asked to what extent they are following the recommendations from government to prevent spread of Covid-19, 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 slightly increased over the Christmas period, indicating that people tightened up their behaviours. This pattern was seen clearly in 30–59-year-olds and 60+ year olds but estimates for 18–29-year-olds show greater variability and less certainty due to a lower sample size. However, compliance overall remains **at an all-time low for the pandemic. Since the start of the autumn, complete compliance (following the guidelines to the letter) has been down to just 1 in 3 people, although majority compliance remains above 80%.**
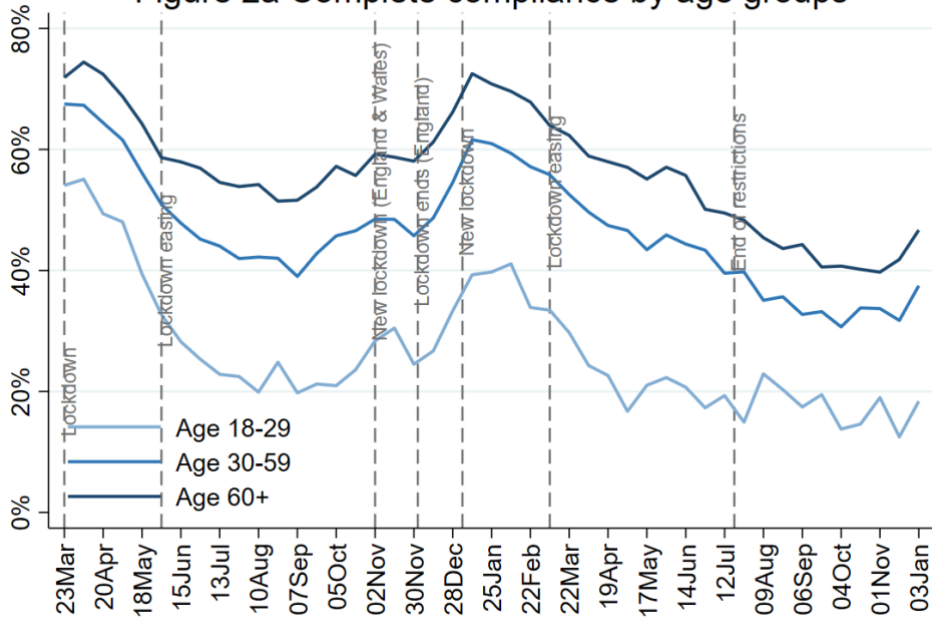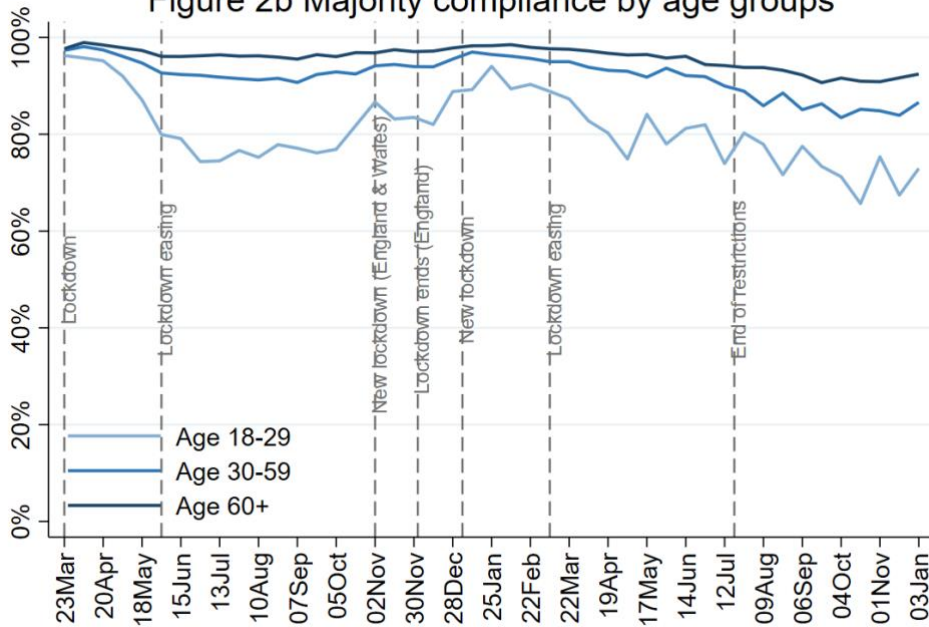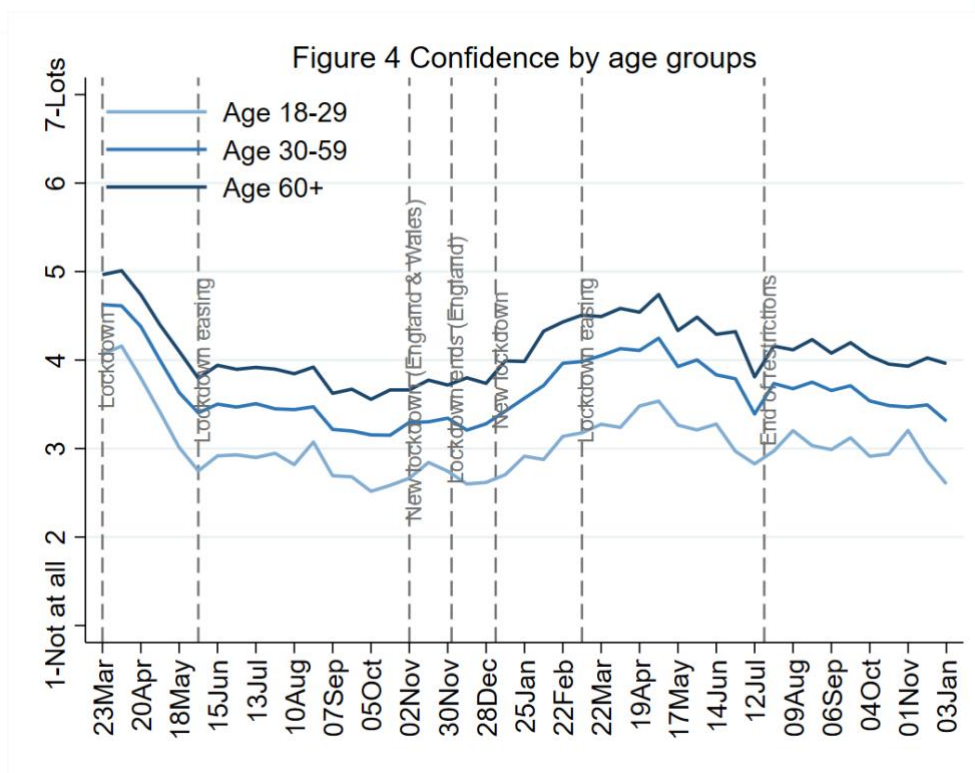
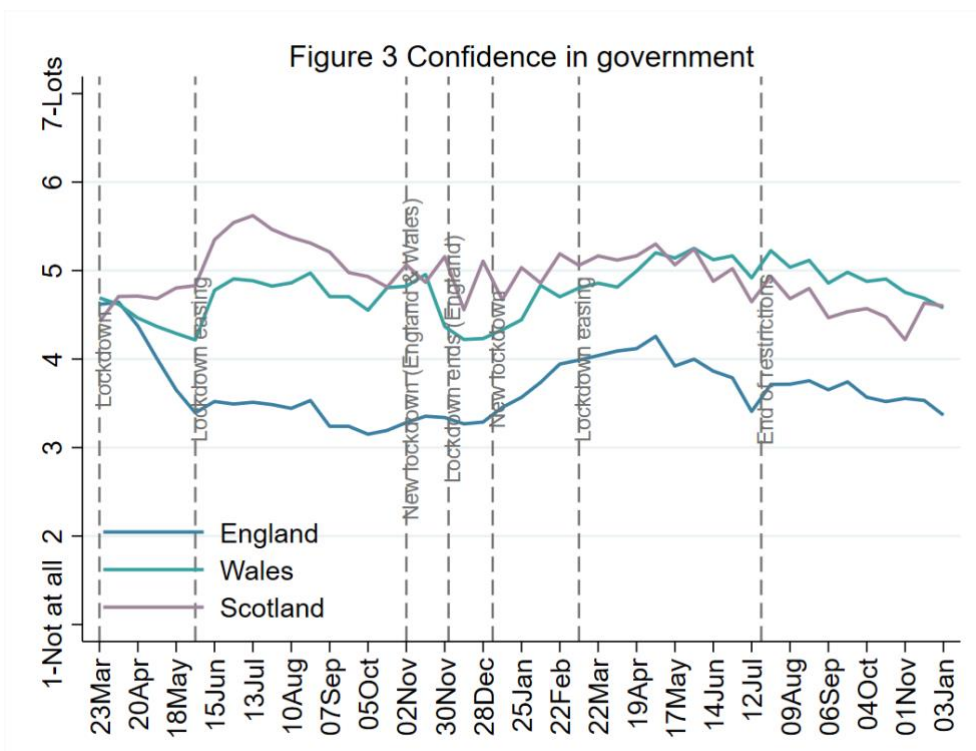Figure 2a Complete compliance by age groups

Figure 2b Majority compliance by age groups

1.2 Confidence in government

Figure 3 Confidence in government

Figure 4 Confidence by age groups

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. Figure 3 shows results for England, Wales & Scotland. Figure 4 shows just England.

Confidence in government to handle the Covid-19 pandemic decreased over the Christmas period, both in England and Wales, although it remained steady in Scotland. Levels are close to the lowest point recorded during the pandemic back in the autumn of 2020. This decrease was most prominent amongst younger adults.

2. Mental Health

2.1 Depression and anxiety

Figure 5 Depression and anxiety
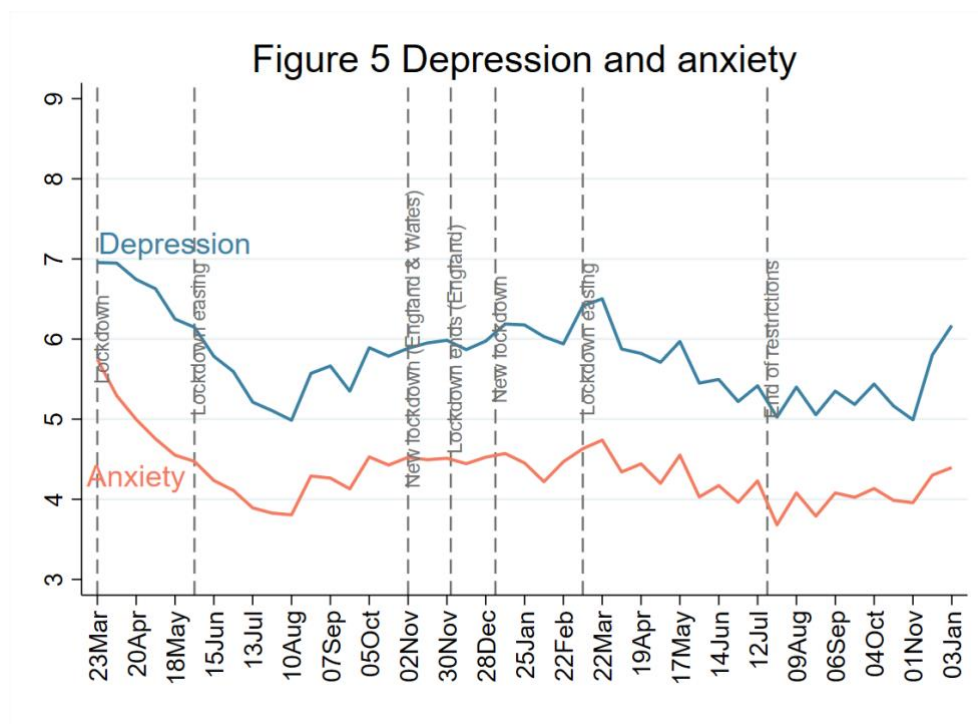
Respondents were asked about depression levels during the past week using the Patient Health Questionnaire (PHQ-9) and anxiety using the Generalised Anxiety Disorder assessment (GAD-7); standard instruments for screening for depression and anxiety in primary care. There are 9 and 7 items respectively with 4-point responses ranging from "not at all" to "nearly every day", with higher overall scores indicating more symptoms. Scores higher than 10 can indicate major depression or moderate anxiety.

Depression and anxiety symptoms sharply increased over the Christmas period, especially depressive symptoms. This increase was most prominent amongst younger adults. The increase placed levels of Christmas on a par with levels during lockdown at the start of 2021.

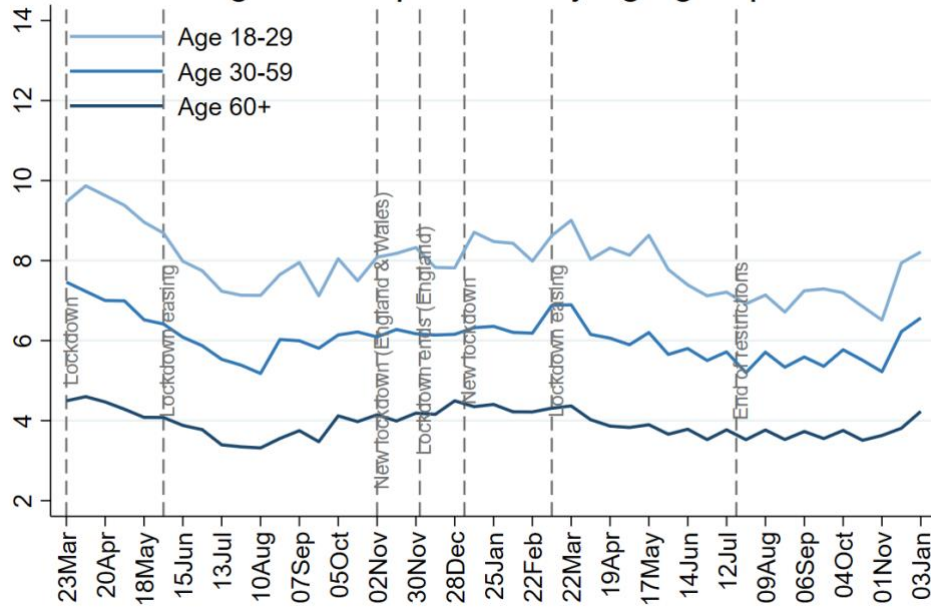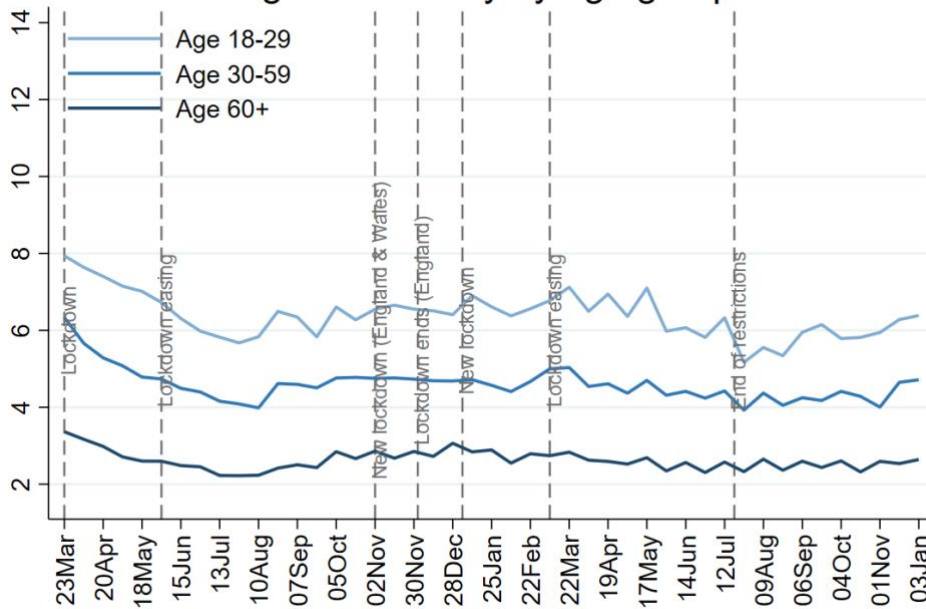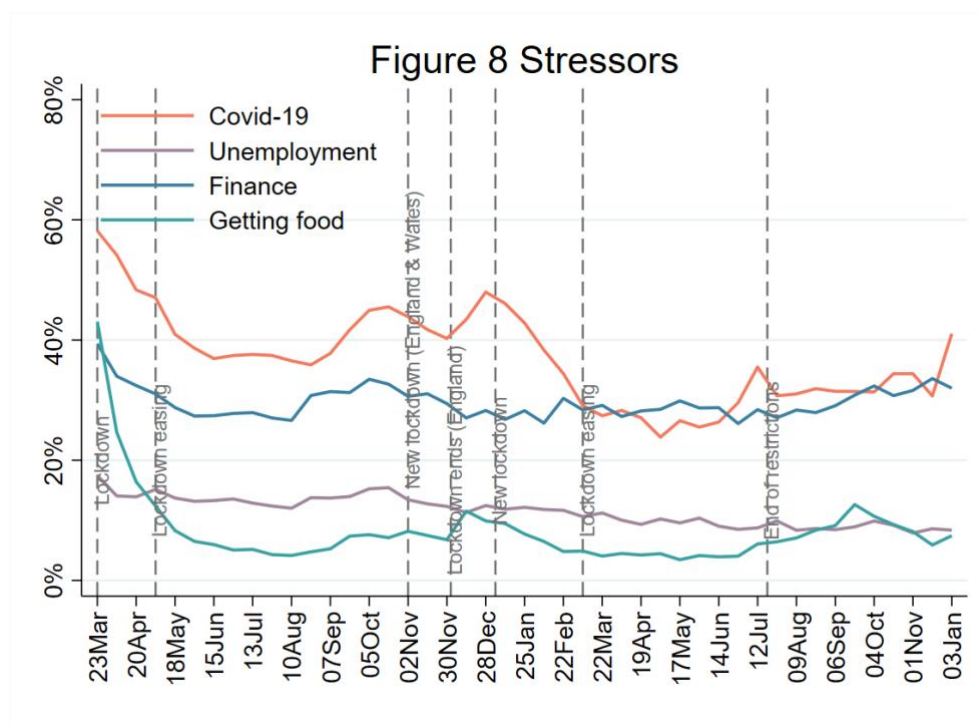Figure 6 Depression by age groups

Figure 7 Anxiety by age groups

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).

The proportion of people concerned about catching or becoming seriously ill from Covid-19 increased sharply over the Christmas period, with 2 in 5 people reporting concerns. This pattern was noted across all age groups and brought levels back in line with what they were during lockdown at the start of 2021.

Concerns about finance showed a gradual increase over the autumn and Christmas period, affecting 1 in 3 people overall over Christmas. However, age sub-group analyses showed that working-age adults were twice as likely to report concerns as older adults (2 in 5 vs 1 in 5).

There was no evidence of change in concerns about unemployment or accessing food (both around 1 in 10).
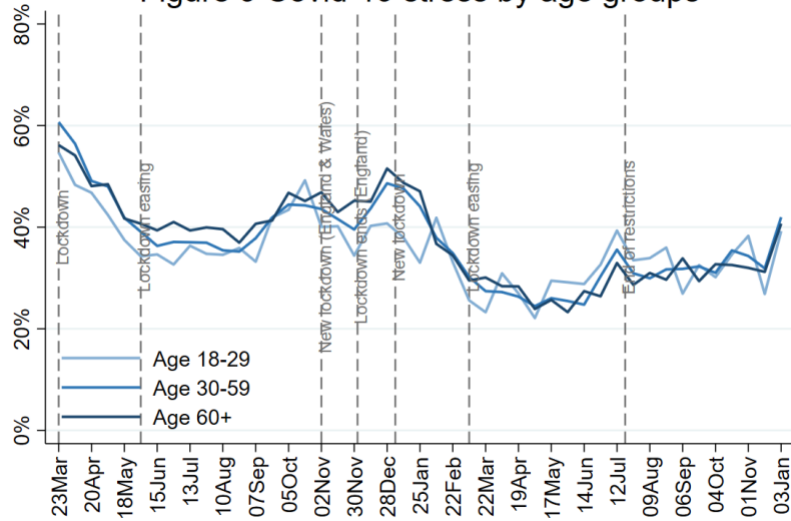
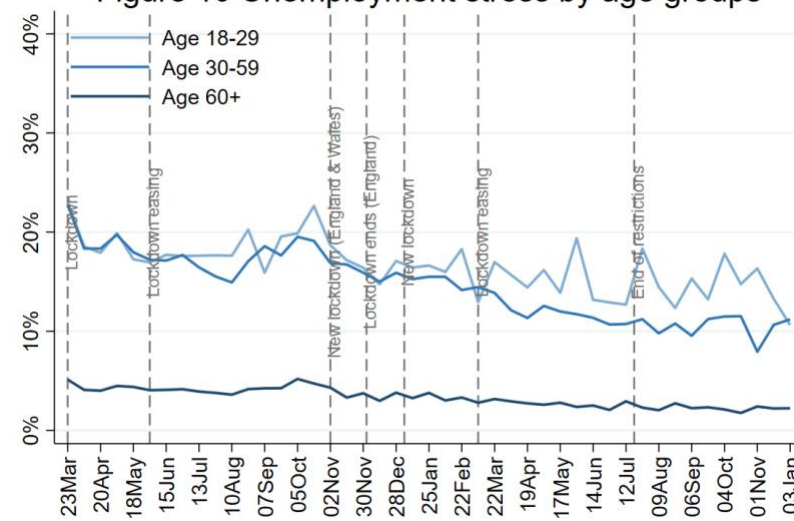Figure 9 Covid-19 stress by age groups

Figure 10 Unemployment stress by age groups

Figure 11 Financial stress by age groups
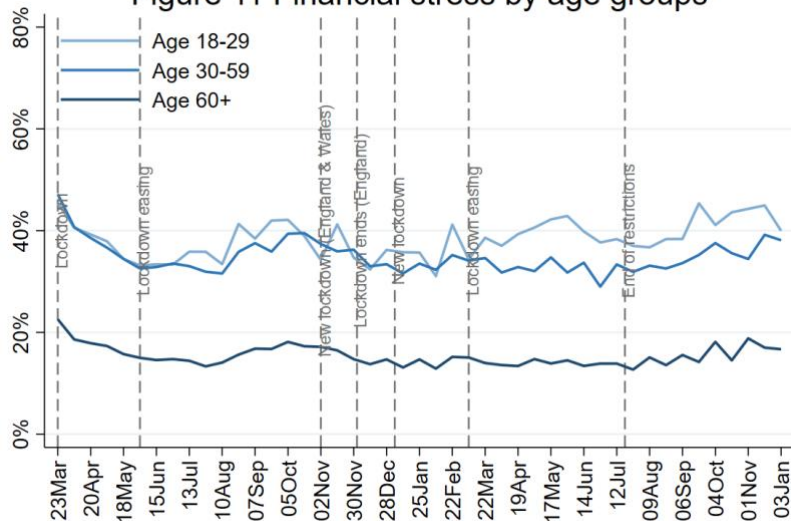
Figure 12 Food security stress by age groups
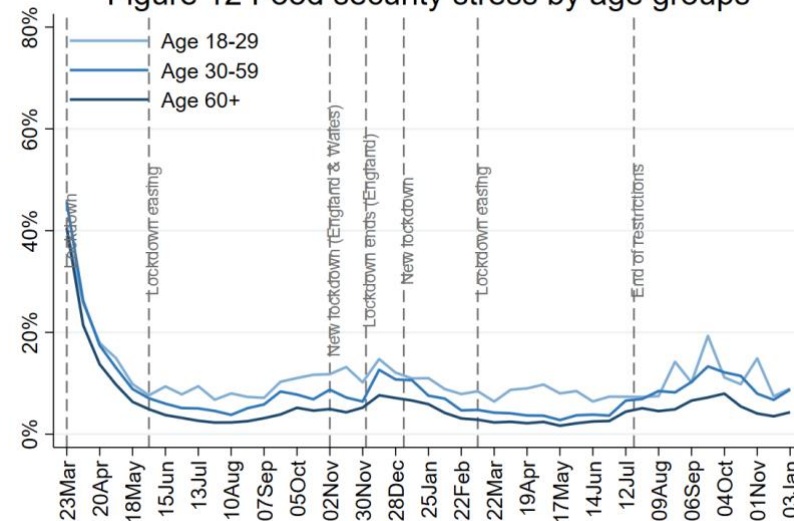
3. Self-harm and abuse

3.1 Thoughts of death or self-harm

Figure 13 Thoughts of death or self-harm

Figure 14 Thoughts of death by age groups
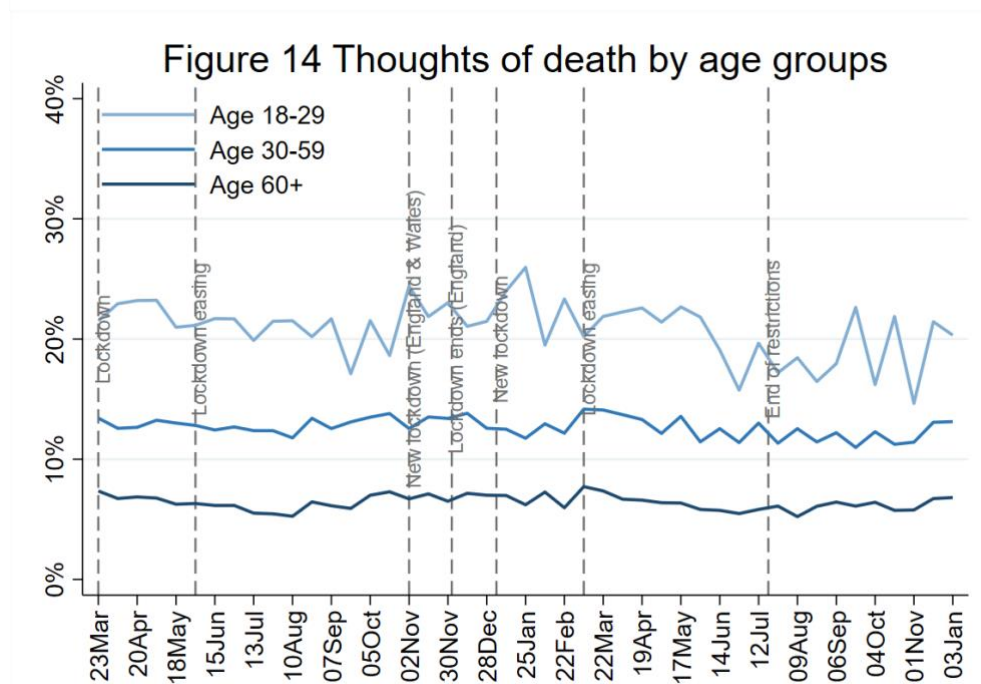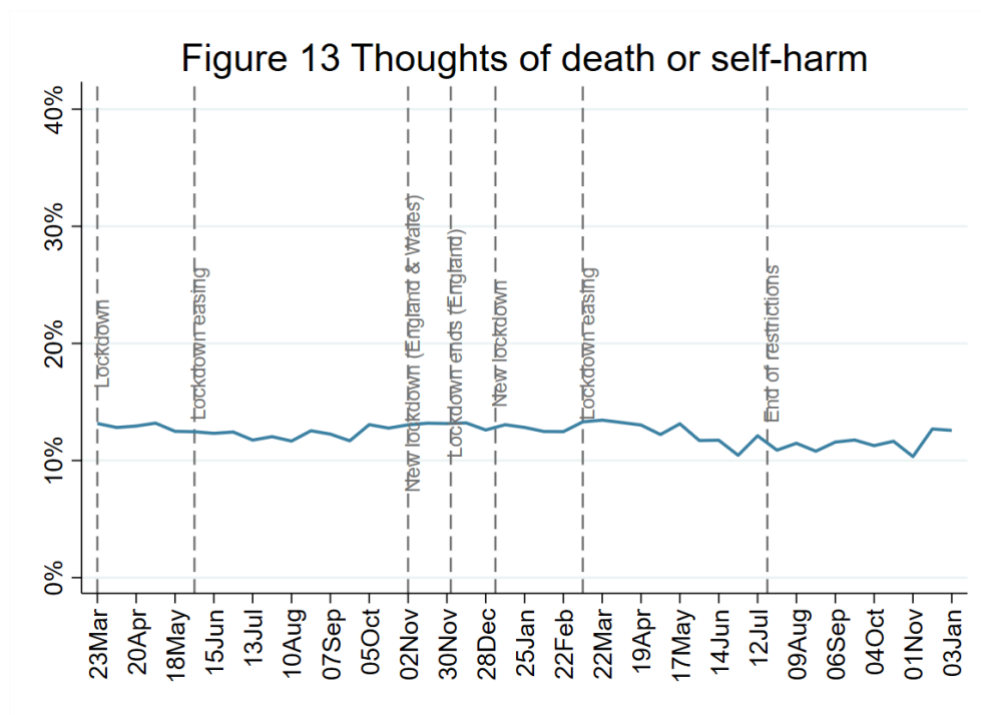
FINDINGS

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 was no clear increase over the Christmas period, with around 1 in 8 reporting such thoughts, in line with figures across the pandemic. However, the figure was 2.5 times higher in younger adults (1 in 5 aged 18-29) compared with older adults (1 in 12 aged 60+).

3.2 Self-harm

Figure 15 Self-harm

Figure 16 Self-harm by age groups
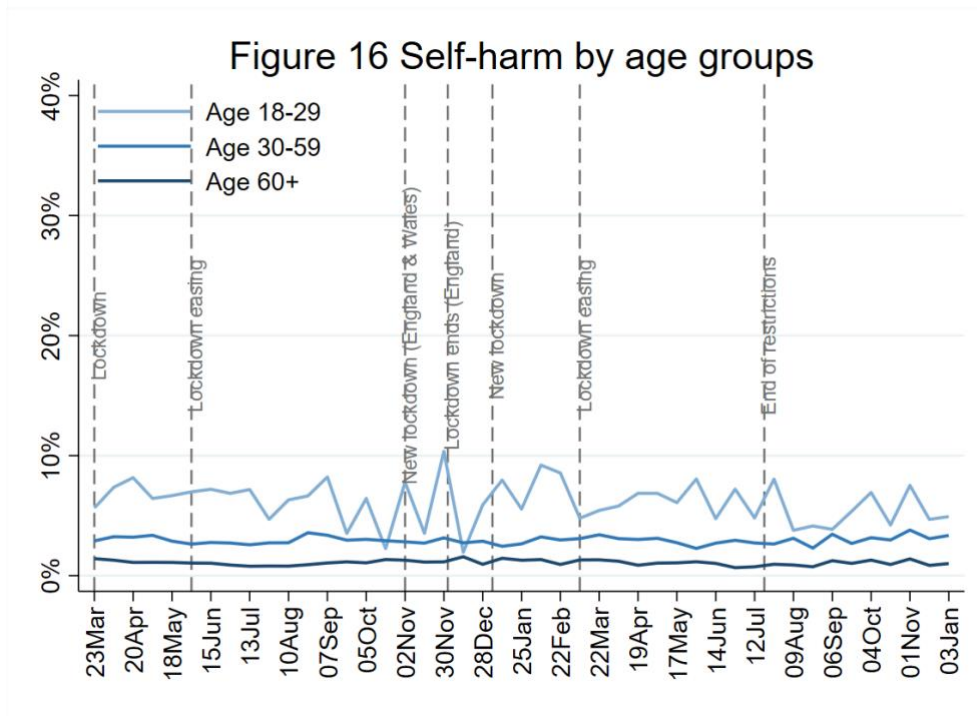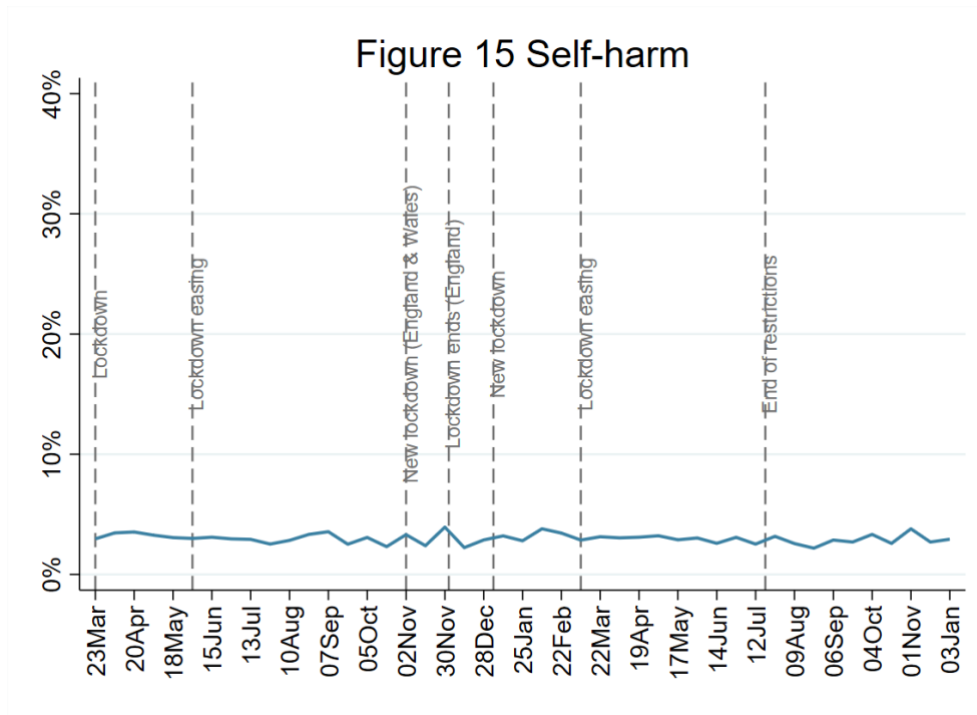
FINDINGS

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.

There was no clear increase over the Christmas period, with fewer than 1 in 20 reporting self-harming, in line with figures across the pandemic. The figure was slightly higher in younger adults than older adults.

3.3 Abuse

Figure 17 Being physically or psychologically abused

Figure 18 Abuse by age groups
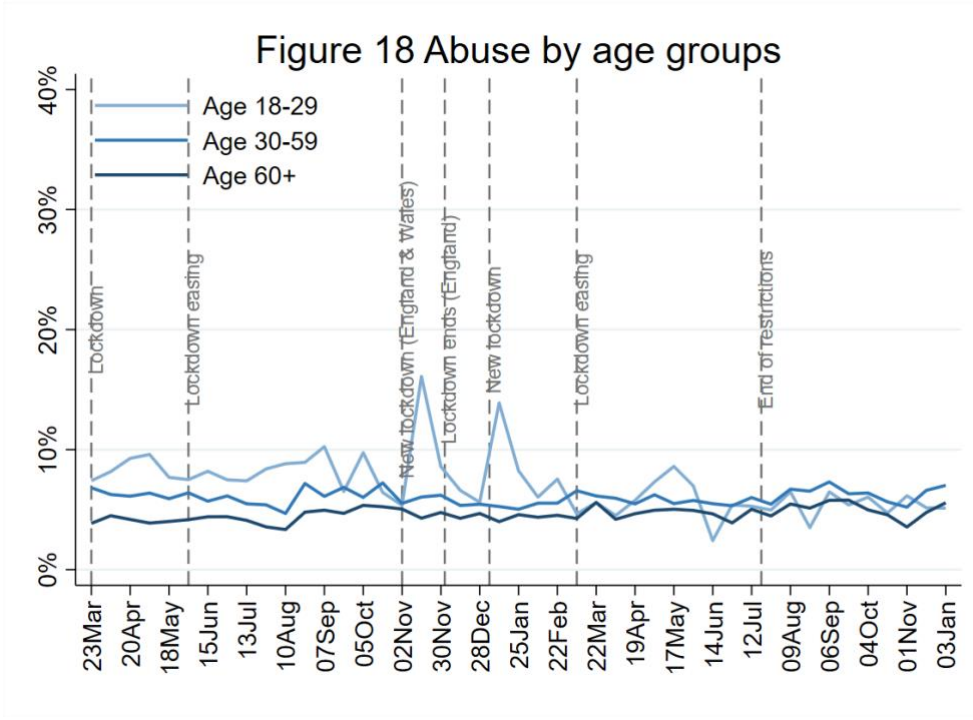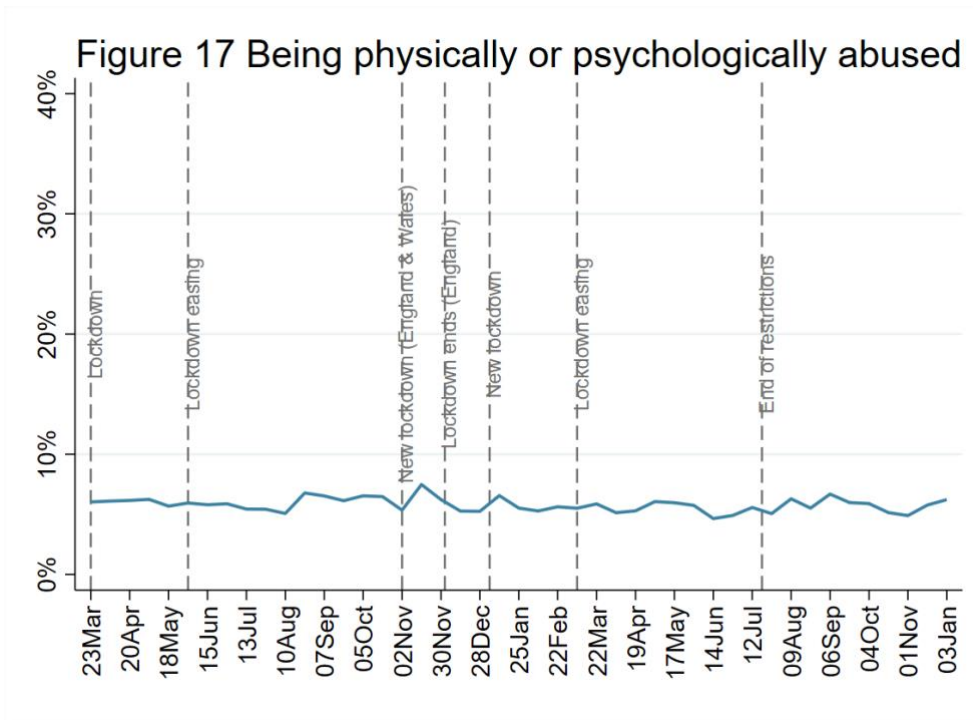
FINDINGS

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.

Reports of abuse remained relatively stable over the Christmas period, with little variation by age group. However, 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.

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4. General well-being

4.1 Life satisfaction

Figure 19 Life satisfaction

Figure 20 Life satisfaction by age groups
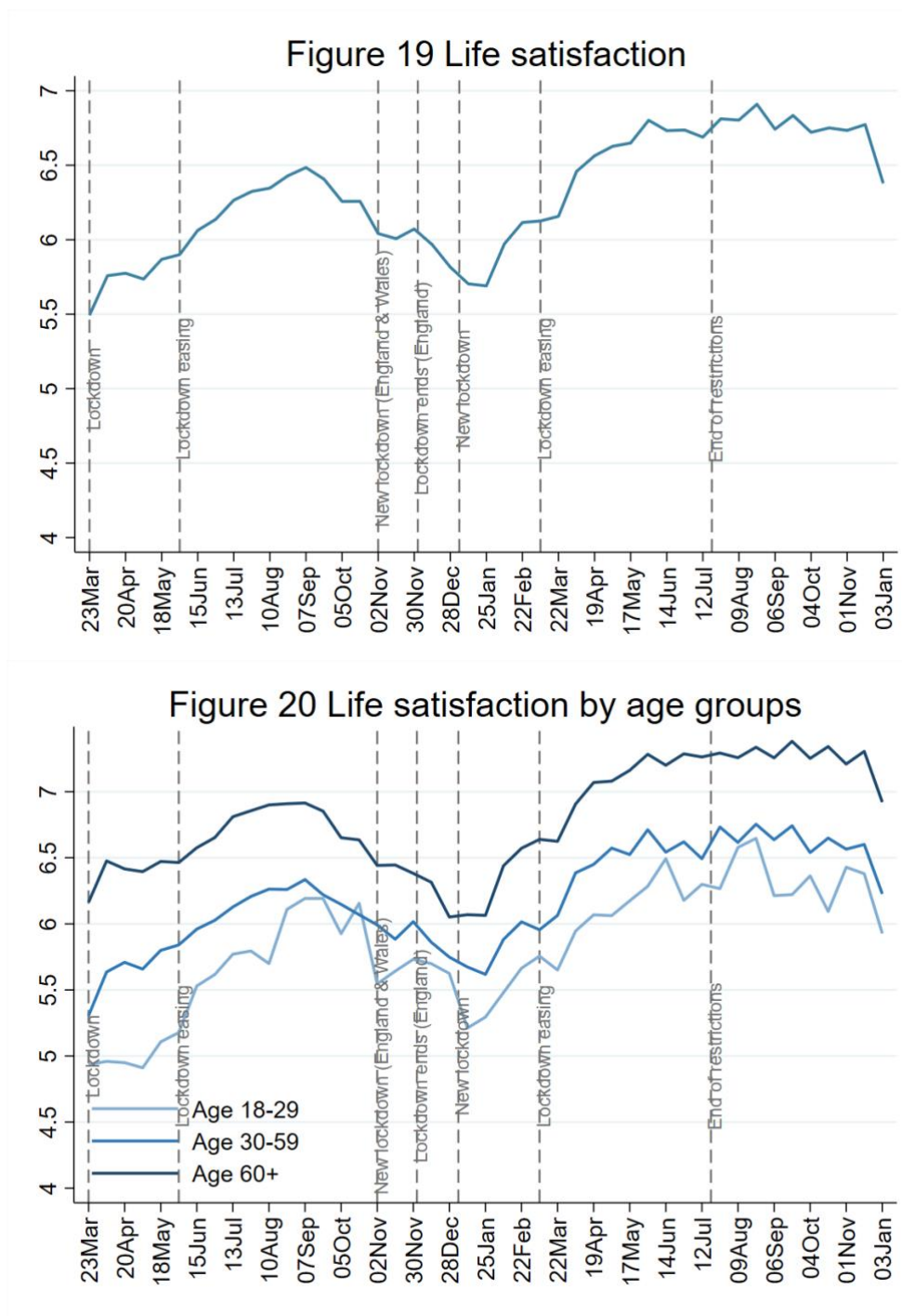
FINDINGS

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).

There was a sharp decline in life satisfaction over the Christmas period, noted across all age groups. Life satisfaction remained above levels reported over Christmas 2020 but reached its lowest since just March 2021, just before lockdown was lifted.

4.2 Loneliness

Figure 21 Loneliness

Figure 22 Loneliness by age groups
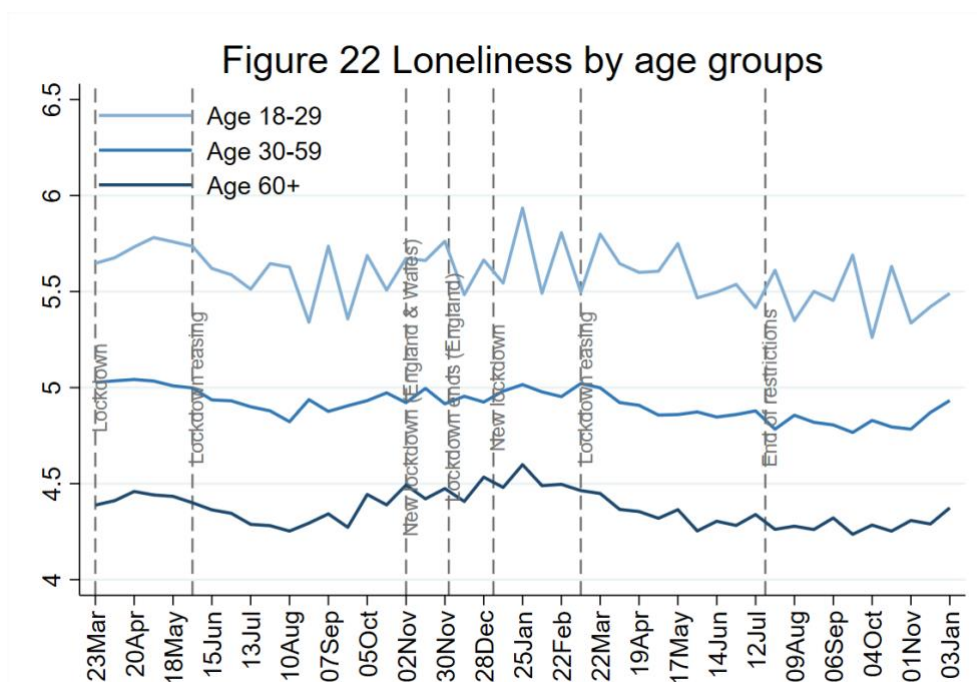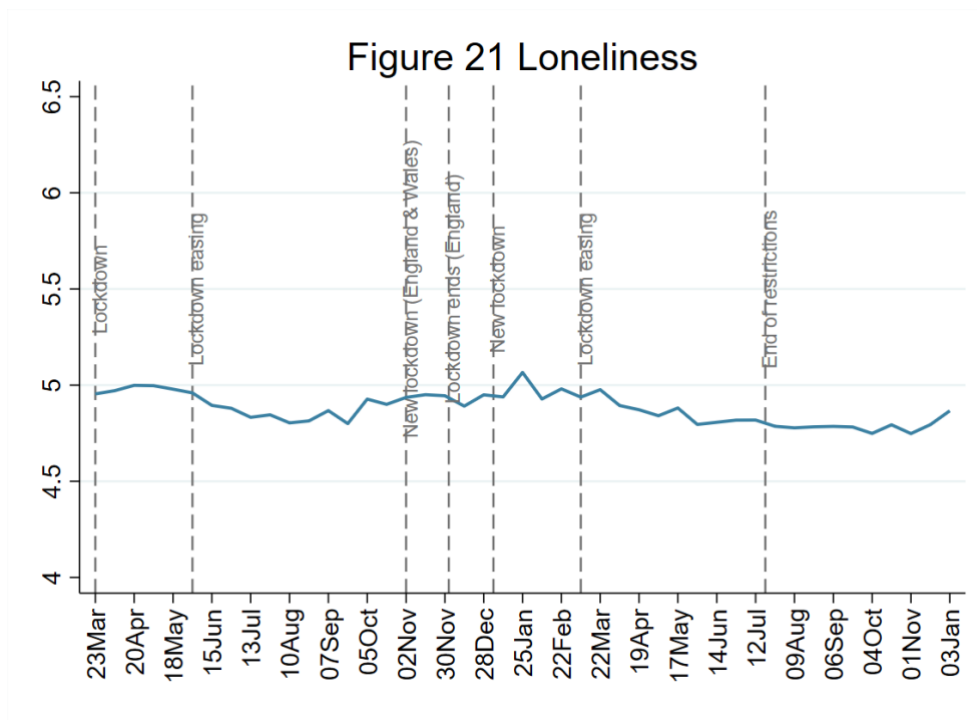
FINDINGS

Respondents were asked about levels of loneliness using the 3-item UCLA-3 Loneliness Scale, 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 did not change substantially over the Christmas period. However, they remained higher amongst younger adults than older adults.

4.3 Happiness

Figure 23 Happiness

Figure 24 Happiness by age groups

FINDINGS

Respondents were asked to rate to what extent they felt happy during the past week using the Office for National Statistics (ONS) wellbeing scale on a scale from 0 (not at all) to 10 (completely). Happiness ratings are only available from 21st April 2020 onwards.

There was a sharp decline in happiness over the Christmas period, noted across all age groups. Happiness remained above levels reported over Christmas 2020 but reached its lowest since March 2021, just before lockdown was lifted.

5. Christmas behaviours and experiences
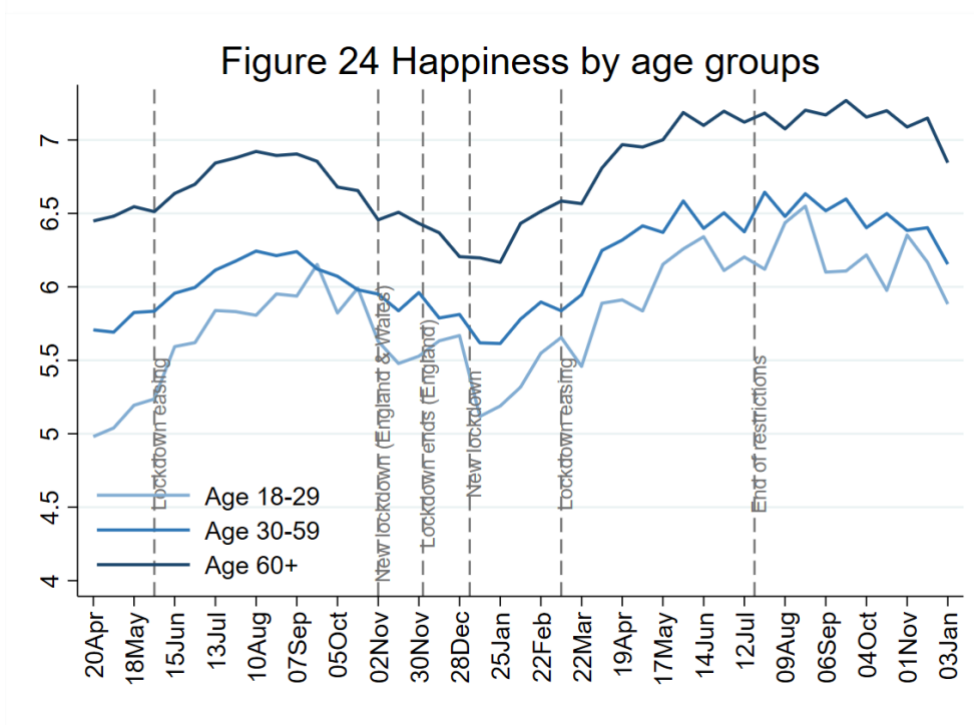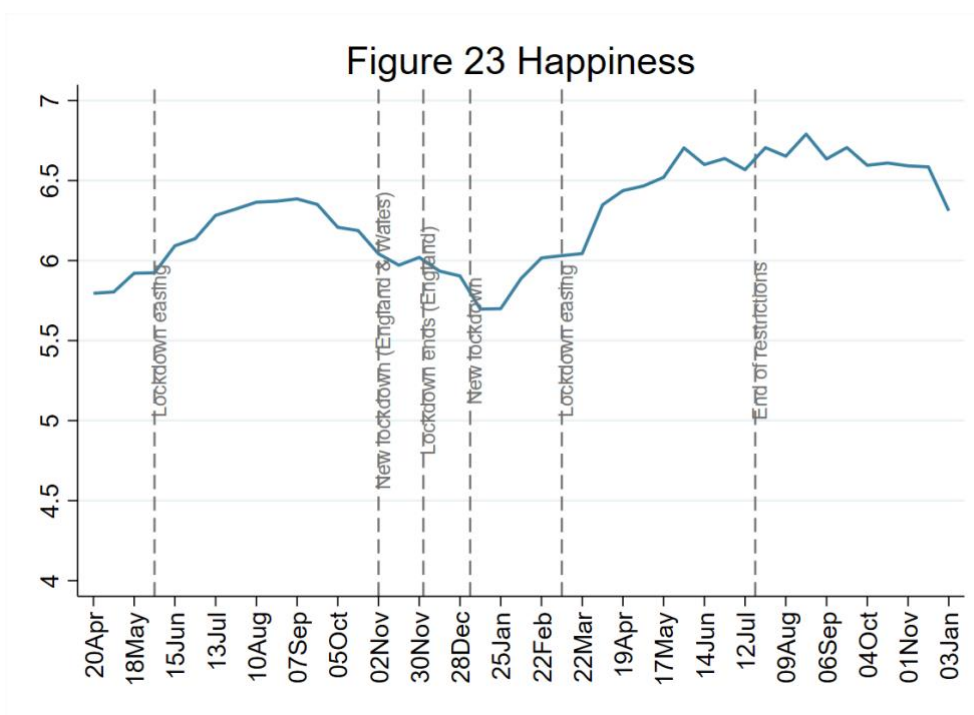
5.1 Christmas experiences

Figure 25 Christmas experiences in 2022 vs pre-prandemic
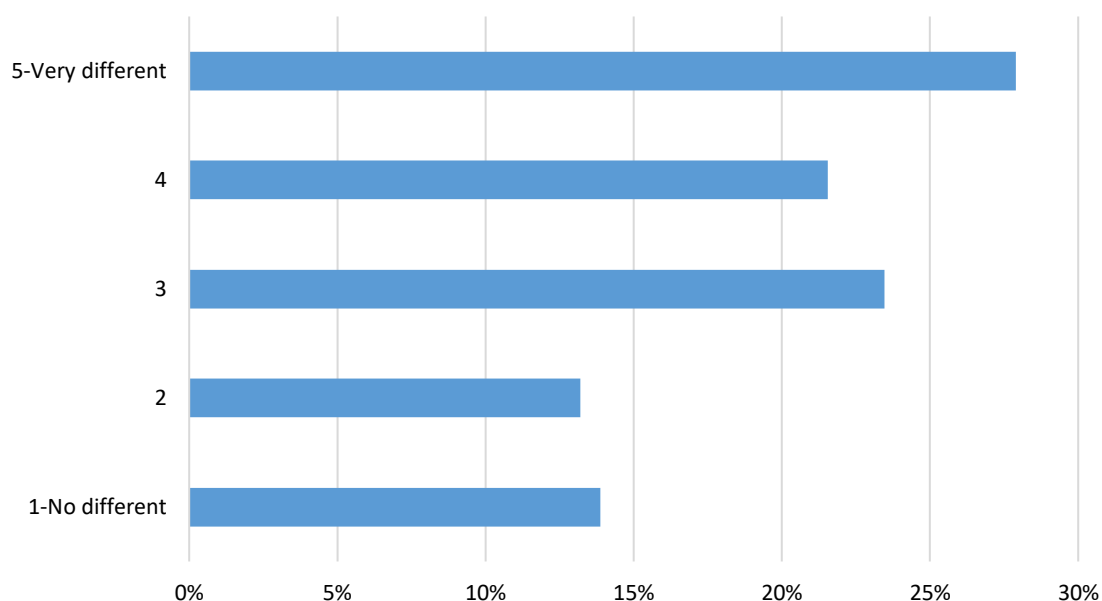
FINDINGS

We asked participants about their behaviours over the Christmas period (i.e. across Christmas and New Year) and how these compared to what they would have done had the pandemic not been ongoing. We asked "Compared to a typical pre-pandemic Christmas period, overall how much did you change your behaviours this year because of Covid-19? E.g. staying at home more, changing travel plans, meeting up with fewer people, shopping online rather than in-store, avoiding large gatherings, making fewer plans etc." Responses were on a scale from 1 ("My behaviour was no different to "typical" (pre-pandemic)) to 5 ("My behaviour was very different to "typical" (pre-pandemic)).

86% of participants reported that their experiences and behaviours had been different in some way over the Christmas period (score of 2-5 out of 5) to usual, with 28% reporting their Christmases had been very different to typical. Younger adults (aged 18-29) reported the fewest differences to usual, with just 17% saying their Christmas experiences and behaviours were very different compared to 29% of adults aged 30-59 and 32% of adults aged 60+. People living alone reported fewer differences as did men compared to women (24% vs 32%).

Figure 26a Christmas experiences by age group

Legend: 1-No different | 2 | 3 | 4 | 5-Very different

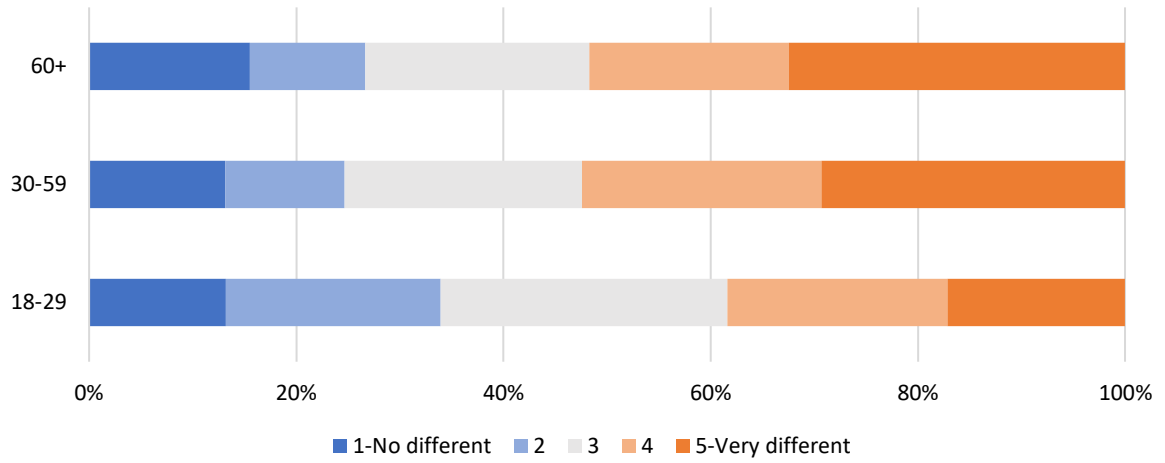## Figure 26b Christmas experiences by living arrangement

Legend: 1-No different | 2 | 3 | 4 | 5-Very different
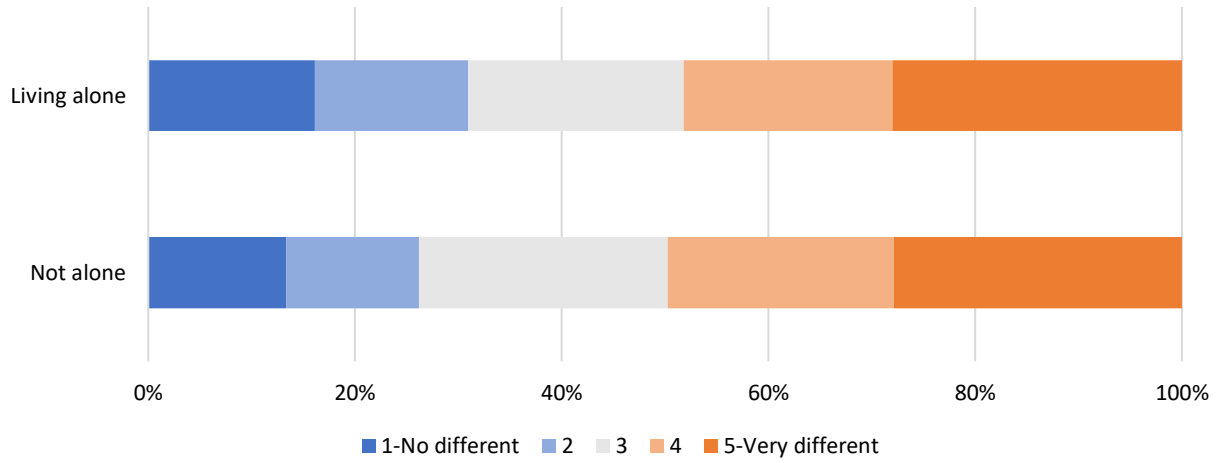
Figure 26c Christmas experiences by gender

Legend: 1-No different | 2 | 3 | 4 | 5-Very different
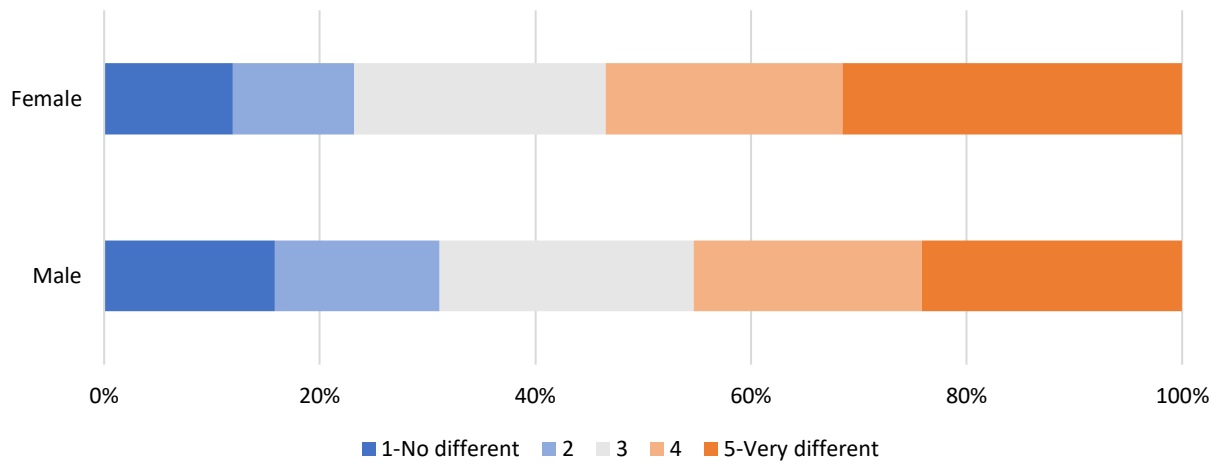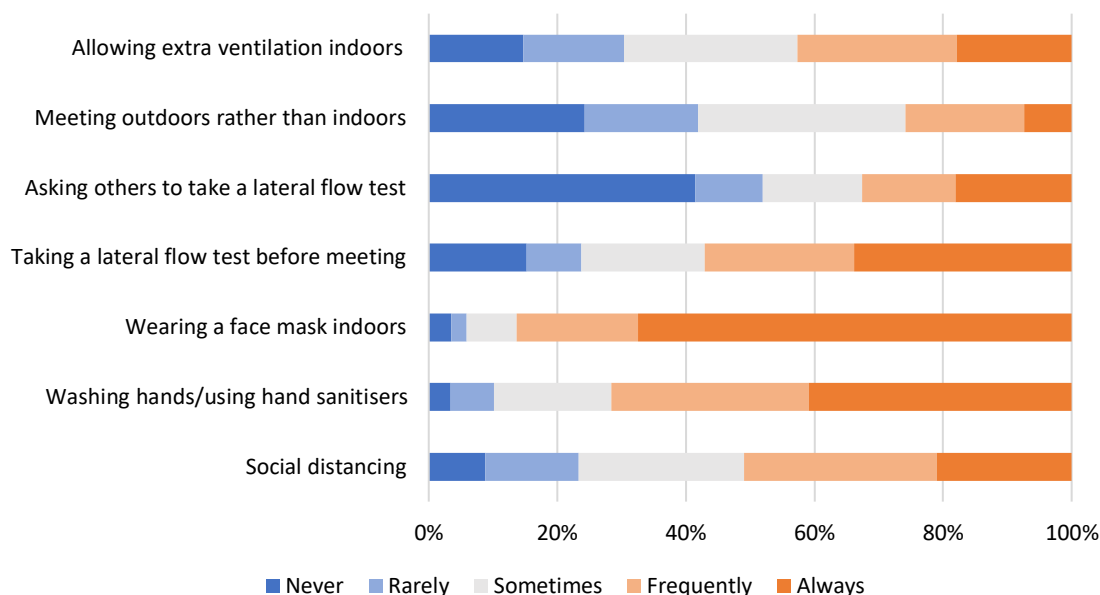
5.2 Covid-19 precautionary measures

Figure 27 Covid-19 precautionary measures

FINDINGS

We asked participants what measures they had undertaken to reduce their risk of catching or spreading Covid-19 over the Christmas period (20th December to 3rd January). Responses included (i) Social distance (maintain a safe physical distance); (ii) Wash your hands thoroughly with soap and water or use a hand sanitising gel after any possible contact with people outside of your household or shared surfaces; (iii) Wear a face mask or other face covering in public indoor locations; (iv) Take a lateral flow test before meeting others; (v) Ask the people you were meeting to take a lateral flow test beforehand; (vi) Meet outdoors rather than indoors; and (vii) Open windows or doors in indoor spaces to provide extra ventilation. Responses were on a 5-point scale from Never to Always.

The most popular measure was wearing a face covering in public indoor locations, with 67% reporting they always did this and just 3% reporting they never did it. People also reported washing their hands thoroughly or using hand sanitisers after contact with people or surfaces (41% always & 31% frequently). Taking a lateral flow test before meeting people from outside their household (34% always and 23% frequently, with just 15% never) was more common than asking others to take a lateral flow test (18% always and 15% frequently, but 41% never). Maintaining a social distance from others and opening windows or doors to create ventilation indoors were more common (21% and 18% always respectively) than meeting outdoors rather than indoors (just 7% always and 18% frequently, with 24% reporting they never did this).

Older adults were more likely to maintain a safe distance when meeting (30% always for those aged 60+ vs 9% of those aged 18-29) as well as washing their hands, wearing face masks, increasing ventilation in indoor spaces and meeting outdoors, but adults under the age of 60 were more likely to take lateral flow tests and ask others to take them (Fig 28a).

Figure 28a COVID-19 precautionary measures by age group

Legend: Never, Rarely, Sometimes, Frequently, Always
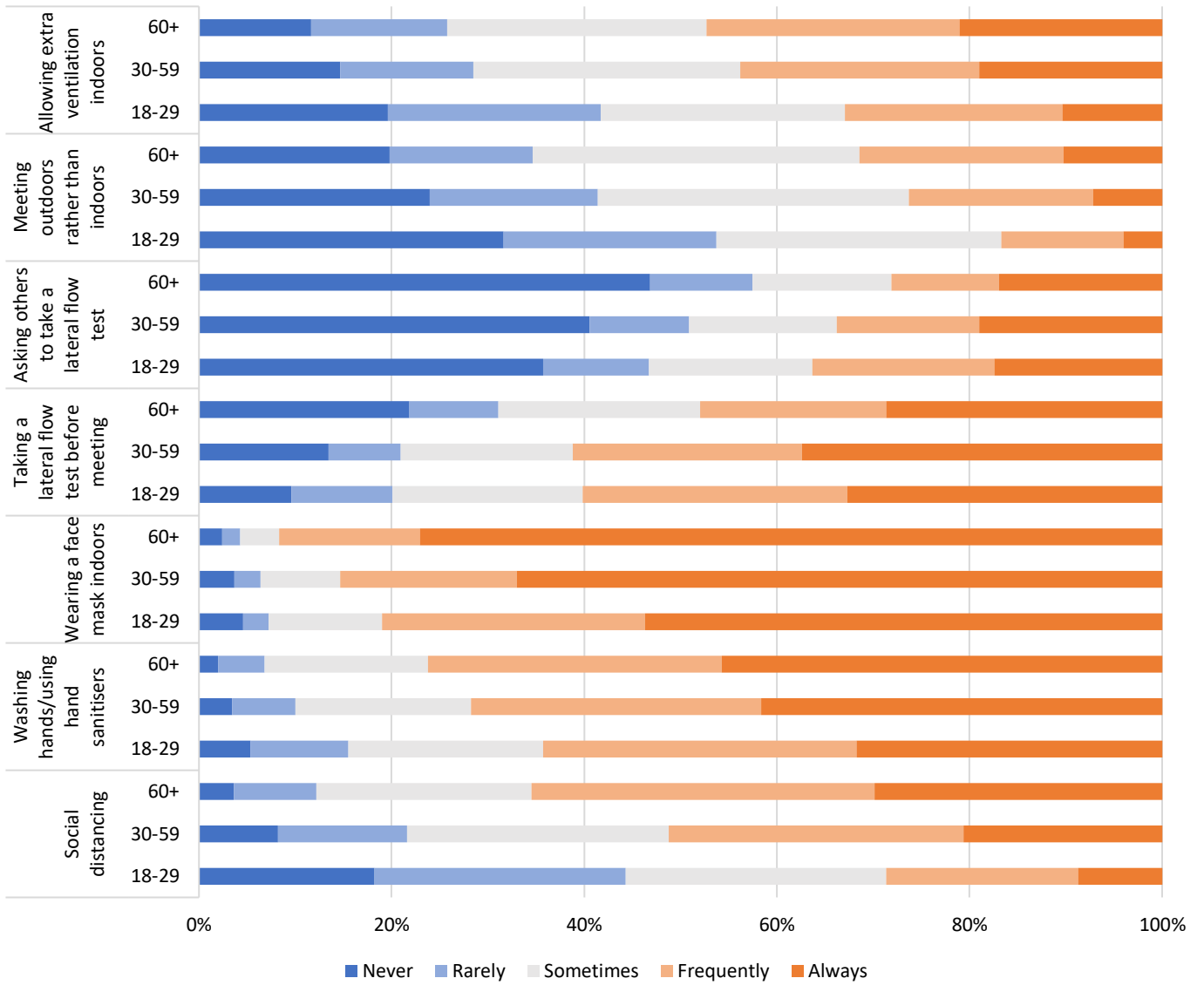
5.3 Exposure to Covid-19

Figure 29 Exposure to Covid-19
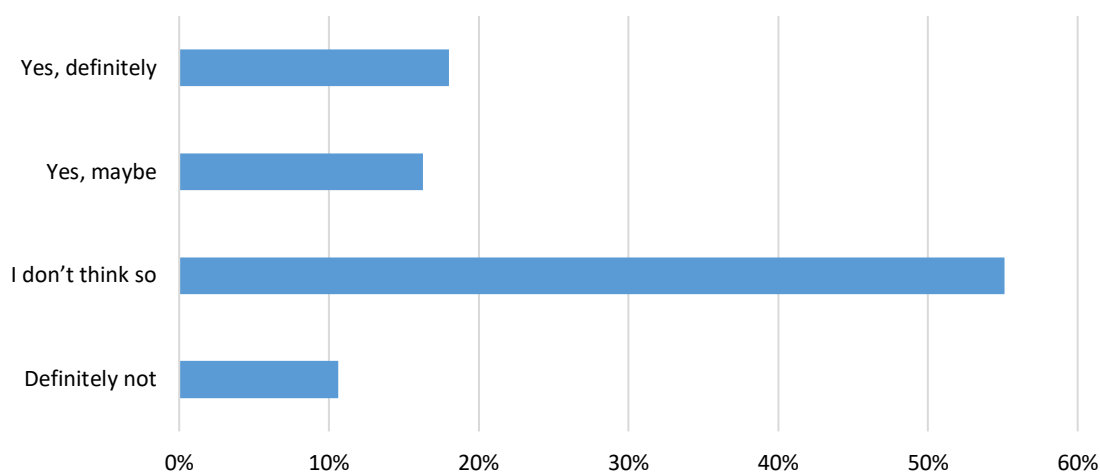
Figure 30 Exposure to Covid-19 by age group
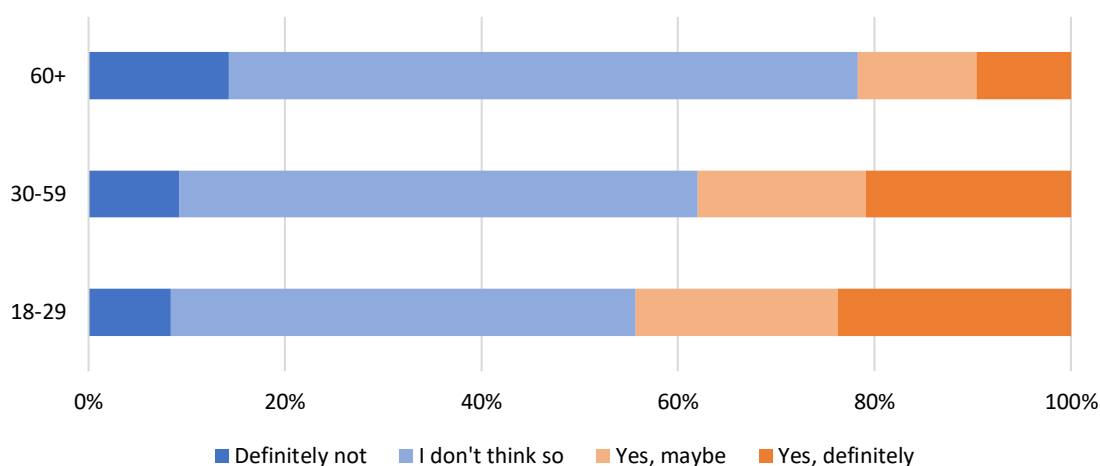
FINDINGS

We asked people if they thought they had been exposed to Covid-19 over the Christmas period (i.e. come into contact with somebody who had it). 1 in 3 people thought they had come into contact with it (18% definitely and 16% maybe). Only 11% of people felt confident that they had not come into contact with it, with the remaining 55% believing they had not but not being entirely sure. Younger adults were most likely to report coming into contact with it (44%) compared to older adults (38% for aged 30-59 and 22% for aged 60+).

5.4 Understanding the rules

Figure 31 Understanding of rules in January 2022

Legend: 1-Not at all, 2, 3, 4, 5, 6, 7-Very much so
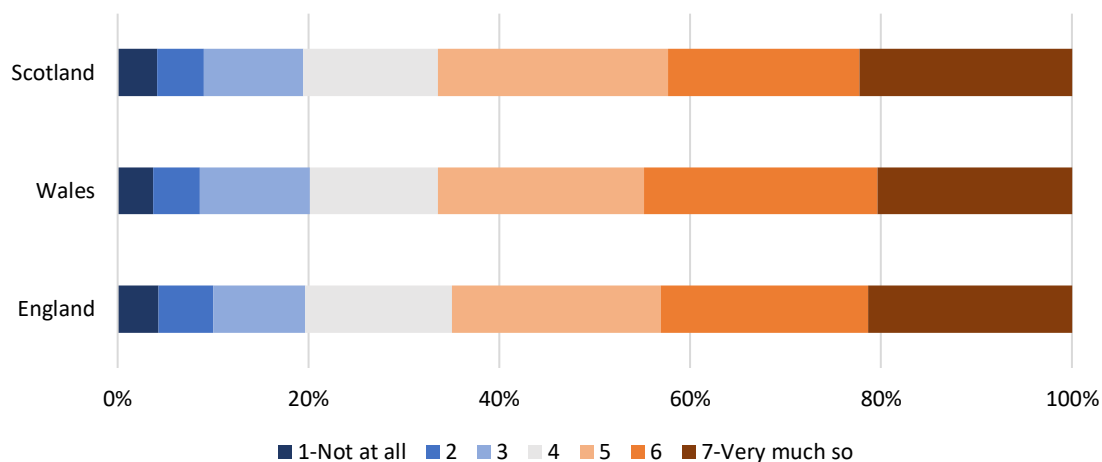
Figure 32 Understanding of rules by age group

Legend: 1 -Not at all, 2, 3, 4, 5, 6, 7-Very much so
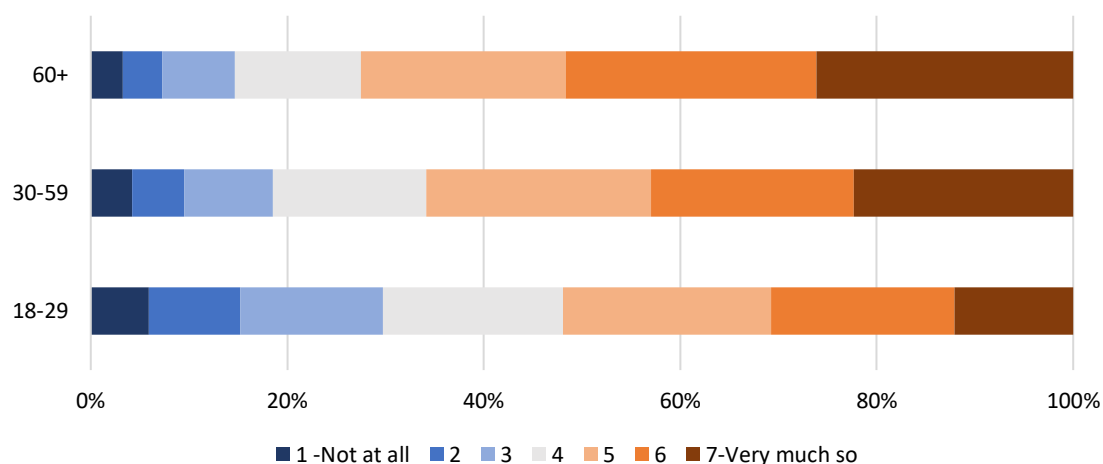
FINDINGS

Respondents were asked how much they feel they understood the rules as they stood in the past week (Boxing day to 3rd January 2022). Responses ranged from 1 (not at all) to 7 (very much so), with scores above 4 indicating broad understanding and below 4 implying poor understanding. Participants were asked to respond about the government in their own country (so if they live in a devolved nation, they were asked to answer on their devolved government).

Responses across England, Scotland and Wales were similar, with around 4 in 10 saying they understood the rules fully or near fully (score of 6-7 out of 7) and 1 in 10 saying they did not understand the rules at all (score of 1-2 out of 7). Older adults reported understanding the rules better than younger adults (5 in 10 aged 60+ vs 3 in 10 aged 18-29). This compares with a much higher number of more than 8 in 10 during the first lockdown of 2020 but is similar to levels during the Christmas of 2020.

5.5 Future concerns about Covid-19

Figure 33 Future concerns about Covid-19

Figure 33 Future concerns about Covid-19

Legend: ■ 1-Not at all worried ■ 2 □ 3 ■ 4 ■ 5 - Very worried

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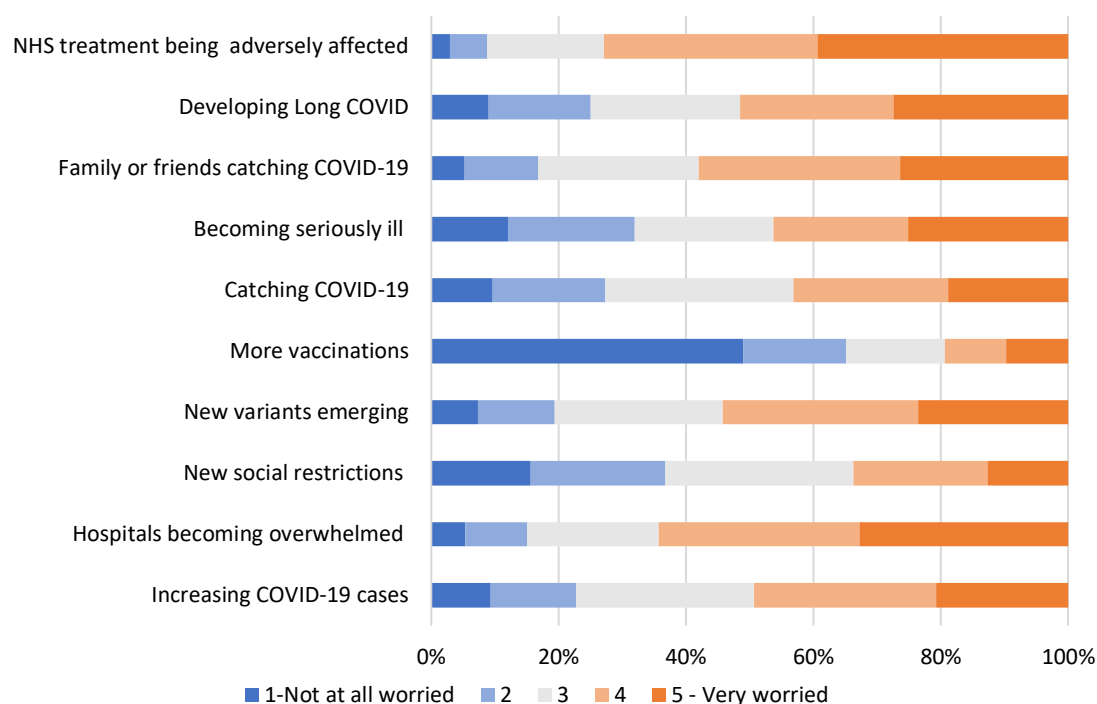
FINDINGS

We asked participants how worried they are about any of the following potentially happening over the coming 3 months: (i) cases of Covid-19 increasing further; (ii) hospitals becoming overwhelmed by Covid-19-; (iii) new social restrictions coming in; (iv) new variants emerging; (v) being asked to have more vaccinations; (vi) catching Covid-19; (vii) becoming seriously ill from Covid-19; (viii) family or friends catching Covid-19; (ix) developing Long COVID; and (x) non-Covid-19 NHS treatment being cancelled, postponed or otherwise adversely affected. Participants rated their concerns on a scale of 1 to 5 with 1 indicating "not at all worried" and 5 indicating "very worried".

People's greatest fear is for the NHS. People are most concerned about non-Covid-19 NHS treatment being cancelled, postponed or otherwise adversely affected, with nearly 3 in 4 (73%) reporting this as a major worry (score 4-5 out of 5). 64% also have a major worry about hospitals being overwhelmed. These fears are greatest amongst adults over the age of 30 compared to adults aged 18-29.

43% are majorly concerned about catching Covid-19, 46% are worried about becoming seriously ill from Covid-19, and 58% are concerned about family or friends catching Covid-19. More than 1 in 2 people remain majorly concerned about developing Long COVID (52%). These fears all increase with age, with younger adults least concerned.[1]

Concern about cases of Covid-19 increasing further is a major worry for 49% of people, while the possibility of new variants emerging is worrying 54%. Both of these worries are of greater concern to older adults. However, potential new social restrictions are worrying younger adults most, concerning 1 in 2 (compared to fewer than 1 in 3 over the age of 60). Similarly, just 19% of adults overall are worried about having more vaccinations but this figure is down to just 1 in 10 adults over the age of 60.

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[1] NB these figures are slightly different to those presented in section 2.2. on stressors as the questions differed – instead of asking about current stress, these questions asked about stress within the next 3 months, anticipated to cover the peak of the latest Covid-19 wave.

Figure 34a Future concerns about Covid-19 by age group
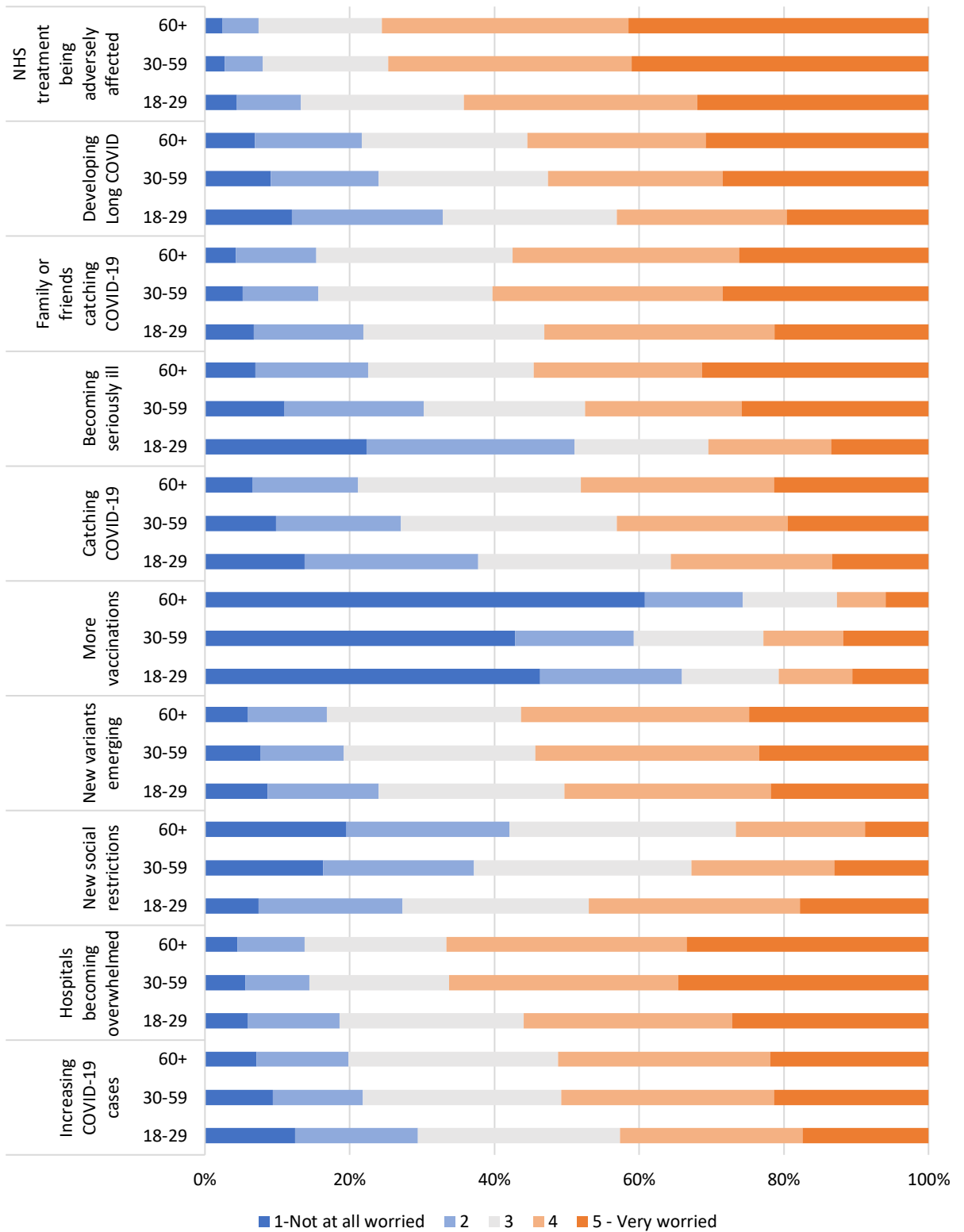
Appendix

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 of March 2020 to the 9th of January 2022 (the latest data available). In January 2022, a total of 31,151 participants completed the survey module. 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 https://osf.io/jm8ra/.

	Number of observations	%		Number of observations	%
Age			**Education levels**		
18-29	62,295	5.37	**GCSE or below**	164,421	14.2
30-59	626,665	54.1	**A-levels of equivalent**	199,901	17.2
60+	470,524	40.6	**Degree or above**	795,162	68.6
Gender			**Any diagnosed mental health conditions**		
Male	292,050	25.3	**No**	968,907	83.6
Female	862,858	74.7	**Yes**	190,577	16.4
Ethnicity			**Any diagnosed physical health conditions**		
White	1,111,378	96.2	**No**	662,438	57.1
Ethnic minority	44,454	3.85	**Yes**	497,046	42.9
UK nations			**Keyworker**		
England	934,178	81.4	**No**	920,759	79.4
Wales	143,070	12.5	**Yes**	238,725	20.6
Scotland	71,025	6.19	**Living with children**		
Living arrangement			**No (excluding those who live alone)**	662,841	72.7
Not living alone	911,740	78.6	**Yes**	248,899	27.3
Living alone	247,744	21.4	**Living area**		
Annual household income			**Village/hamlet/isolated dwelling**	293,469	25.3
>30k	617,593	59.2	**City/large town/small town**	866,015	74.7
<30k	425,767	40.8			

Peer reviewed publications

To date, the Covid-19 Social Study has resulted in over 100 scientific papers and reports. For readers of this report who are interested in following up some of the findings in more detail, a selected list of articles published in scientific journals that are based on the Covid-19 Social Study is listed below. Readers can access the full listing, including articles published as preprints, on our website www.CovidSocialStudy.org/results.

Bu, F., Bone, J. K., Mitchell, J. J., Steptoe, A., & Fancourt, D. (2021). Longitudinal changes in physical activity during and after the first national lockdown due to the Covid-19 pandemic in England. *Scientific Reports*, *11*(1), 17723. https://doi.org/10.1038/s41598-021-97065-1

Bu, F., Mak, H. W., & Fancourt, D. (2021). Rates and predictors of uptake of mental health support during the Covid-19 pandemic: An analysis of 26,720 adults in the UK in lockdown. *Social Psychiatry and Psychiatric Epidemiology*. https://doi.org/10.1007/s00127-021-02105-w

Bu, F., Steptoe, A., & Fancourt, D. (2020). Who is lonely in lockdown? Cross-cohort analyses of predictors of loneliness before and during the Covid-19 pandemic. *Public Health*, *186*, 31–34. https://doi.org/10.1016/j.puhe.2020.06.036

Bu, F., Steptoe, A., Mak, H. W., & Fancourt, D. (2021). Time use and mental health in UK adults during an 11-week Covid-19 lockdown: A panel analysis. *The British Journal of Psychiatry*, 1–6. https://doi.org/10.1192/bjp.2021.44

Fancourt, D., Steptoe, A., & Bu, F. (2021). Trajectories of anxiety and depressive symptoms during enforced isolation due to Covid-19 in England: A longitudinal observational study. *The Lancet Psychiatry*, *8*(2), 141–149. https://doi.org/10.1016/S2215-0366(20)30482-X

Fancourt, D., Steptoe, A., & Wright, L. (2020). The Cummings effect: Politics, trust, and behaviours during the Covid-19 pandemic. *The Lancet*, *396*(10249), 464–465. https://doi.org/10.1016/S0140-6736(20)31690-1

Fluharty, M., Bu, F., Steptoe, A., & Fancourt, D. (2021). Coping strategies and mental health trajectories during the first 21 weeks of Covid-19 lockdown in the United Kingdom. *Social Science & Medicine*, *279*, 113958. https://doi.org/10.1016/j.socscimed.2021.113958

Garnett, C., Jackson, S., Oldham, M., Brown, J., Steptoe, A., & Fancourt, D. (2021). Factors associated with drinking behaviour during Covid-19 social distancing and lockdown among adults in the UK. *Drug and Alcohol Dependence*, *219*, 108461. https://doi.org/10.1016/j.drugalcdep.2020.108461

Iob, E., Frank, P., Steptoe, A., & Fancourt, D. (2020). Levels of severity of depressive symptoms among at-risk groups in the UK during the Covid-19 pandemic. *JAMA Network Open*, *3*(10), e2026064–e2026064. https://doi.org/10.1001/jamanetworkopen.2020.26064

Mak, H. W., Fluharty, M., & Fancourt, D. (2021). Predictors and impact of arts engagement during the Covid-19 pandemic: Analyses of data from 19,384 adults in the Covid-19 Social Study. *Frontiers in Psychology*, *12*, 1335. https://doi.org/10.3389/fpsyg.2021.626263

Wright, L., Steptoe, A., & Fancourt, D. (2020). Are we all in this together? Longitudinal assessment of cumulative adversities by socioeconomic position in the first 3 weeks of lockdown in the UK. *Journal of Epidemiology and Community Health, 74*(9), 683–688. https://doi.org/10.1136/jech-2020-214475

Wright, L., Steptoe, A., & Fancourt, D. (2021a). Predictors of self-reported adherence to Covid-19 guidelines. A longitudinal observational study of 51,600 UK adults. *The Lancet Regional Health - Europe*, *4*, 100061. https://doi.org/10.1016/j.lanepe.2021.100061

Wright, L., Steptoe, A., & Fancourt, D. (2021b). Does thinking make it so? Differential associations between adversity worries and experiences and mental health during the Covid-19 pandemic. *Journal of Epidemiology and Community Health*, *75*(9), 817–823. https://doi.org/10.1136/jech-2020-215598