



Covid-19 Social Study

Results Release 22

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Executive summary

Background

This report provides data from the last 28 weeks of the UK COVID-19 Social Study run by University College London: a panel study of over 70,000 respondents focusing on the psychological and social experiences of adults living in the UK during the Covid-19 pandemic.

In this TWENTY-SECOND report, we focus on psychological responses to the first twenty-eight weeks since just before the UK lockdown was first announced (21/03 to 04/10). 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***** Confidence in health service and essentials, worries about family and friends, and worries about future plans

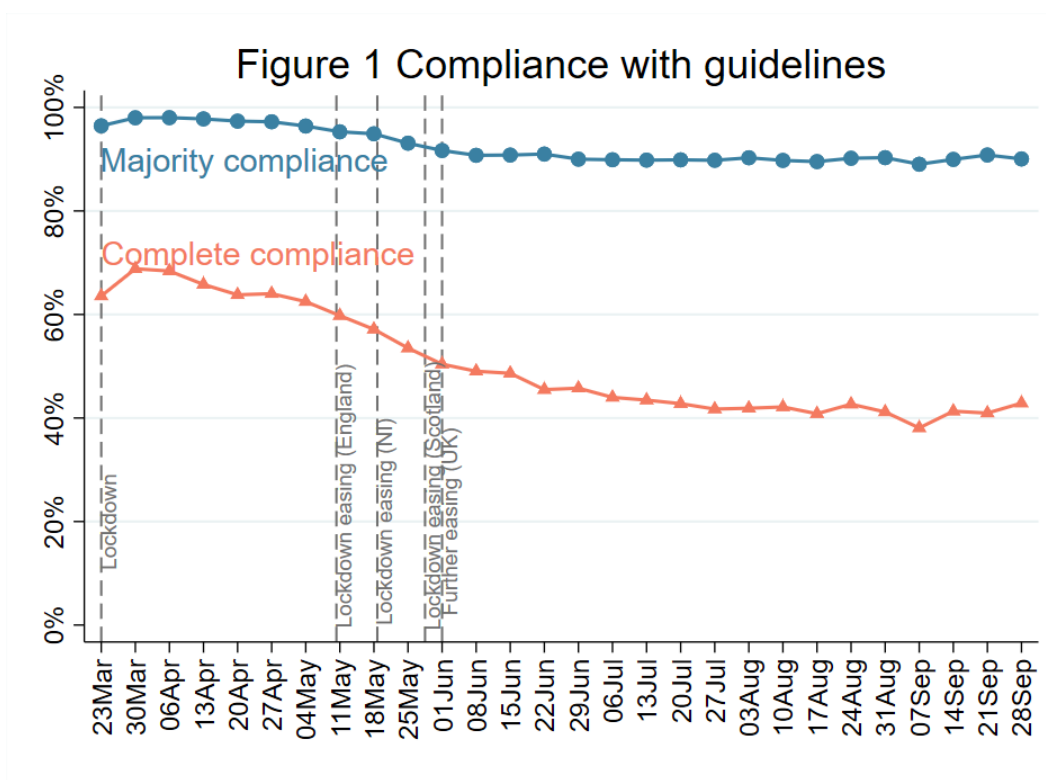
This study is not representative of the UK population but instead was designed to have good stratification across a wide range of socio-demographic factors enabling meaningful subgroup analyses to understand the experience of Covid-19 for different groups within society. Data are weighted using auxiliary 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

- Levels of confidence in the central government to handle the Covid-19 pandemic have remained relatively constant (albeit low) over the past fortnight in England. Whereas only 6% of people had no confidence at all in the government to handle the pandemic at the start of lockdown, that figure is now over 4 times higher at 27% of people. In fact, the number of people who on balance do not have confidence in the government's handling has more than doubled in the last 6 months from 25% to 56%. Whereas 15% had full confidence in the government when lockdown started, this figure is now less than 5%.
- In England, confidence in government is still lowest in those under the age of 30. Confidence is also lower in urban areas and in people with a mental health diagnosis. Confidence is also slightly lower in people of higher household income.
- In Wales, confidence also remains constant but at a much higher level. The number of people with no confidence at all in the Welsh government's ability to handle the pandemic is the same now as it was at the start of lockdown (6%), although there has been fluctuation in intervening weeks. Similarly, 26% reported on balance not having confidence at the start of lockdown, and that figure is now nearly identical at 25%. Compared to 17% who had full confidence in Welsh government when lockdown came in, 15% still have full confidence.
- However, in Scotland, confidence has dropped over the past few weeks. Whereas in early July only 4% of people reported having no confidence at all in the Scottish government's ability to handle the pandemic, down from 9% at the start of lockdown, that figure is now back up to 10%. On balance, 26% of people report not having confidence on balance in Scottish government, an improvement on 33% when lockdown came in but a substantial worsening of results since 11% in early July. Similarly, 17% of people report having full confidence in government, which is better than at the start of lockdown (10%) but half the figure it was in July (34%).
- 12% are concerned the health service will not be able to cope with Covid-19, but 78% still think it will. These figures are an improvement from the start of lockdown but confidence has decreased as cases have increased across September. Confidence in the ability of the health service to cope is higher amongst older adults and people living in rural areas, but lower amongst people with a pre-existing mental health condition.
- 85% have confidence that access to essentials (e.g. food, electricity and water) will be maintained as the pandemic continues, but 6% are concerned they will not. These figures are an improvement from the start of lockdown but confidence has decreased as cases have increased across September. Confidence in access to essentials has decreased across all age groups. It has been consistently slightly lower in people living alone, people with lower household income, and people with a diagnosed mental health condition.
- In the past fortnight, depression and anxiety levels, life satisfaction, happiness, and loneliness have stayed relatively stable. However, there has been an increase in the number of people who are feeling stressed about catching or becoming seriously ill from Covid-19, with this figure now at 45%, up from 37% a month ago. Worries about access to food have also shown some signs of gradual increase, now affecting around 1 in 12 people (up from 1 in 20 last month). But there has been little change in people reporting major or minor stress due to unemployment or finance.
- Compliance has remained relatively constant over the last two weeks. "Complete" compliance remains just 20%-30% in adults under the age of 30, 40%-45% in adults aged 30-50 and 50%-55% in adults over the age of 60. "Majority" compliance remains around 90% overall, but is lowest (70%-80%) amongst adults under 30.

1. Compliance and confidence

1.1 Compliance with guidelines



FINDINGS

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

Compliance has continued to remain stable over the last two weeks, with no further signs of decreases for now. “Majority” compliance remains around 90% overall, but is lowest (70%-80%) amongst adults under 30. “Complete” compliance remains around 40%, but is just 20%-30% in adults under the age of 30, 40%-45% in adults aged 30-50 and 50%-55% in adults over the age of 60. “Complete” compliance is lower in higher income households, in England, in urban areas, and amongst adults living with children compared to adults not living with children.¹

These findings should be interpreted in light of the results in Report 17 showing that understanding of the current guidelines, though, is low. As such, these figures reflect people’s belief that they are complying rather than necessarily actual compliance levels.

Figures 2a-2h show “complete” compliance by demographic factors, while Figures 2i-2p show “majority” compliance by demographic factors.

¹ NB there is some variation in compliance amongst younger age groups in the past month, but this may be due to statistical noise rather than specific fluctuations in compliance.

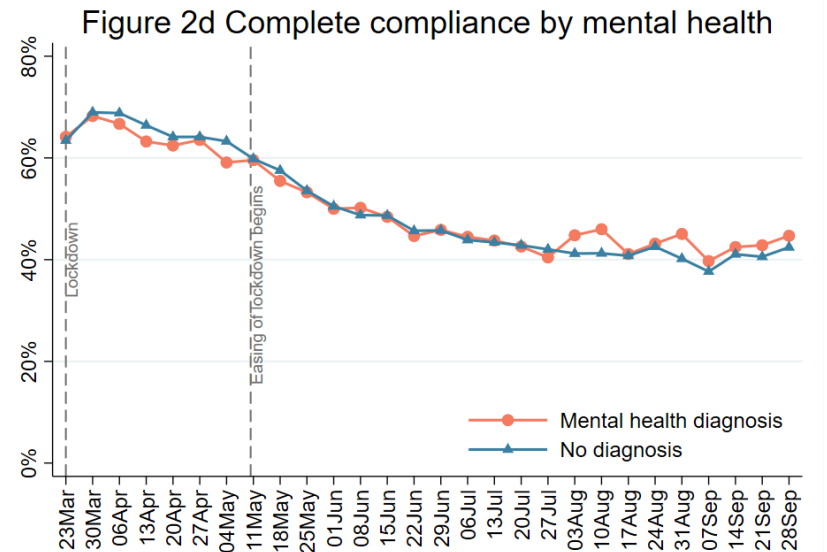
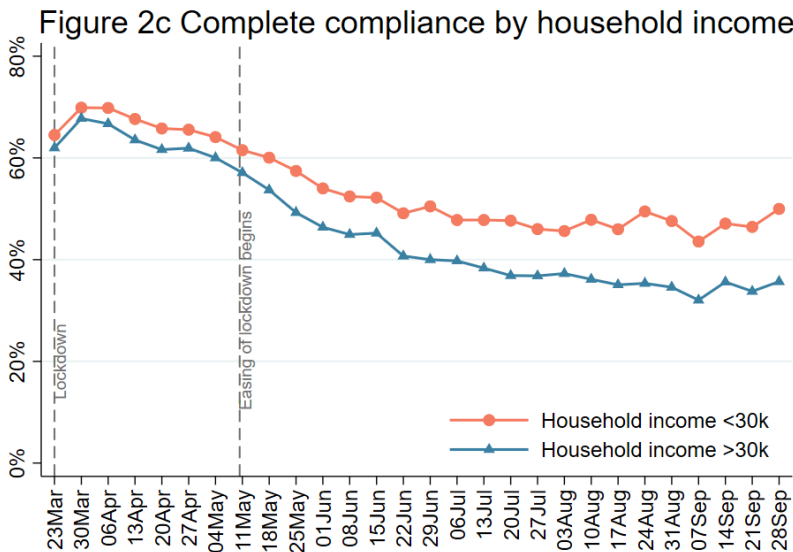
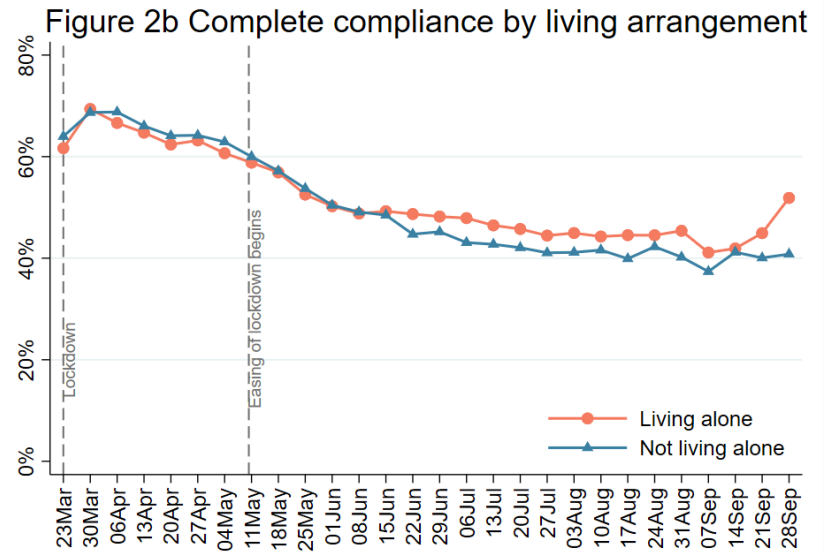
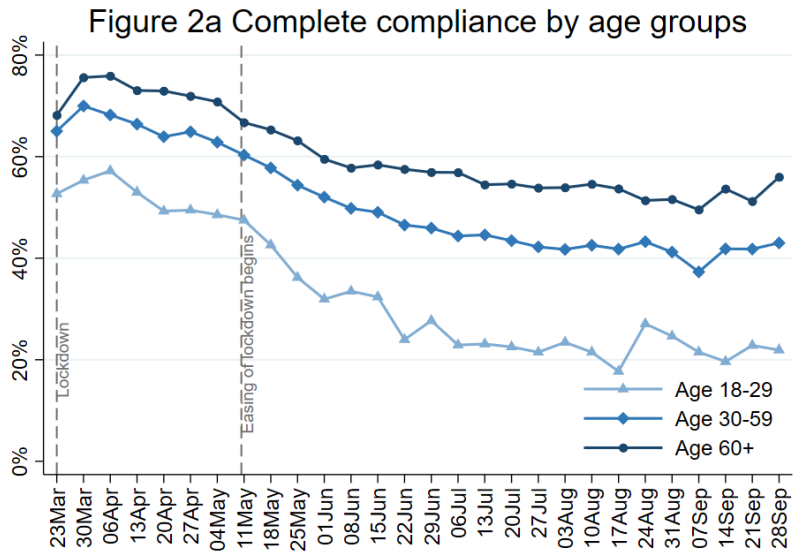


Figure 2e Complete compliance by nations

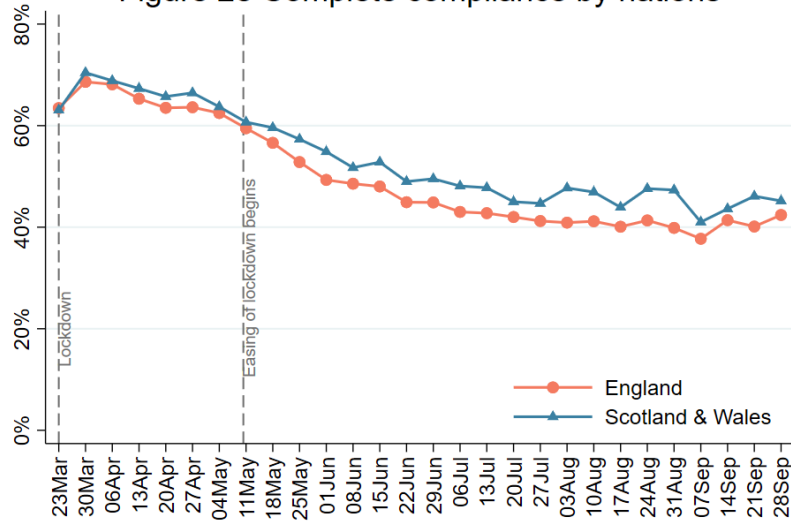


Figure 2f Complete compliance by keyworker status

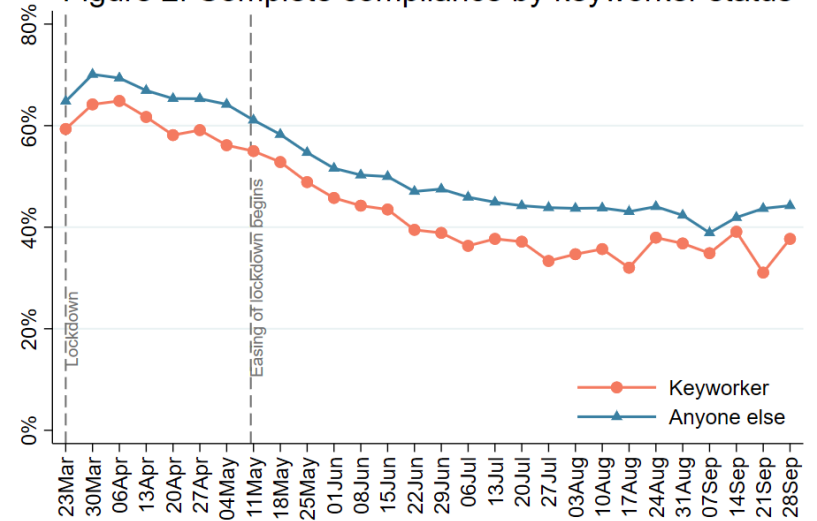


Figure 2g Complete compliance by living with children

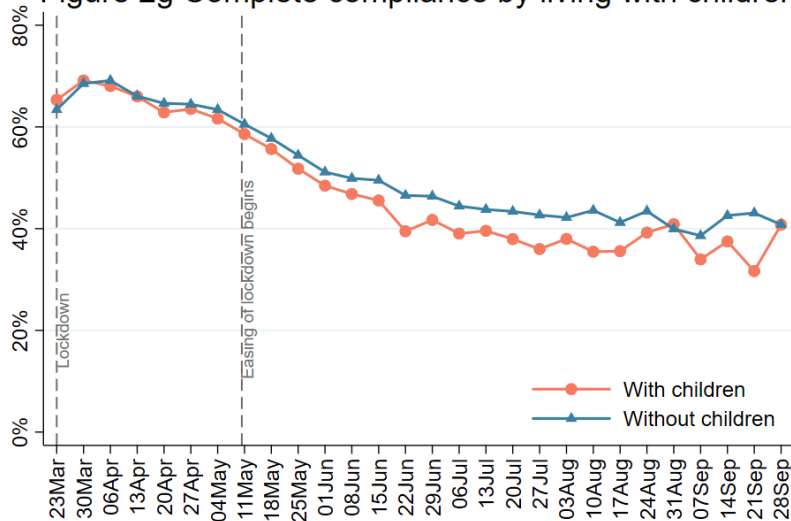
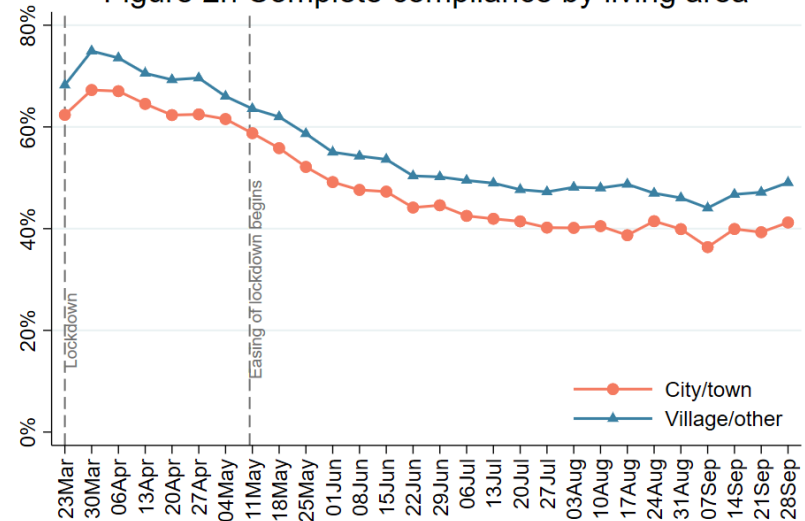
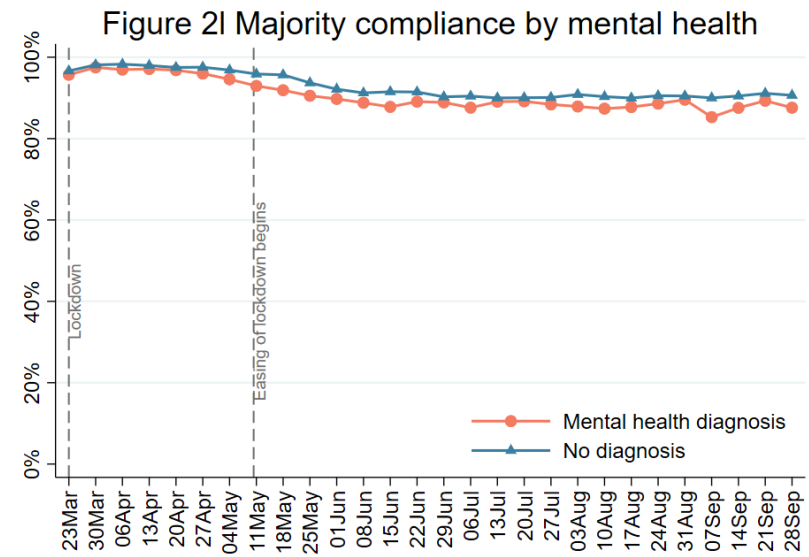
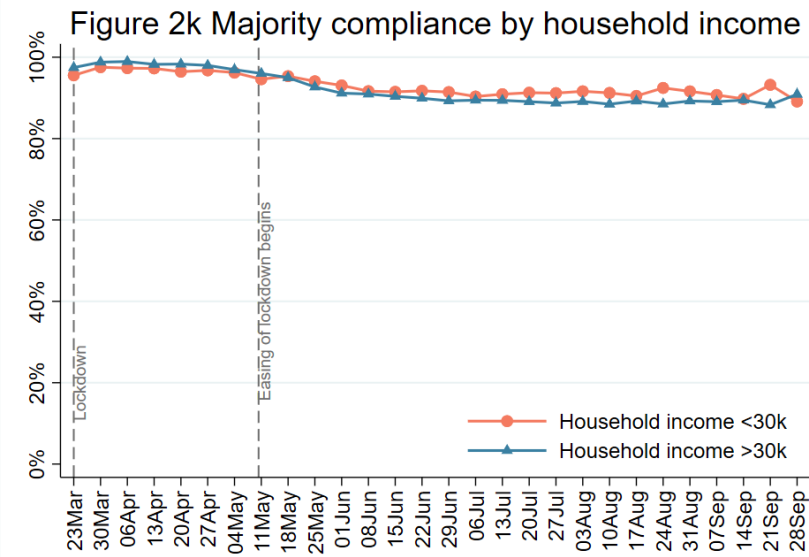
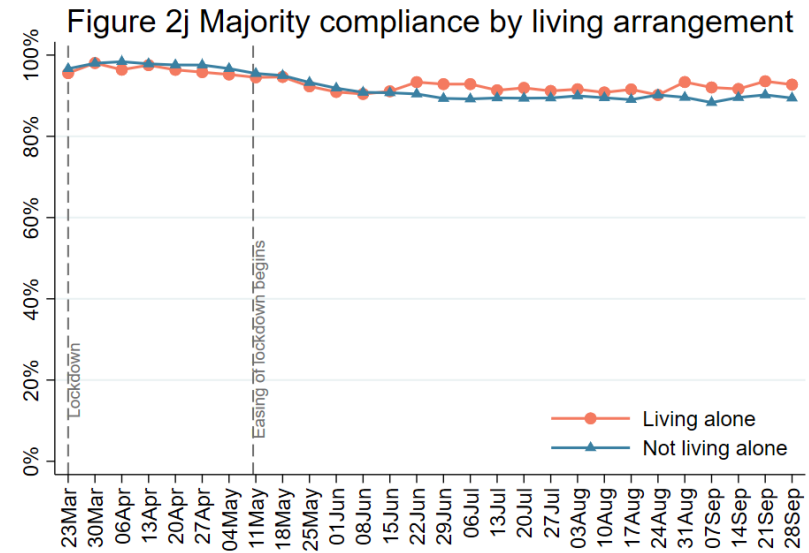
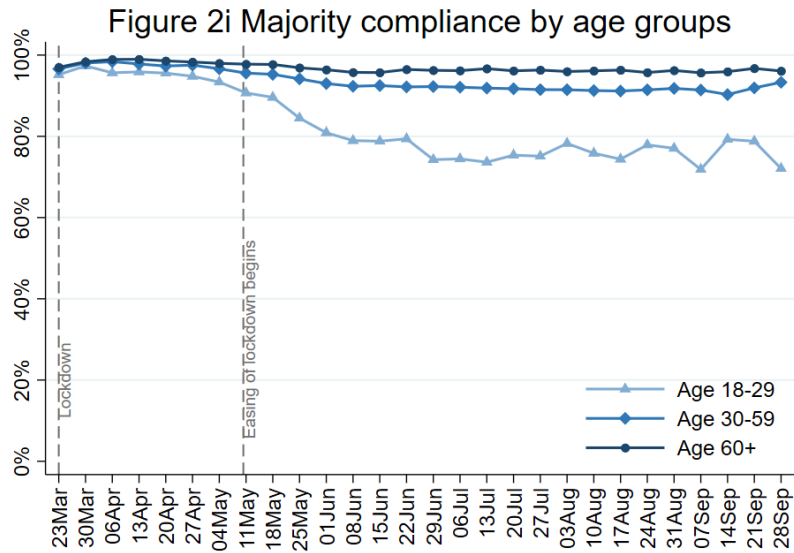
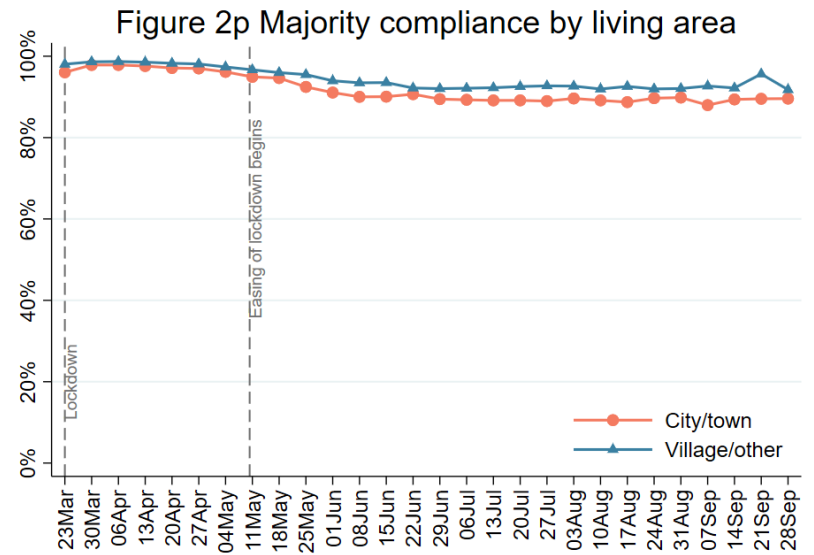
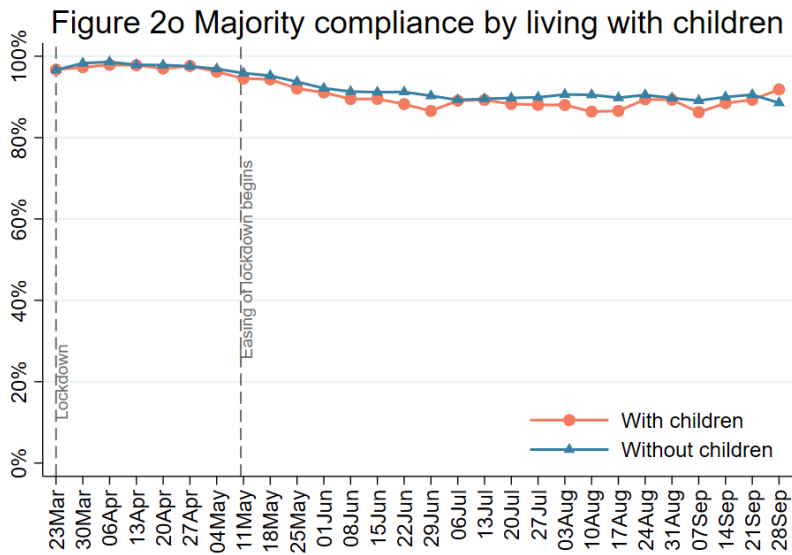
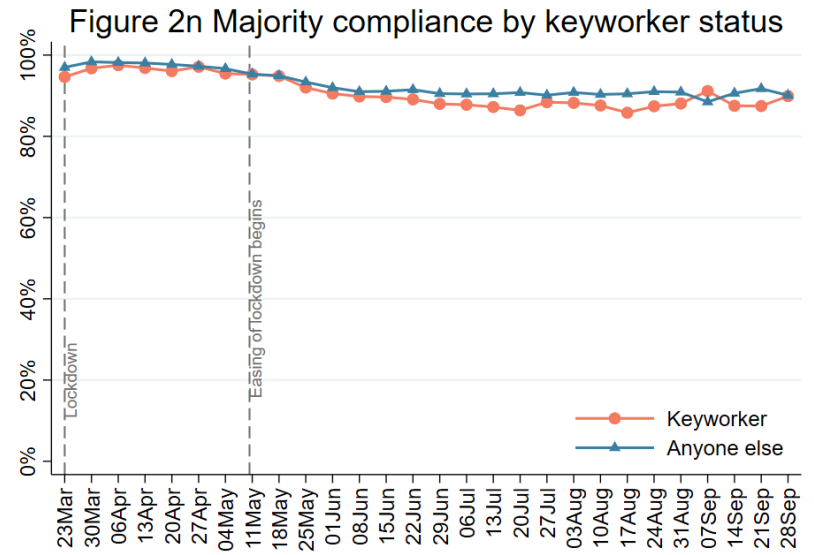
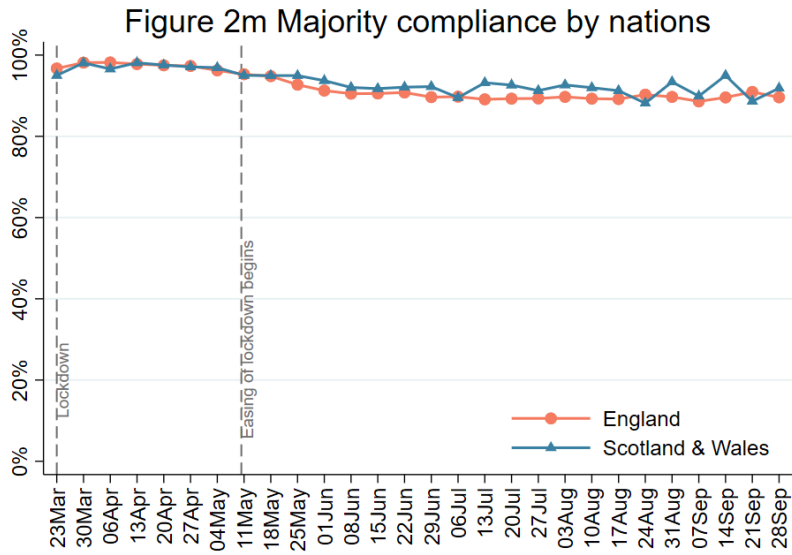


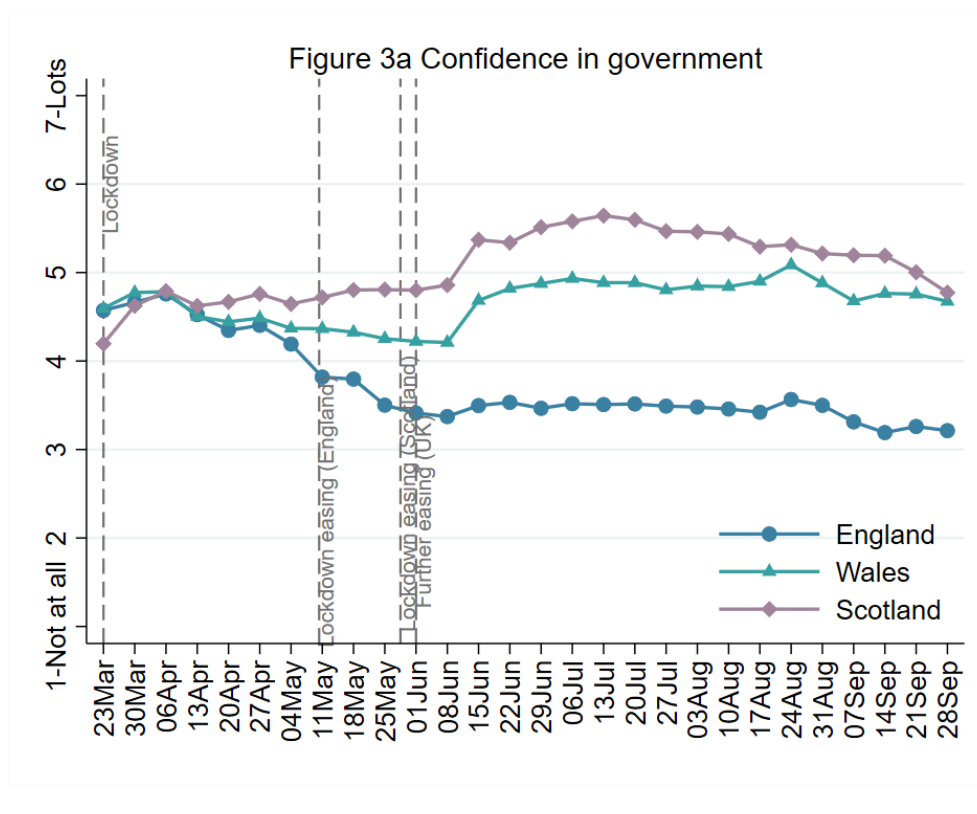
Figure 2h Complete compliance by living area







1.2 Confidence in Government



FINDINGS

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

Levels of confidence in the central government to handle the Covid-19 pandemic have remained relatively constant (albeit low) over the past fortnight in England. Whereas only 6% of people had no confidence at all in the government to handle the pandemic (score 1 out of 7) at the start of lockdown, that figure is now over 4 times higher at 27% of people (Figure 3b). In fact, the number of people who on balance do not have confidence in the government’s handling (score of 1-3 out of 7) has more than doubled in the last 6 months from 25% to 56%. Whereas 15% had full confidence in the government (score of 7 out of 7) when lockdown started, this figure is now less than 5% (3 times lower).

In Wales, confidence also remains constant but at a much higher level. The number of people with no confidence at all in the Welsh government’s ability to handle the pandemic is the same now as it was at the start of lockdown (6%), although there has been fluctuation in intervening weeks (Figure 3c). Similarly, 26% reported not having confidence (score of 1-3 out of 7) at the start of lockdown, and that figure is now nearly identical at 25%. Compared to 17% who had full confidence in Welsh government (score of 7 out of 7) when lockdown came in, 15% still have full confidence.

However, in Scotland, confidence has dropped over the past few weeks. Whereas in early July only 4% of people reported having no confidence at all in the Scottish government’s ability to handle the pandemic, down from 9% at the start of lockdown, that figure is now back up to 10% (Figure 3d). On balance, 26% of people report not having confidence on balance in Scottish government (score of 1-3 out of 7), an improvement on 33% when lockdown came in but a substantial worsening of results since 11% in early July. Similarly, 17% of people report having full confidence in government (score of 7 out of 7), which is better than at the start of lockdown (10%) but half the figure it was in July (34%).

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 is also lower in urban areas and in people with a mental health diagnosis. Confidence is also slightly lower in people of higher household income.

Figure 3b Confidence in government (England)

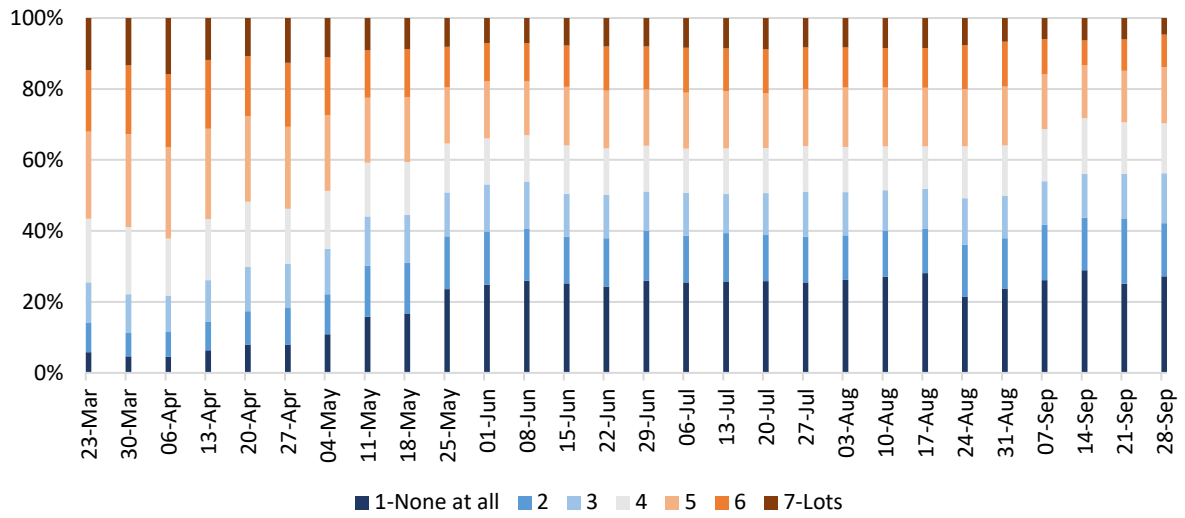


Figure 3c Confidence in government (Wales)

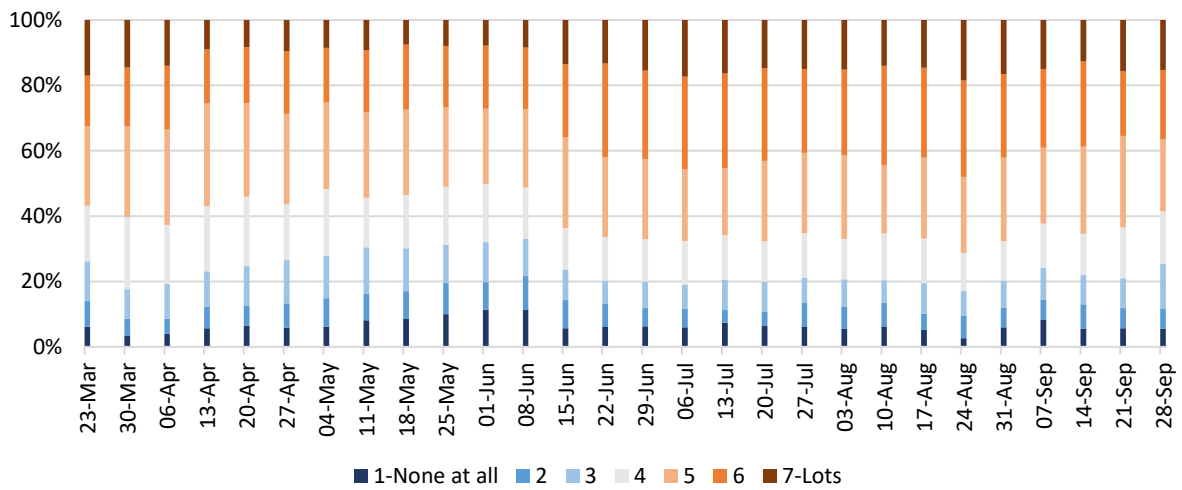
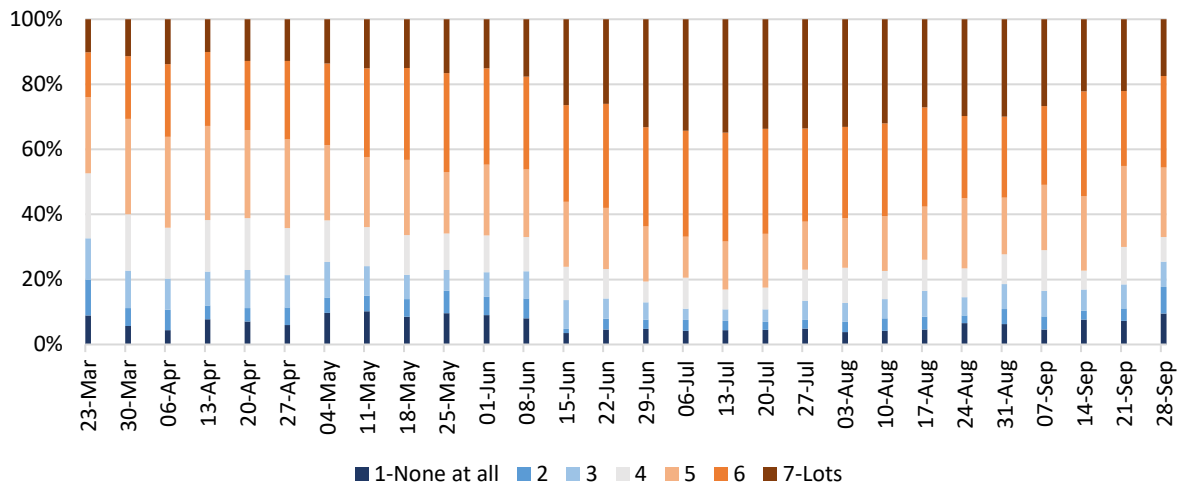
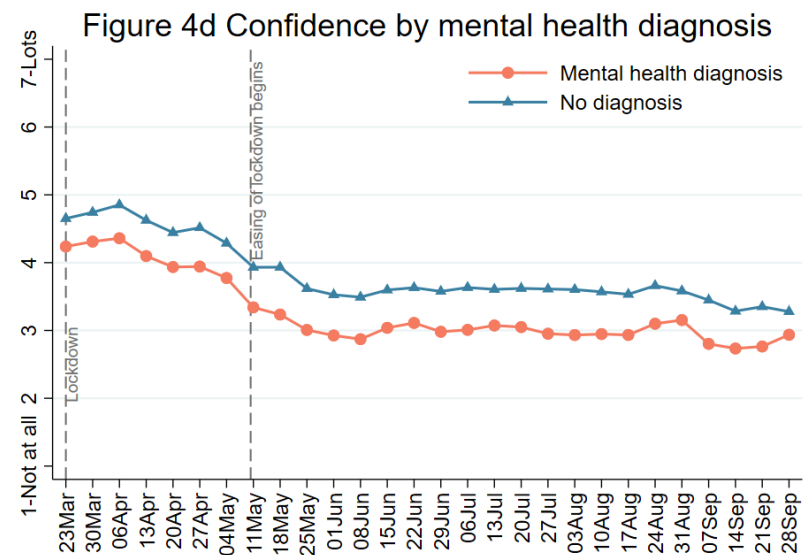
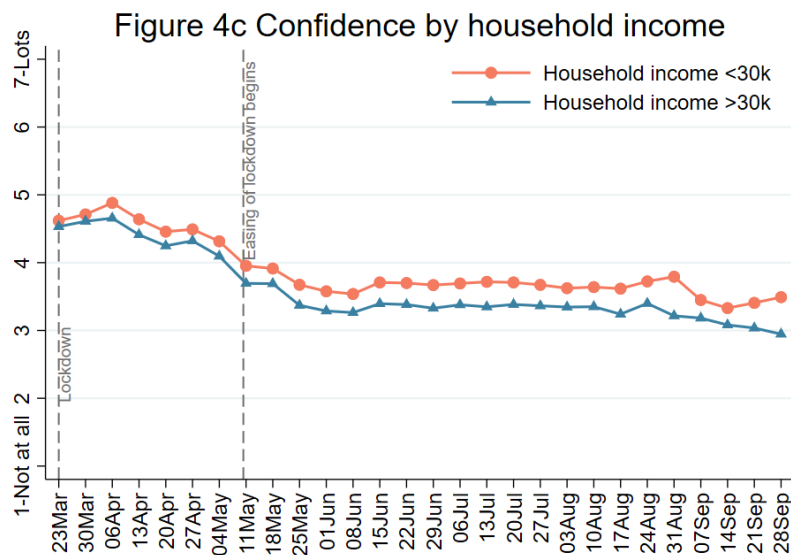
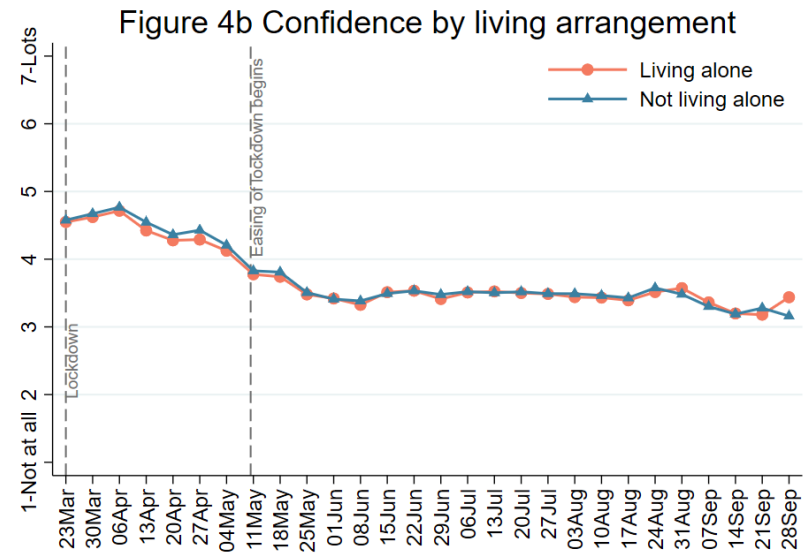
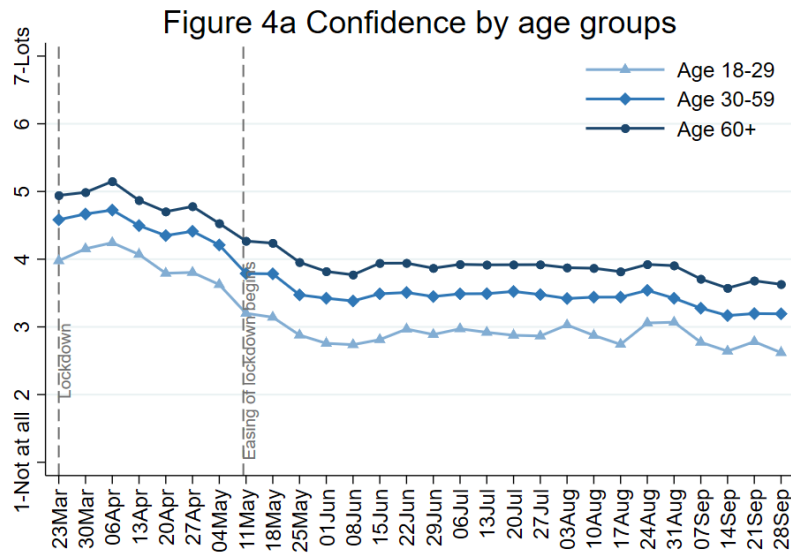
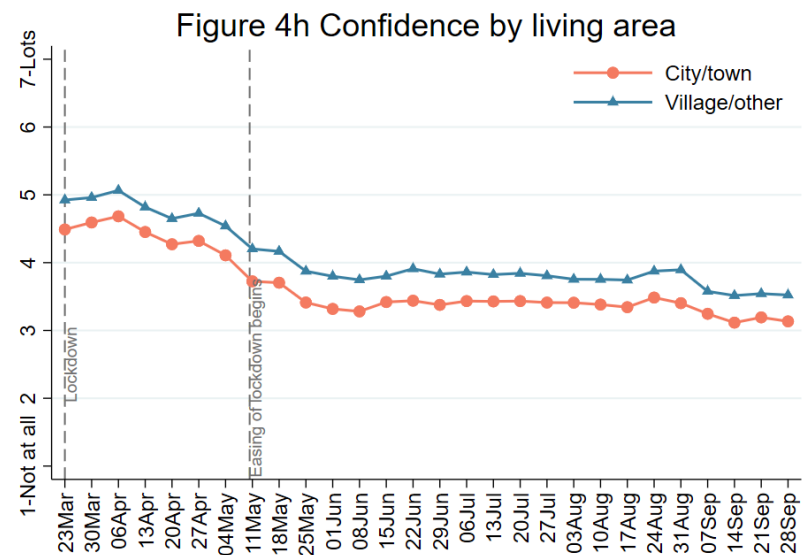
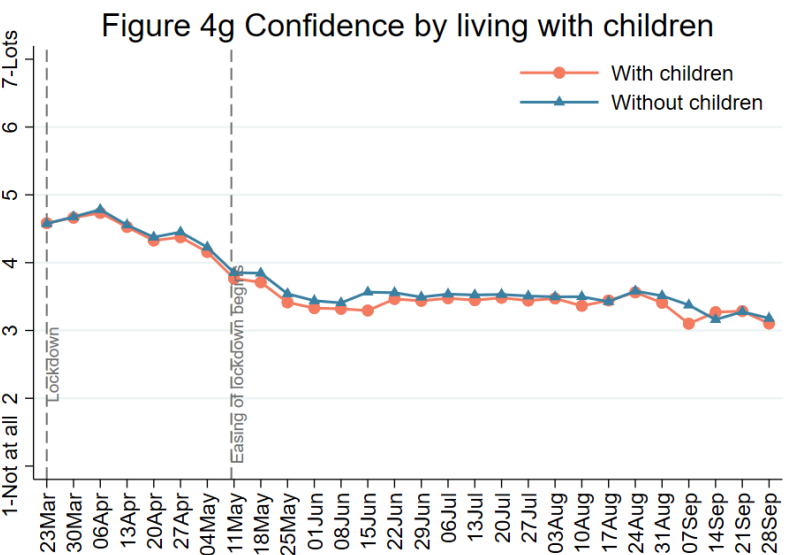
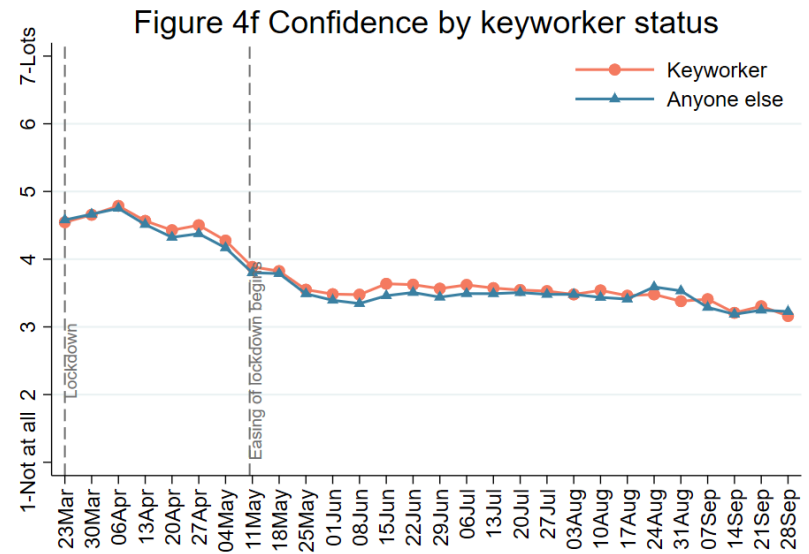
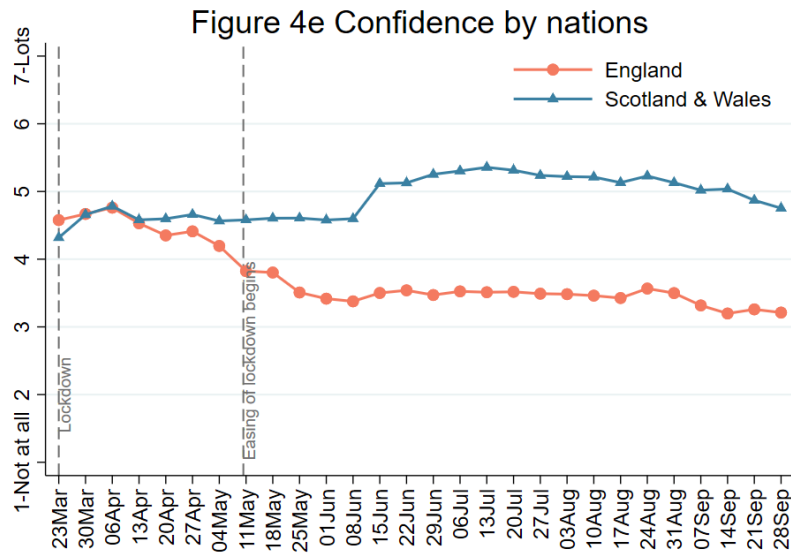


Figure 3d Confidence in government (Scotland)

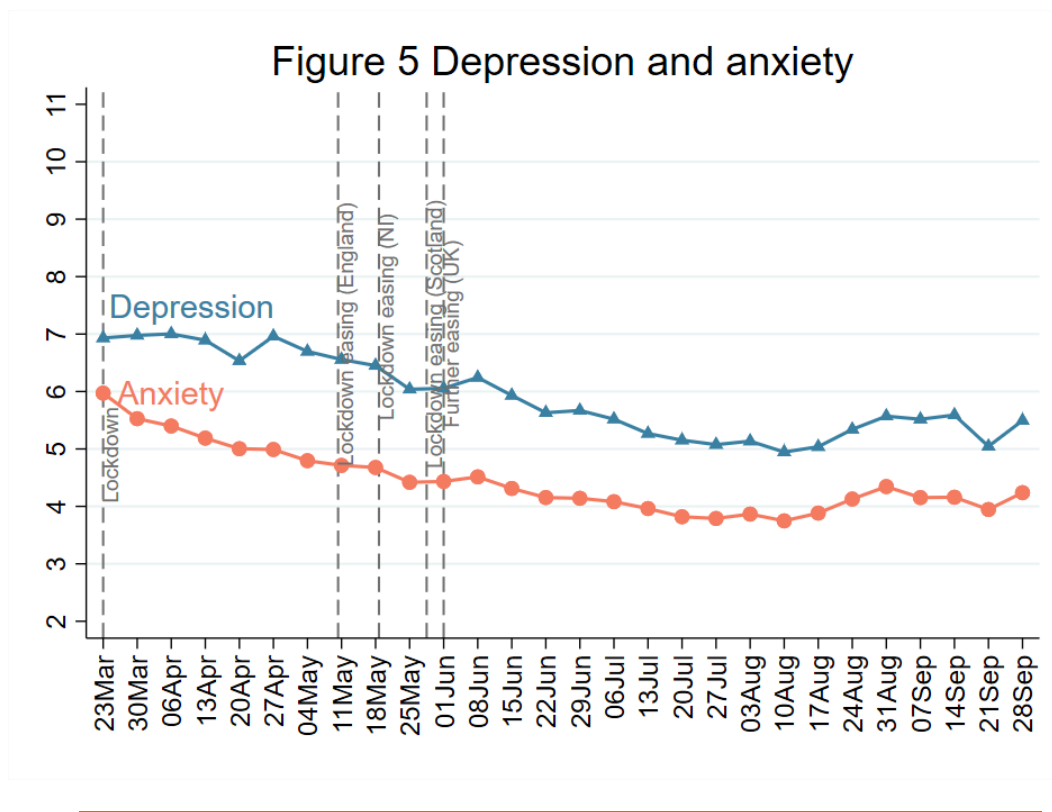






2. Mental Health

2.1 Depression and anxiety



FINDINGS

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

Depression and anxiety levels are similar to two weeks ago. Although this study focuses on trajectories rather than prevalence, the levels overall are higher than usual reported averages using the same scales (2.7-3.2 for anxiety and 2.7-3.7 for depression²), but appear to be returning towards these usual averages.

Decreases in depression and anxiety have occurred across every subgroup. However, depression and anxiety are still highest in young adults, people living alone, people with lower household income, people living with children, and people living in urban areas. People with a diagnosed mental illness have still been reporting higher levels of symptoms (as might be expected), but they have on average experienced greater improvements in the past fortnight in depressive symptoms, starting to narrow the gap in experiences compared to individuals without a diagnosed mental illness.

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

Figure 6a Depression by age groups

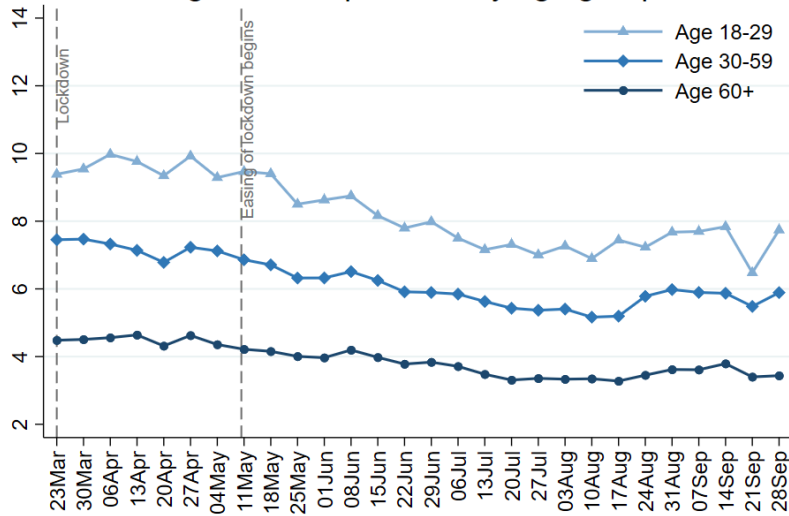


Figure 6b Depression by living arrangement

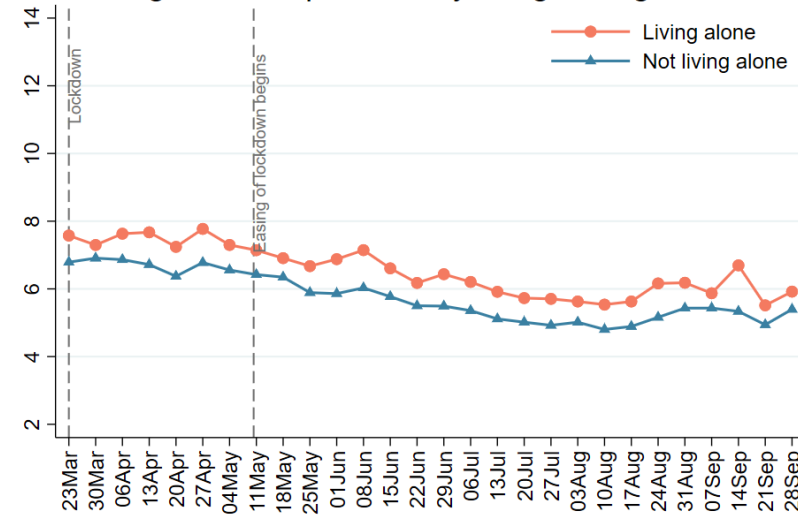


Figure 6c Depression by household income

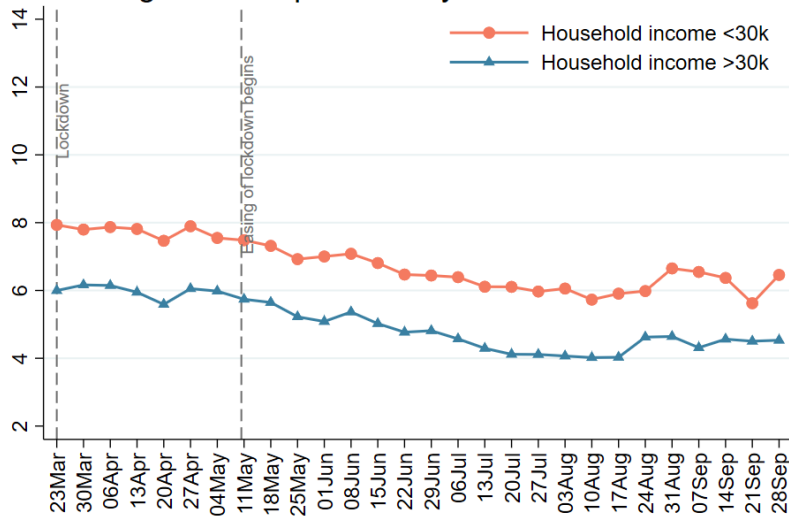


Figure 6d Depression by mental health diagnosis

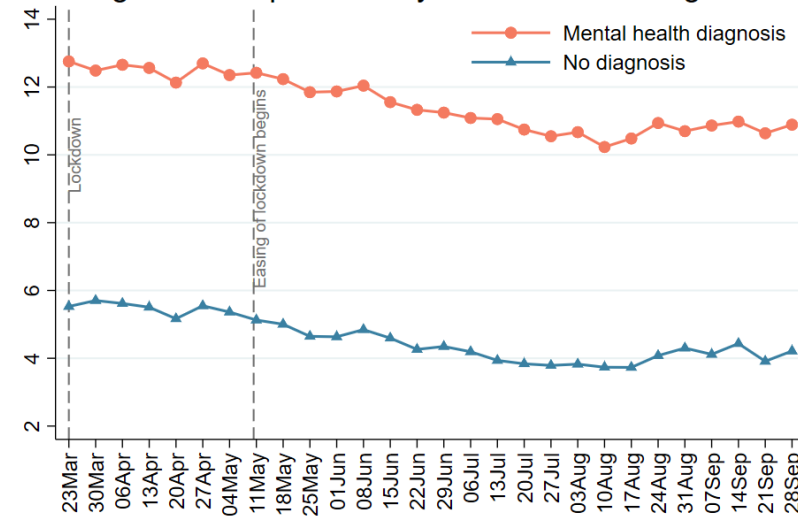


Figure 6e Depression by nations

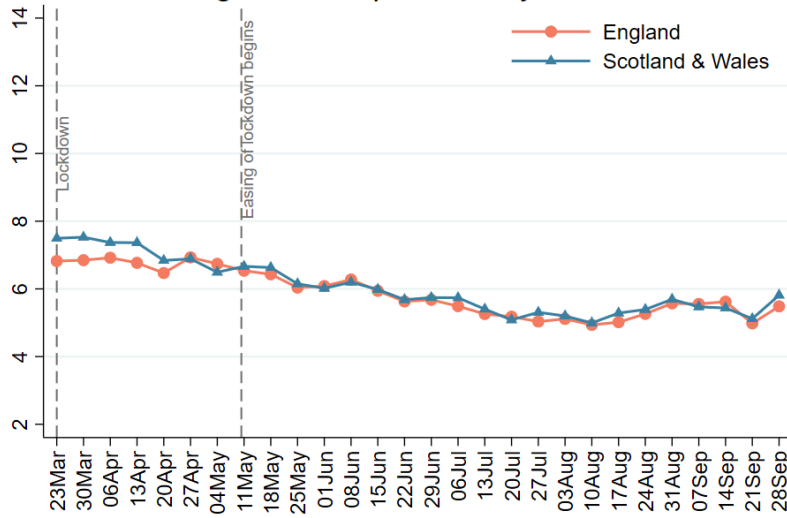


Figure 6f Depression by keyworker status

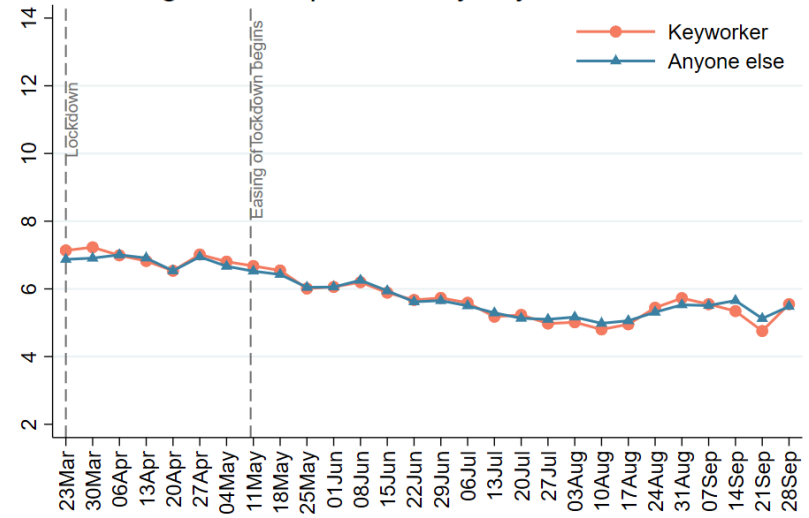


Figure 6g Depression by living with children

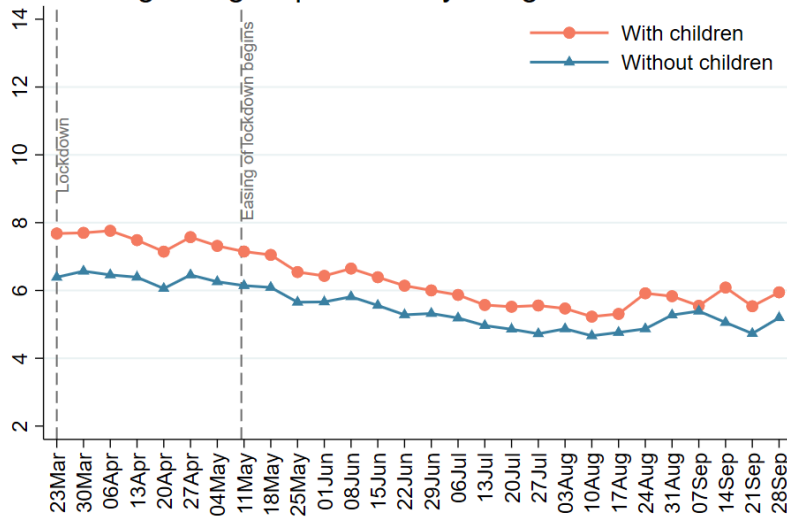


Figure 6h Depression by living area

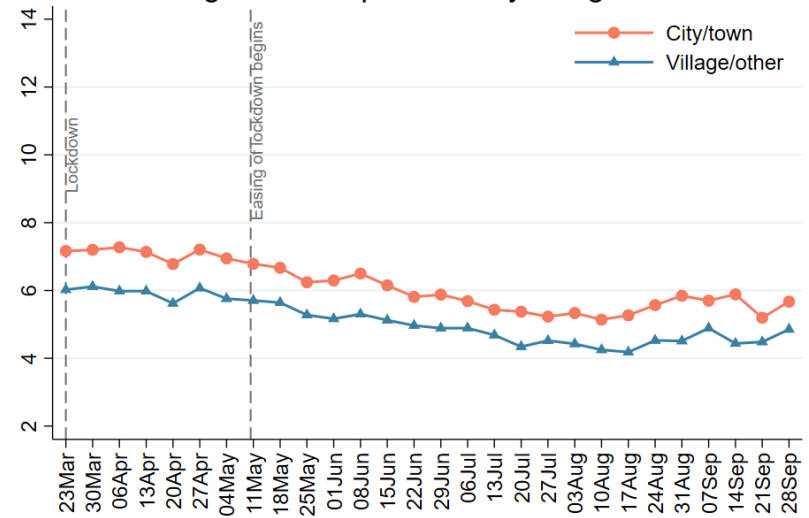


Figure 7a Anxiety by age groups

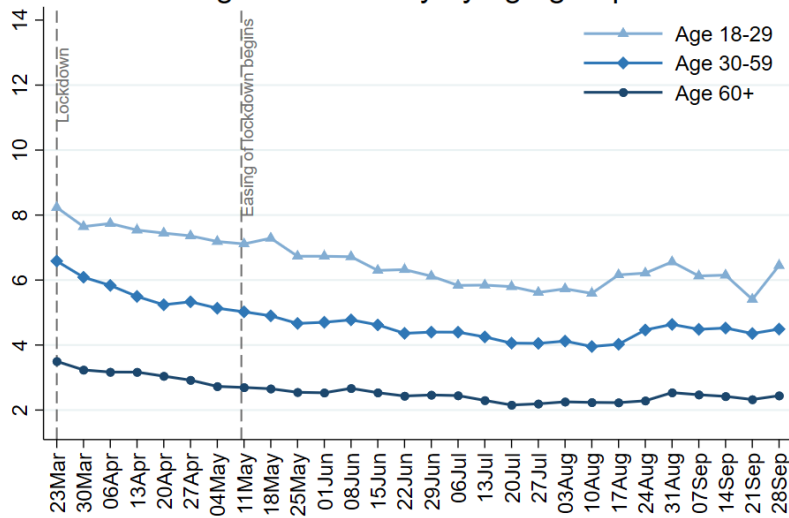


Figure 7b Anxiety by living arrangement

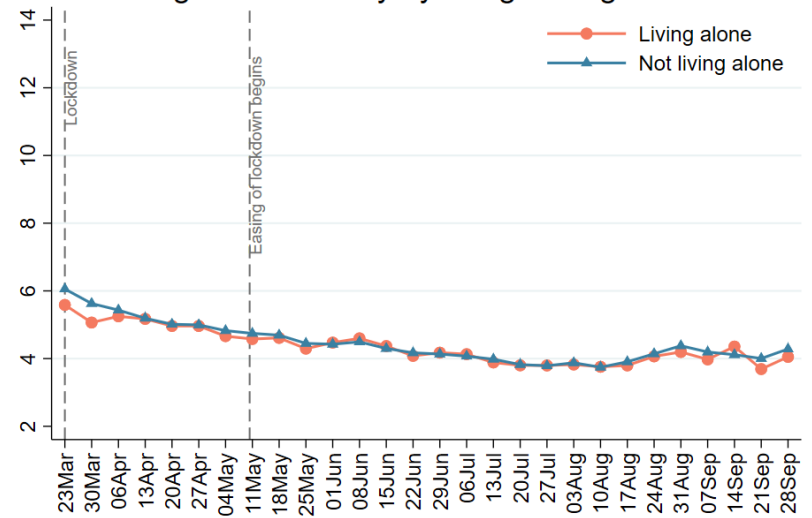


Figure 7c Anxiety by household income

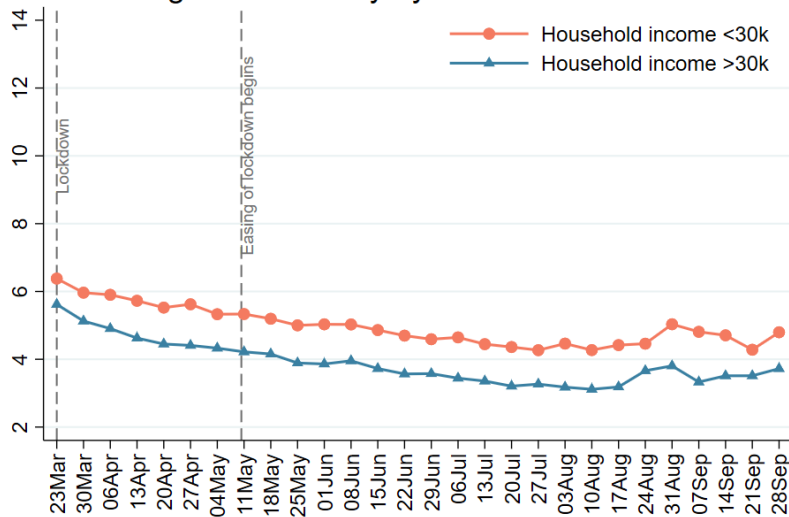


Figure 7d Anxiety by mental health diagnosis

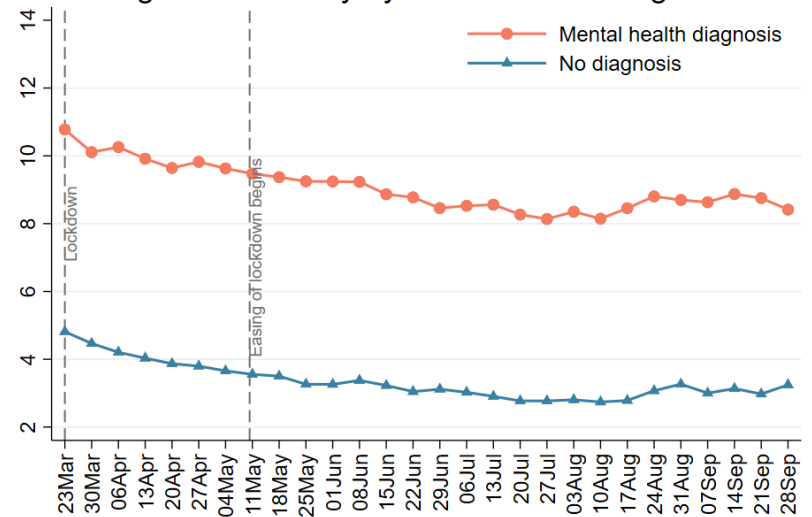


Figure 7e Anxiety by nations

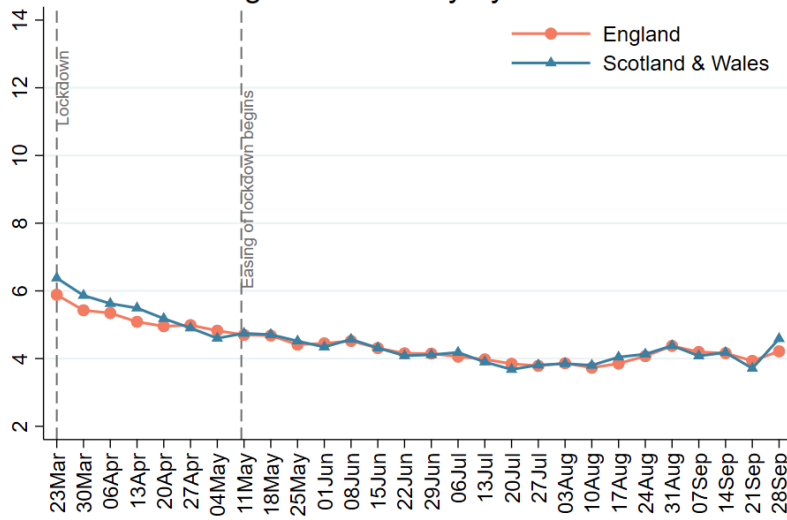


Figure 7f Anxiety by keyworker status

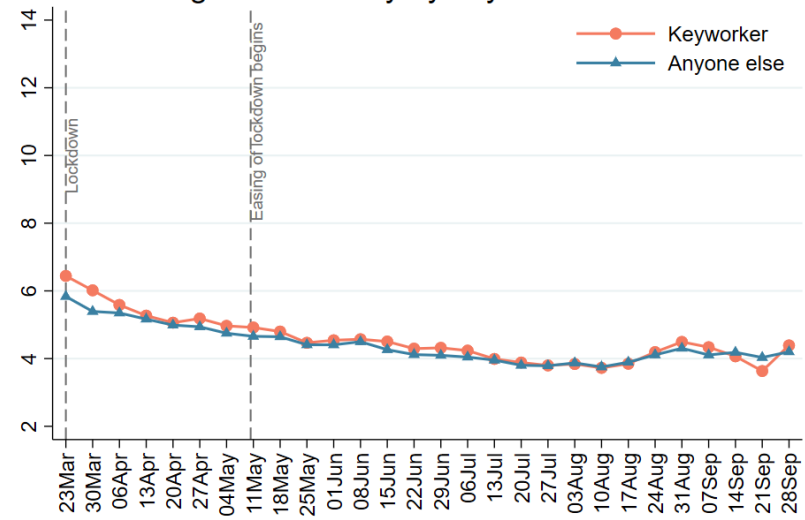


Figure 7g Anxiety by living with children

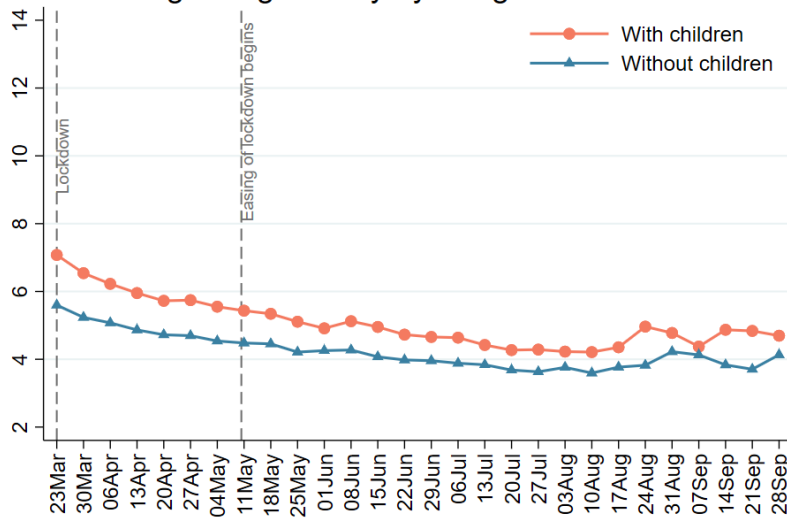
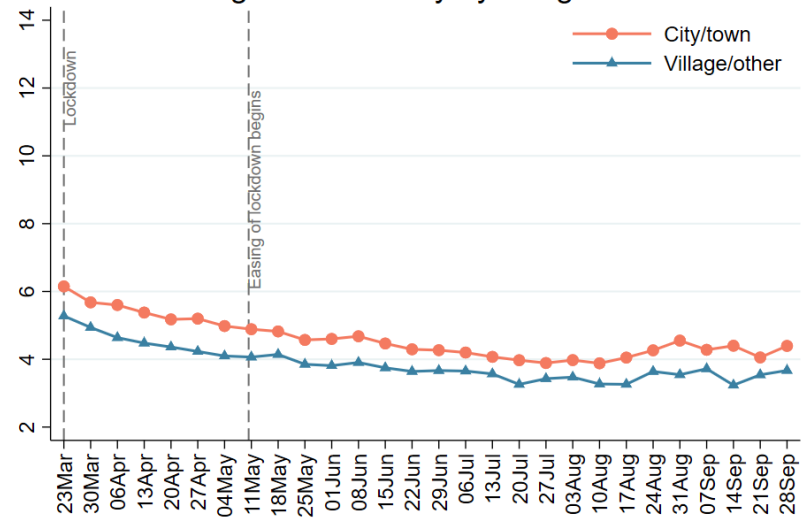
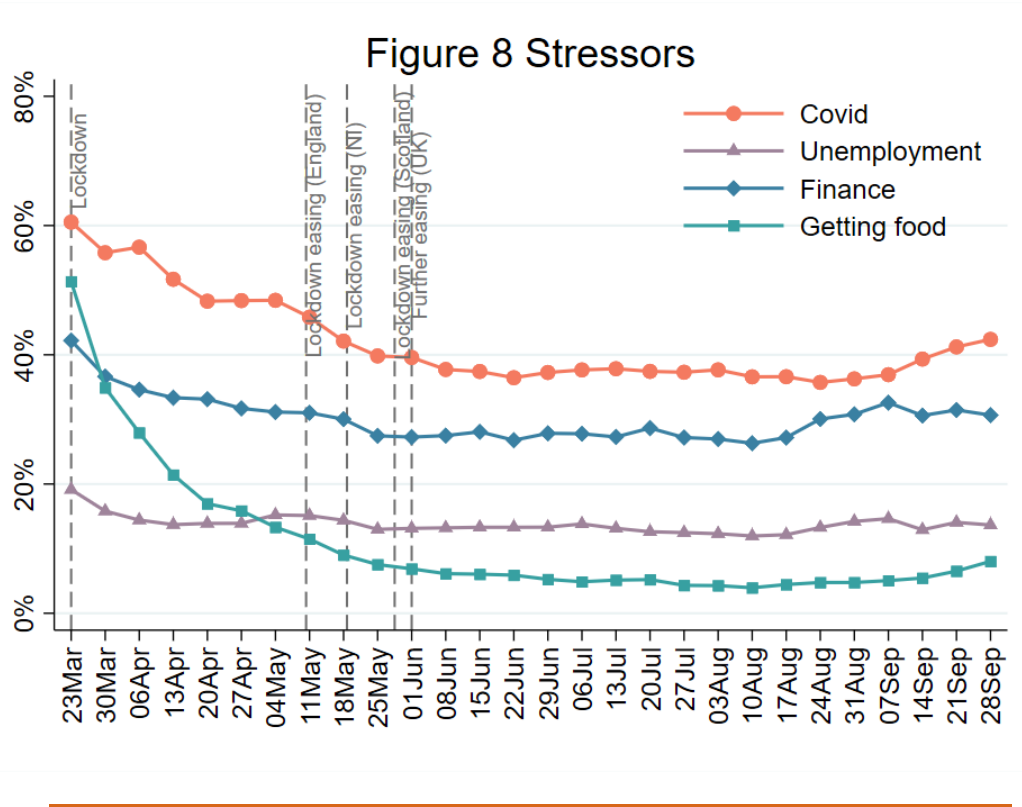


Figure 7h Anxiety by living area



2.2 Stress



FINDINGS

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 has started to increase in the past month, now with over 40% of people worried either about catching Covid-19 or becoming seriously ill from it. This stress has increased in all groups but particularly amongst younger and working-age adults (aged 18-59). Worries about access to food have also shown some signs of gradual increase, now affecting around 1 in 12 people (up from 1 in 20 last month).

Notably, worries about finance and unemployment have not risen substantially for individuals, despite the end of furlough schemes nearing and more companies discussing redundancy measures³. Just 1 in 4 people report being worried about finance and 1 in 6 worried about unemployment.

People with diagnosed mental illness have been more worried about all factors. But other predictors of stressors have varied. People with lower household income are becoming more worried about Covid-19 than people with higher household income, and they are more worried about finances, but less worried about unemployment. People living with children have worried more about all factors, but the differences on worries relating to Covid-19 and food access have diminished as lockdown has eased. Older adults have worried less about unemployment and food. Unemployment has worried people in England and in urban areas more.

³ NB data on stress relating to unemployment in the last four weeks show some fluctuations amongst younger adults. However, it is unclear if this is due to natural variations in data reporting or new trends and will be explored further in future weeks.

Figure 9a Covid-19 stress by age groups

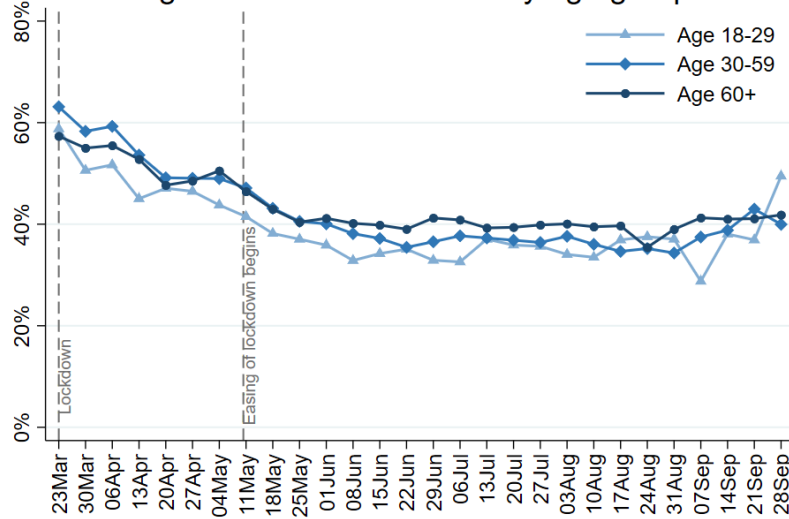


Figure 9b Covid-19 stress by living arrangement

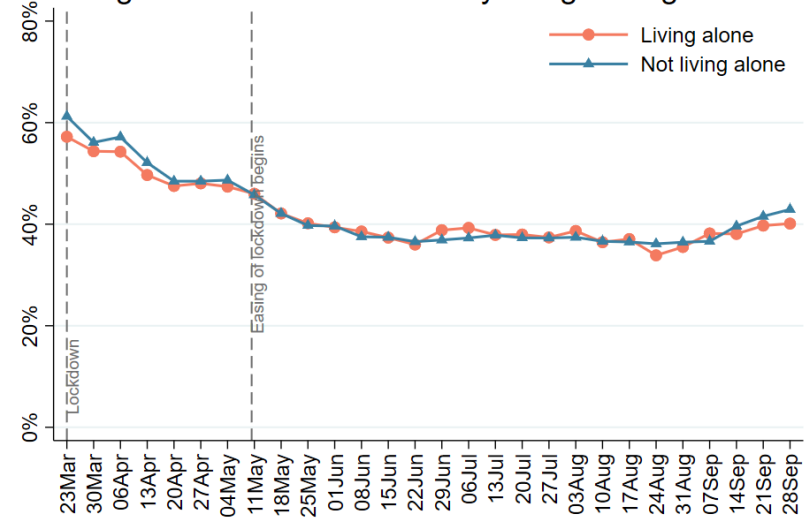


Figure 9c Covid-19 stress by household income

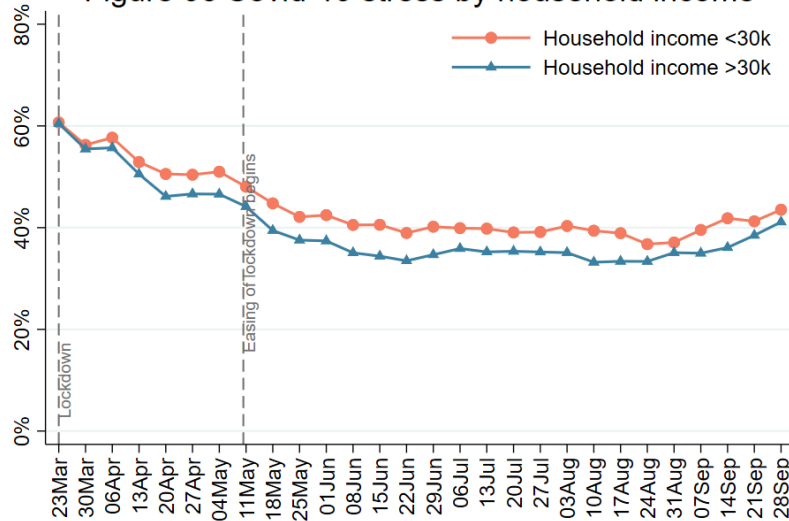


Figure 9d Covid-19 stress by mental health diagnosis

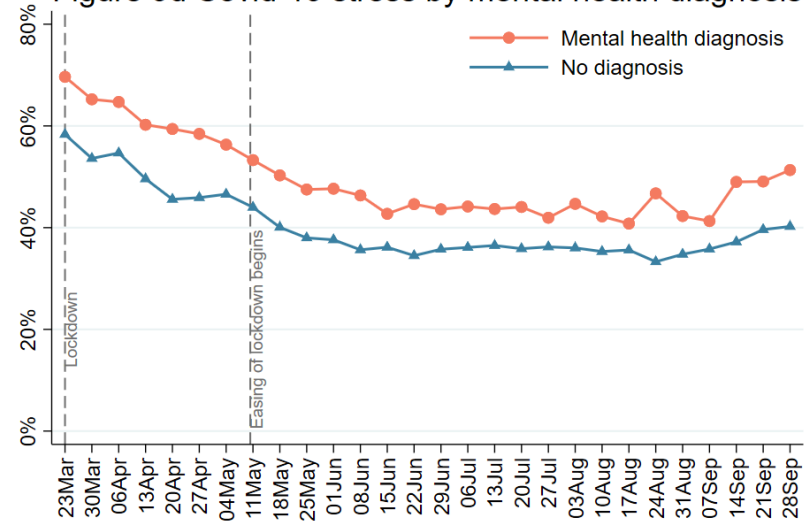


Figure 9e Covid-19 stress by nations

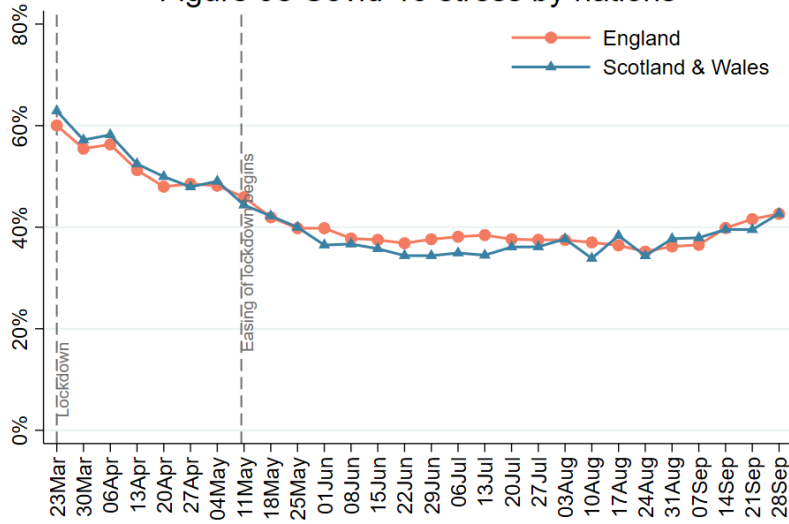


Figure 9f Covid-19 stress by keyworker status

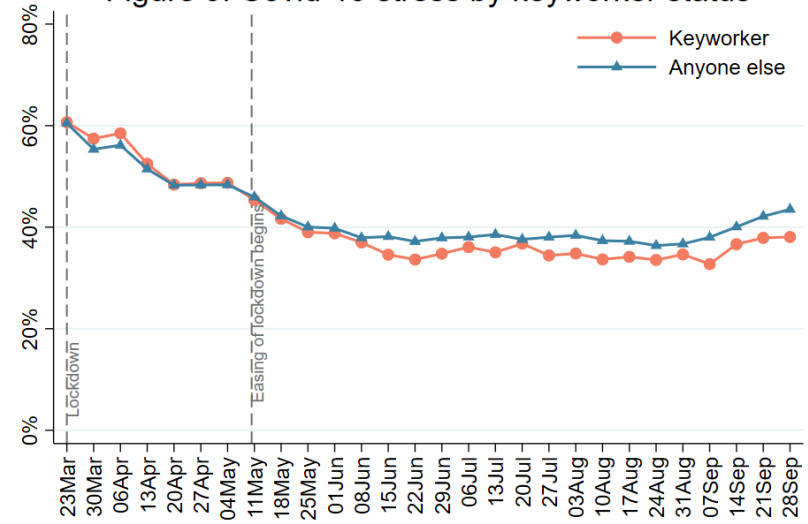


Figure 9g Covid-19 stress by living with children

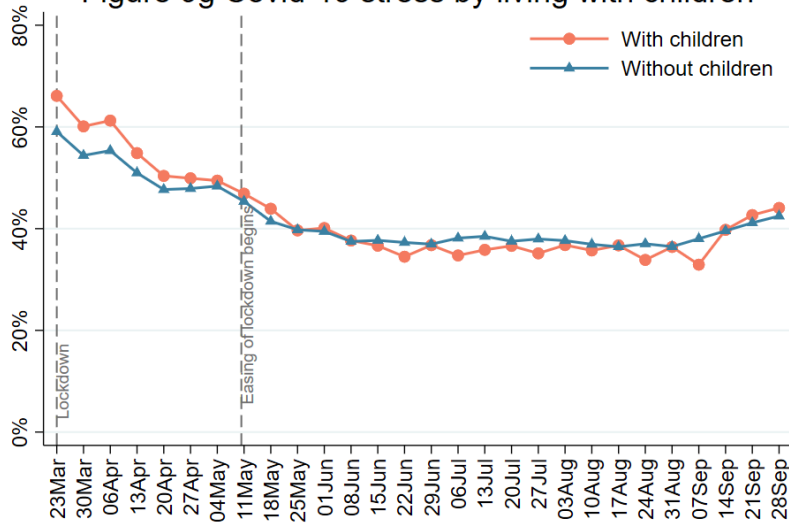


Figure 9h Covid-19 stress by living area

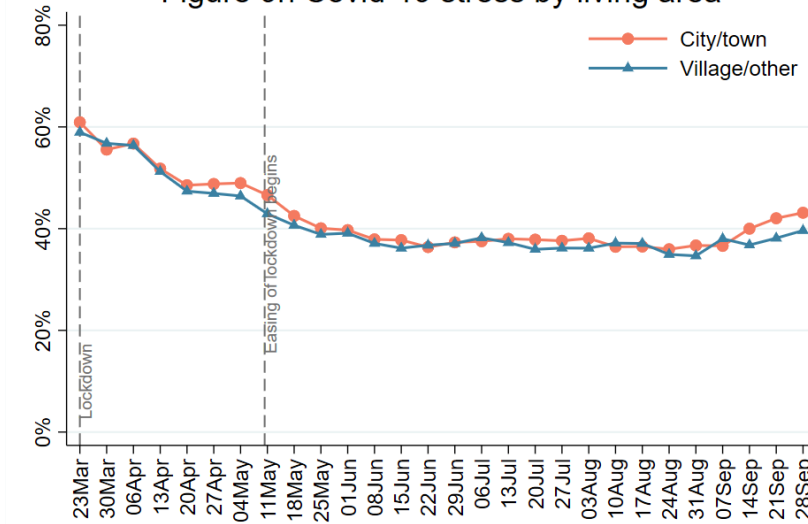


Figure 10a Unemployment stress by age groups

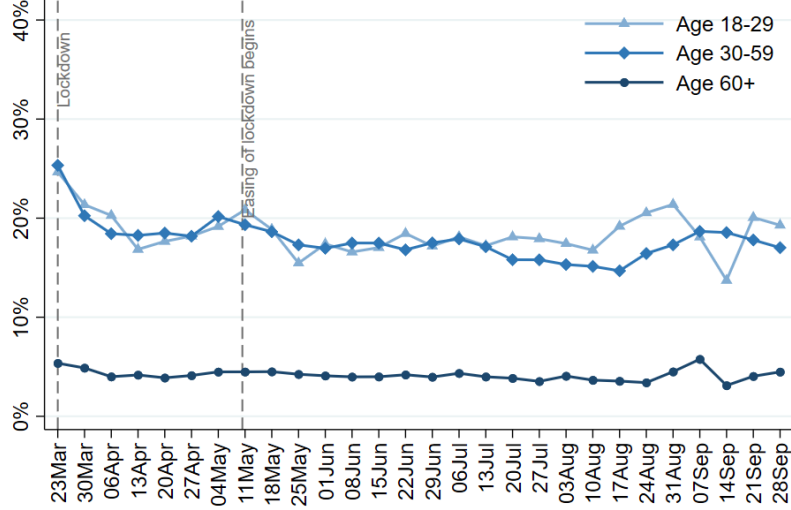


Figure 10b Unemployment stress by living arrangement

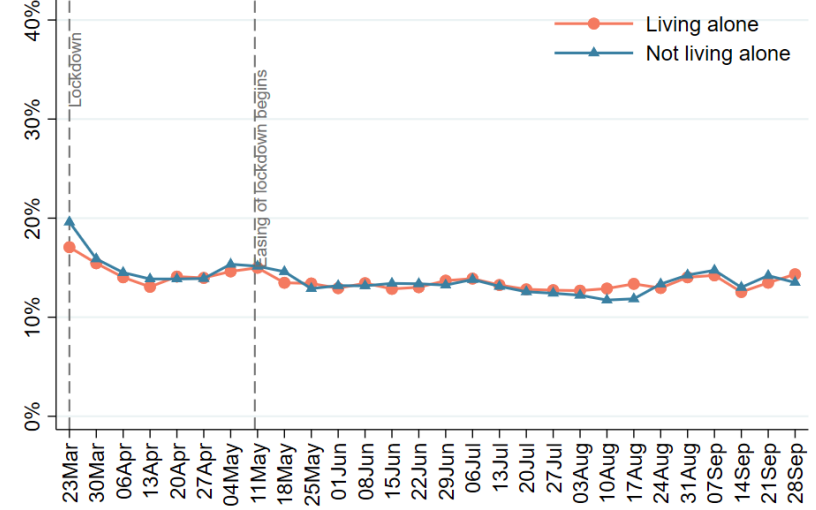


Figure 10c Unemployment stress by household income

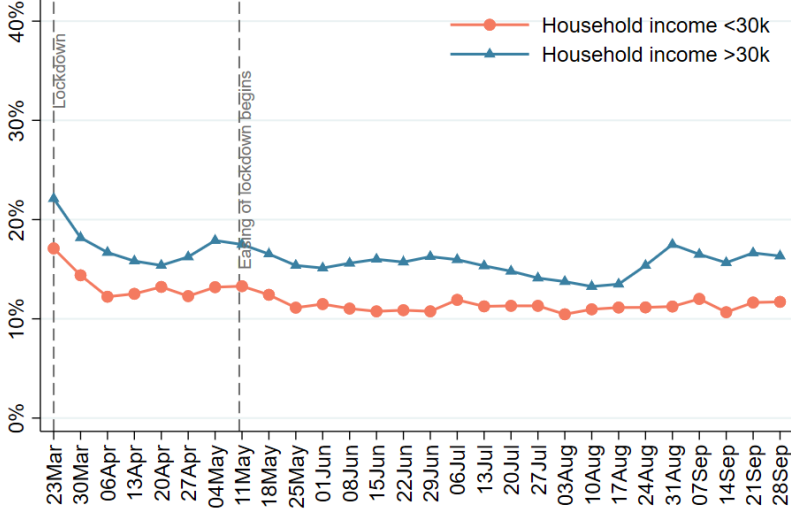


Figure 10d Unemployment stress by mental health

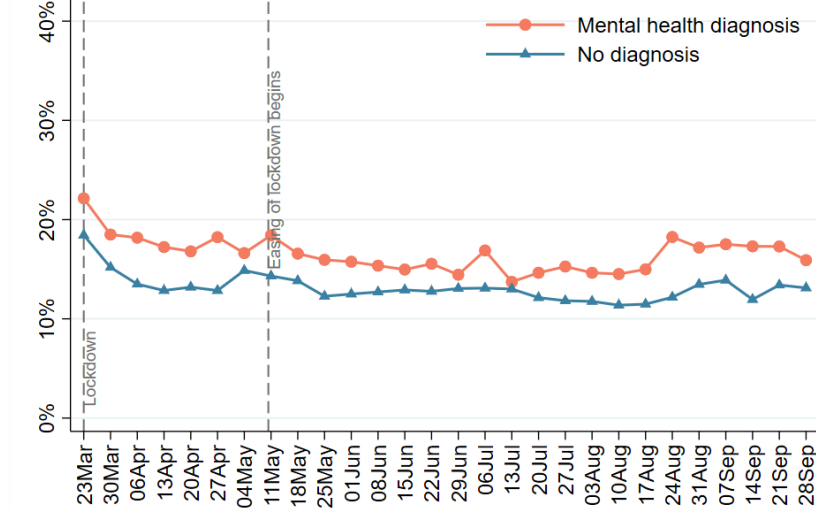


Figure 10e Unemployment stress by nations

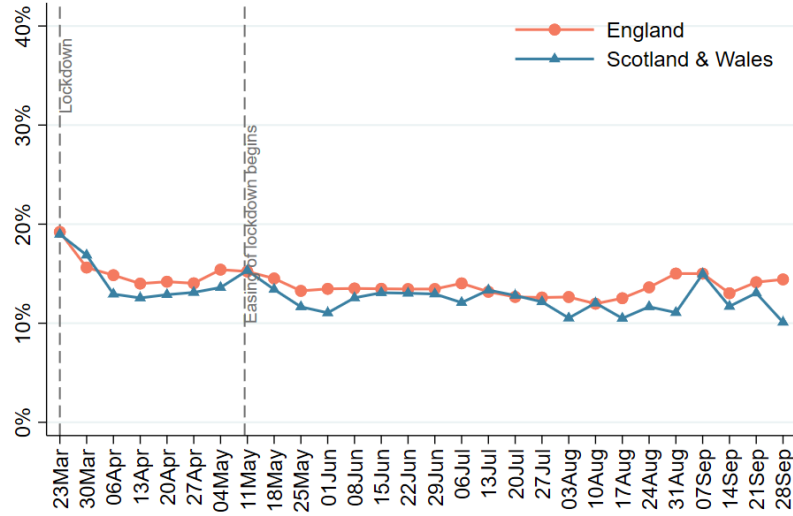


Figure 10f Unemployment stress by keyworker status

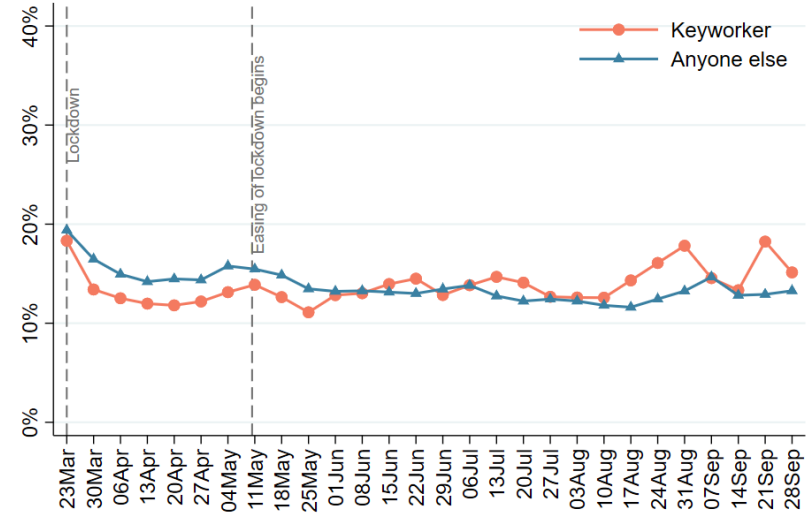


Figure 10g Unemployment stress by living with children

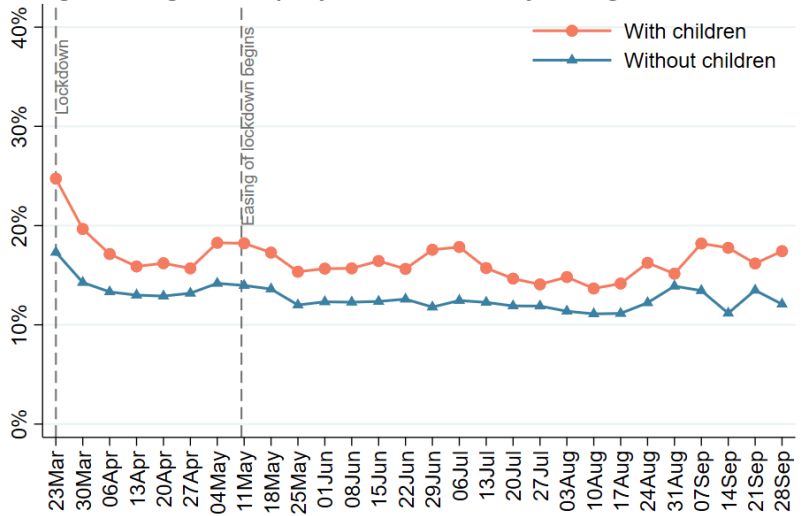


Figure 10h Unemployment stress by living area

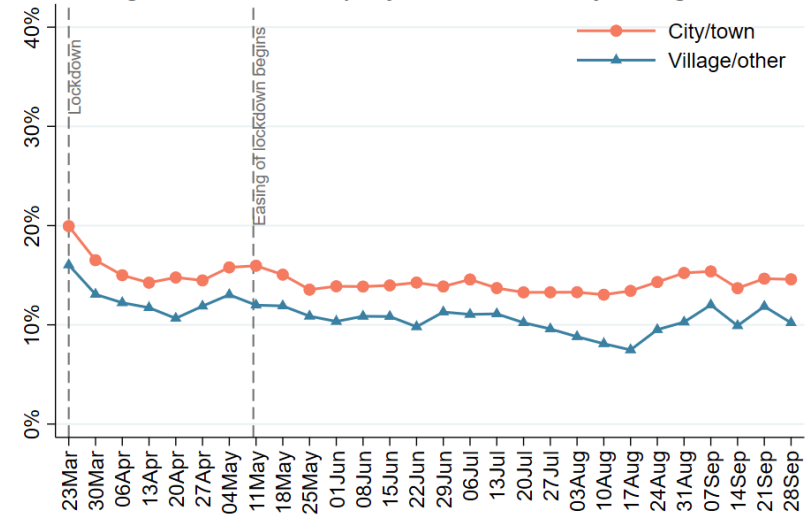


Figure 11a Financial stress by age groups

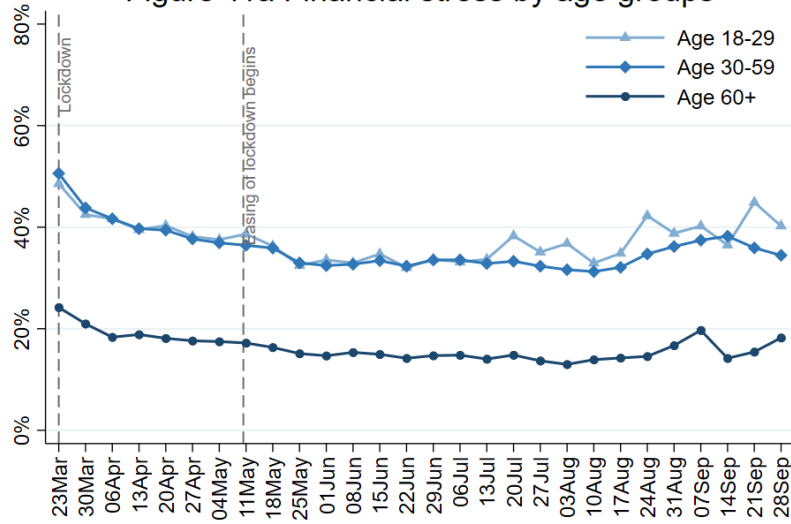


Figure 11b Financial stress by living arrangement

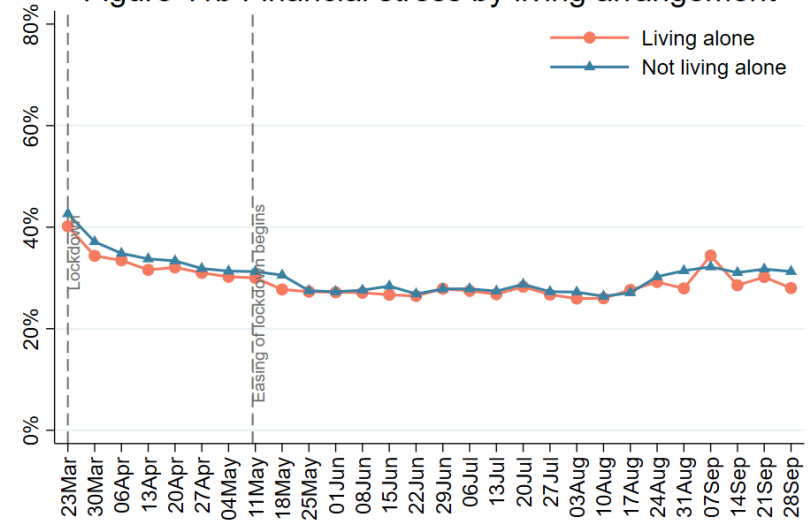


Figure 11c Financial stress by household income

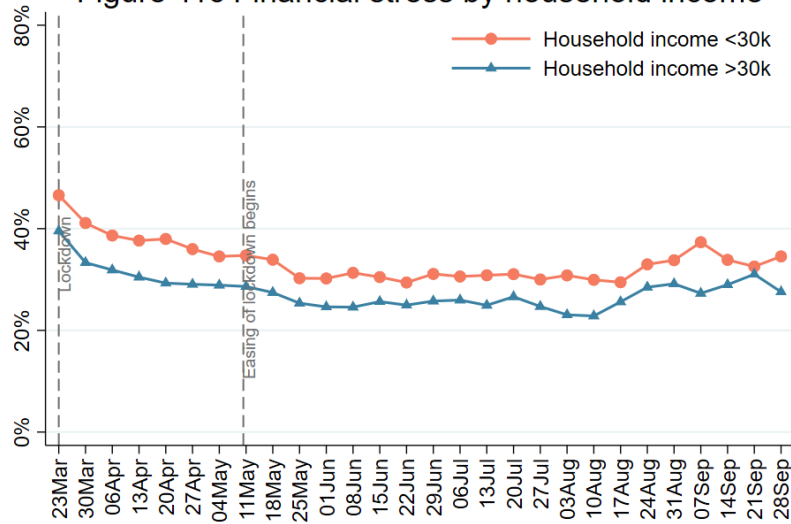


Figure 11d Financial stress by mental health diagnosis

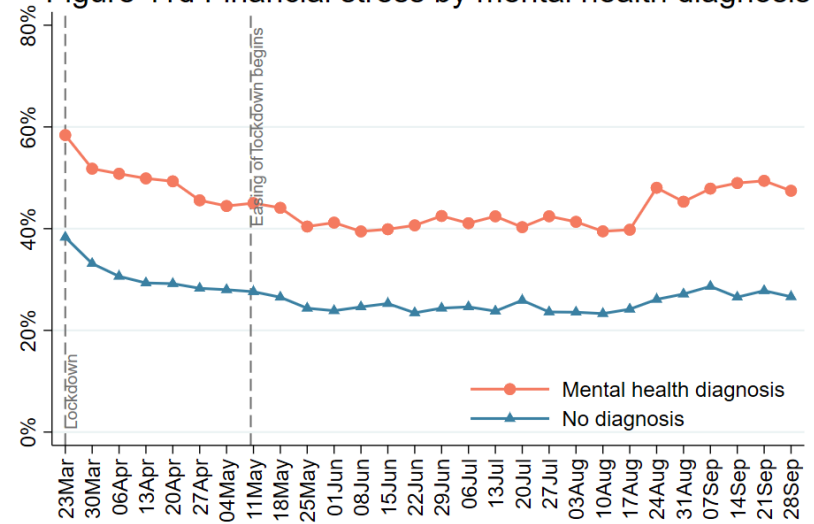


Figure 11e Financial stress by nations

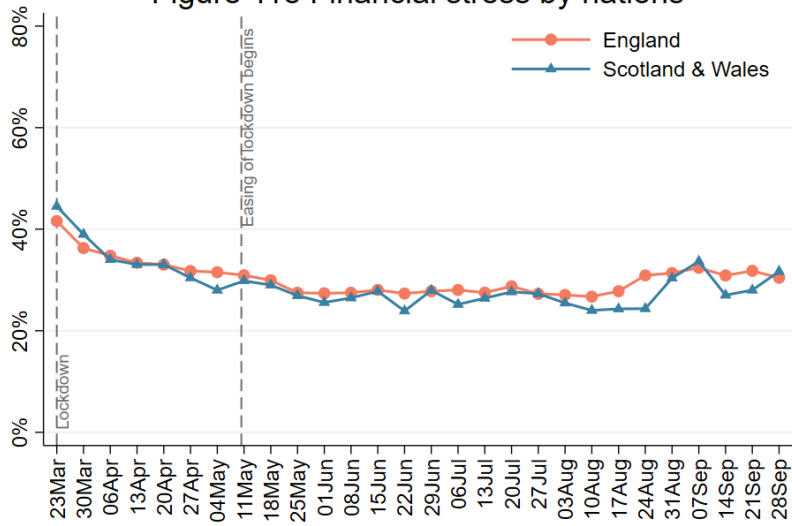


Figure 11f Financial stress by keyworker status

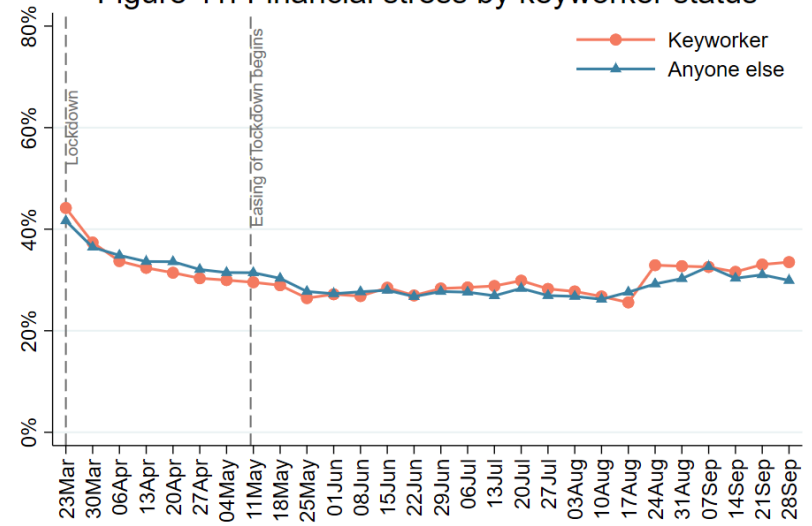


Figure 11g Financial stress by living with children

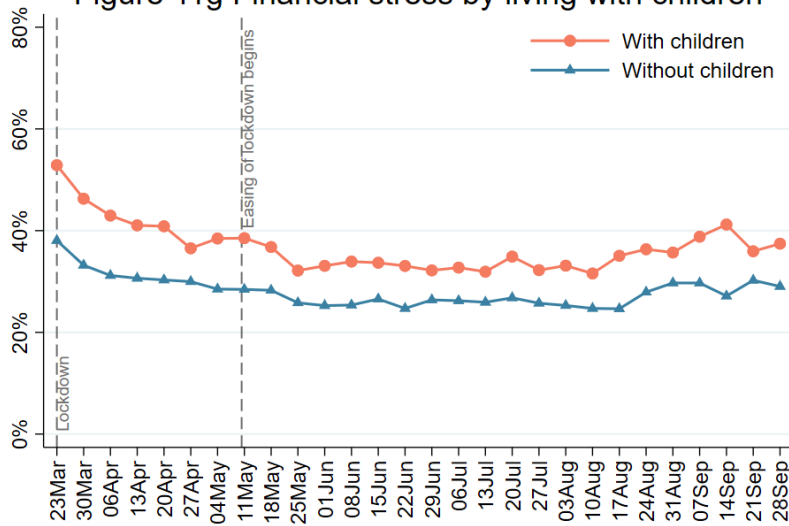


Figure 11h Financial stress by living area

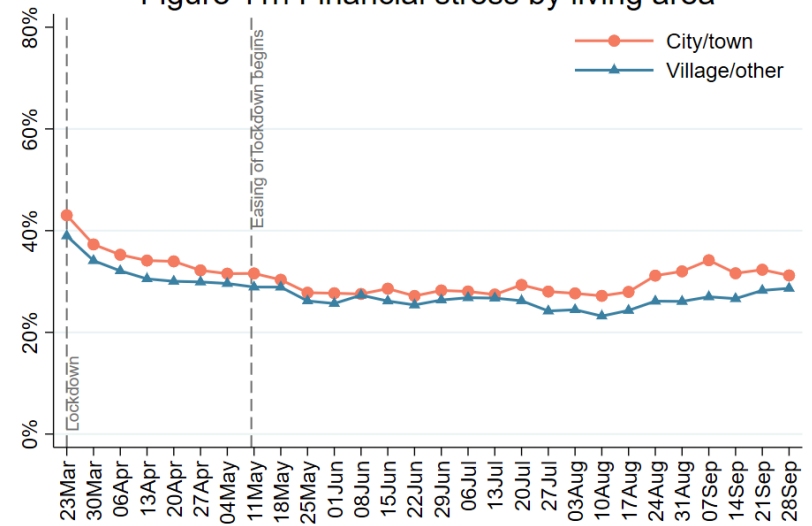


Figure 12a Food security stress by age groups

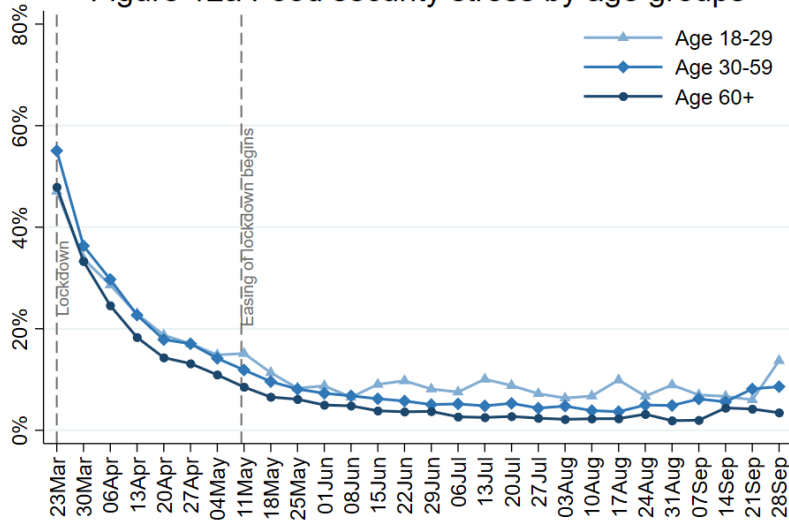


Figure 12b Food security stress by living arrangement

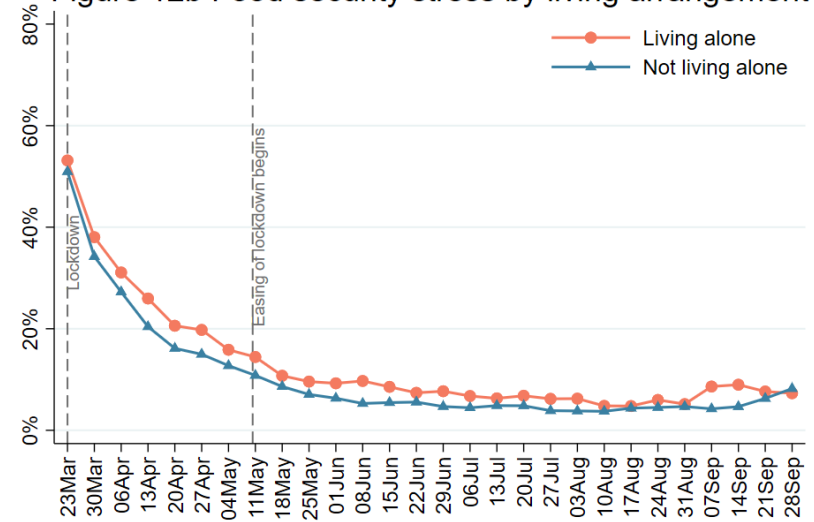


Figure 12c Food security stress by household income

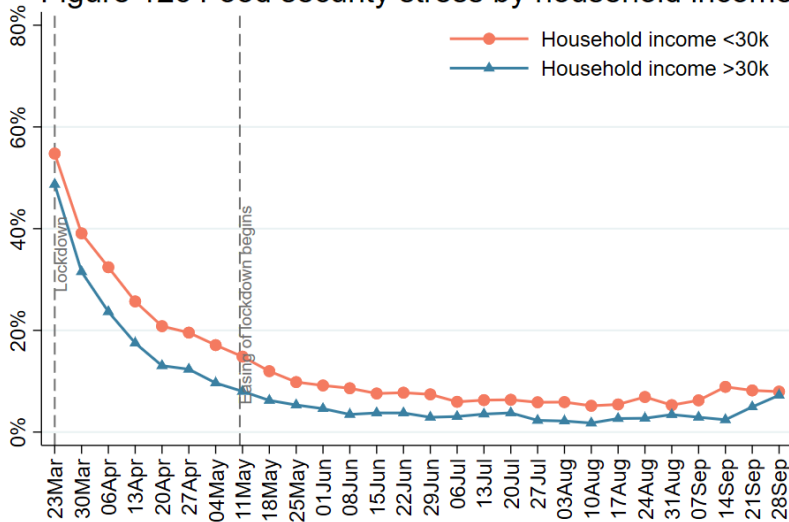


Figure 12d Food security stress by mental health

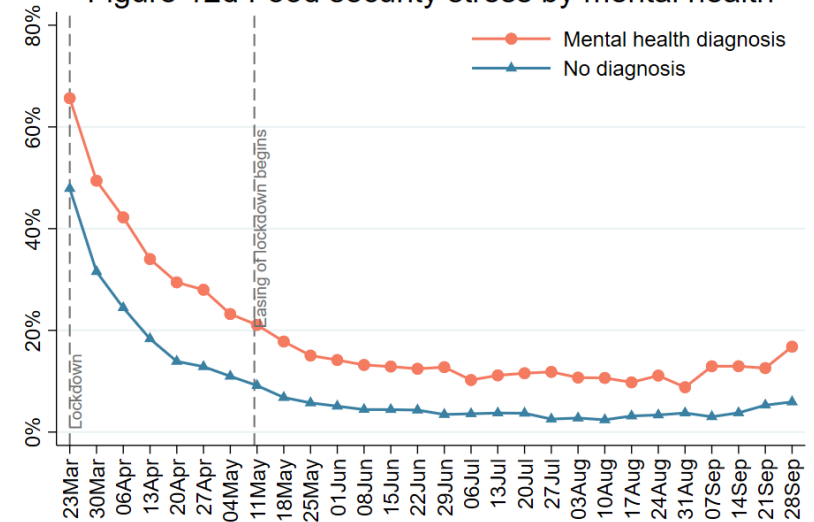


Figure 12e Food security stress by nations

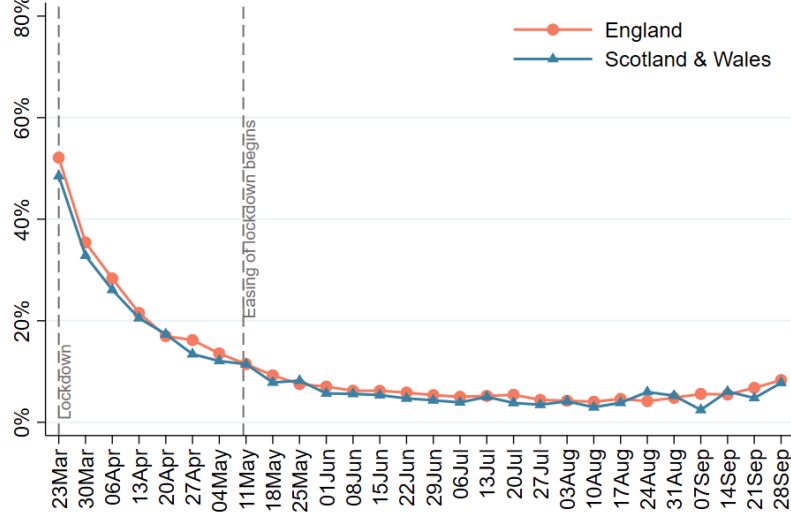


Figure 12f Food security stress by keyworker status

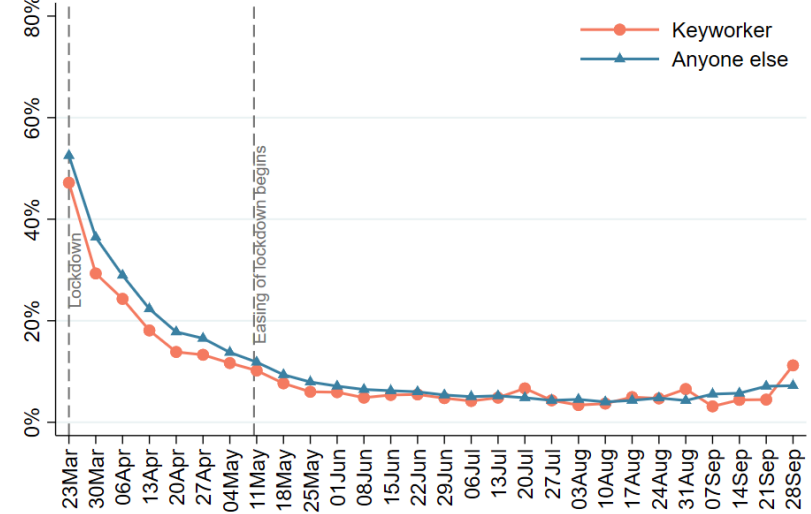


Figure 12g Food security stress by living with children

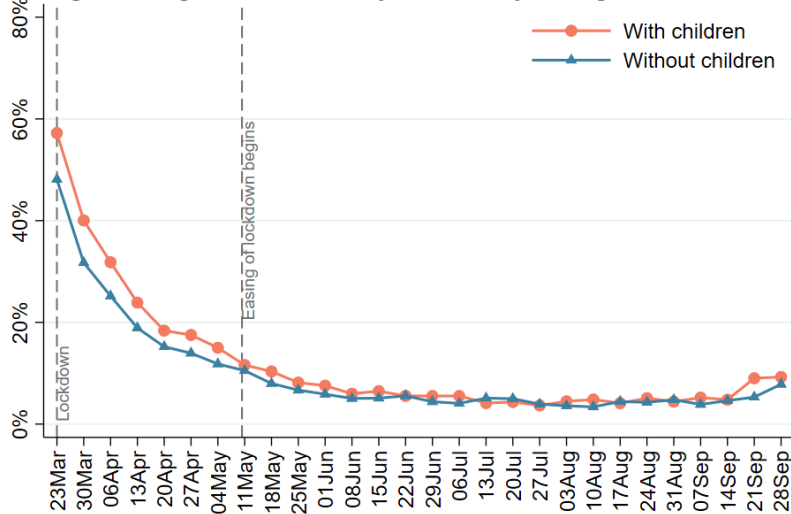
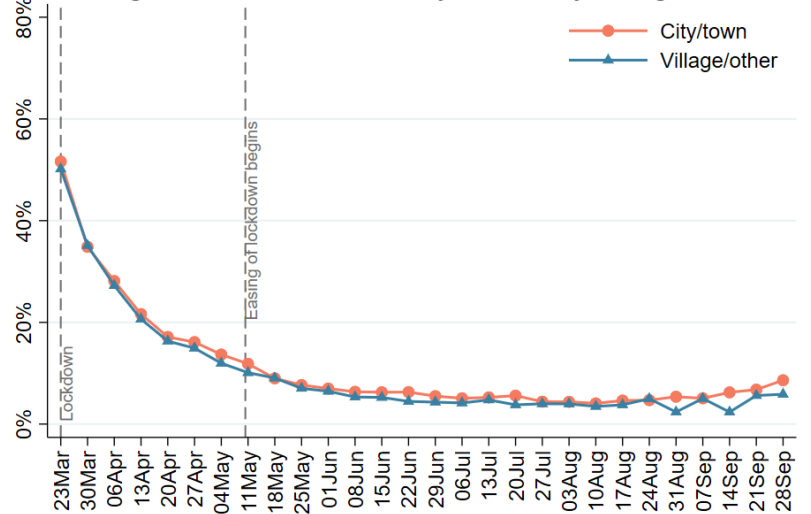
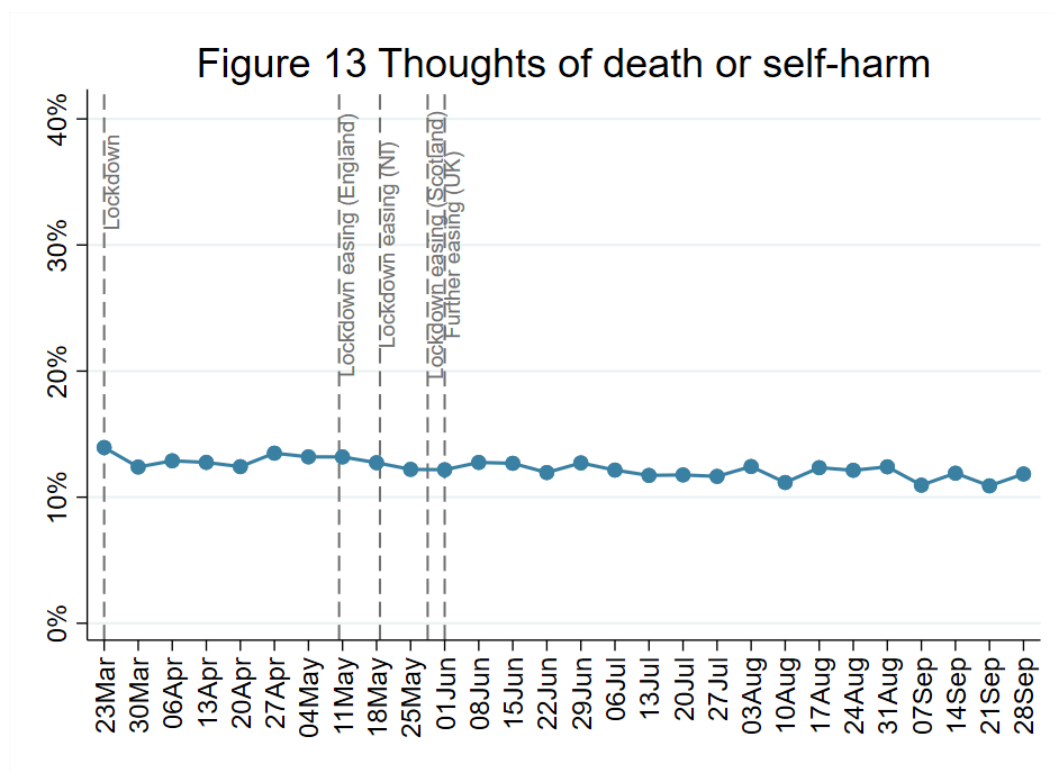


Figure 12h Food security stress by living area



3. Self-harm and abuse

3.1 Thoughts of death or self-harm



FINDINGS

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

There continues to be no clear change in thoughts of death since the easing of lockdown was announced. Percentages of people having thoughts of death or self-harm have been relatively stable throughout the past 28 weeks. They remain higher amongst younger adults, those with lower household income, and people with a diagnosed mental health condition. They are also higher in people living alone and those living in urban areas.

Figure 14a Thoughts of death by age groups

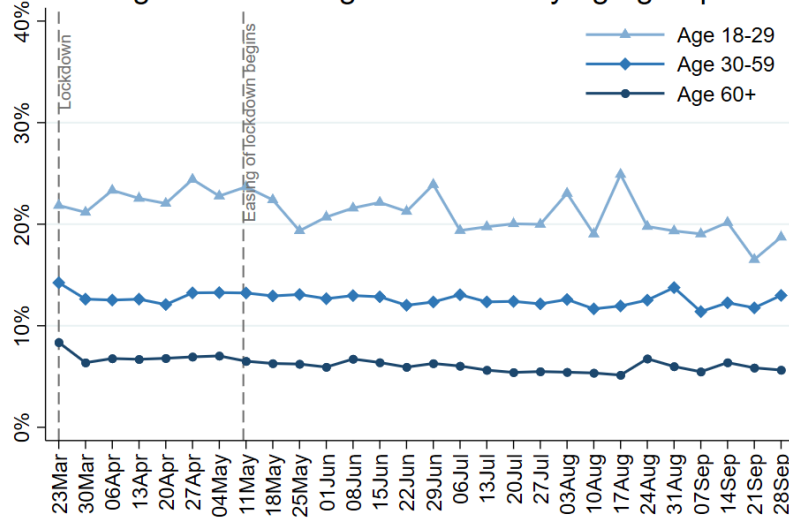


Figure 14b Thoughts of death by living arrangement

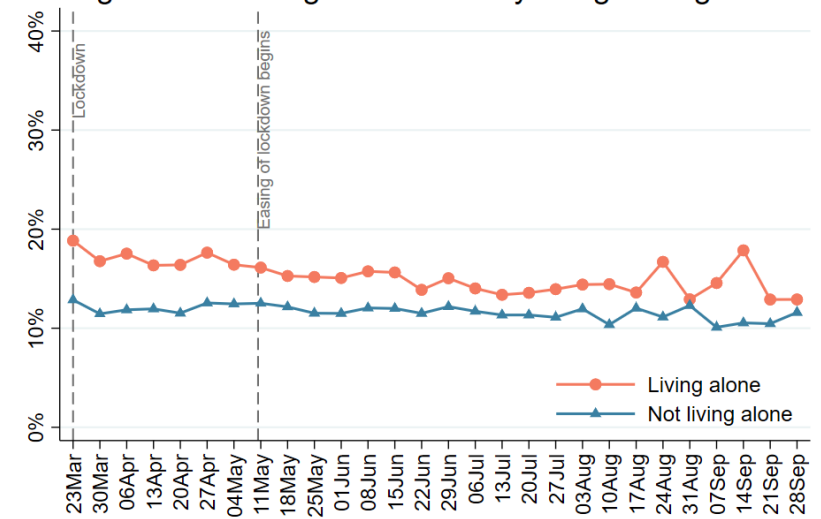


Figure 14c Thoughts of death by household income

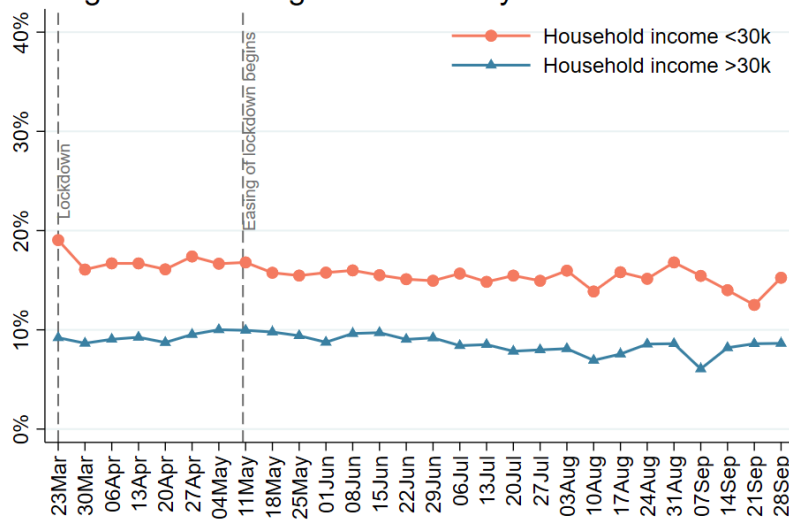


Figure 14d Thoughts of death by mental health diagnosis

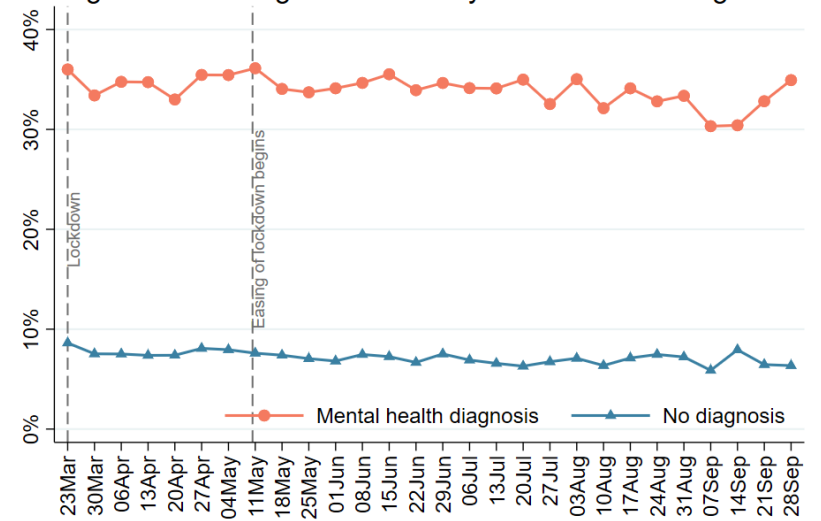


Figure 14e Thoughts of death by nations

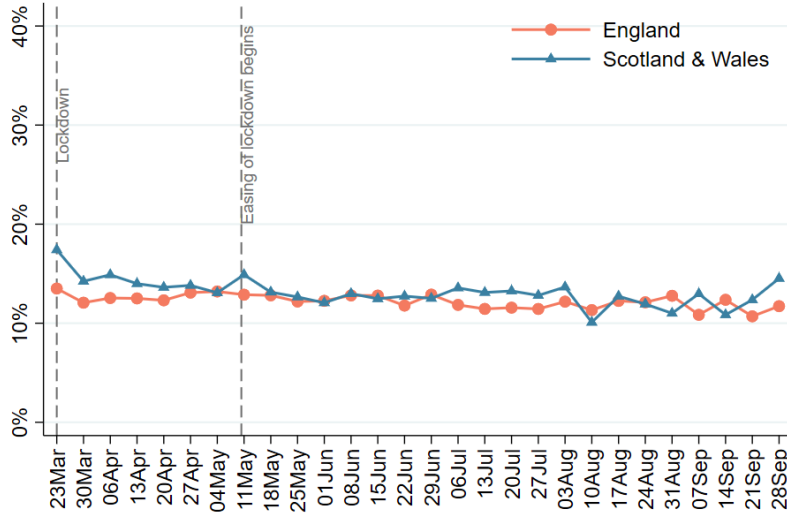


Figure 14f Thoughts of death by keyworker status

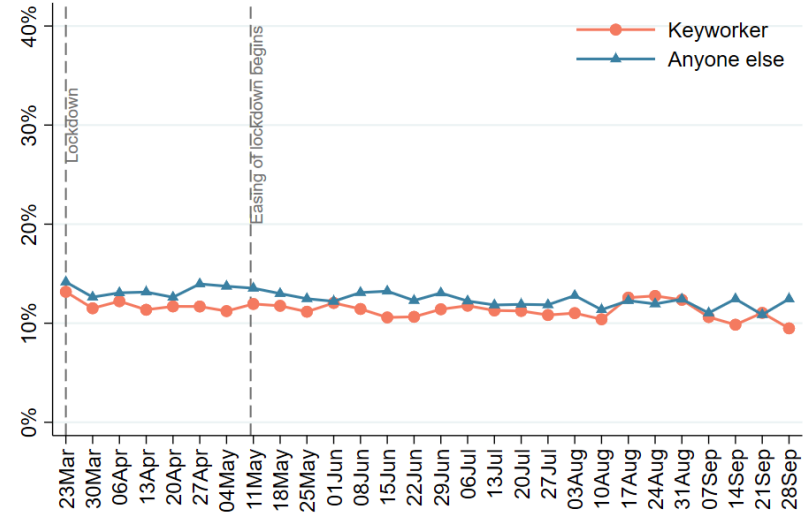


Figure 14g Thoughts of death by living with children

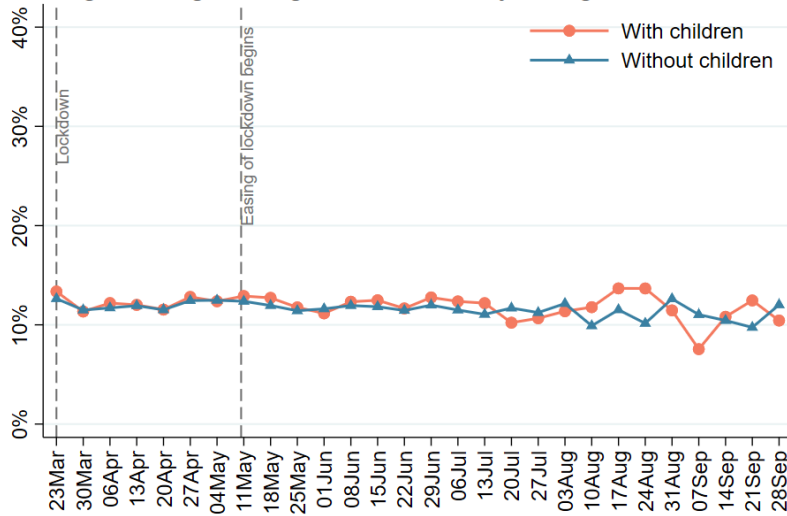
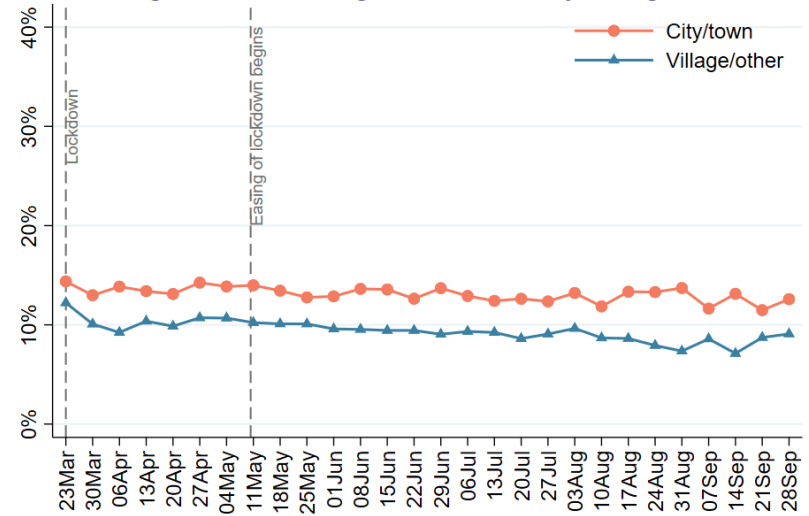
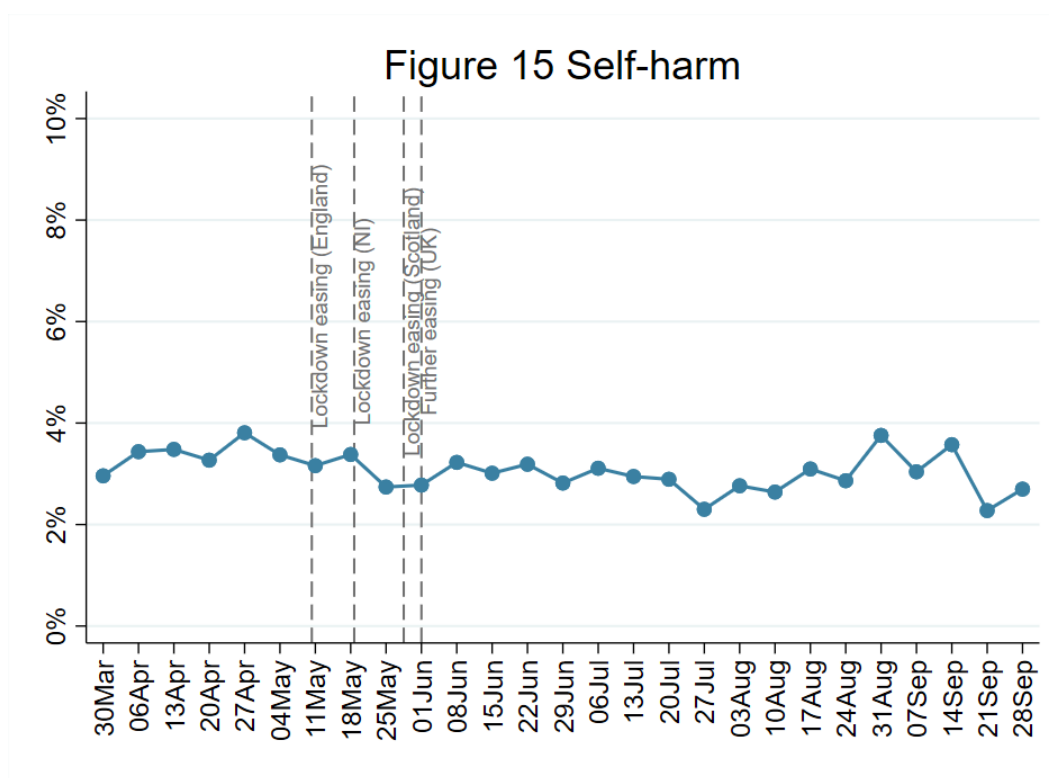


Figure 14h Thoughts of death by living area



3.2 Self-harm



FINDINGS

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

Self-harm has remained relatively stable since the easing of lockdown was announced. Consistently across lockdown, self-harm has been reported to be higher amongst younger adults, those with lower household income, and those with a diagnosed mental health condition. It is also slightly higher amongst people living in urban areas.

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

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

Figure 16a Self-harm by age groups

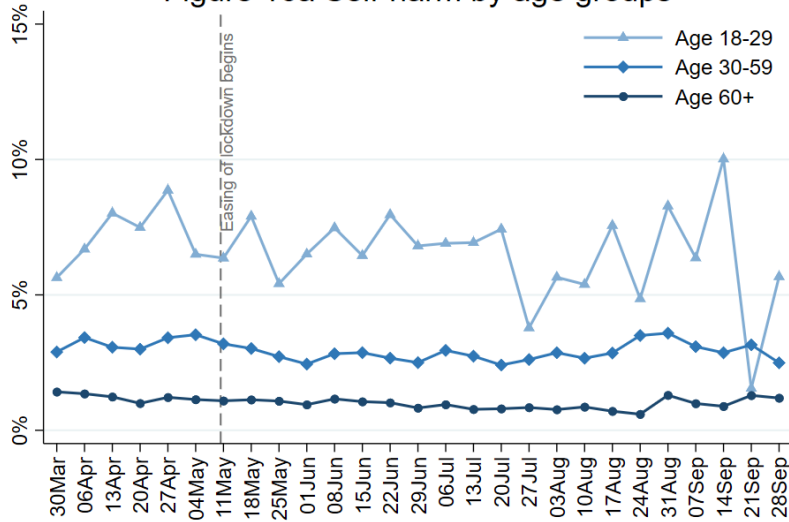


Figure 16b Self-harm by living arrangement

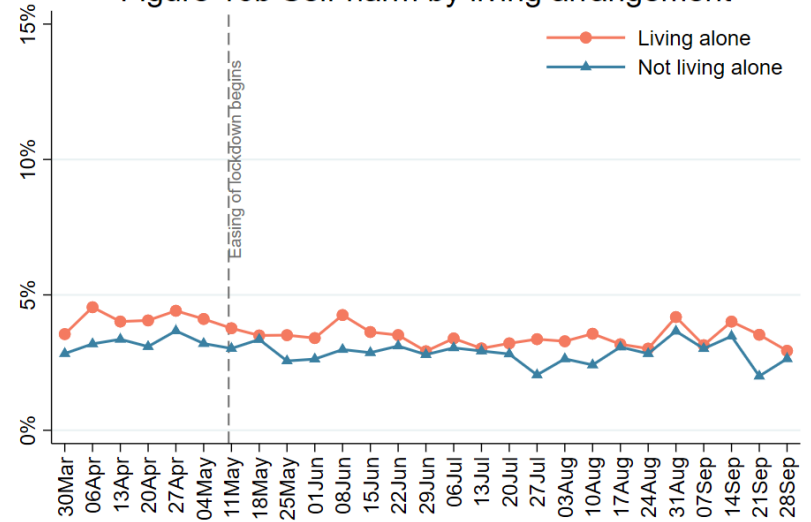


Figure 16c Self-harm by household income

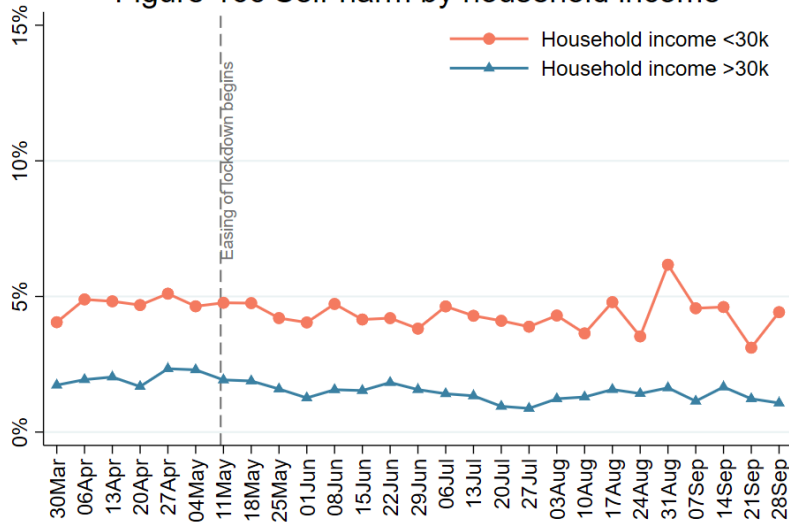


Figure 16d Self-harm by mental health diagnosis

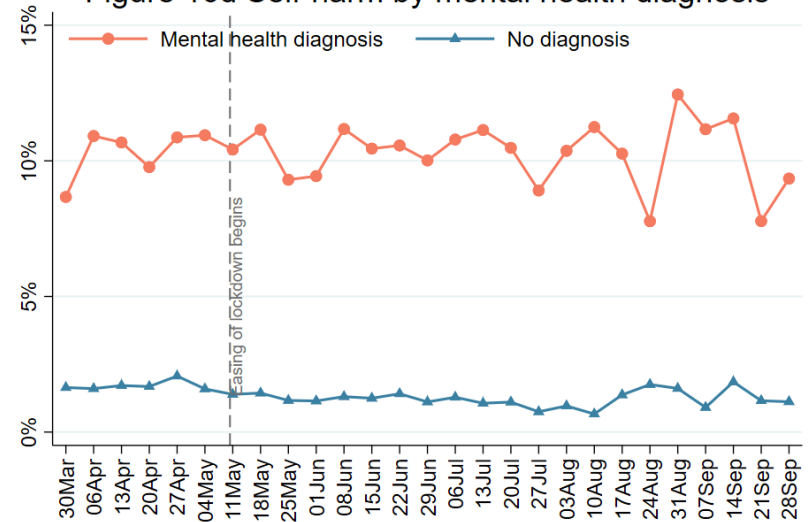


Figure 16e Self-harm by nations

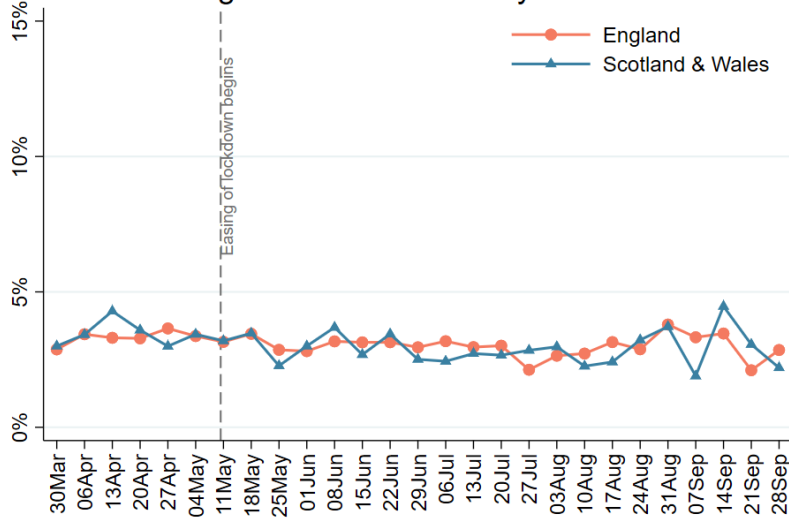


Figure 16f Self-harm by keyworker status

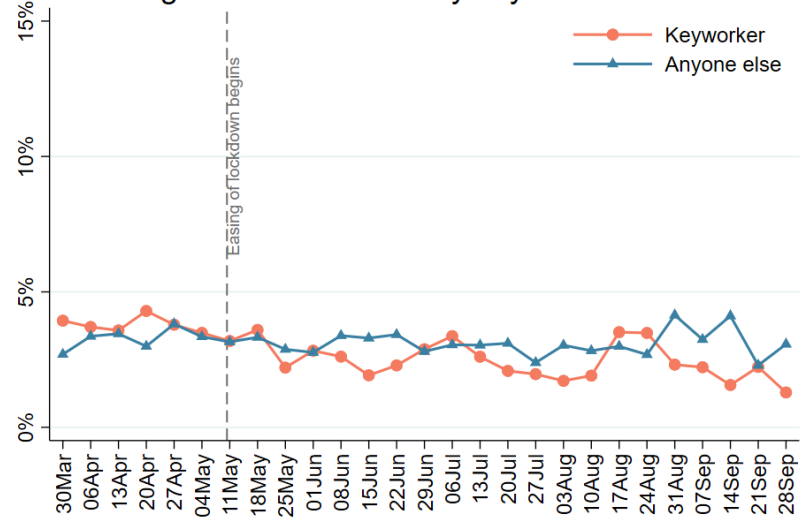


Figure 16g Self-harm by living with children

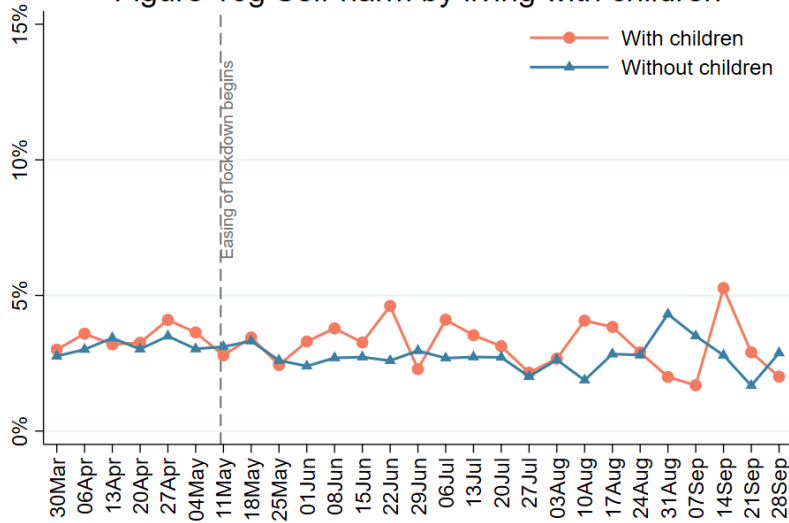
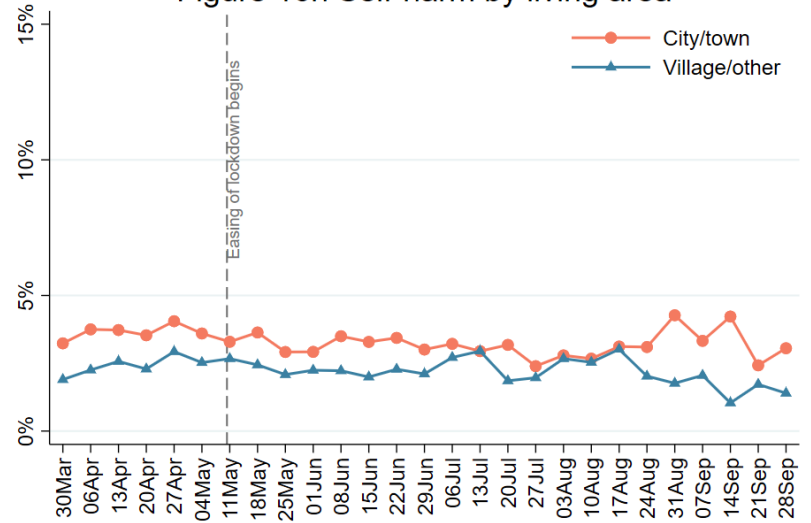
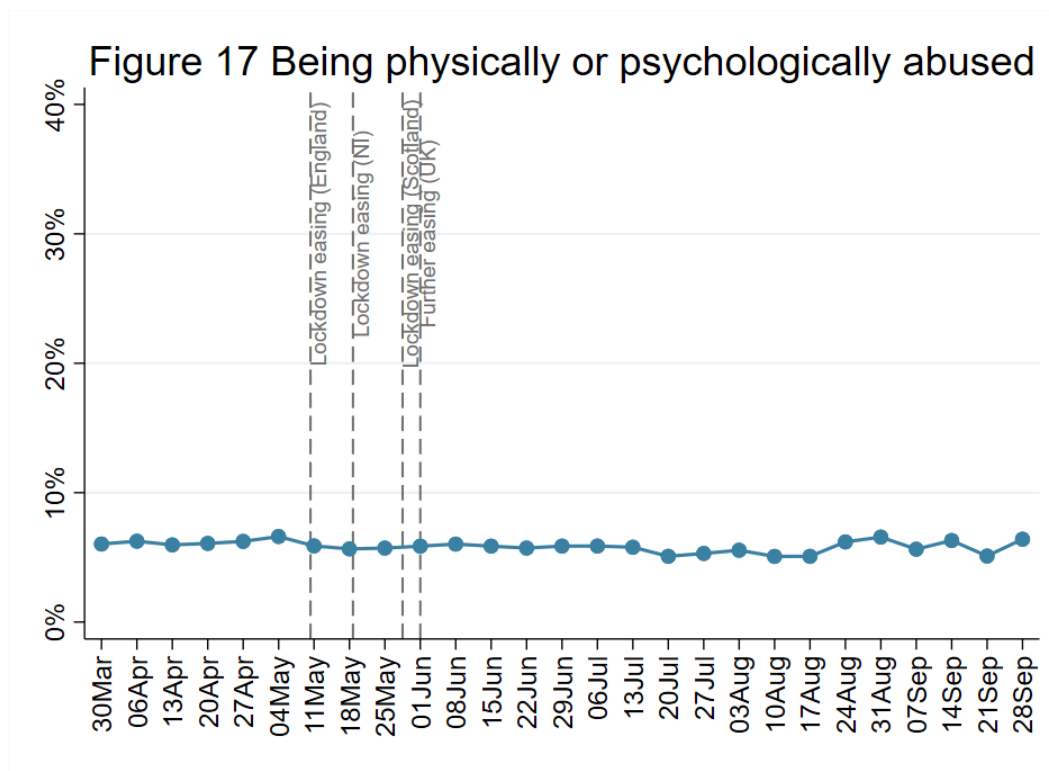


Figure 16h Self-harm by living area



3.3 Abuse



FINDINGS

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

Abuse has remained relatively stable since the easing of lockdown was announced. Abuse has been reported to be higher amongst adults under the age of 60, those with lower household income and those with existing mental health conditions. It is also slightly higher in people living with children compared to those living with just other adults.

There appears to be a slight downward trend in reports since the start of lockdown, but this is only very small. Further, it should be noted that not all people who are experiencing abuse will necessarily report it, so these levels are anticipated to be an under-estimation of actual levels.

Figure 18a Abuse by age groups

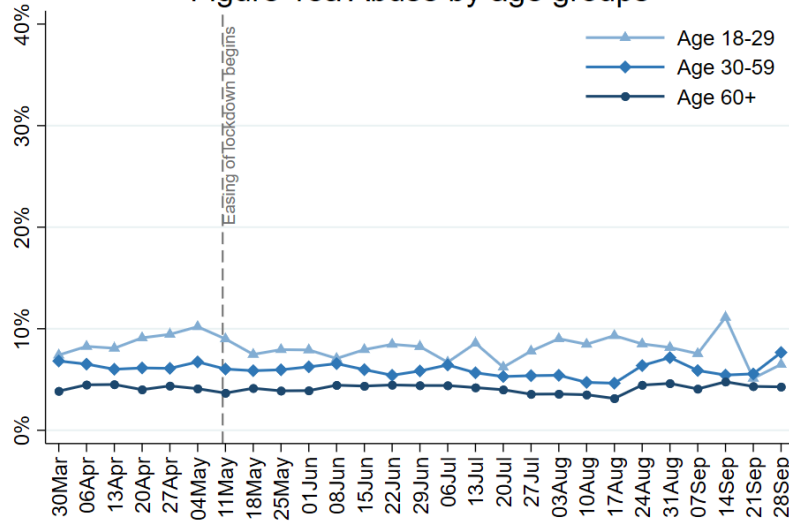


Figure 18b Abuse by living arrangement

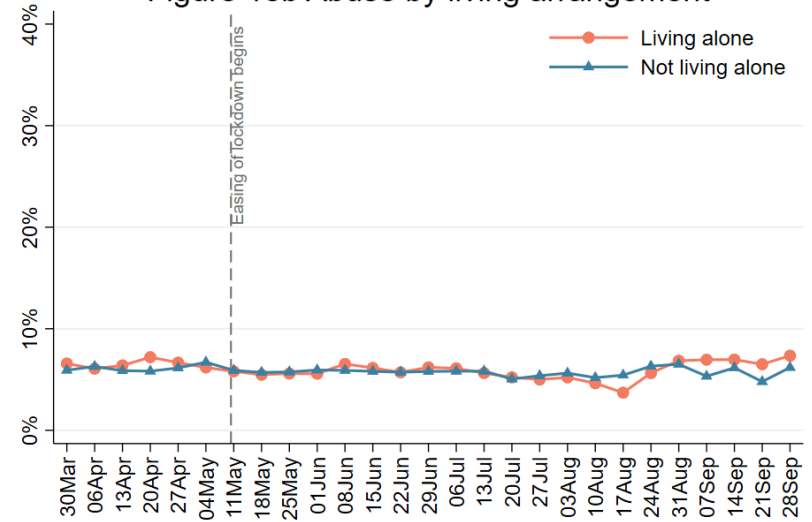


Figure 18c Abuse by household income

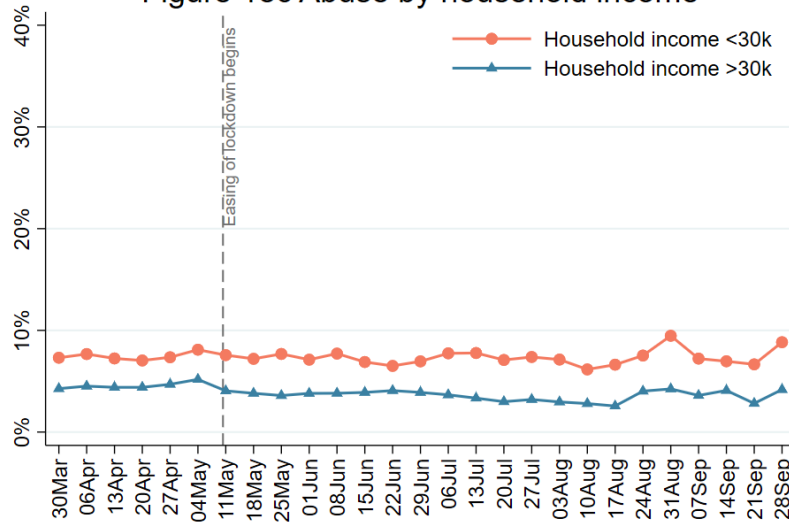


Figure 18d Abuse by mental health diagnosis

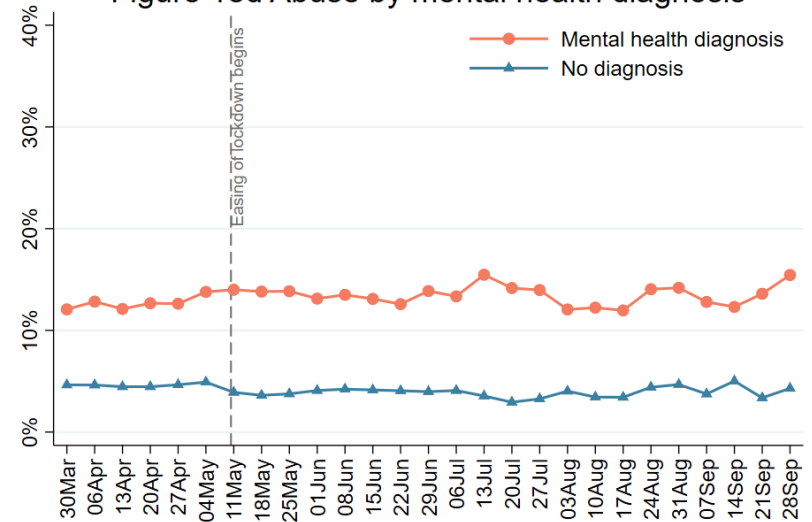


Figure 18e Abuse by nations

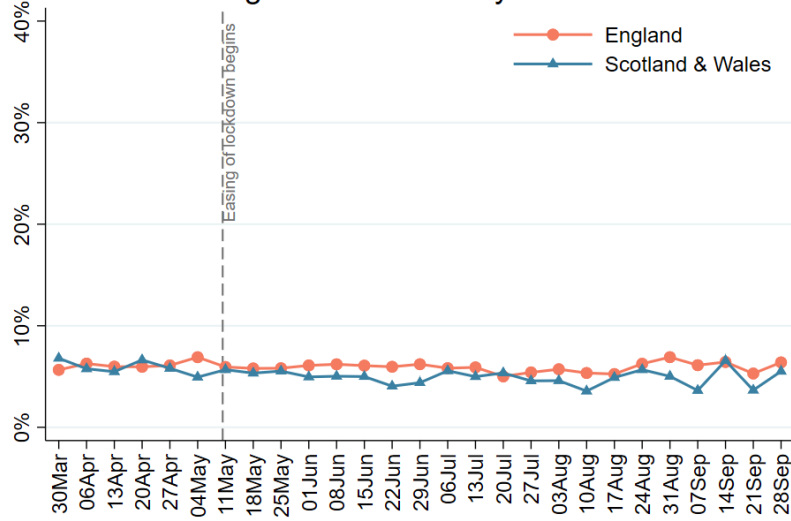


Figure 18f Abuse by keyworker status

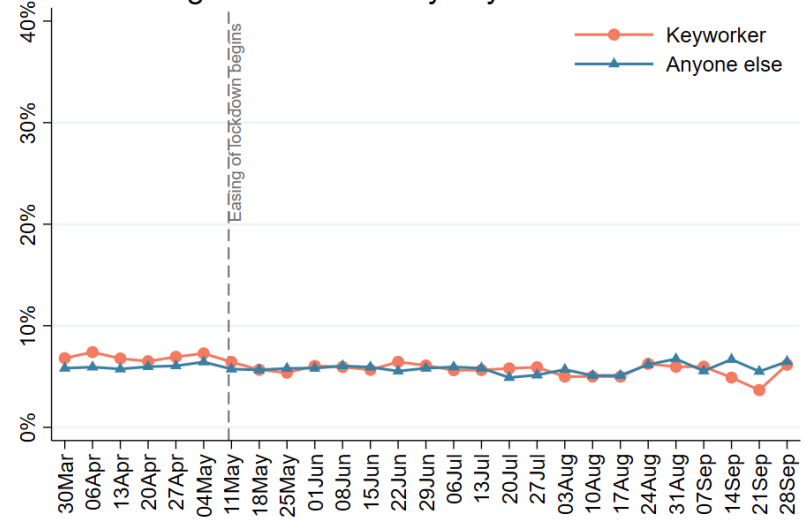


Figure 18g Abuse by living with children

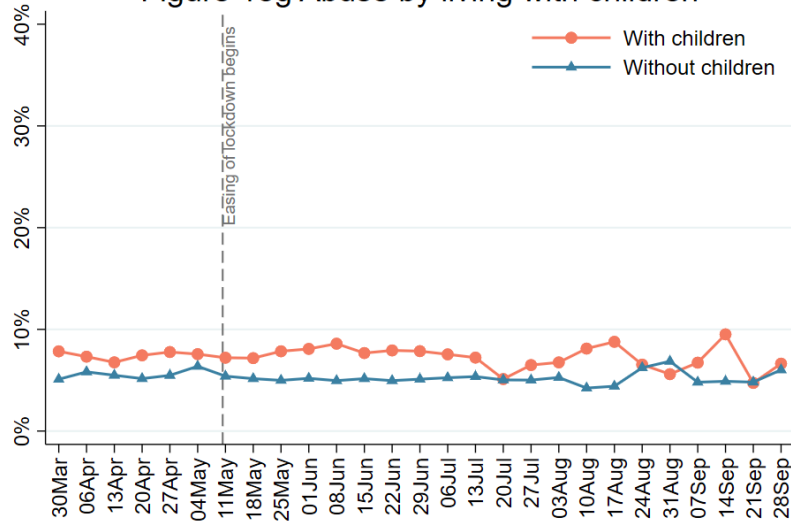
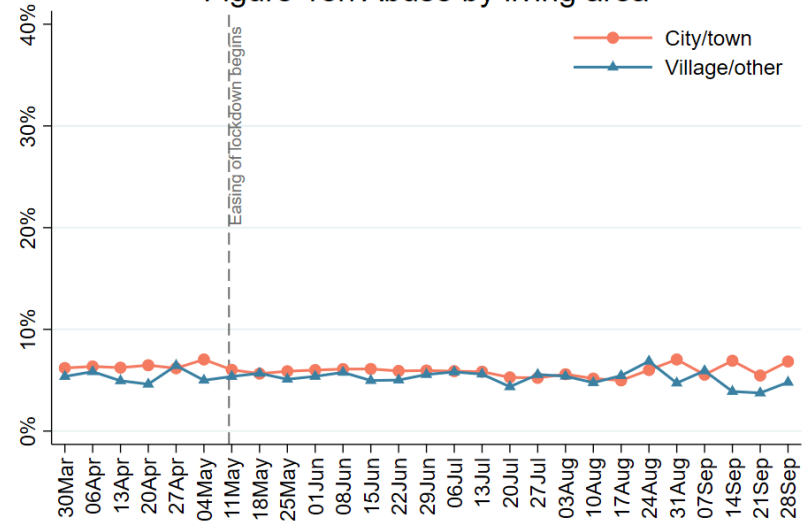
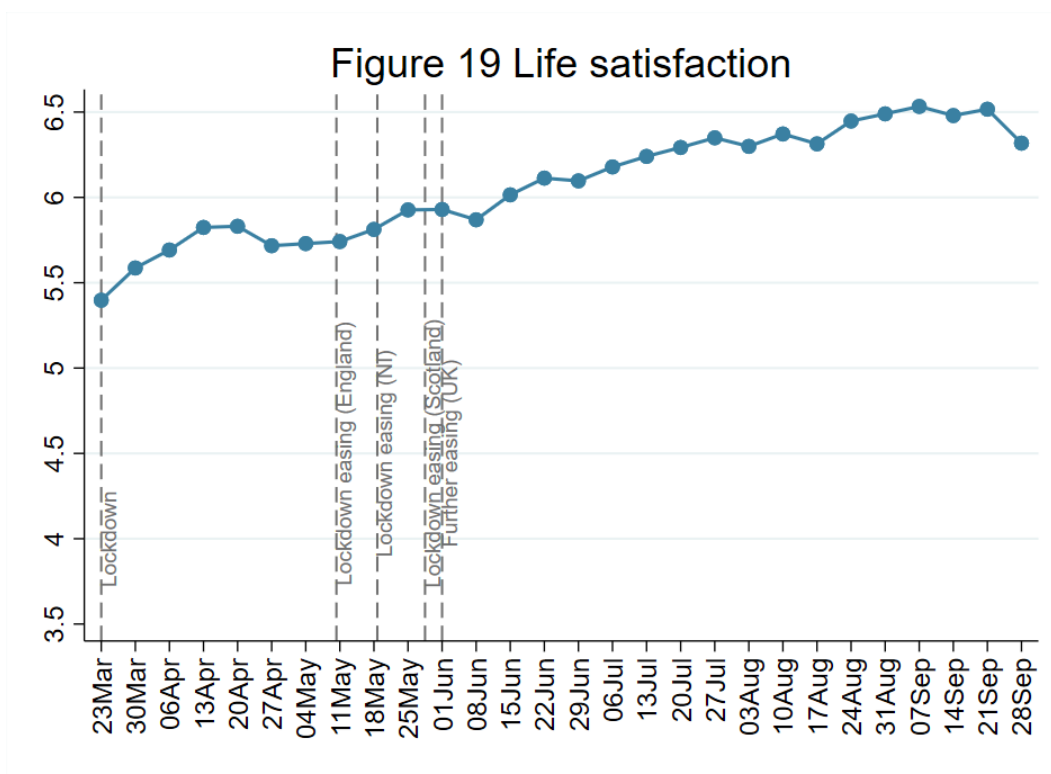


Figure 18h Abuse by living area



4. General well-being

4.1 Life satisfaction



FINDINGS

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

Life satisfaction appears to have dropped in the past week, but it remains for future data to confirm if this is a new trend. Whilst it was lower amongst people with children during lockdown, this difference has disappeared as lockdown has eased. It remains lowest in younger adults, people living alone, people with lower household income, people with a diagnosed mental health condition, and people living in urban areas (although the gap in differences between urban and rural areas has narrowed as further lockdown easing has taken place). It is similar across UK nations and amongst key workers.

Life satisfaction is still noticeably lower than for the past 12 months (where usual averages are around 7.7), and wellbeing more generally appears to have decreased substantially in the weeks preceding lockdown⁵.

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

Figure 20a Life satisfaction by age groups

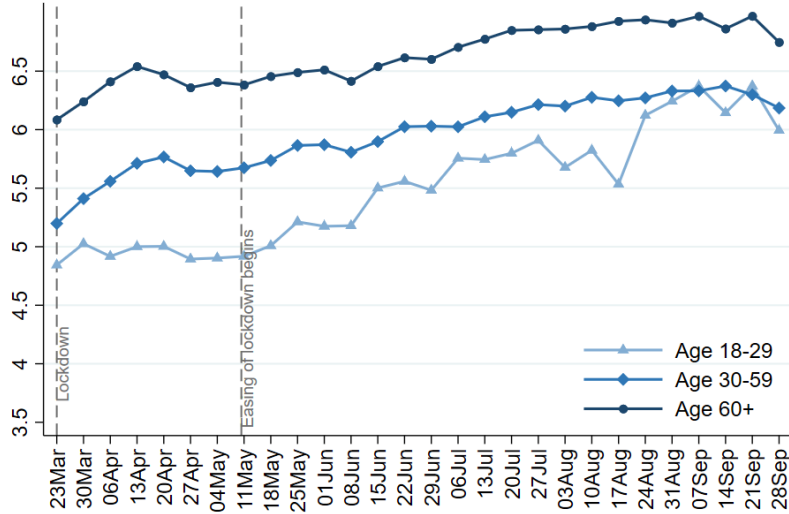


Figure 20b Life satisfaction by living arrangement

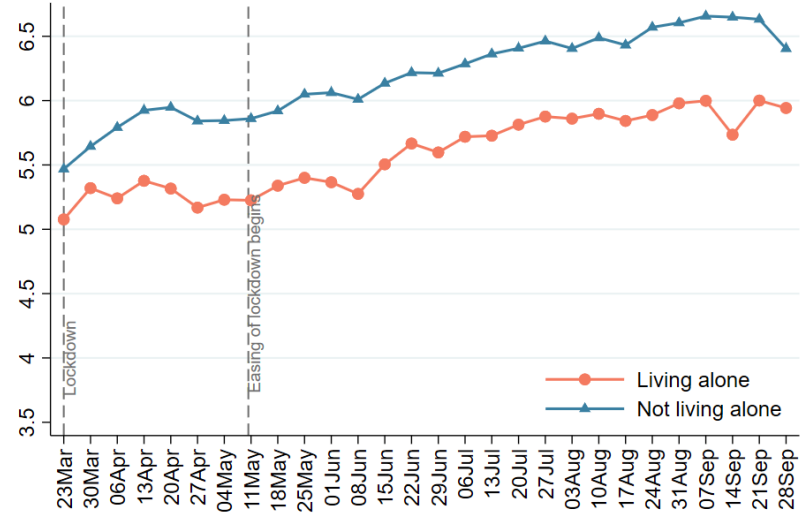


Figure 20c Life satisfaction by household income

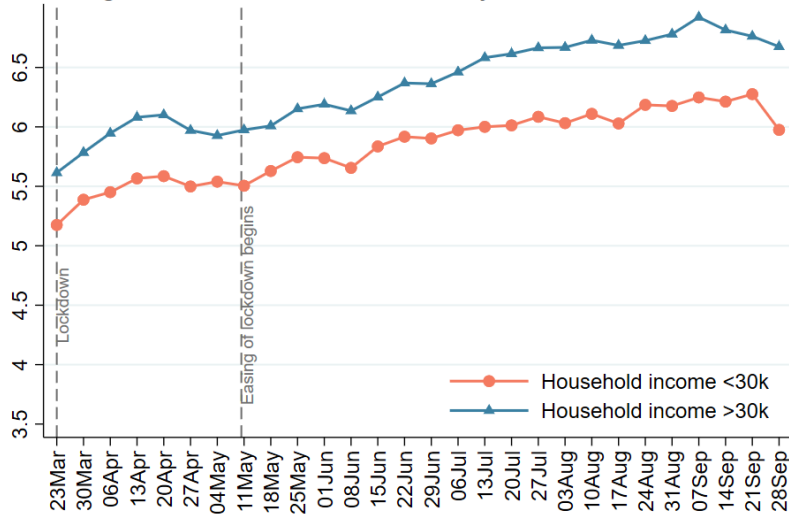


Figure 20d Life satisfaction by mental health diagnosis

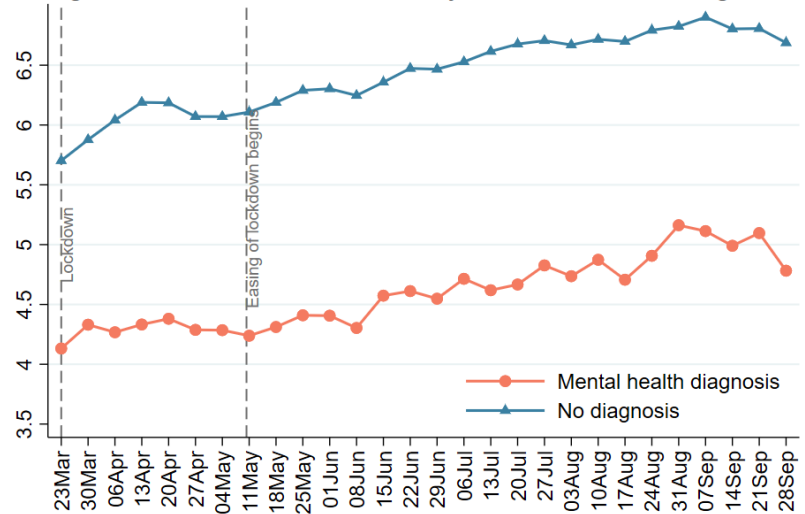


Figure 20e Life satisfaction by nations

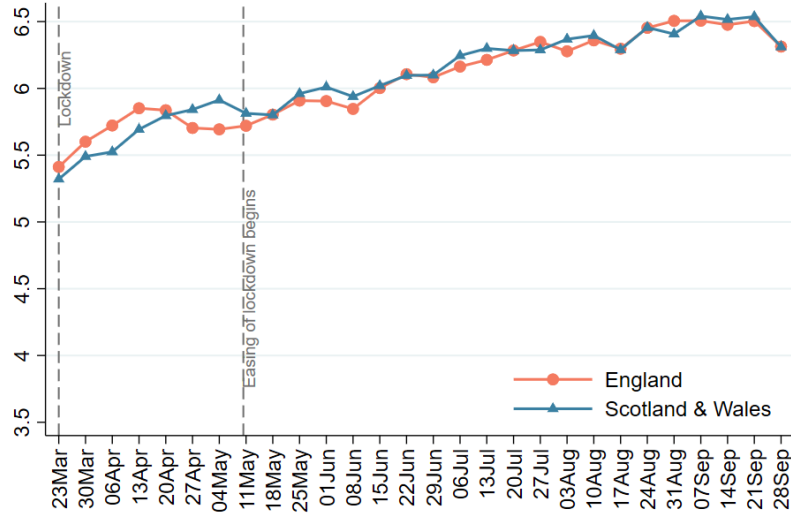


Figure 20f Life satisfaction by keyworker status

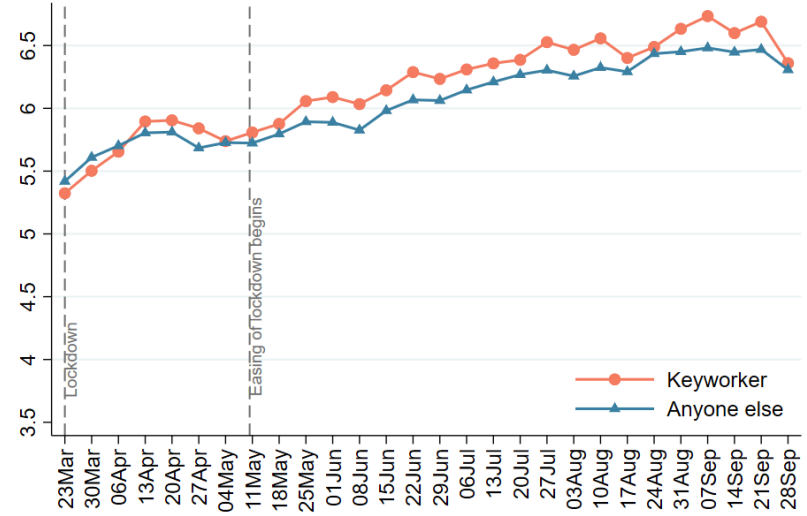


Figure 20g Life satisfaction by living with children

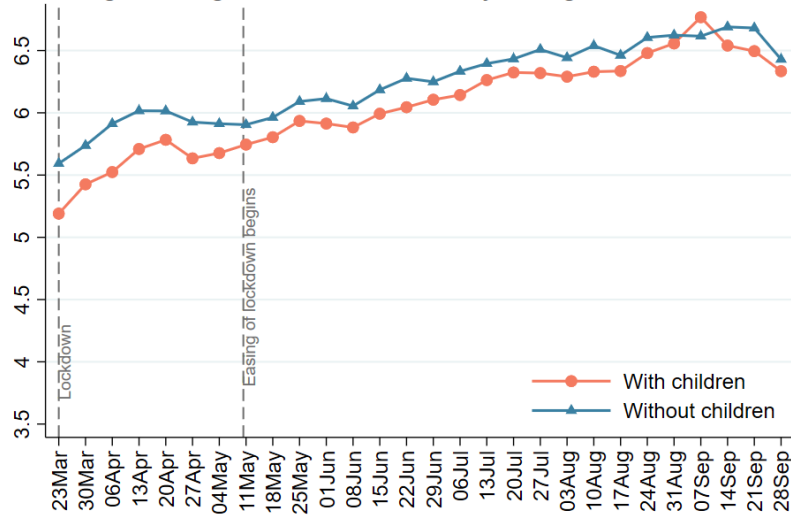
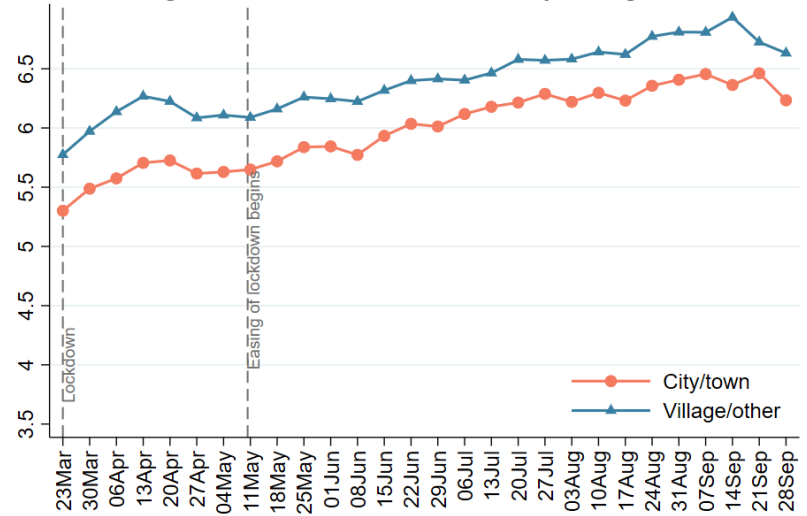
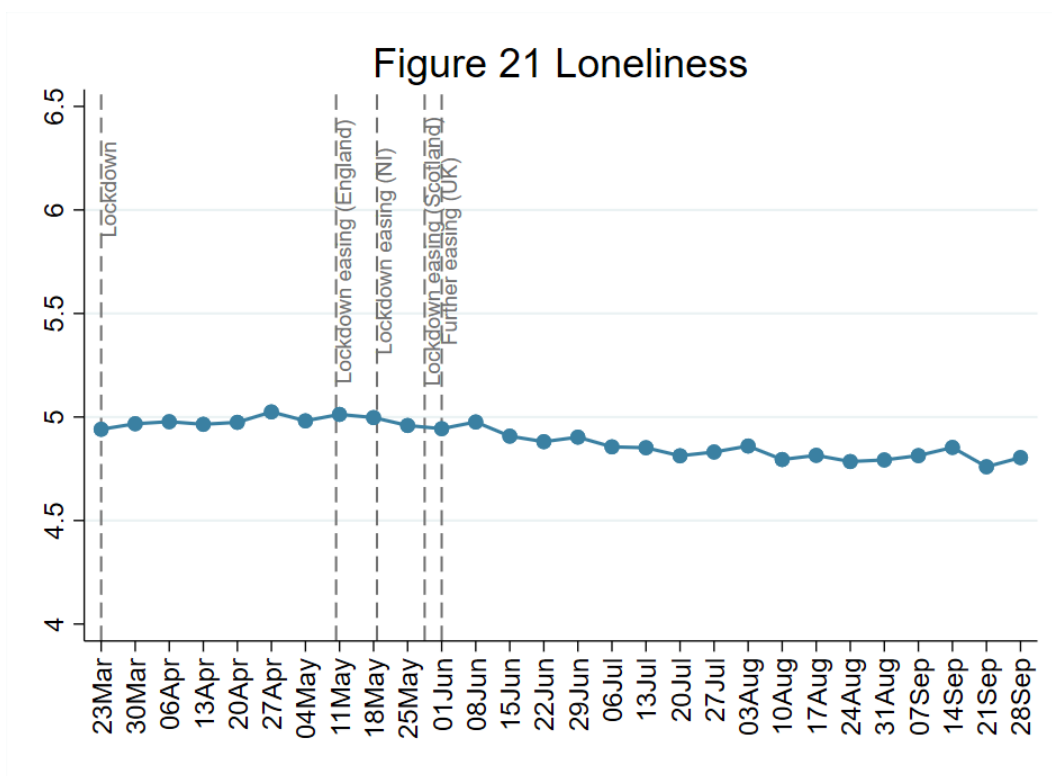


Figure 20h Life satisfaction by living area



4.2 Loneliness



FINDINGS

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

Loneliness levels have been stable in the past fortnight, but are noticeably lower than 22 weeks ago. Loneliness levels are still highest in younger adults, people living alone, people with lower household income, people living with children, people living in urban areas, and people with a diagnosed mental health condition.

Figure 22a Loneliness by age groups

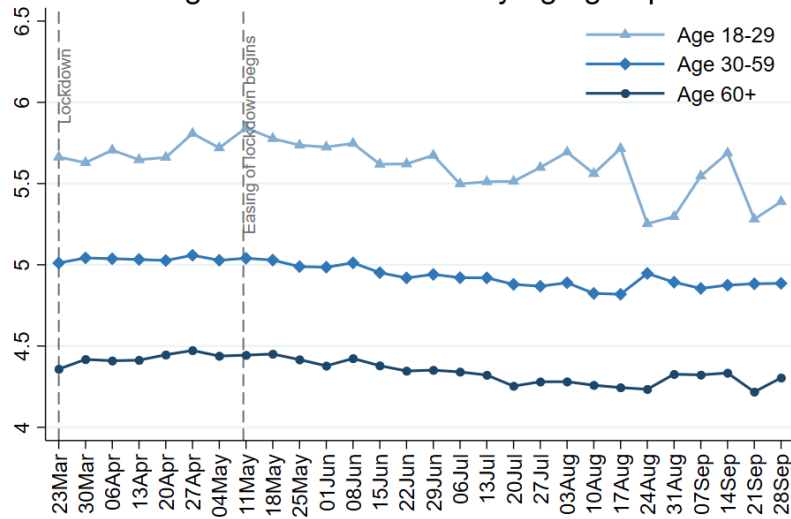


Figure 22b Loneliness by living arrangement

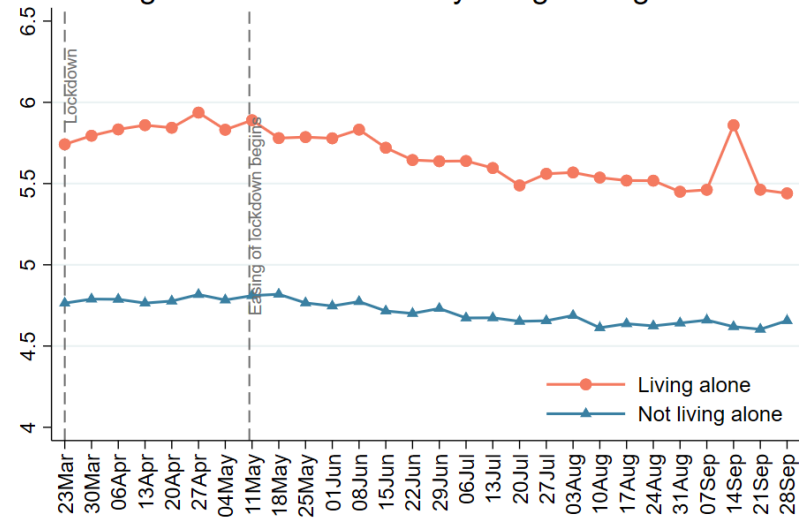


Figure 22c Loneliness by household income

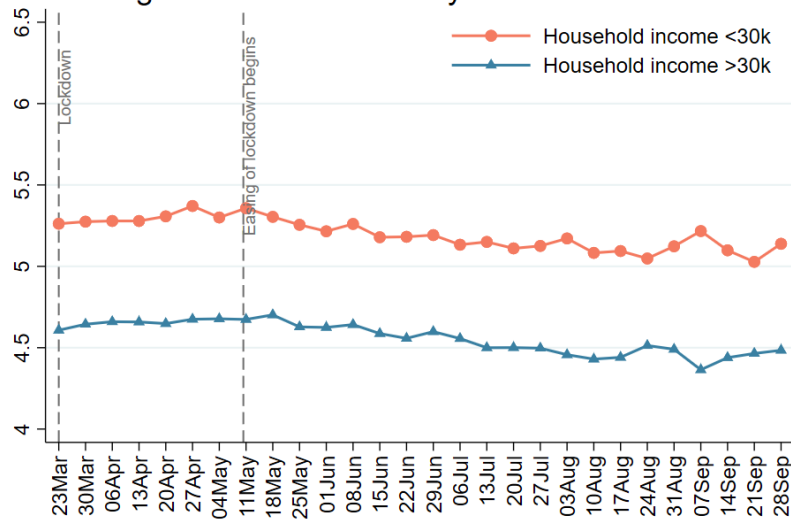


Figure 22d Loneliness by mental health diagnosis

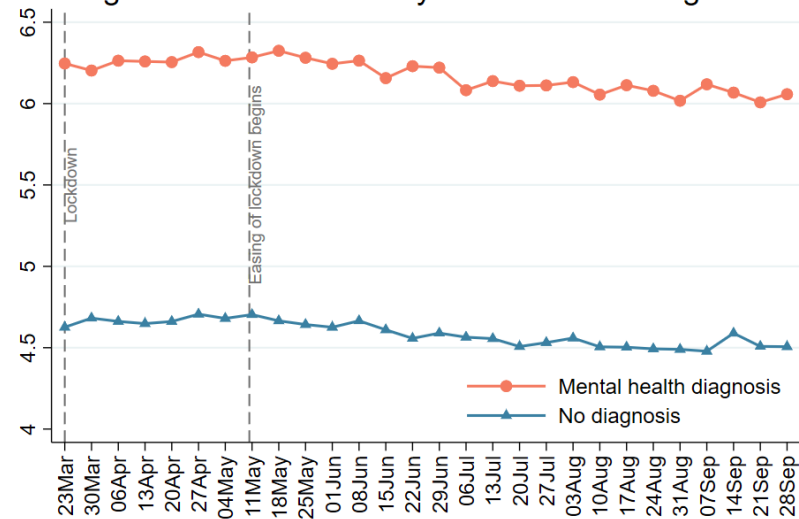


Figure 22e Loneliness by nations

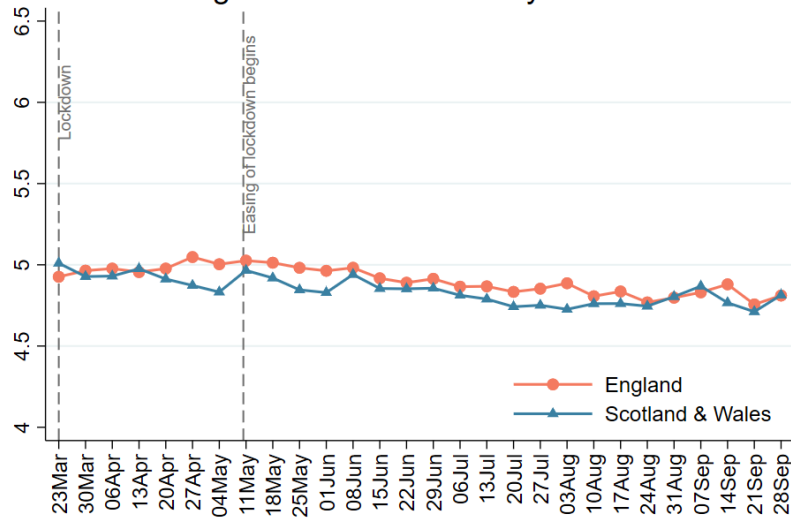


Figure 22f Loneliness by keyworker status

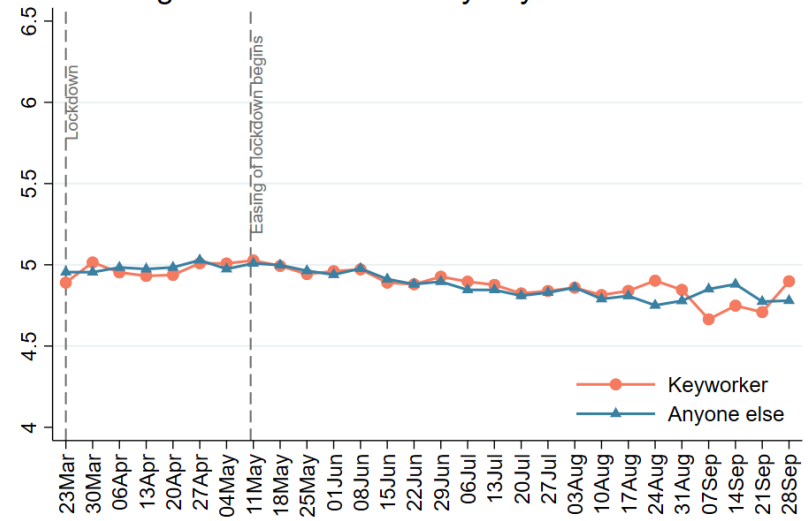


Figure 22g Loneliness by living with children

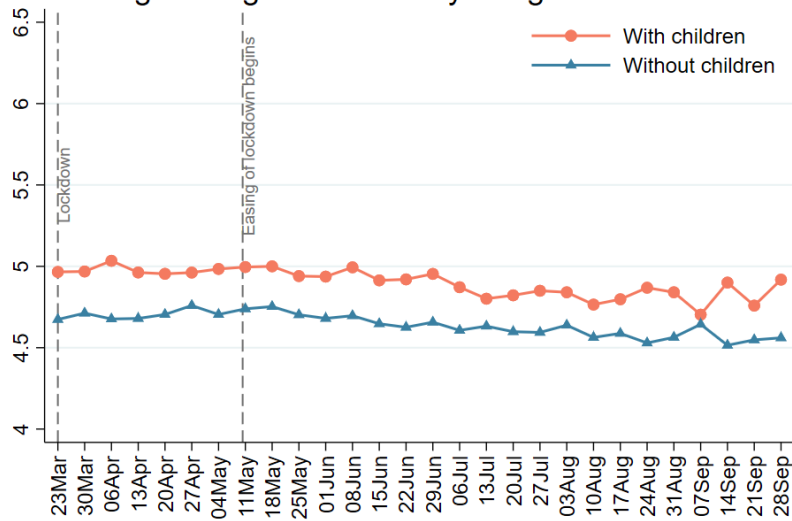
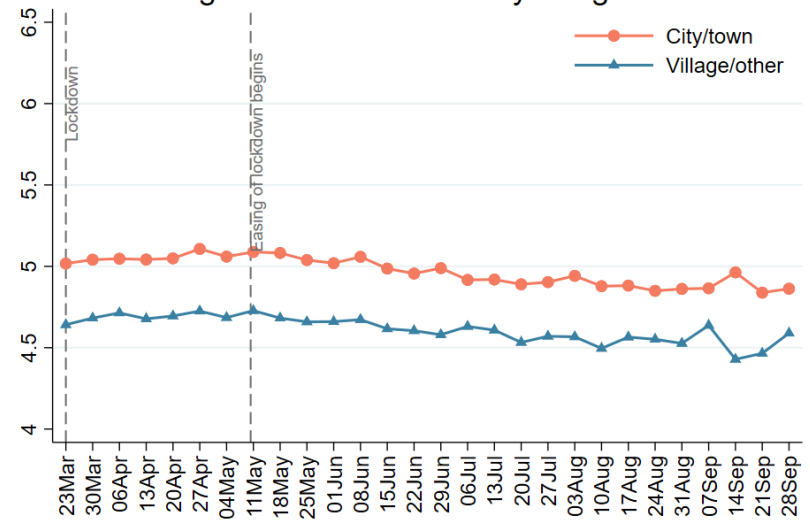
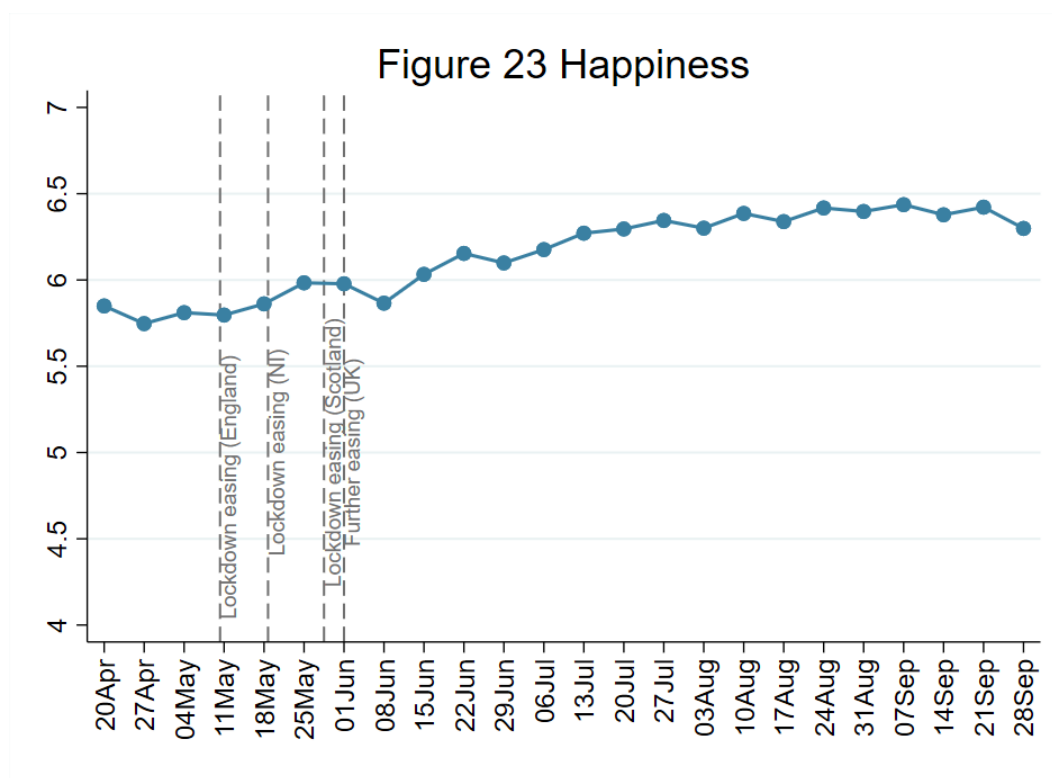


Figure 22h Loneliness by living area



4.3 Happiness



FINDINGS

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

Happiness levels have remained stable in the past fortnight, but are still substantially higher than early in lockdown. There is some indication that happiness has decreased slightly amongst younger adults in the past two weeks, but this remains to be confirmed with future data. Happiness levels remain lowest amongst younger adults, those living alone, those with lower household income, people with a diagnosed mental health condition, and people living in urban areas.

Figure 24a Happiness by age groups

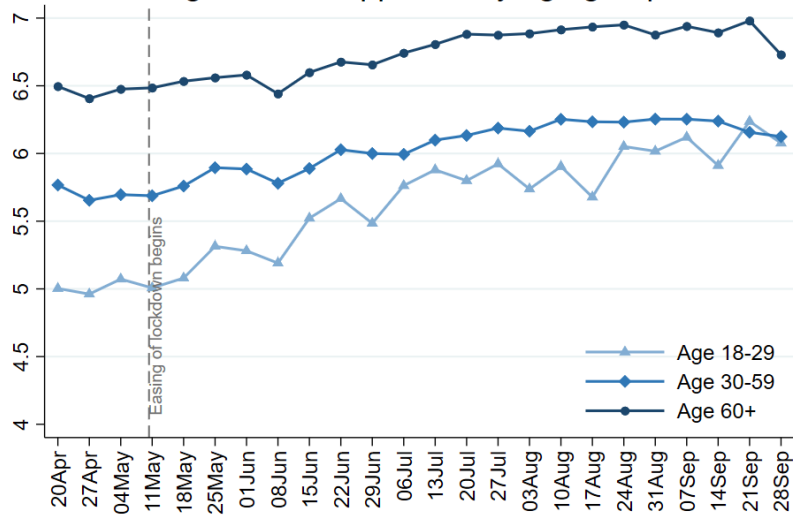


Figure 24b Happiness by living arrangement

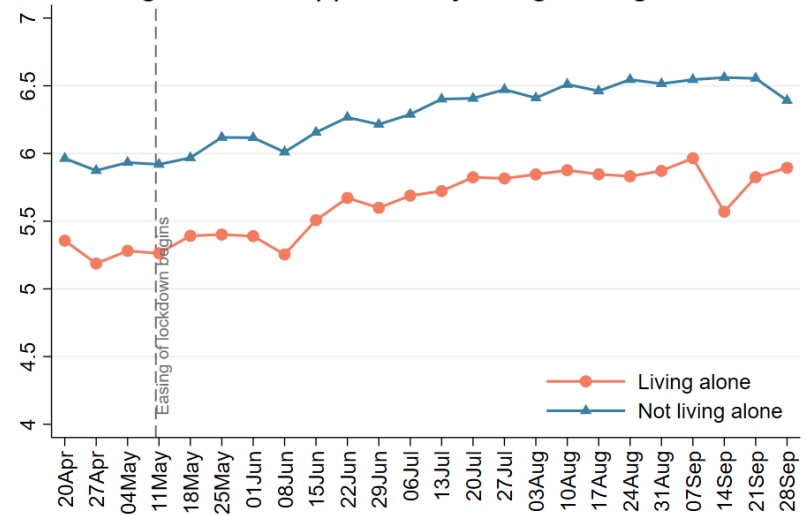


Figure 24c Happiness by household income

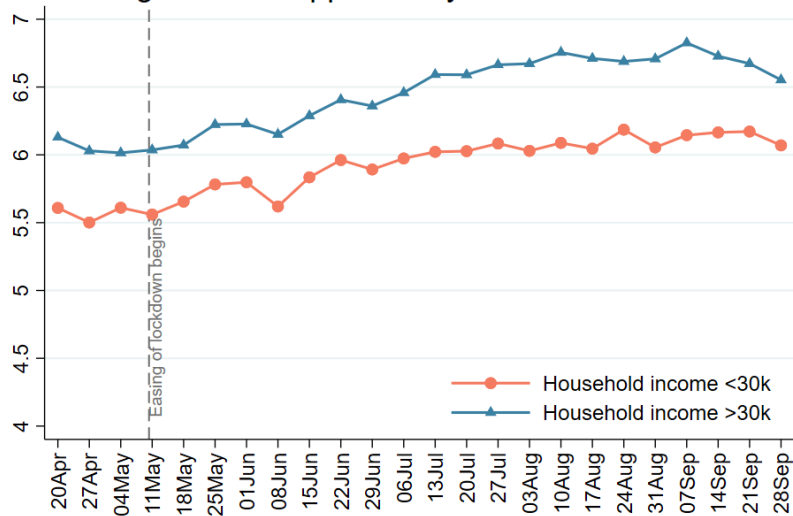


Figure 24d Happiness by mental health

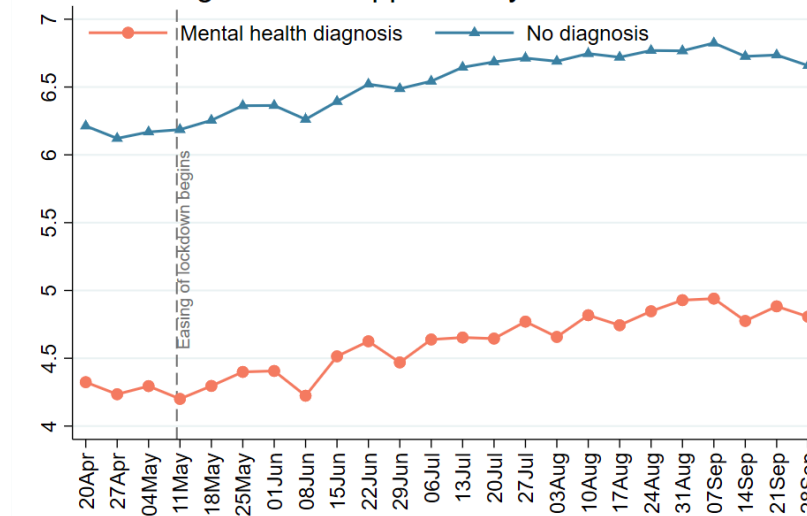


Figure 24e Happiness by nations

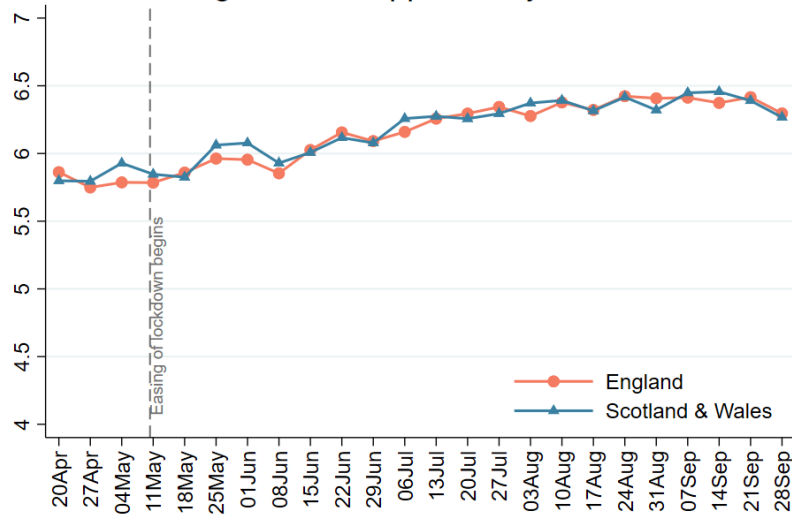


Figure 24f Happiness by keyworker status

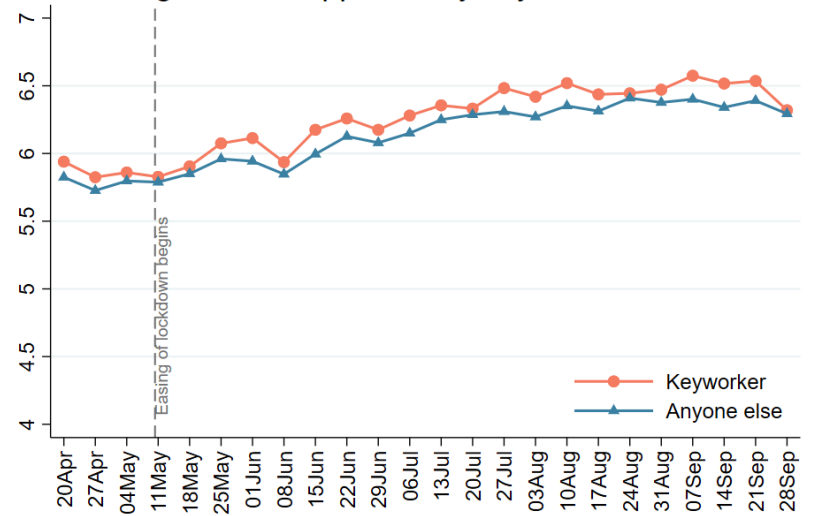


Figure 24g Happiness by living with children

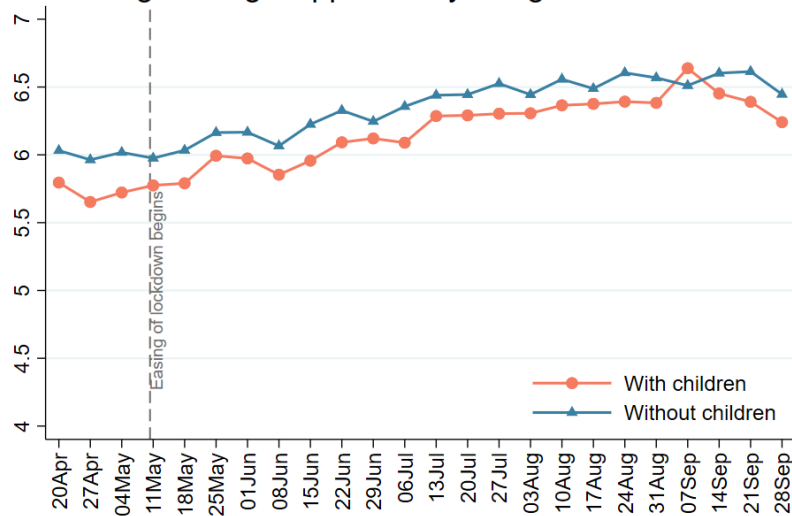
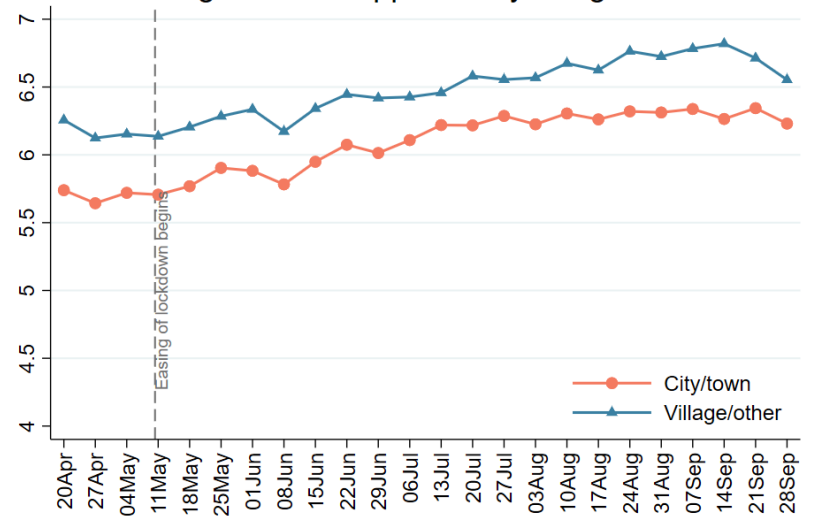
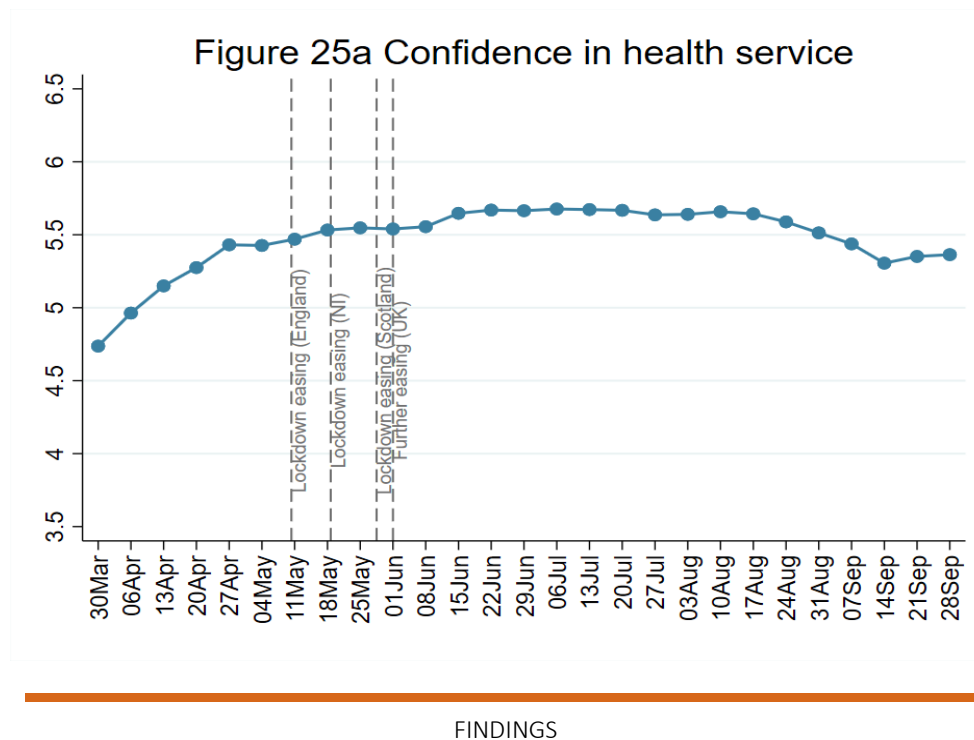


Figure 24h Happiness by living area



5. Confidence in health service and essentials

5.1 Confidence in health service



We asked participants about their confidence in the ability of the health service to cope during the pandemic from 1 (none at all) to 7 (lots). People living in devolved nations were asked to report their confidence in their own health service.

Confidence in the ability of the health service to cope was low when lockdown started, with 20% of people on balance not thinking the health service would be able to cope (score of 1-3 out of 7) and 60% thinking it would cope (score of 5-7 out of 7; the remainder of participants were unsure). This improved as lockdown continued, stabilising in late April before increasing slightly more from mid-June when more restrictions were eased. At this point, on balance only 8% felt the health service would not cope but 83% felt it would. However, across later August and September as cases started to increase and confidence decreased. Now, 12% are concerned the health service will not be able to cope but 78% still think it will. Confidence in the ability of the health service to cope is higher amongst older adults and people living in rural areas, but lower amongst people with a pre-existing mental health condition. There has been little difference depending on factors such as household income, being a keyworker, living with children, or living alone and also no material difference by country.

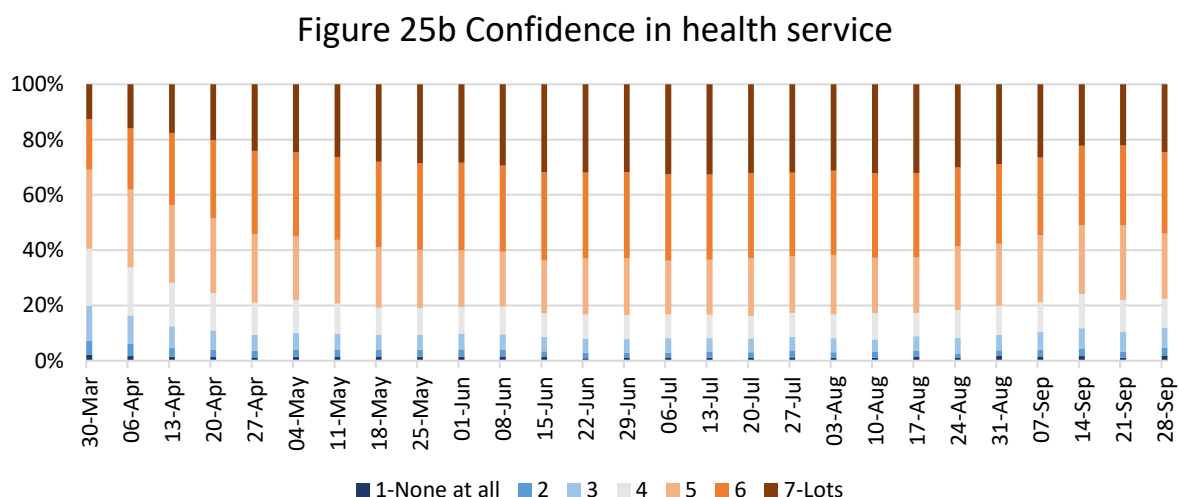


Figure 26a Confidence in health service by age groups

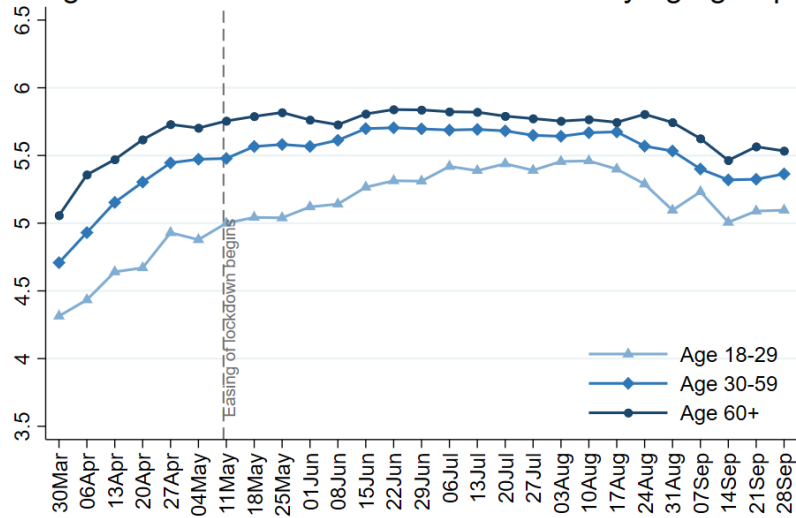


Figure 26b Confidence in health service by living arrangement

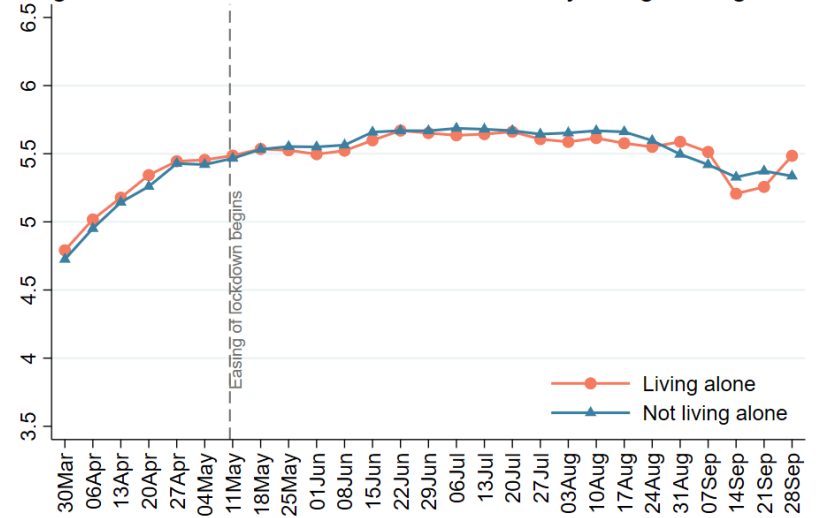


Figure 26c Confidence in health service by household income

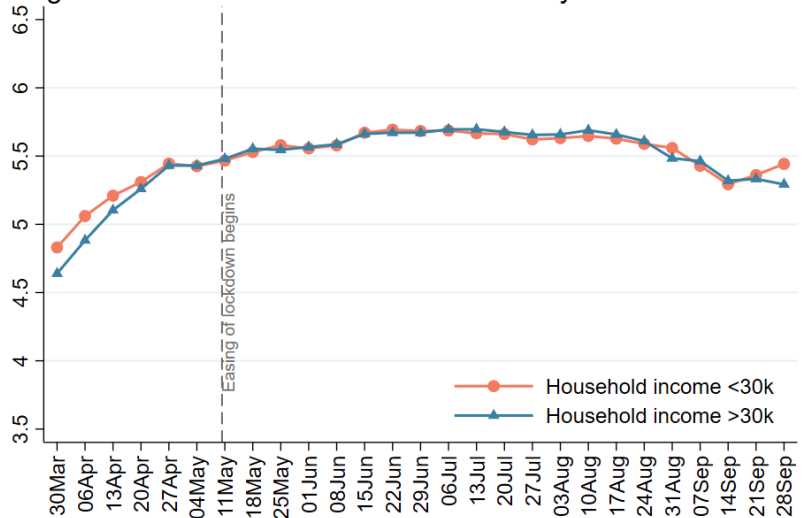


Figure 26d Confidence in health service by mental health

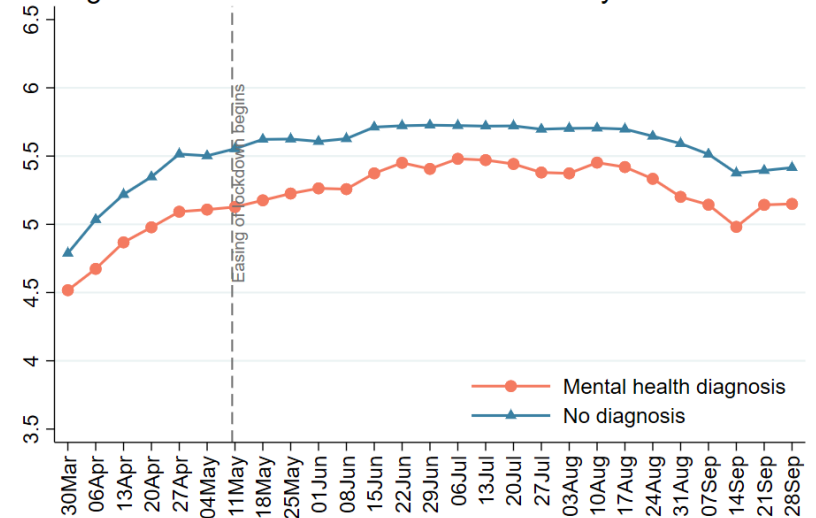


Figure 26e Confidence in health service by nations

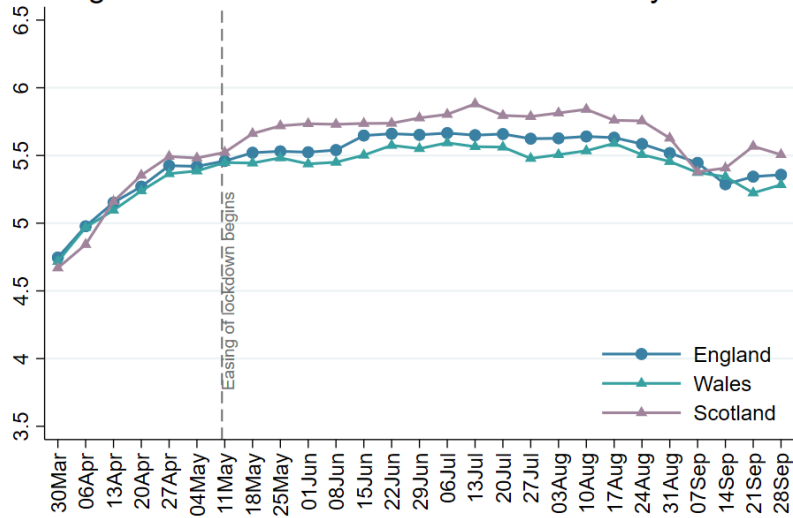


Figure 28f Confidence in essentials by keyworker status

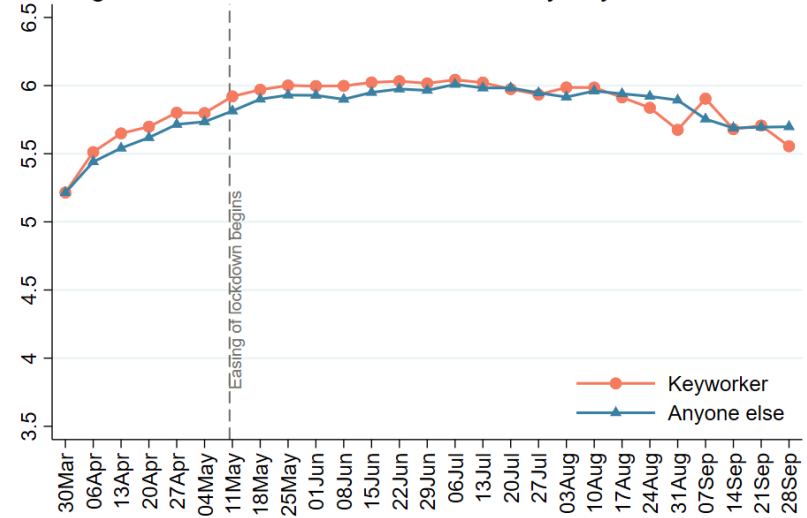


Figure 26g Confidence in health service by living with children

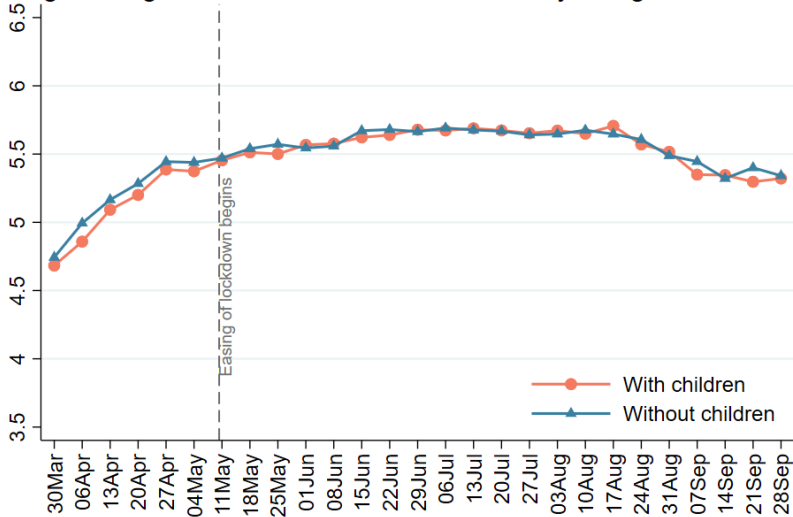
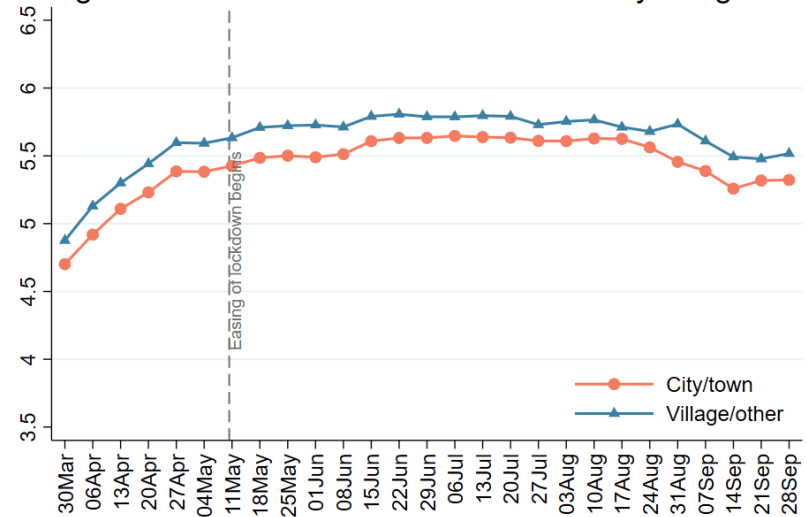
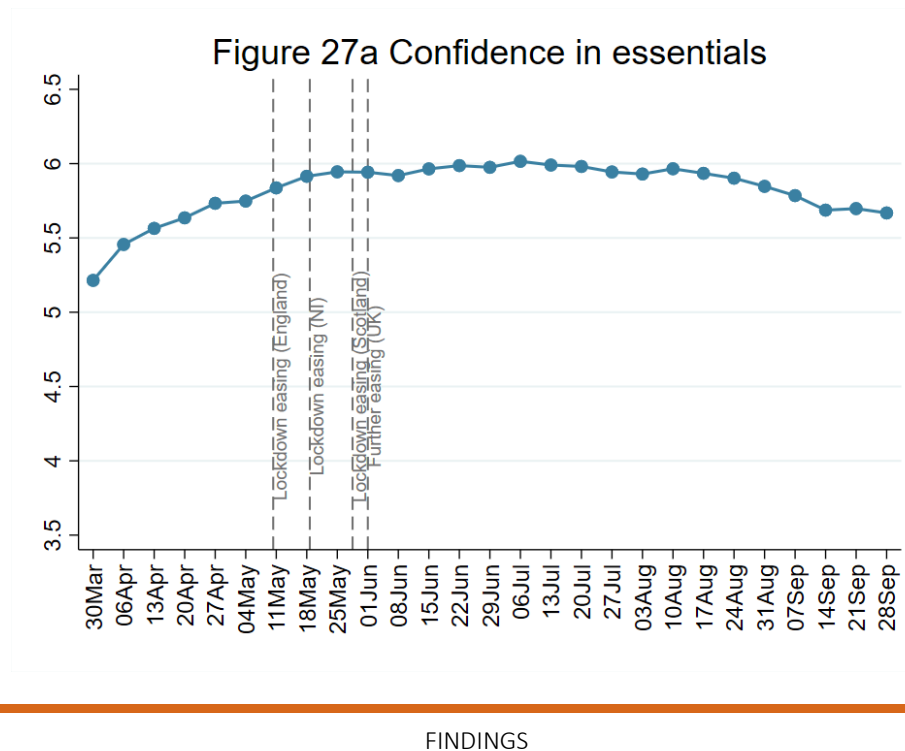


Figure 26h Confidence in health service by living area



5.2 Confidence in essentials



We asked participants about their confidence in whether essentials (e.g. access to food, electricity, water etc) would be maintained during the pandemic from 1 (none at all) to 7 (lots).

Confidence in access to essentials was low when lockdown started, with 20% of people on balance not having confidence that access to essentials would be maintained (score 1-3 out of 7), although 61% felt confident essentials would continue (score 5-7 out of 7; the remainder were undecided). This improved as lockdown continued and by mid-June, 91% of people thought access to essentials would be maintained and just 4% were concerned they would not be. However, across August and September as cases have started to increase again, confidence has decreased, and now the figures are 85% having confidence on balance and 6% not having confidence on balance.

Confidence in access to essentials has decreased across all age groups. It has been consistently slightly lower in people living alone, people with lower household income, and people with a diagnosed mental health condition. It is similar across nations, amongst keyworkers and non-keyworkers, amongst people with and without children, and amongst people living in urban and rural areas.

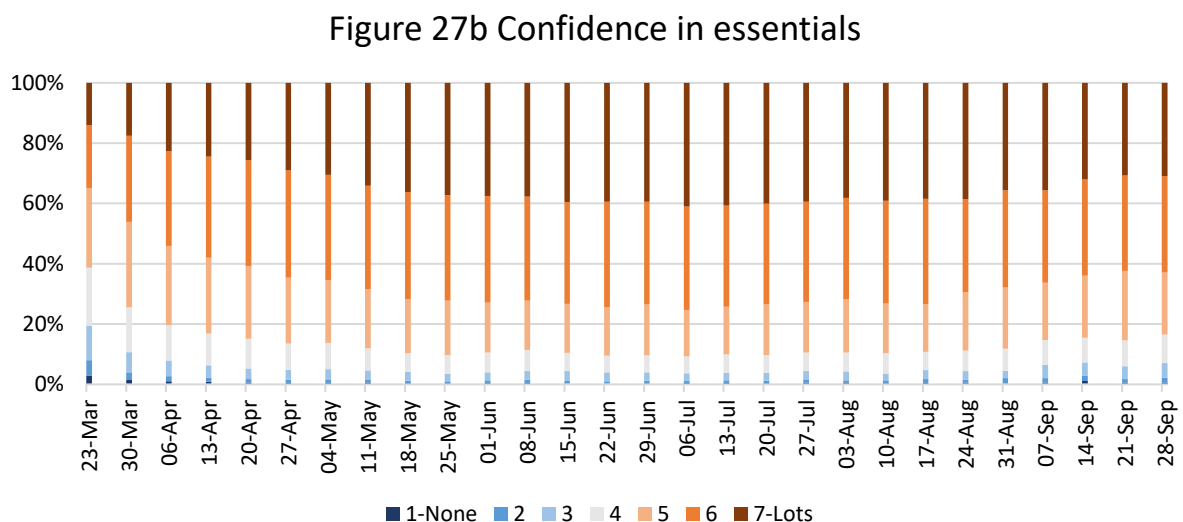


Figure 28a Confidence in essentials by age groups

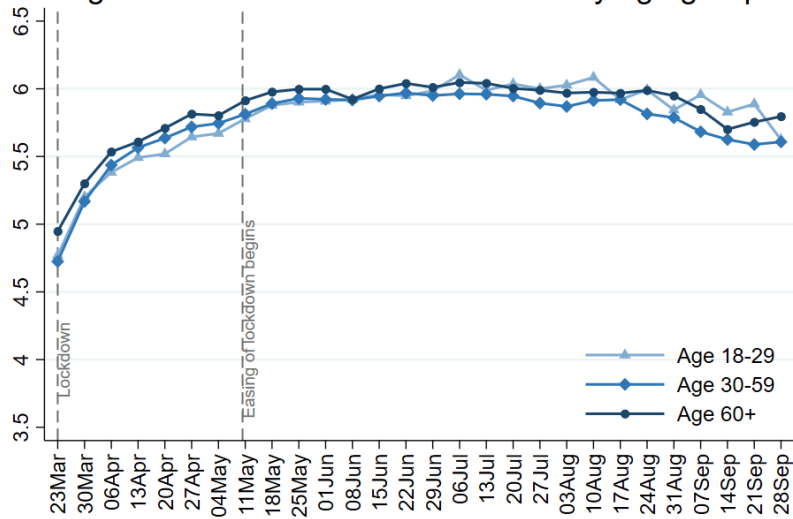


Figure 28b Confidence in essentials by living arrangement

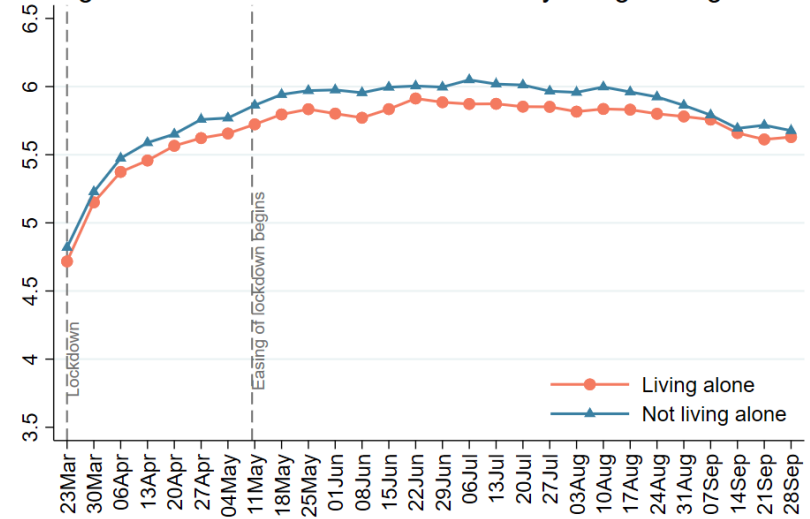


Figure 28c Confidence in essentials by household income

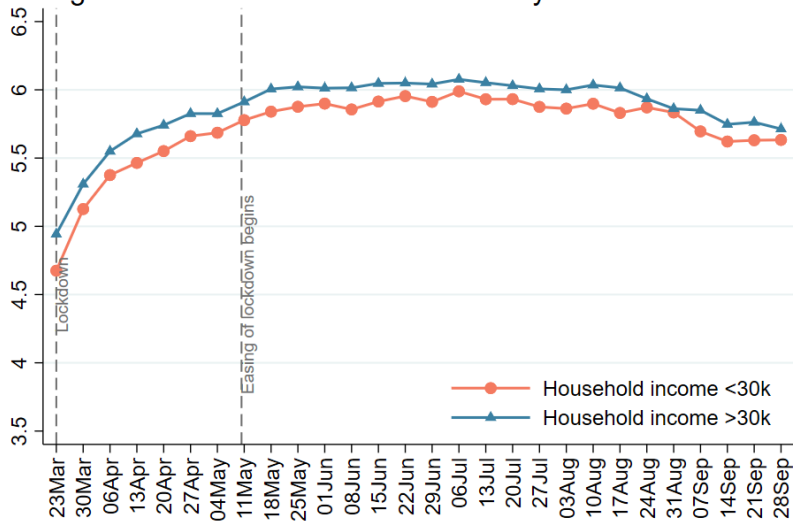


Figure 28d Confidence in essentials by mental health

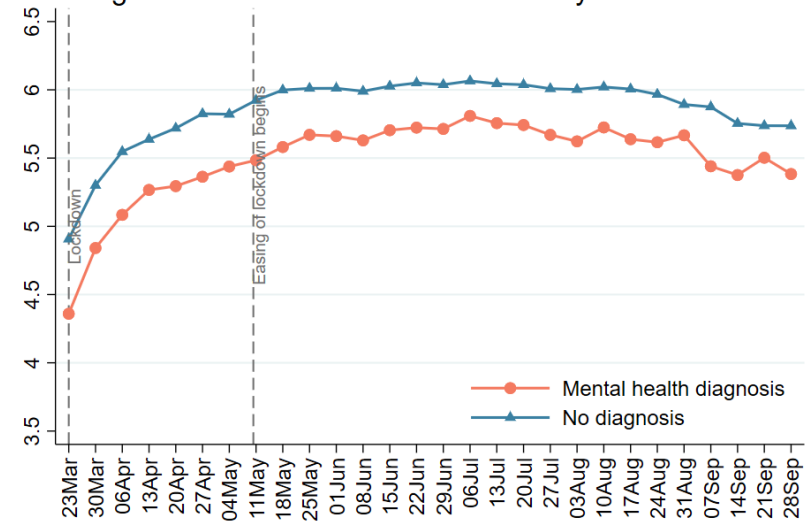


Figure 28e Confidence in essentials by nations

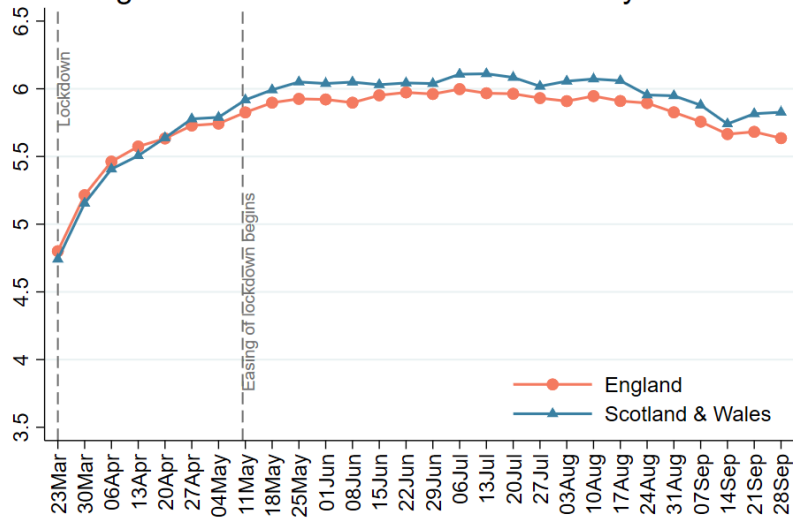


Figure 28f Confidence in essentials by keyworker status

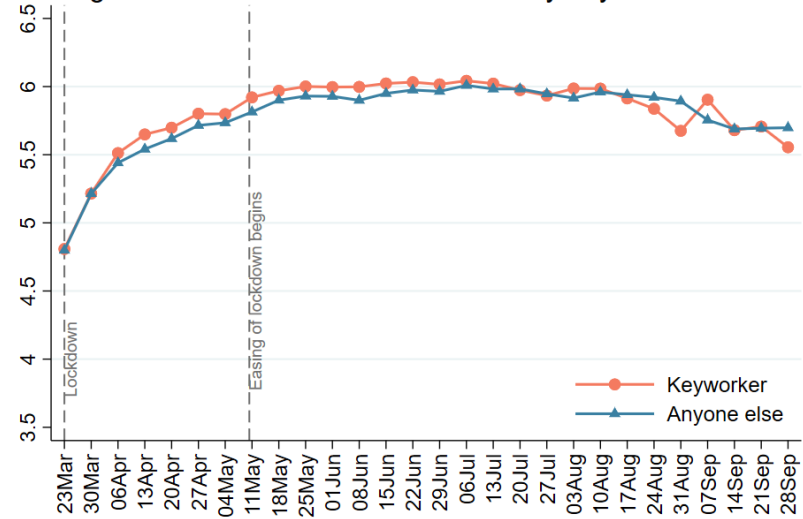


Figure 28g Confidence in essentials by living with children

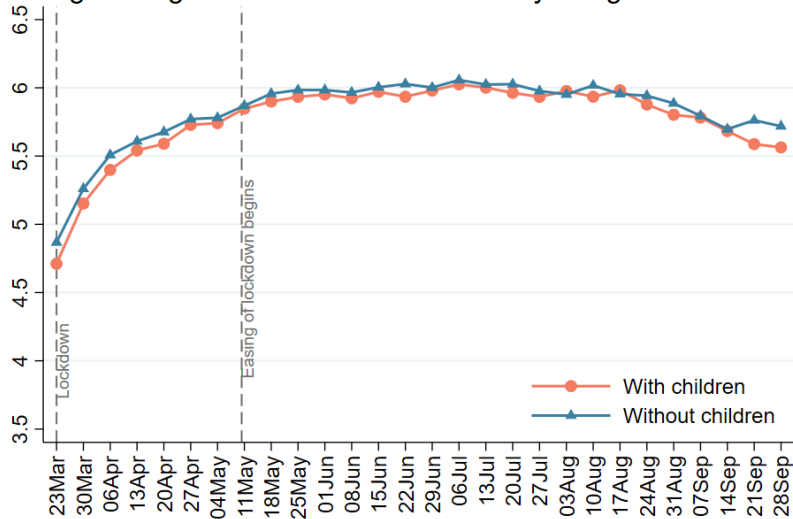
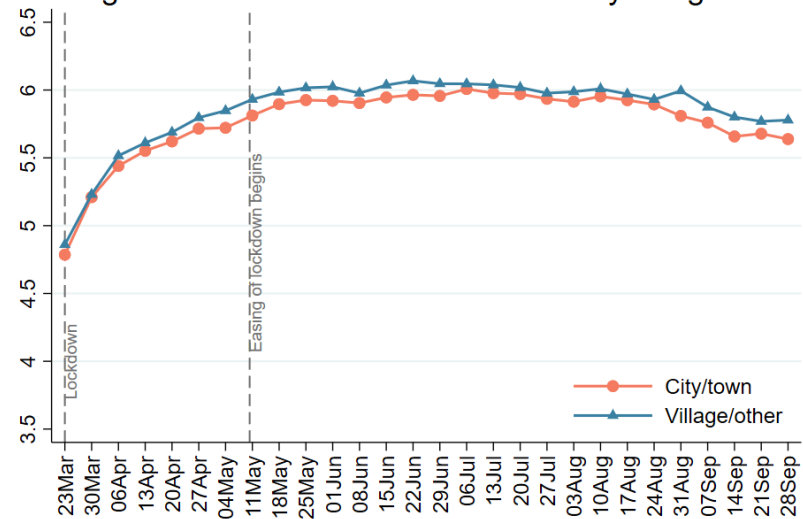


Figure 28h Confidence in essentials by living area



Appendix

Methods

The Covid-19 Social Study is a panel study of the psychological and social experiences of adults in the UK during the outbreak of the novel coronavirus run by University College London and funded by the Nuffield Foundation, UKRI and the Wellcome Trust. To date, over 70,000 people have participated in the study, providing baseline socio-demographic and health data as well as answering questions on their mental health and wellbeing, the factors causing them stress, their levels of social interaction and loneliness, their adherence to and trust in government recommendations, and how they are spending their time. The study is not representative of the UK population, but instead it aims to have good representation across all major socio-demographic groups. The study sample has therefore been recruited through a variety of channels including through the media, through targeted advertising by online advertising companies offering pro-bono support to ensure this stratification, and through partnerships with organisations representing vulnerable groups, enabling meaningful subgroup analyses.

Specifically, in the analyses presented here we included adults in the UK. We used new cross-sectional data from individuals as they entered the study and also included weekly longitudinal data as participants received their routine follow-up. In this report, we treated the data as repeated cross-sectional data collected daily from the 21st March to the 4th October (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			Any diagnosed mental health conditions		
18-29	44,120	6.11	No	599,432	83.0
30-59	401,885	55.7	Yes	122,603	17.0
60+	276,030	38.2	Keyworker		
UK nations			No	569,971	78.9
England	583,744	81.6	Yes	152,064	21.1
Wales	86,004	12.0	Living with children		
Scotland	45,241	6.33	No (excluding those who live alone)	407,886	71.3
Living arrangement			Yes	163,842	28.7
Not living alone	571,728	79.2	Living area		
Living alone	150,307	20.8	Village/hamlet/isolated dwelling	179,219	24.8
Annual household income			City/large town/small town	542,816	75.2
>30k	389,789	59.9			
<30k	261,456	40.2			