Covid-19 Social Study

Results Release 33

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23rd April 2021

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Executive summary

Background

This report provides data from the last 56 weeks of the UK Covid-19 Social Study run by University College London: a panel study of over 70,000 respondents focusing on the psychological and social experiences of adults living in the UK during the Covid-19 pandemic.

In this THIRTY-THIRD report, we focus on psychological responses to the first fifty-six weeks since just before the first UK lockdown was announced (21/03/2020 to 18/04/2021). We present simple descriptive results on the experiences of adults in the UK. Measures include:

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

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.
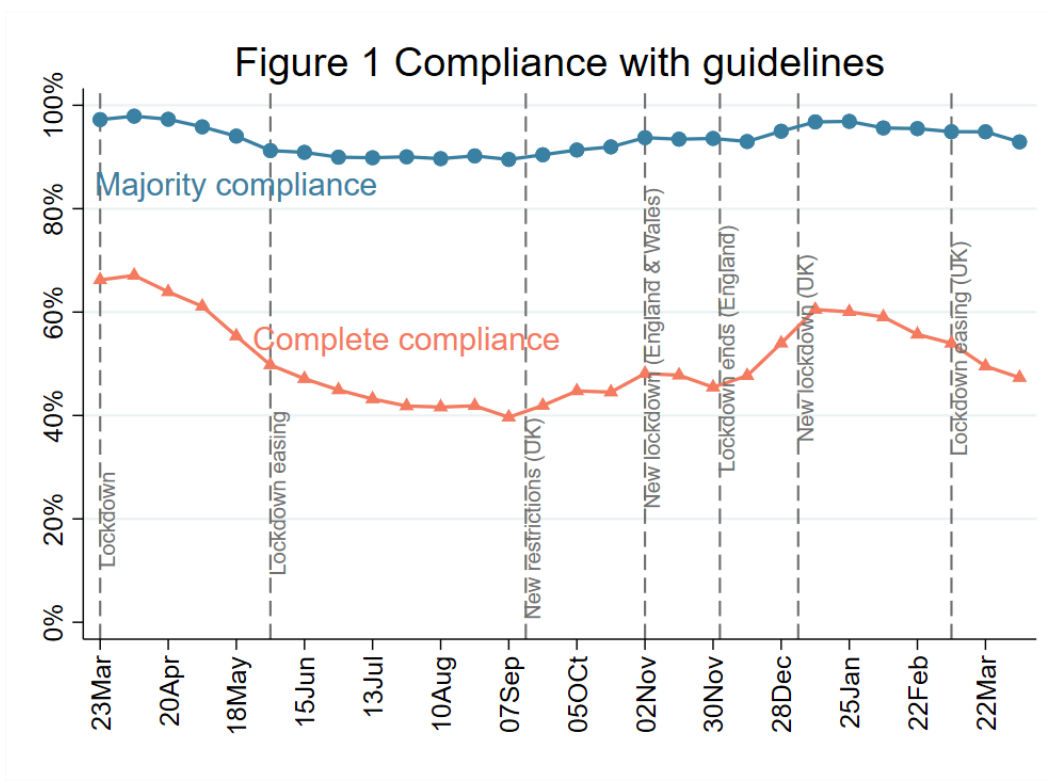
Findings

- The majority (65.6%) of adults in our study reported that they have not changed their alcohol consumption each week compared to a year ago. Of those who had changed their drinking habits, 49.1% are drinking more and 50.9% are drinking less.

- Amongst those who had changed their drinking, men (51.6% vs women 46.6%) and people with higher (51.2% vs lower 47.6%) household incomes were more likely to report increasing the number of alcoholic drinks they had consumed in the past week, compared to March/April 2020. Increases in drinking were similar across age groups.

- There have, however, been decreases in drinking behaviour over the last year, particularly amongst adults who were drinking heavily (15+ units per week) a year ago. In this group, 40.1% had decreased their drinking, whilst just 22.8% of light drinkers (1-6 units per week) had done so. The majority (91.5%) of young adults who were drinking heavily a year ago have now cut down on alcohol consumption, compared to just 1 in 3 adults ages 30-59 (37.5%) and 60+ (35.5%) who were drinking heavily last year.

- More than 1 in 3 (39.0%) adults are currently smoking more per day than they were a year ago. Older adults were slightly more likely (44.6%) than younger adults (ages 30-59: 40.2%, and ages 18-29: 40.3%) to say they have increased their smoking. However, the vast majority of non-and ex-smokers (98.5%) have not taken up smoking over the year.

- Happiness and life satisfaction levels have been increasing since the end of January this year and are now similar to what they were last summer when they were at their highest levels. All demographic groups have reported increasing levels of happiness and life satisfaction since the easing of restrictions for the latest lockdown. However, there are still differences across demographic groups, with younger participants, people living alone, women, people from ethnic minority backgrounds, and those with lower household incomes reporting lower levels of happiness and life satisfaction.

- Despite the recent increases in happiness and life satisfaction, levels of depression and anxiety symptoms remain similar to what they were in the autumn. Anxiety and depression symptoms both increased just before easing of restrictions for the current lockdown, but decreased thereafter. Similarly, although loneliness levels decreased slightly since the easing of the latest restrictions, they are similar to what they were as restrictions for the first lockdown eased.

- The proportion of adults in our study reporting that they have been physically or psychologically abused in the past week has remained relatively stable since the start of the pandemic (~5%), with demographic patterns remaining consistent. People with a diagnosed physical or mental health condition, those with lower household incomes, and people from ethnic minority groups are more likely to report having experienced abuse.

- Majority compliance is currently 92.6% and has stayed consistently high since the start of the year as new lockdowns were introduced across the UK. It continues to be as high as it was at the end of the first strict lockdown in May 2020.

1. Compliance and confidence

1.1 Compliance with guidelines

Figure 1 Compliance with guidelines

FINDINGS

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

Majority compliance has stayed consistently high since the start of the year as new lockdowns were introduced across the UK. It has remained as high as it was at the end of the first strict lockdown in May 2020.

Complete compliance (i.e., following rules and recommendations with no bending or even minor infringements) has decreased since the start of the new year, but is currently still as high as it was in November of 2020 at the start of the second lockdown. Across demographic groups, patterns of complete compliance remain as they have been for the last few months, with compliance lower in higher income households, amongst young adults, amongst keyworkers, in urban areas, amongst men, amongst those in ethnic minority groups, and amongst people in good physical health.

Majority compliance in the last month is being reported by around 92.6% of people, with patterns of compliance consistent overall in all major demographic groups (Figures 2m-2x).
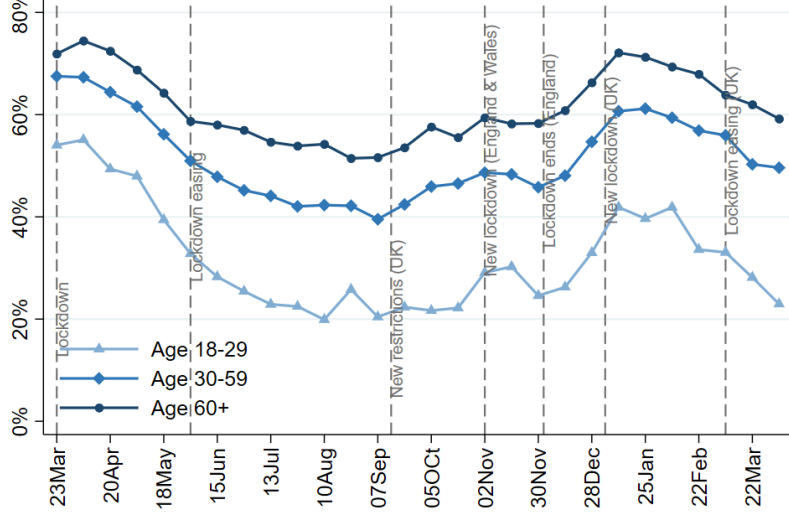
Figure 2a Complete compliance by age groups

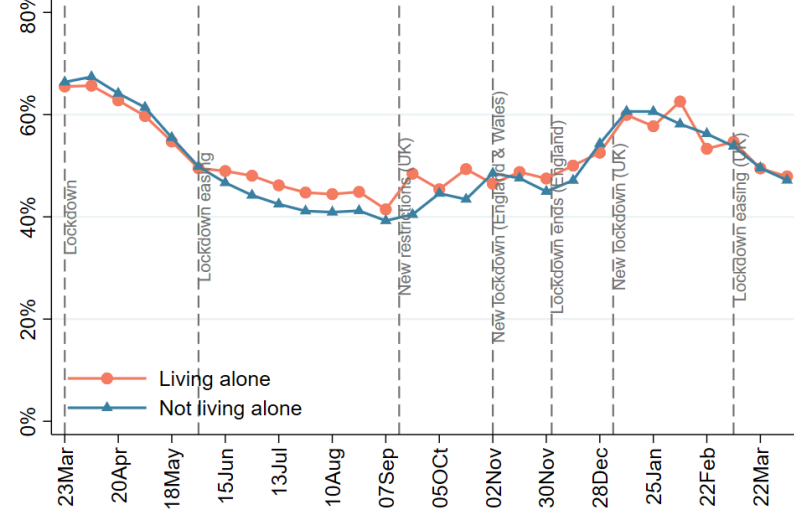Figure 2b Complete compliance by living arrangement

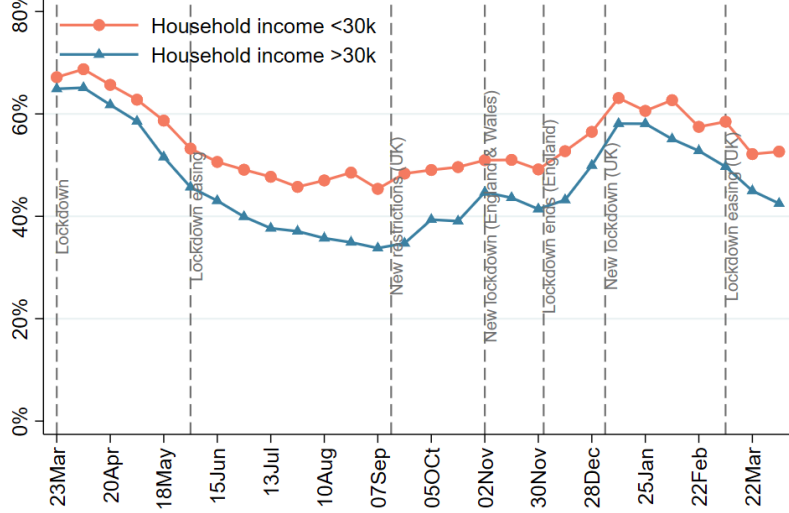Figure 2c Complete compliance by household income

Figure 2d Complete compliance by mental health
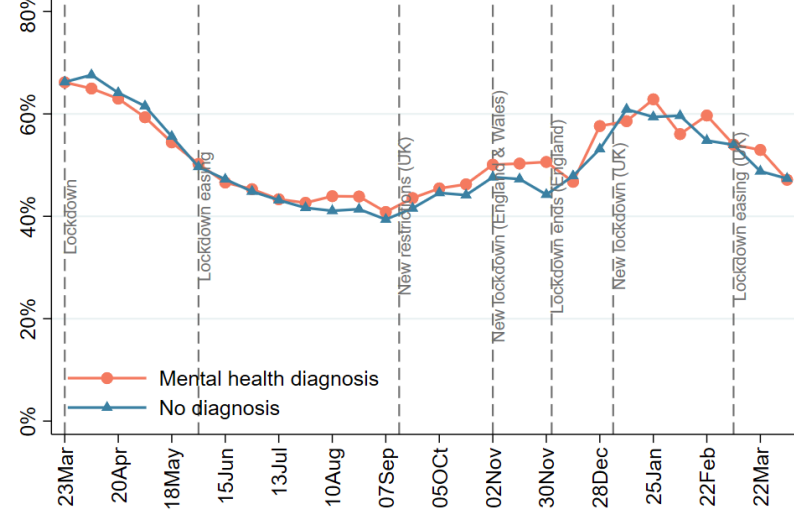
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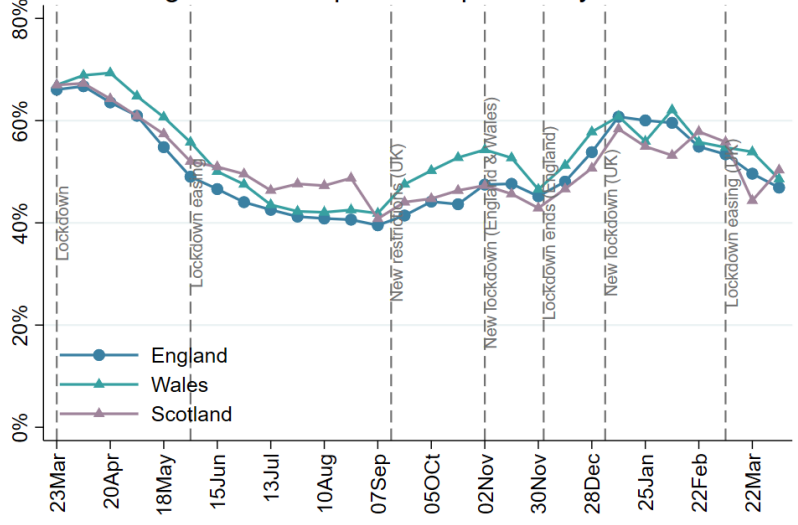Figure 2e Complete compliance by nations
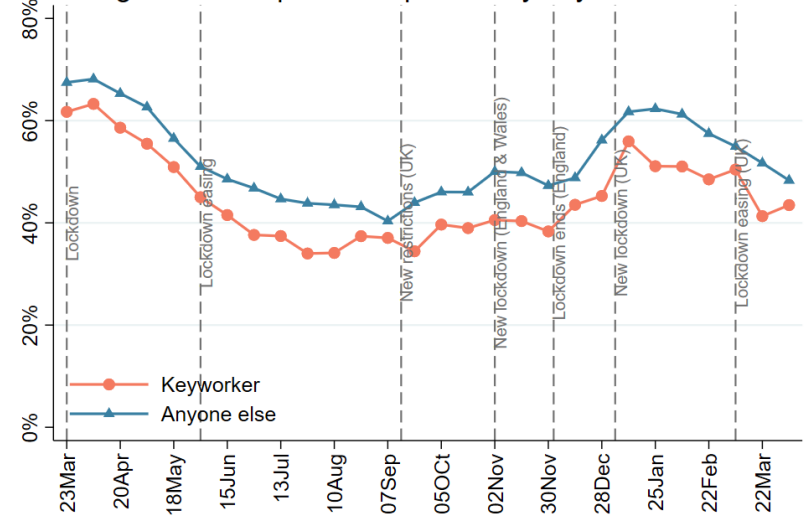

Figure 2f Complete compliance by keyworker status
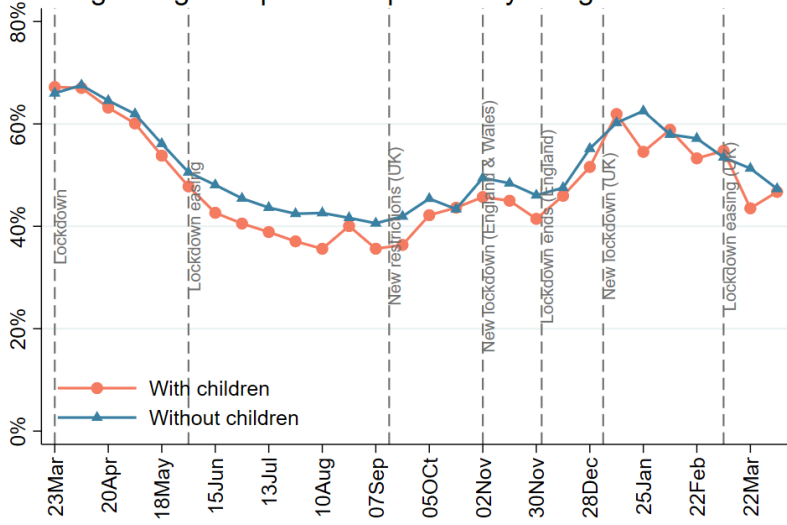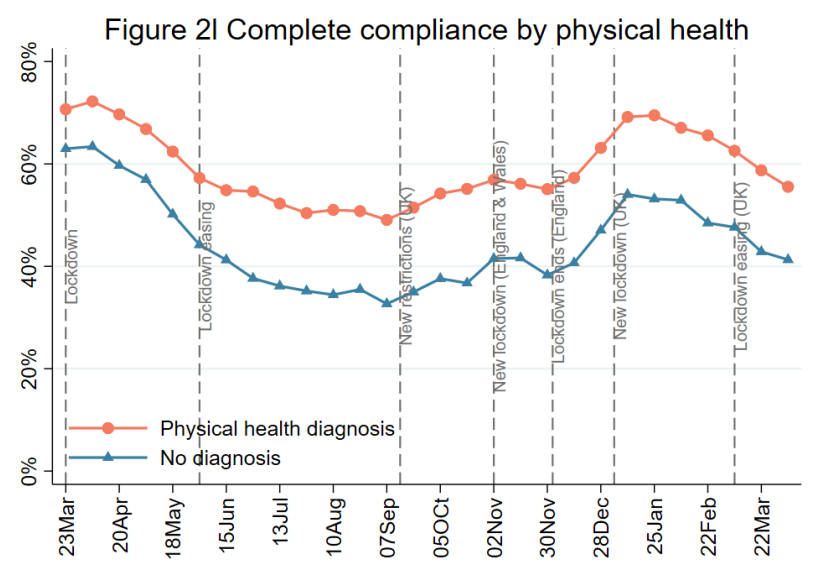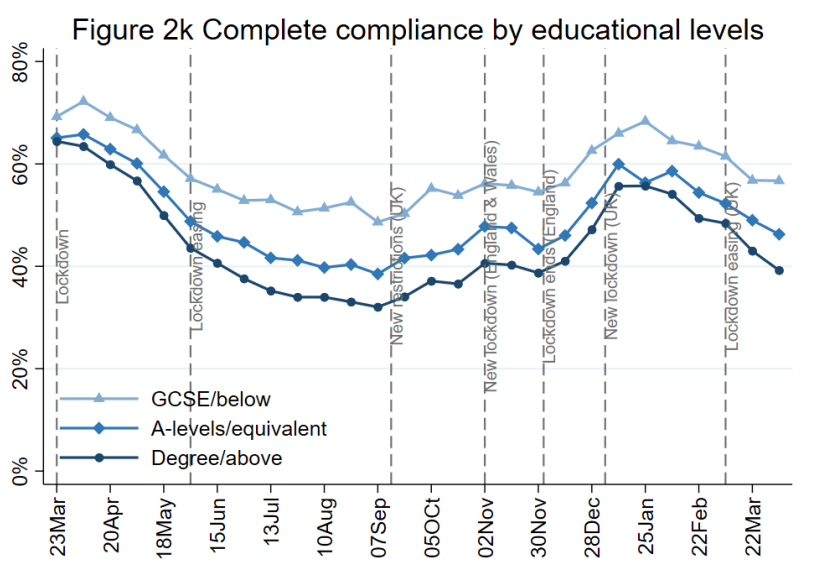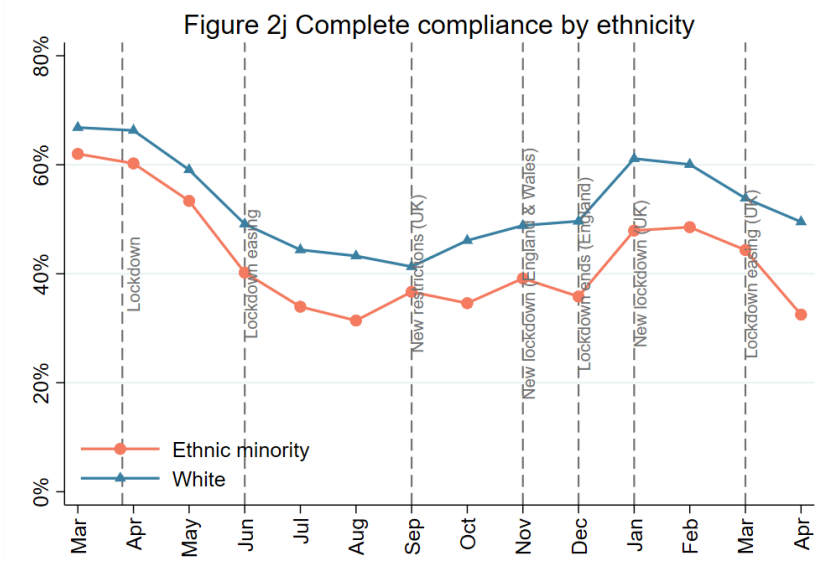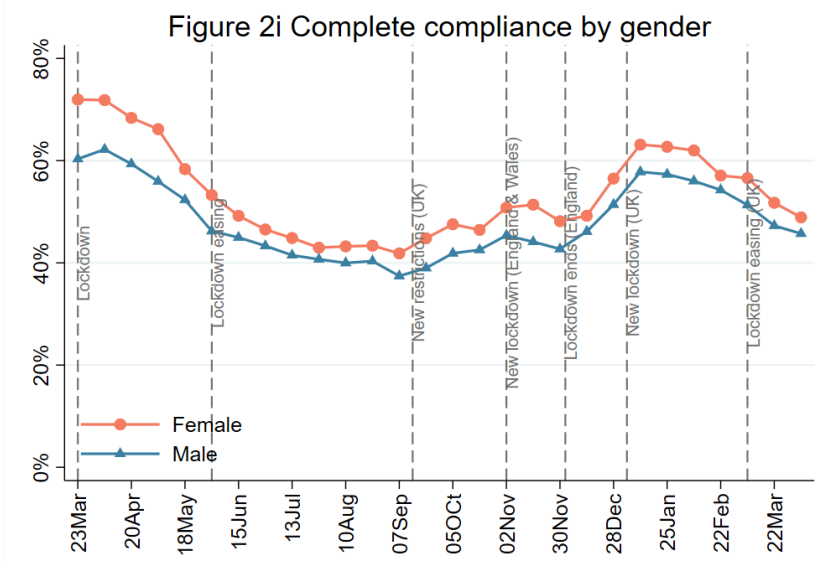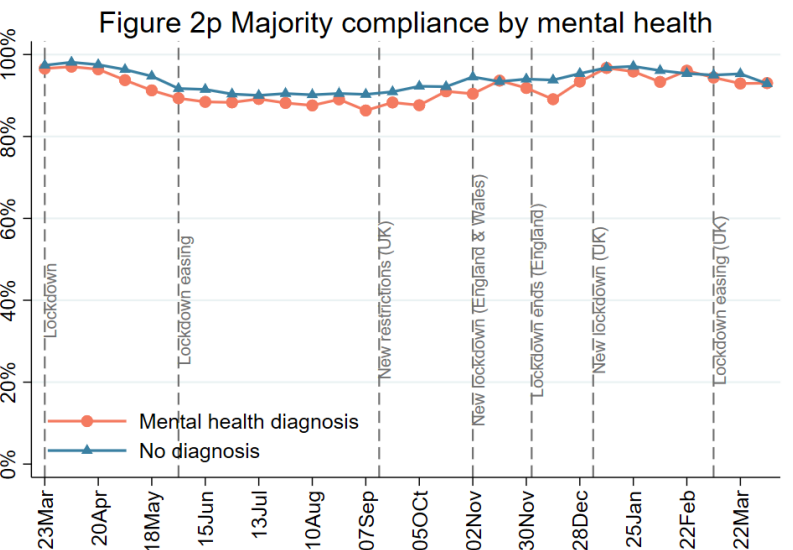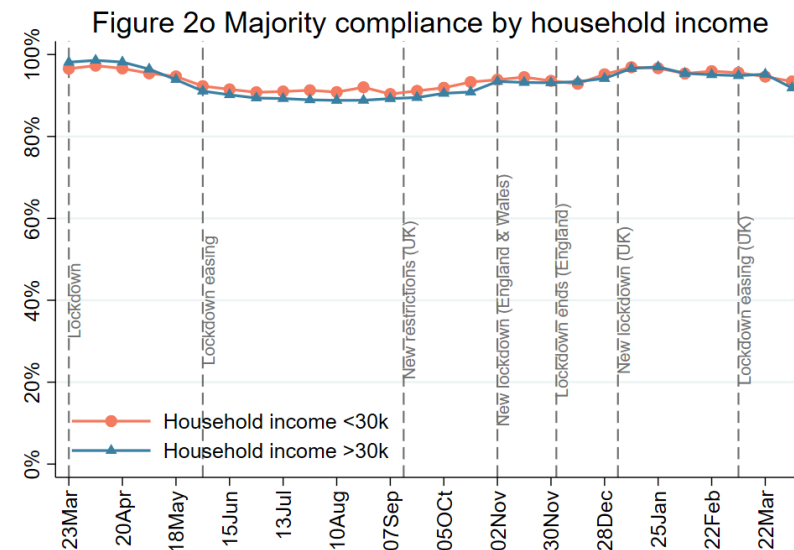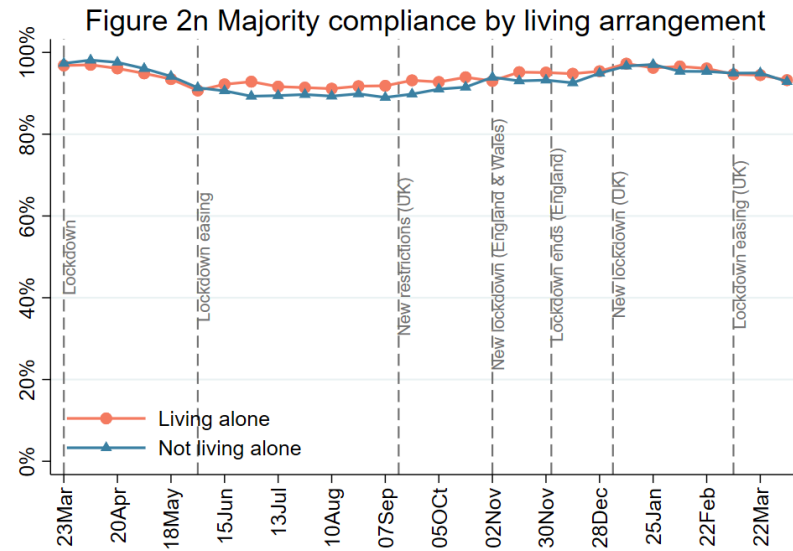

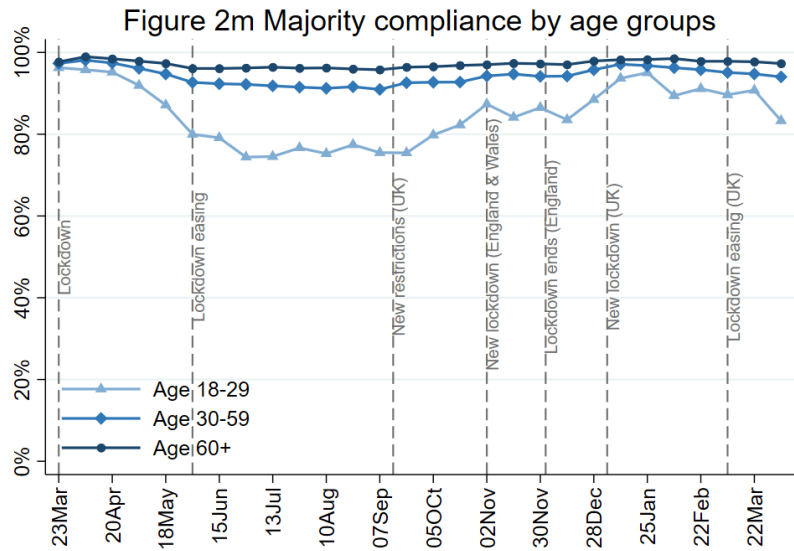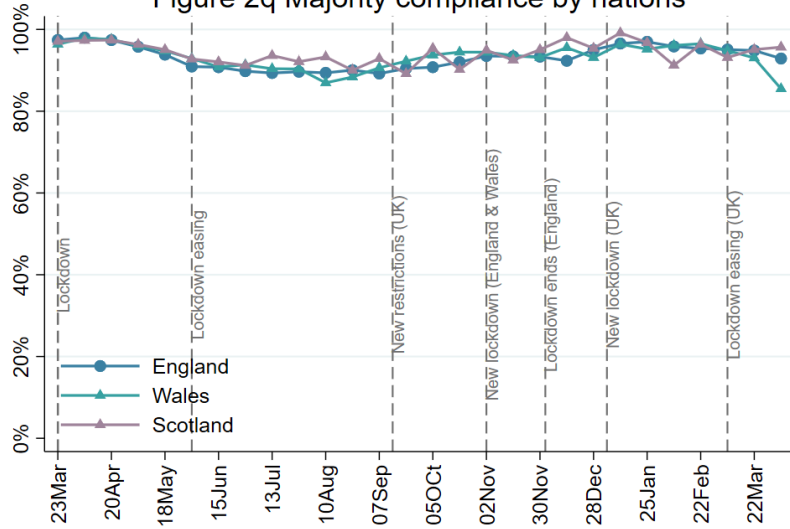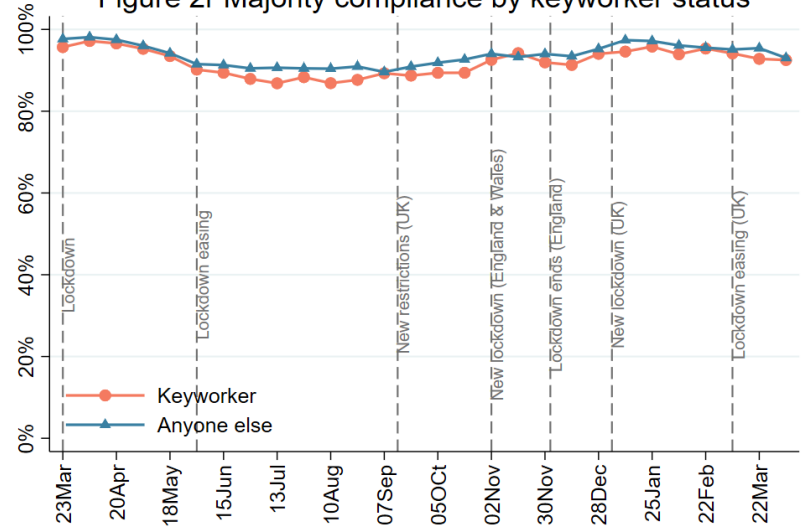Figure 2g Complete compliance by living with children

Figure 2h Complete compliance by living area

Figure 2i Complete compliance by gender

Figure 2j Complete compliance by ethnicity

Figure 2k Complete compliance by educational levels

Figure 2l Complete compliance by physical health

Figure 2m Majority compliance by age groups

Lockdown · Lockdown easing · New restrictions (UK) · New lockdown (England & Wales) · Lockdown ends (England) · New lockdown (UK) · Lockdown easing (UK)

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

Figure 2n Majority compliance by living arrangement

Lockdown · Lockdown easing · New restrictions (UK) · New lockdown (England & Wales) · Lockdown ends (England) · New lockdown (UK) · Lockdown easing (UK)

- Living alone
- Not living alone

Figure 2o Majority compliance by household income

Lockdown · Lockdown easing · New restrictions (UK) · New lockdown (England & Wales) · Lockdown ends (England) · New lockdown (UK) · Lockdown easing (UK)

- Household income <30k
- Household income >30k

Figure 2p Majority compliance by mental health

Lockdown · Lockdown easing · New restrictions (UK) · New lockdown (England & Wales) · Lockdown ends (England) · New lockdown (UK) · Lockdown easing (UK)

- Mental health diagnosis
- No diagnosis

Figure 2q Majority compliance by nations

Figure 2r Majority compliance by keyworker status

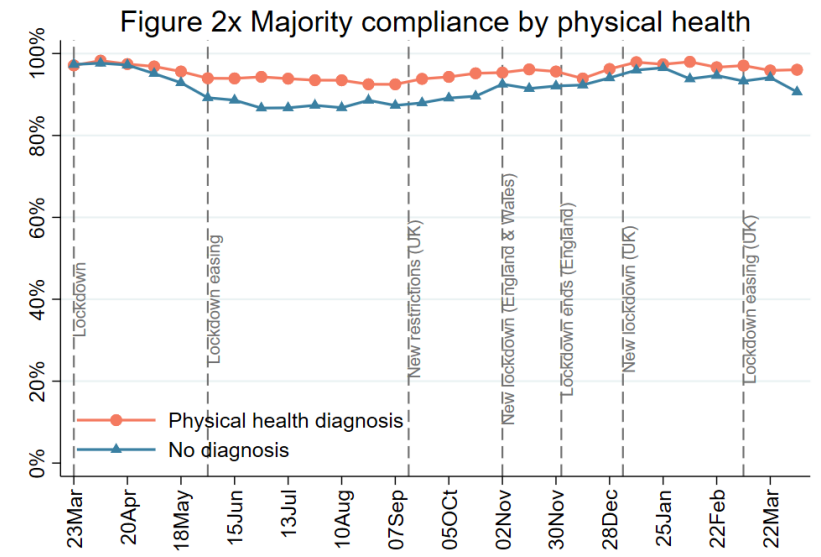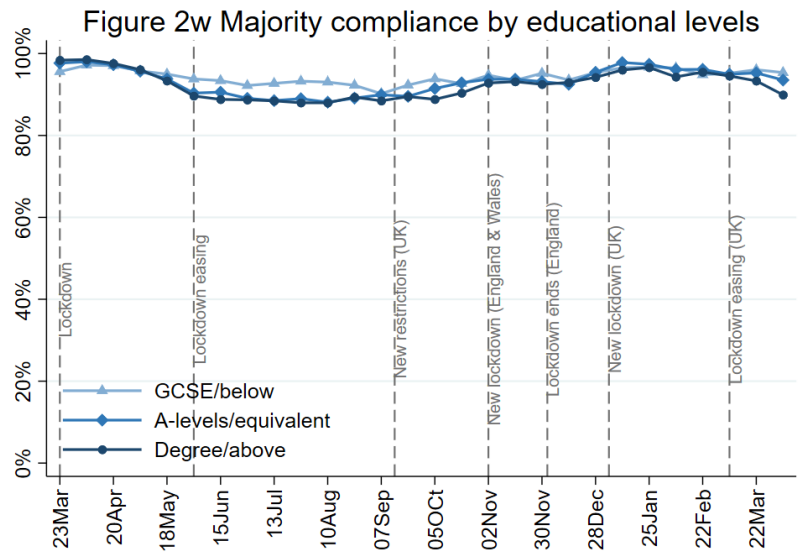
Figure 2s Majority compliance by living with children
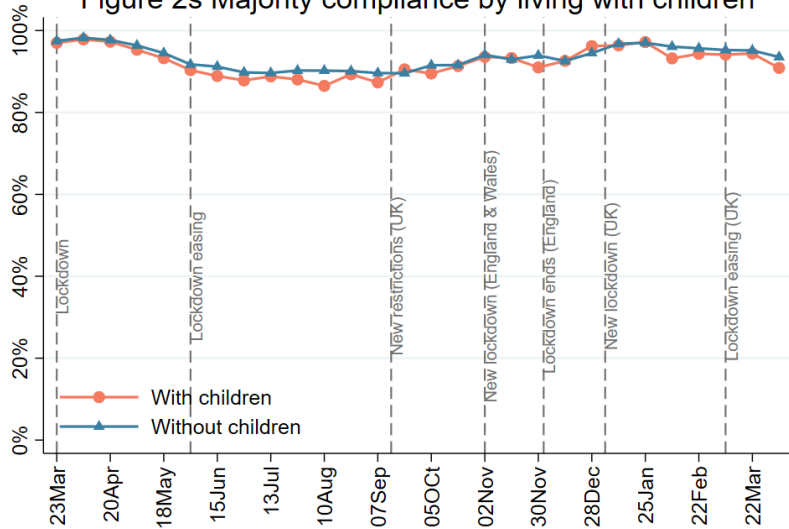
Figure 2t Majority compliance by living area

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Figure 2u Majority compliance by gender

Figure 2v Majority compliance by ethnicity

Figure 2w Majority compliance by educational levels

Figure 2x Majority compliance by physical health

1.2 Confidence in government
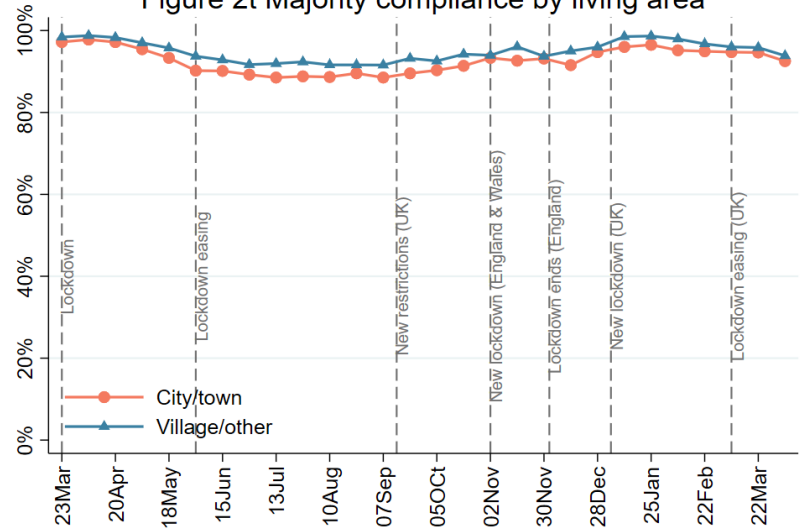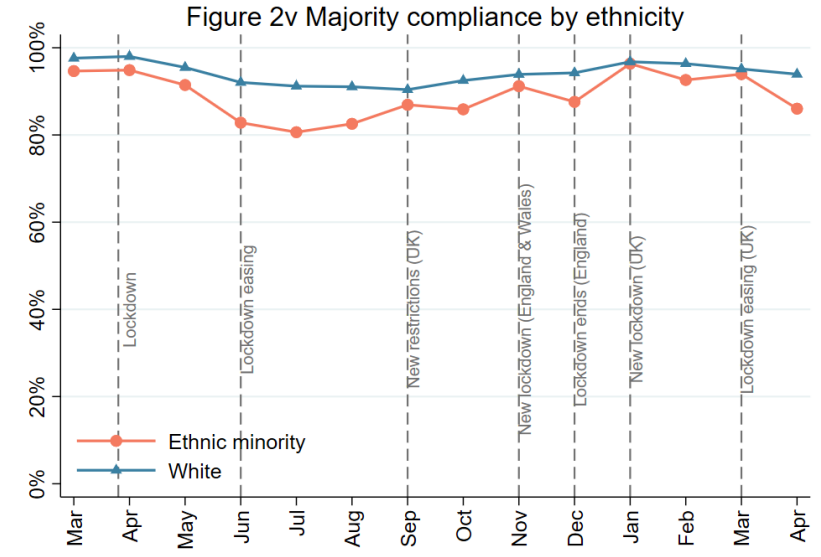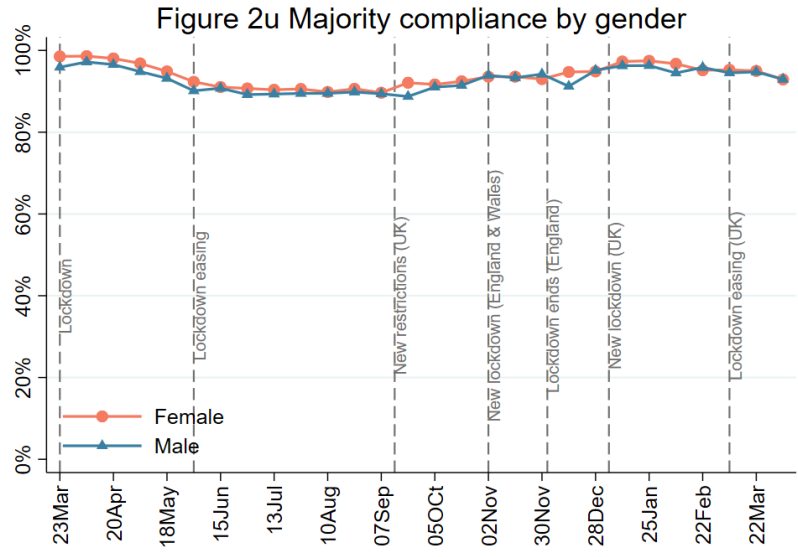
Figure 3 Confidence in government
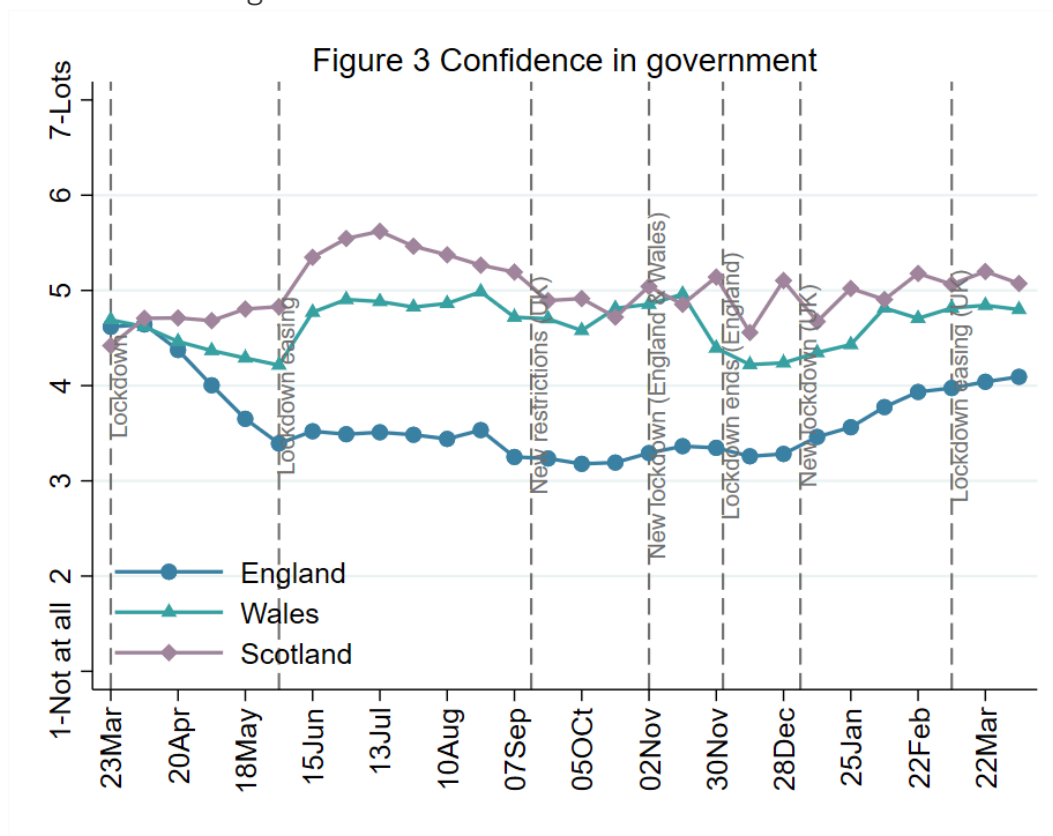
FINDINGS

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

Confidence in the central government to handle the Covid-19 pandemic has been steadily increasing since the start of the year in England. Whilst levels remain lower in England than in devolved nations[1], they are now back to levels recorded in mid-May 2020.

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

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[1] Figures for Northern Ireland have now been removed from our daily tracker graphs due to a small sample size that makes extrapolation even with statistical weighting unreliable. These data are being analysed in other papers and reports.

Figure 4a Confidence by age groups

Figure 4b Confidence by living arrangement

Figure 4c Confidence by household income

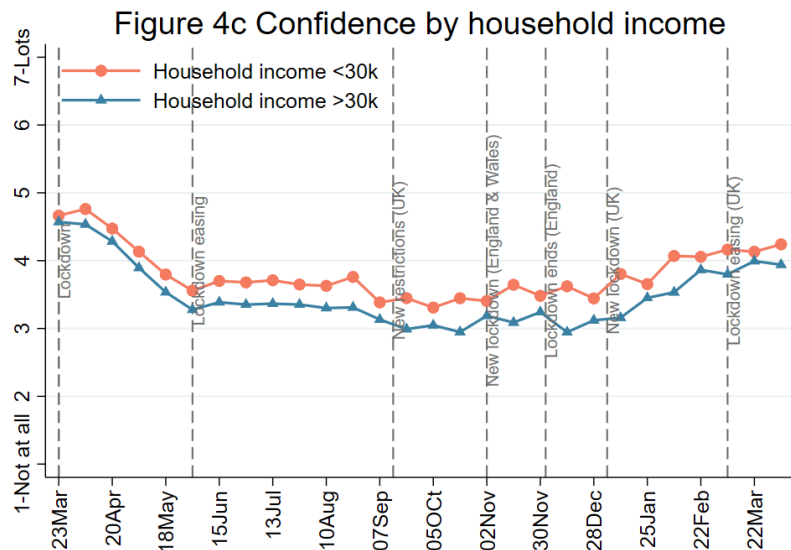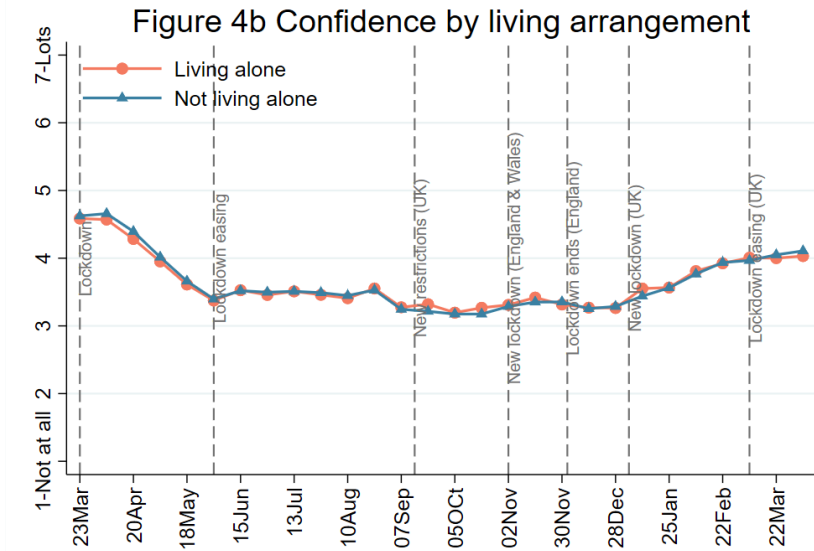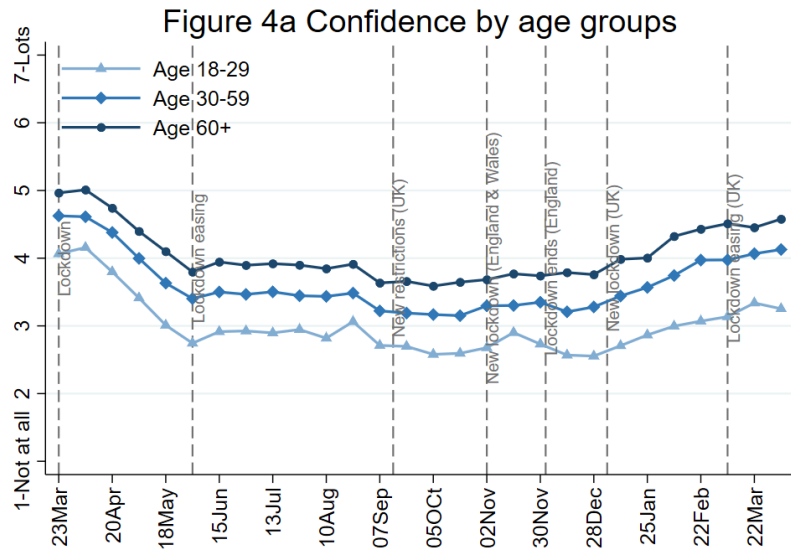Figure 4d Confidence by mental health diagnosis
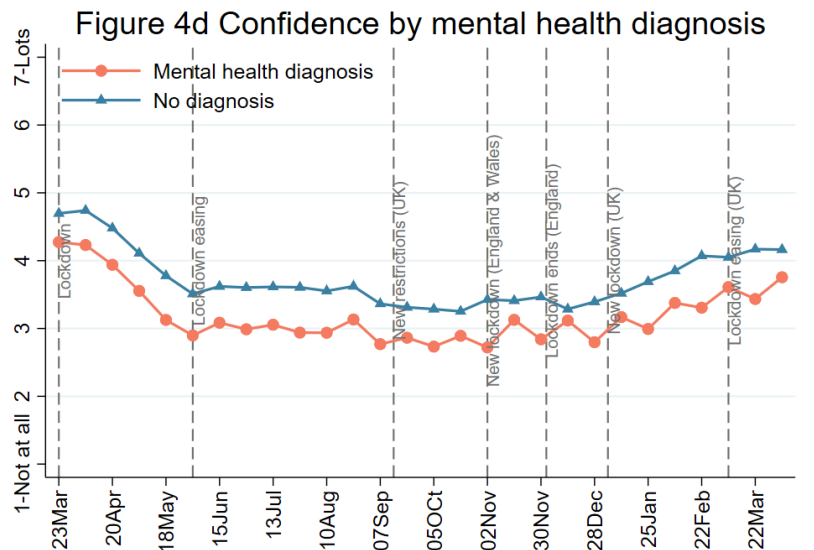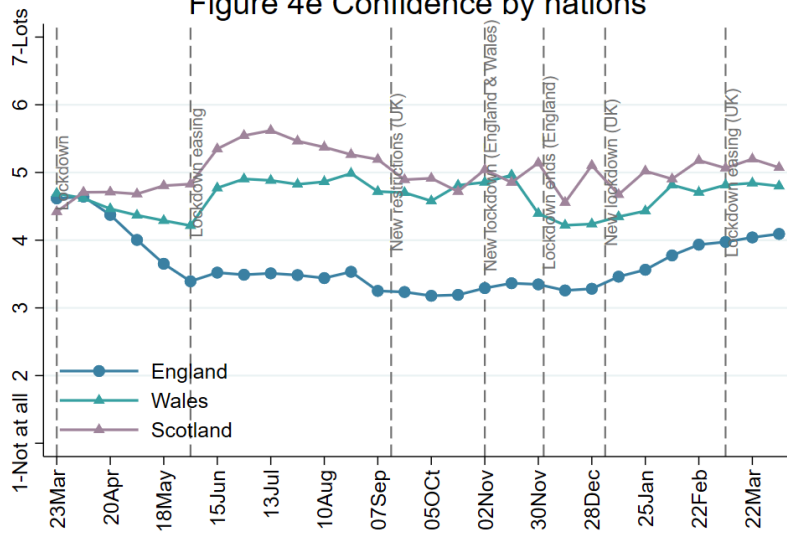
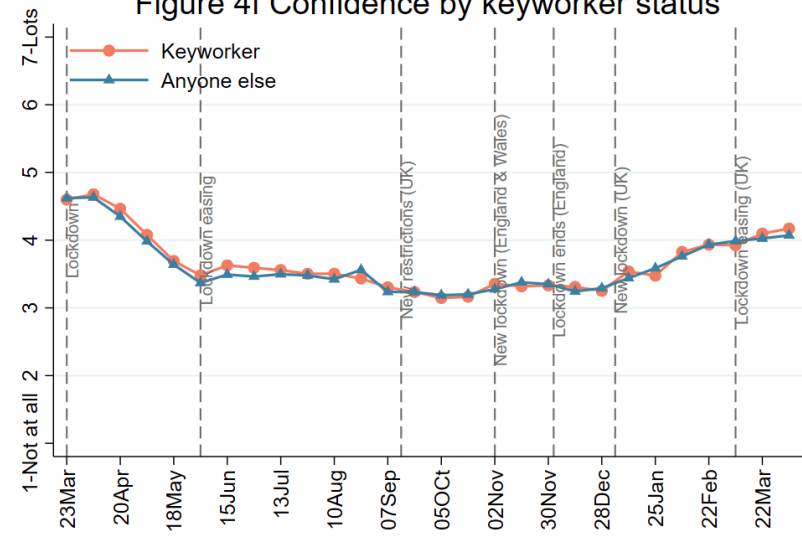Figure 4e Confidence by nations

Figure 4f Confidence by keyworker status
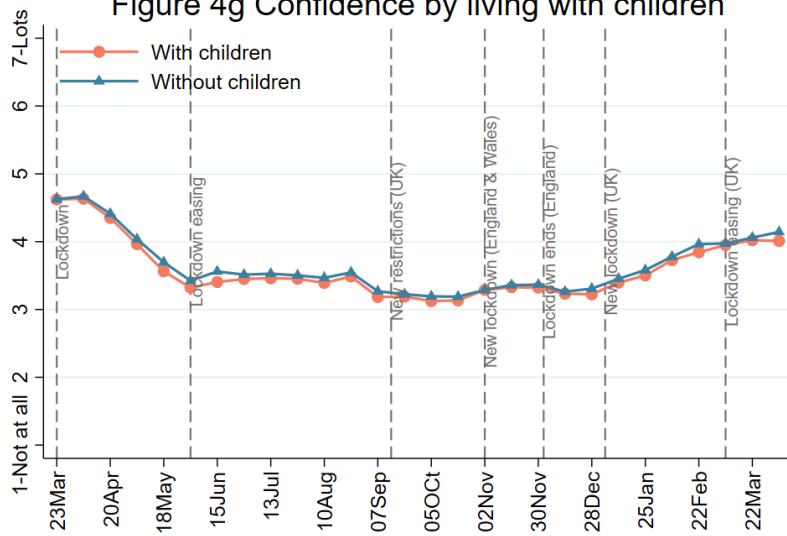

Figure 4g Confidence by living with children

Figure 4h Confidence by living area

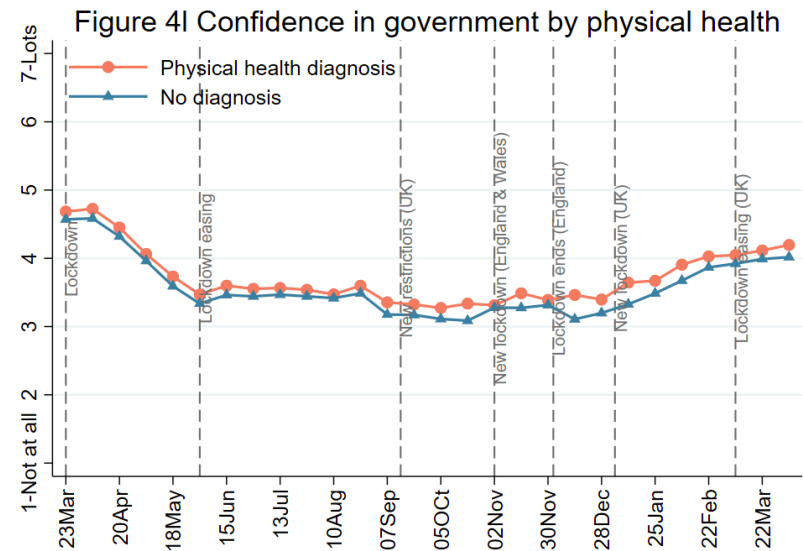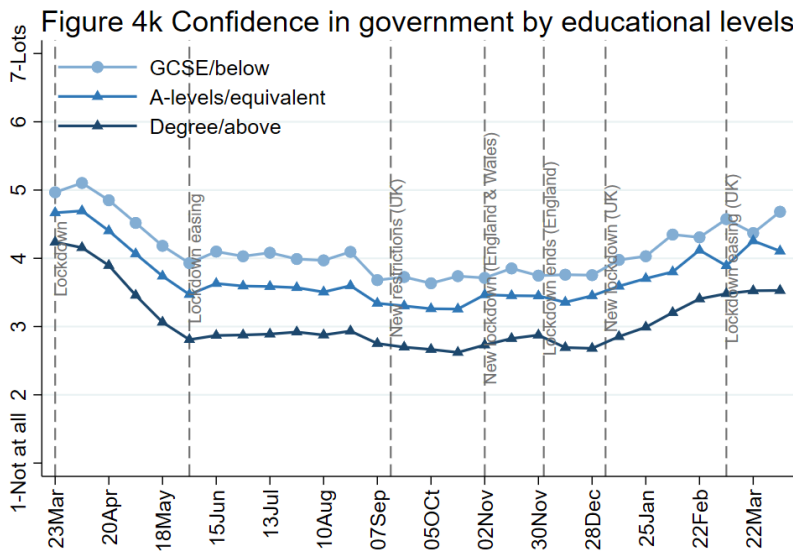Figure 4i Confidence in government by gender

Figure 4j Confidence in government by ethnicity

Figure 4k Confidence in government by educational levels

Figure 4l Confidence in government by physical health

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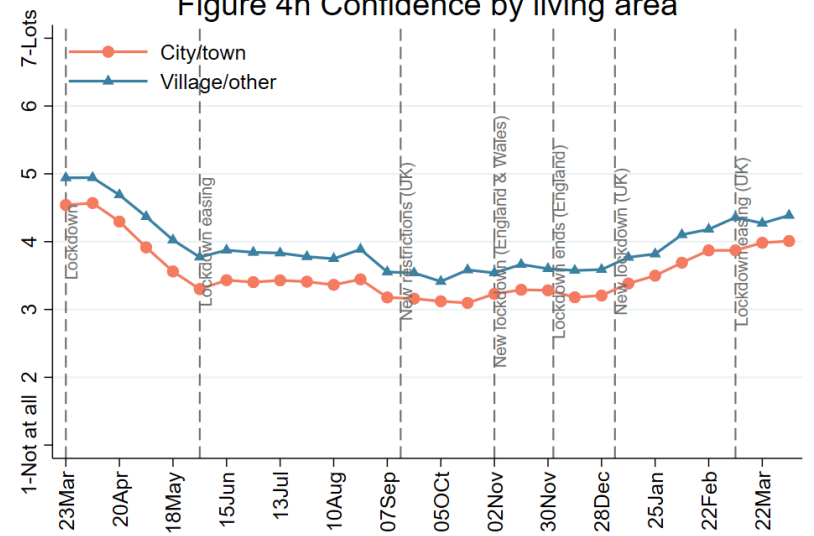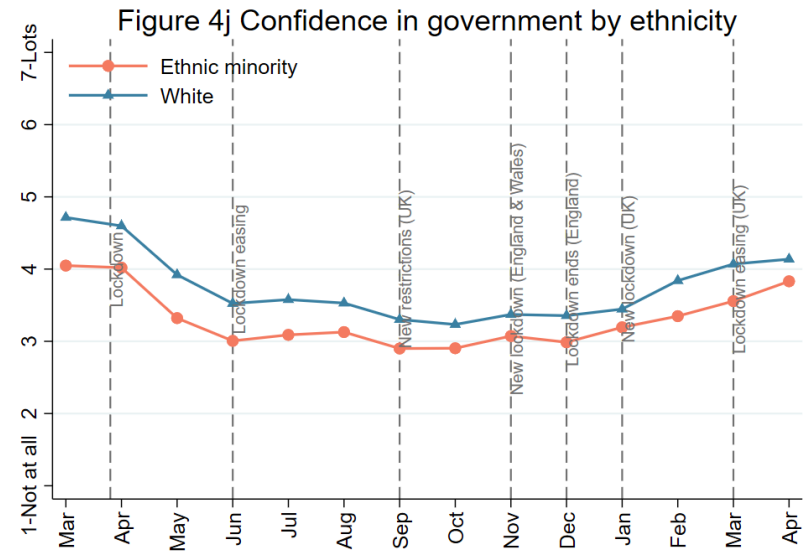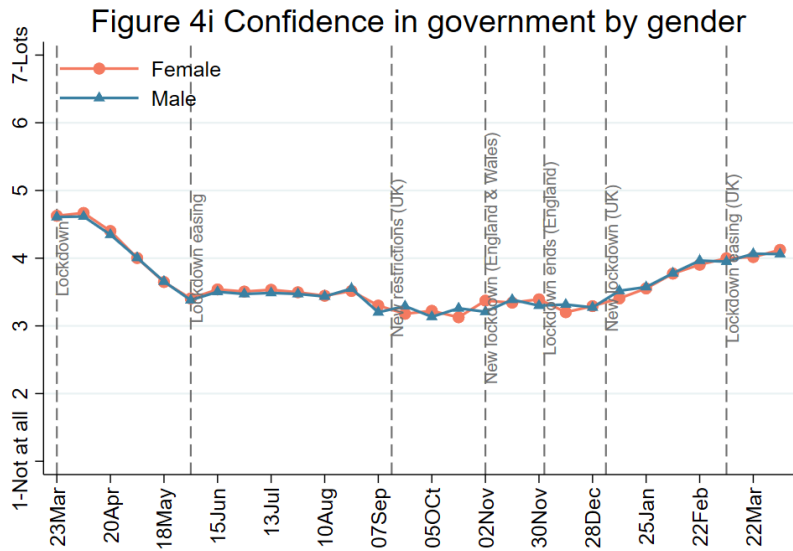
2. Mental Health

2.1 Depression and anxiety

Figure 5 Depression and anxiety
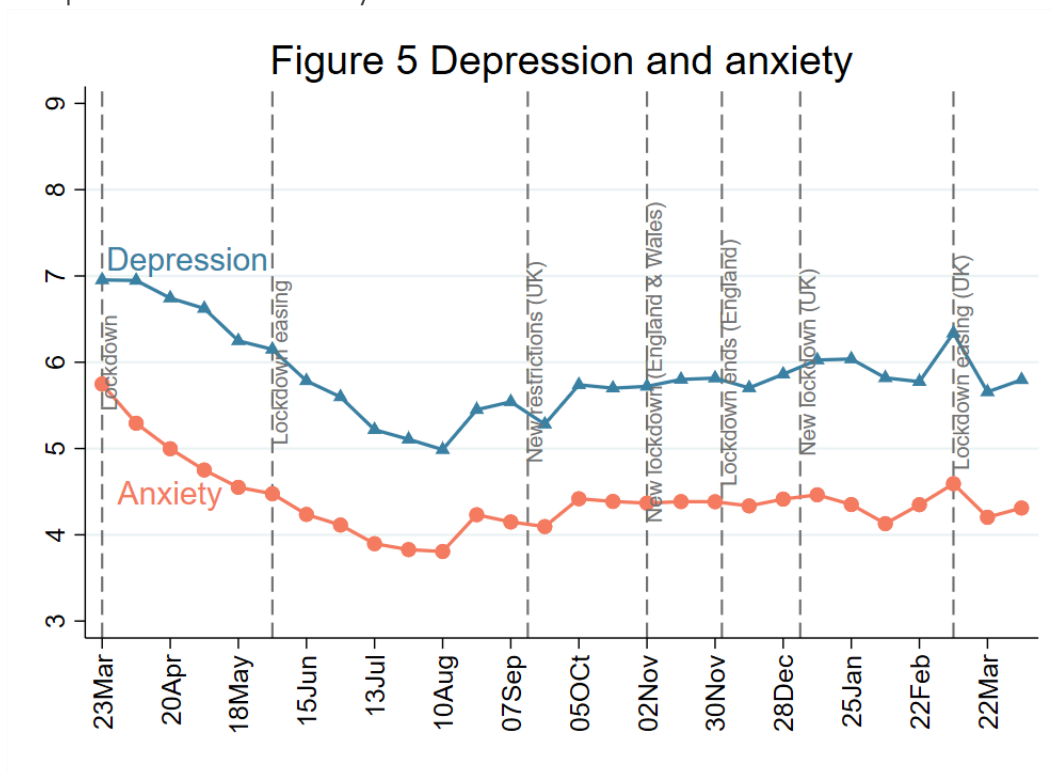
FINDINGS

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

Anxiety and depression levels in the past month are similar to what they were in the autumn of 2020. There were slight increases in both anxiety and depression levels in the month leading up to the easing of the latest restrictions, but this trend was reversed once easing came into effect.

Although this study focuses on trajectories rather than prevalence, the levels overall are higher than usual reported averages using the same scales (2.7-3.2 for anxiety and 2.7-3.7 for depression[2]).

Depression and anxiety are still highest in young adults, women, people with lower household income, people from ethnic minority backgrounds, those with a physical health condition, and people living with children. People with a diagnosed mental illness are still reporting higher levels of depression and anxiety symptoms (as might be expected) (see Figures 6d and 7d).

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[2] Löwe B, Decker O, Müller S, Brähler E, Schellberg D, Herzog W, et al. Validation and Standardization of the Generalized Anxiety Disorder Screener (GAD-7) in the General Population. Medical Care. 2008;46(3):266–74. | Tomitaka S, Kawasaki Y, Ide K, Akutagawa M, Ono Y, Furukawa TA. Stability of the Distribution of Patient Health Questionnaire-9 Scores Against Age in the General Population: Data From the National Health and Nutrition Examination Survey. Front Psychiatry. NB in the absence of identified directly comparable prevalence estimates in the UK, these studies look at prevalence in the US in the general population.
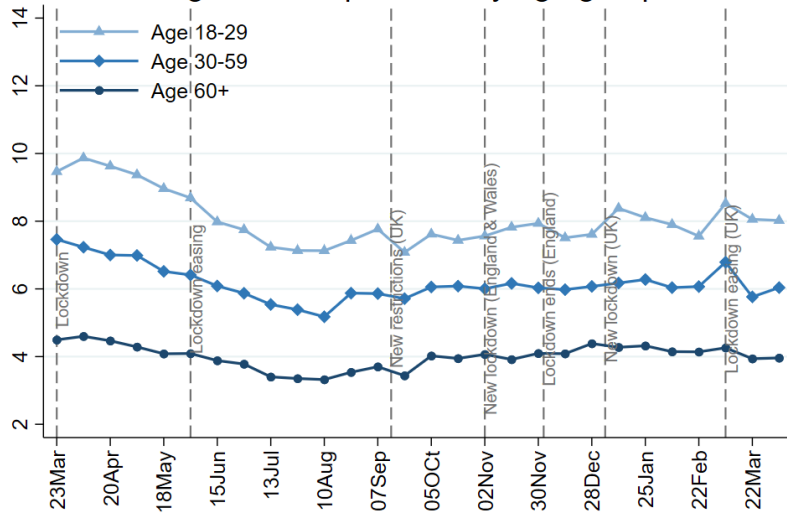
Figure 6a Depression by age groups

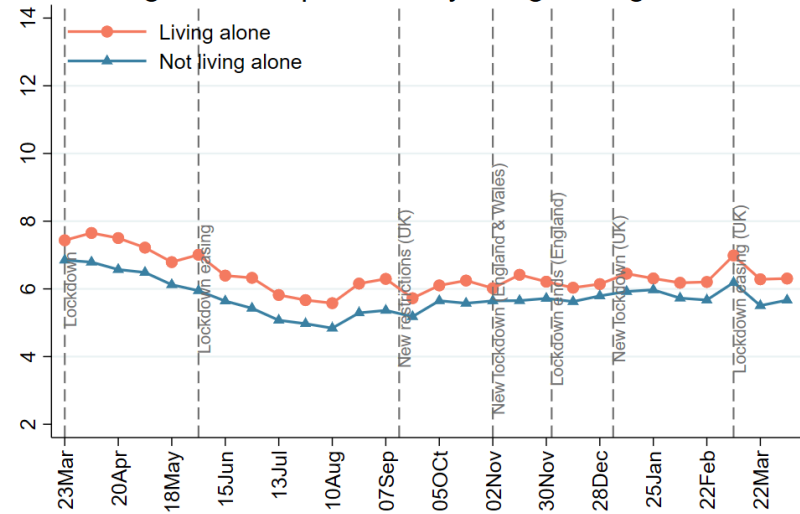Figure 6b Depression by living arrangement
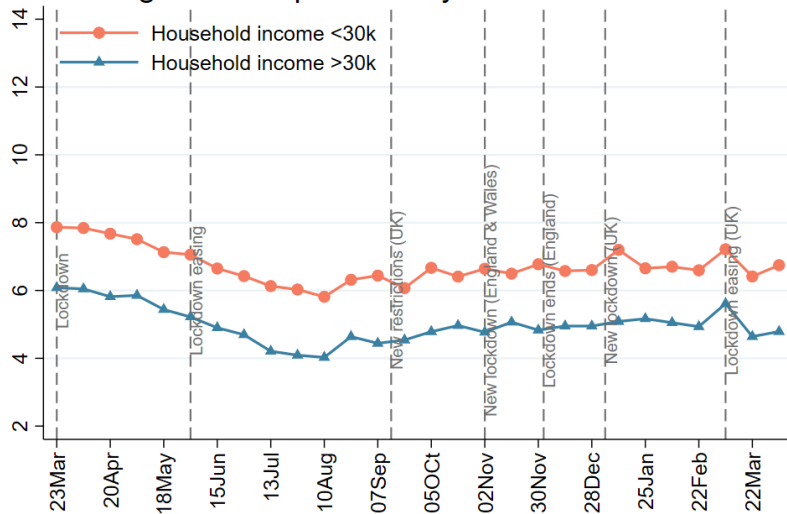
Figure 6c Depression by household income

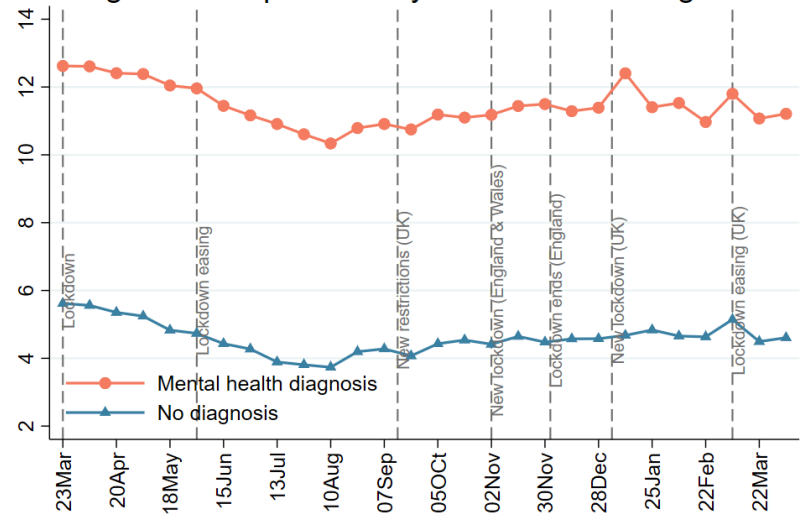Figure 6d Depression by mental health diagnosis
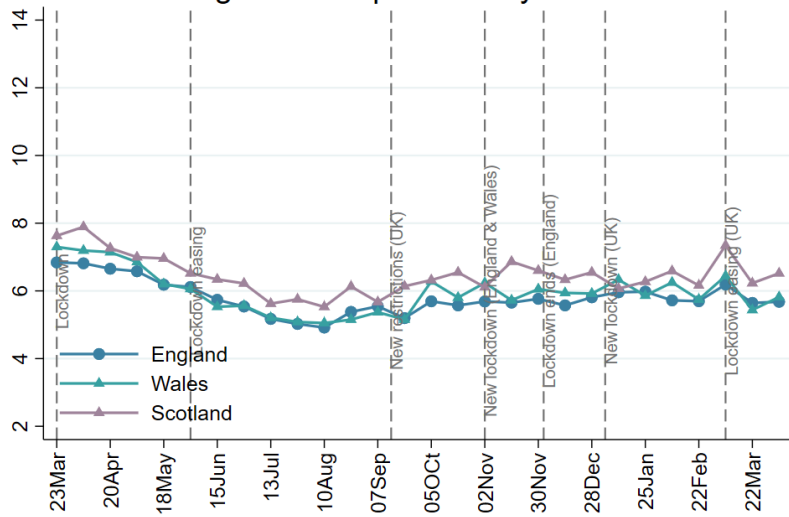
Figure 6e Depression by nations
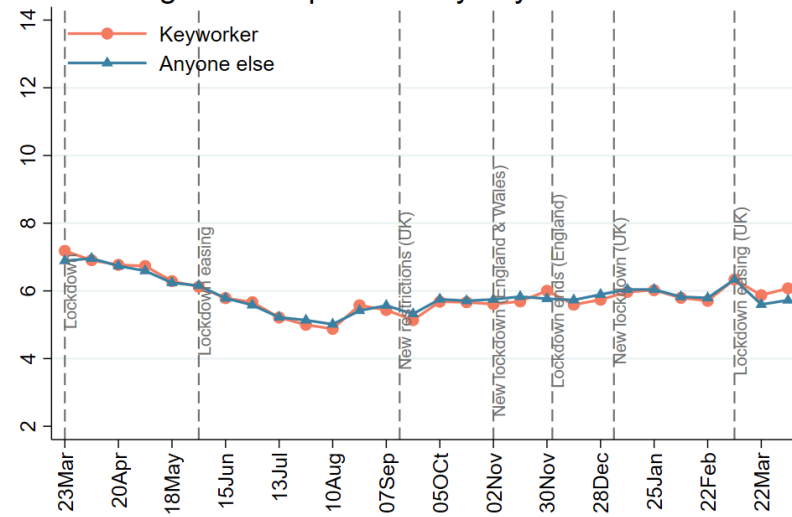
Figure 6f Depression by keyworker status

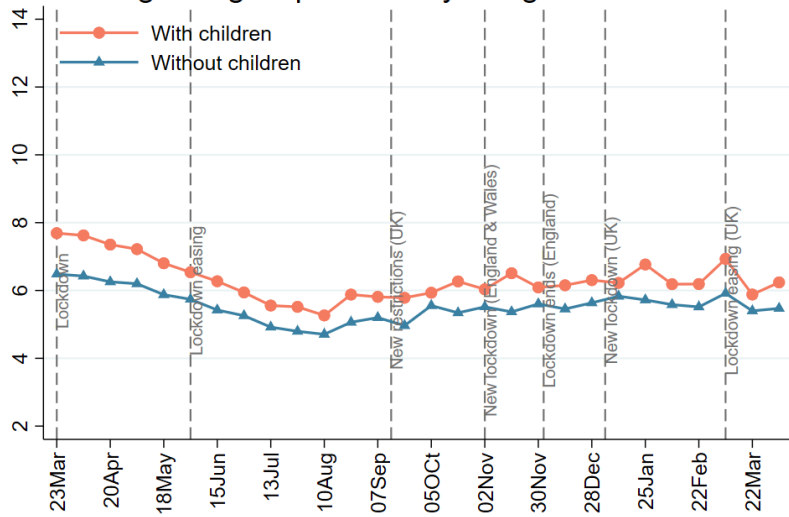Figure 6g Depression by living with children
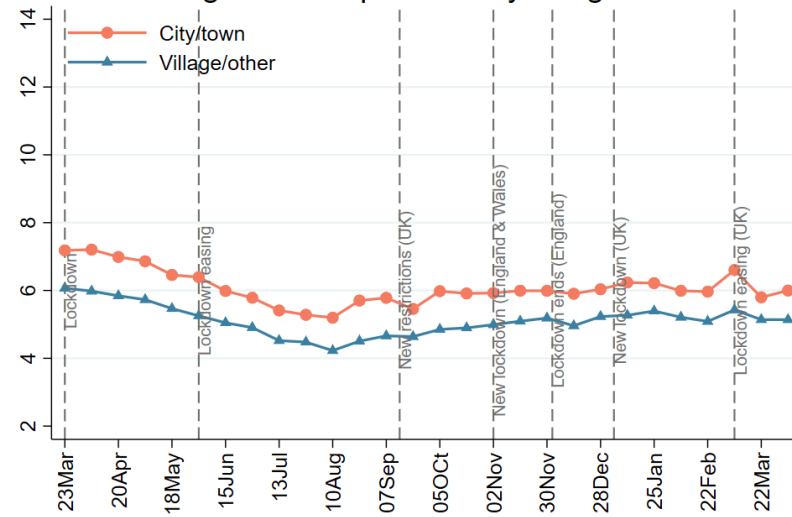
Figure 6h Depression by living area

Figure 6i Depression by gender

Figure 6j Depression by ethnicity
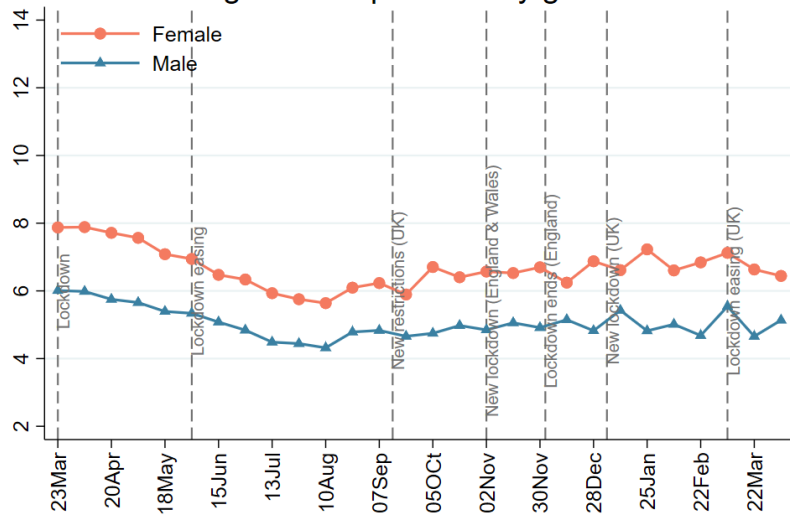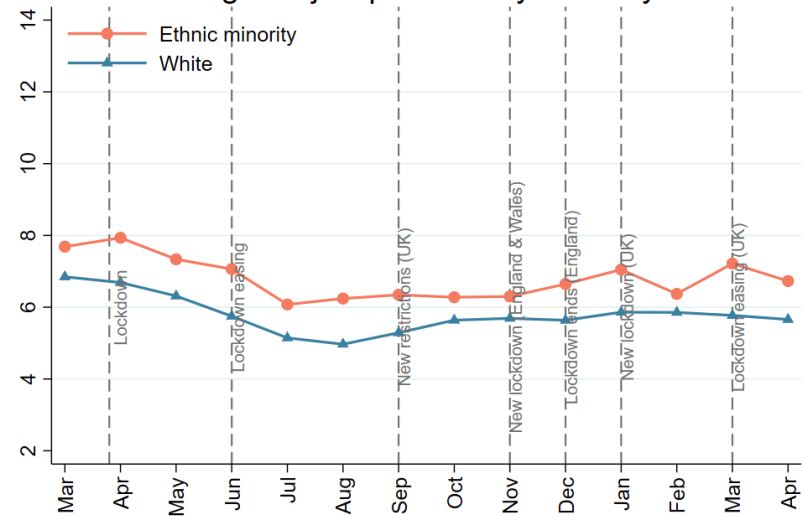

Figure 6k Depression by educational levels
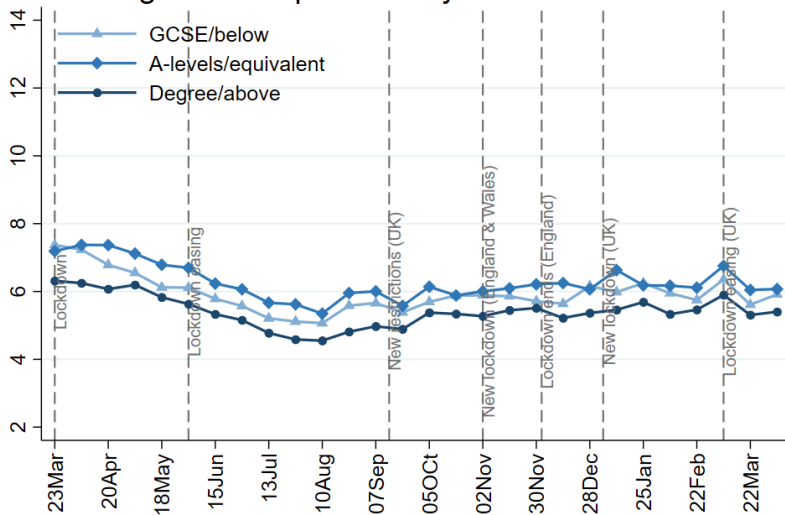
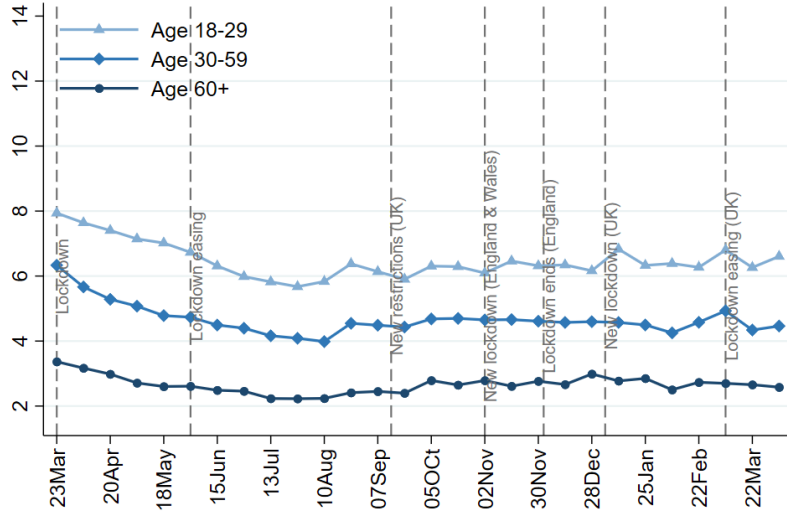Figure 6l Depression by physical health diagnosis
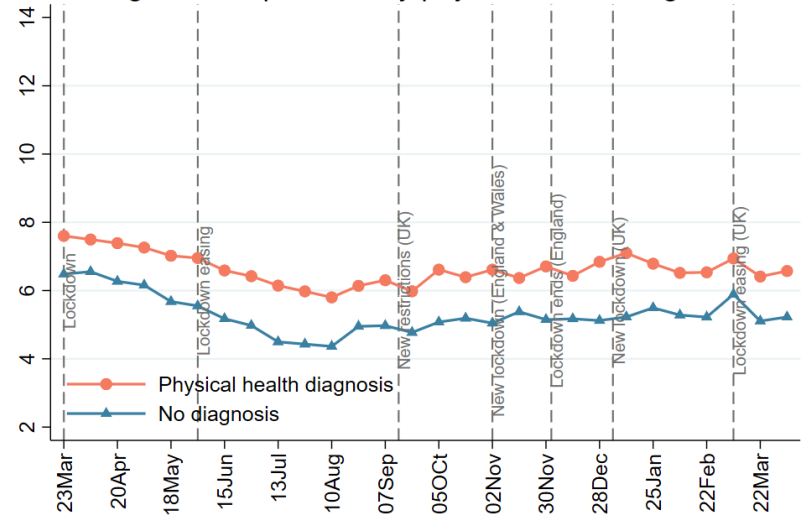
Figure 7a Anxiety by age groups
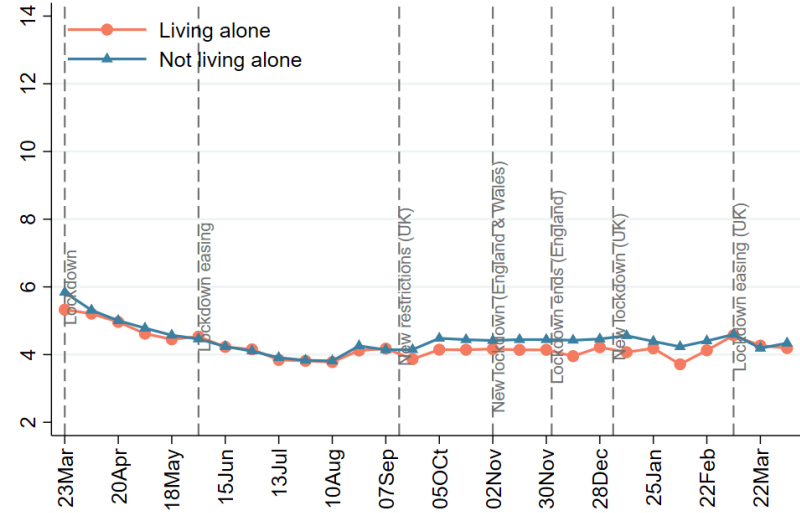
Figure 7b Anxiety by living arrangement

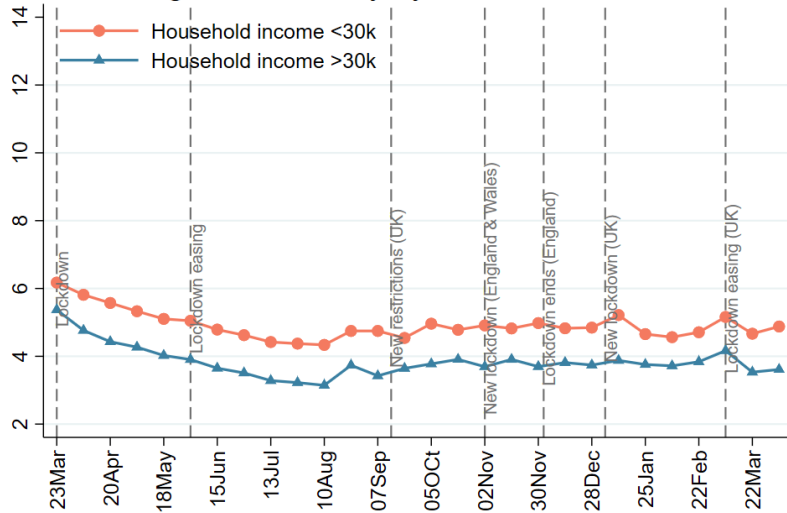Figure 7c Anxiety by household income

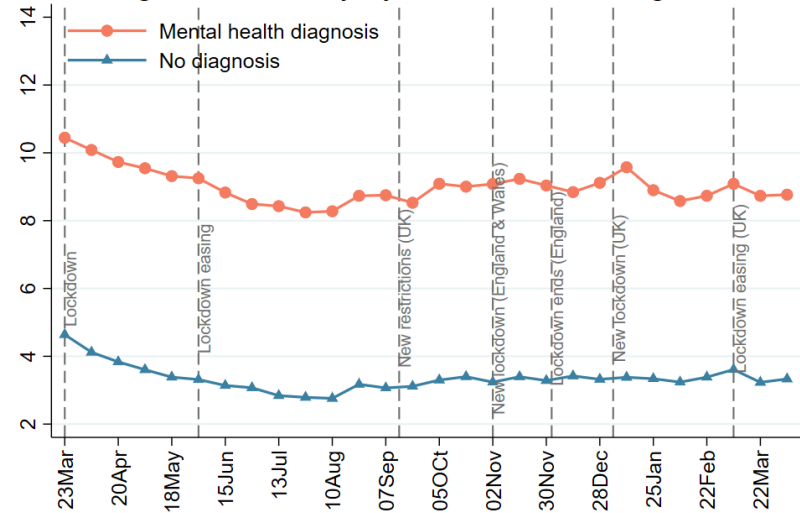Figure 7d Anxiety by mental health diagnosis
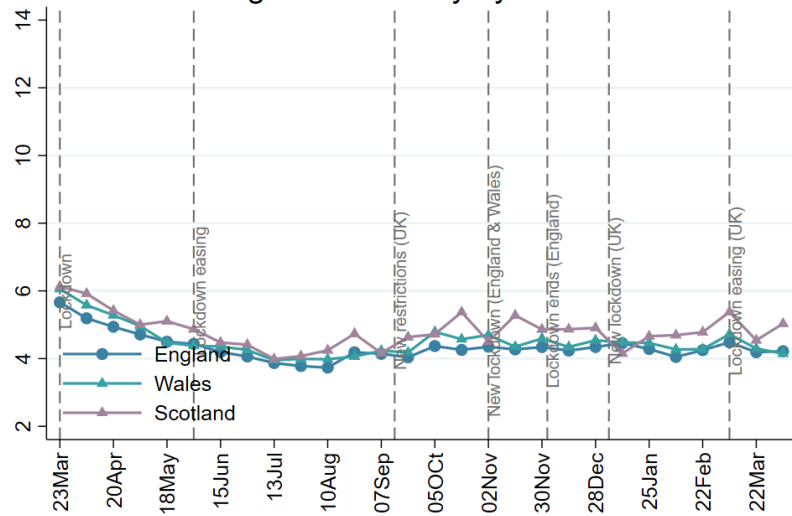
Figure 7e Anxiety by nations
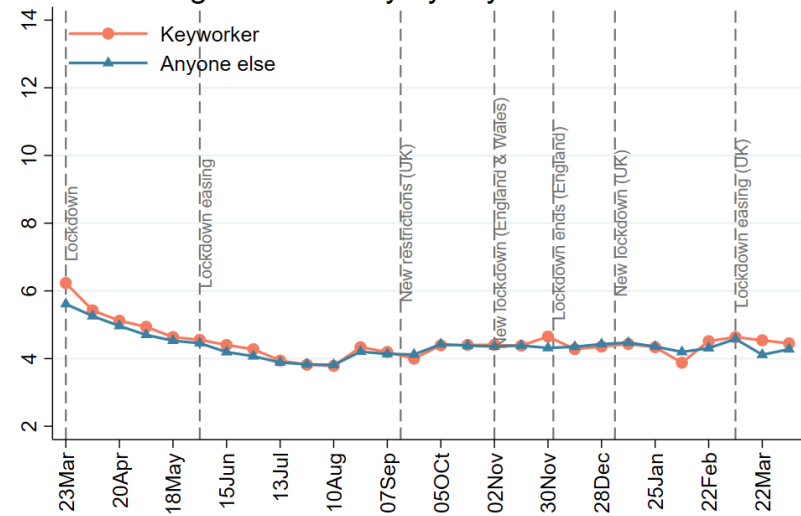

Figure 7f Anxiety by keyworker status

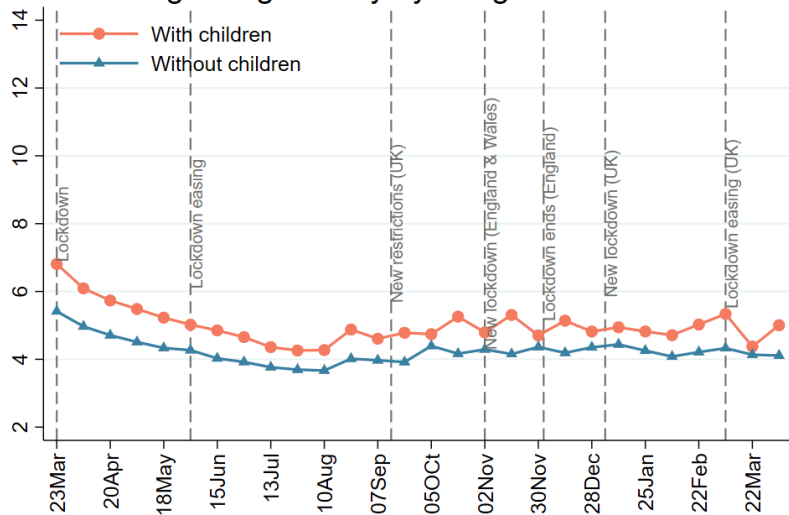Figure 7g Anxiety by living with children

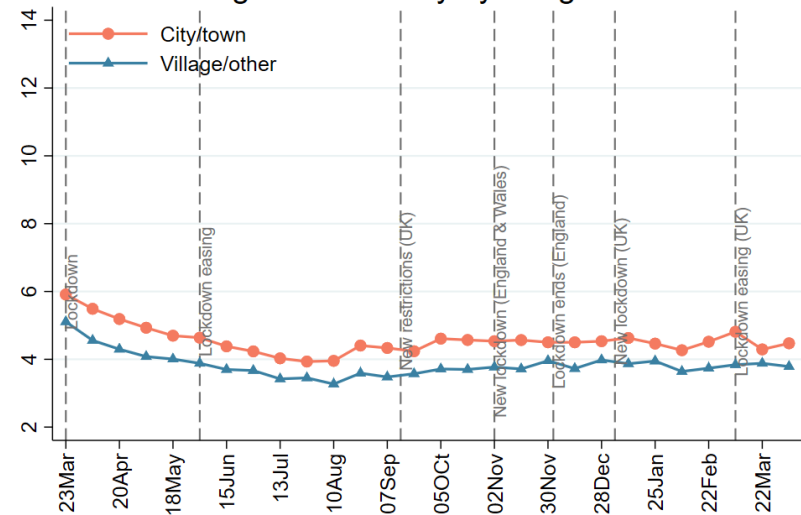
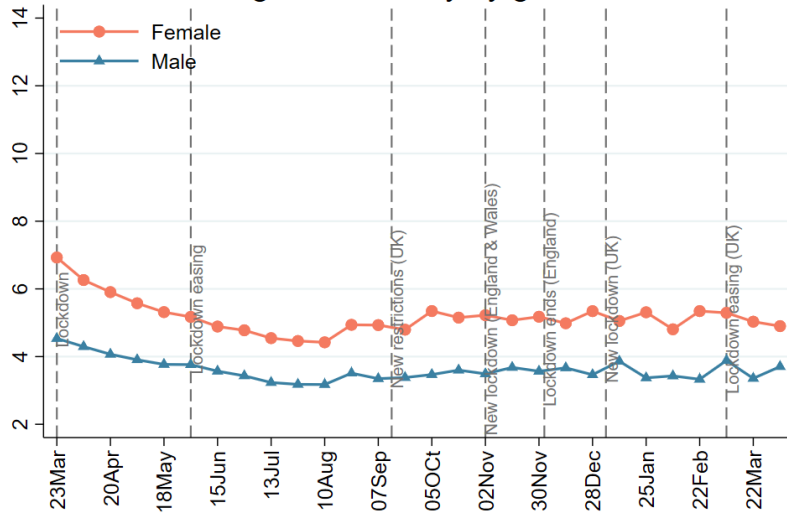Figure 7h Anxiety by living area
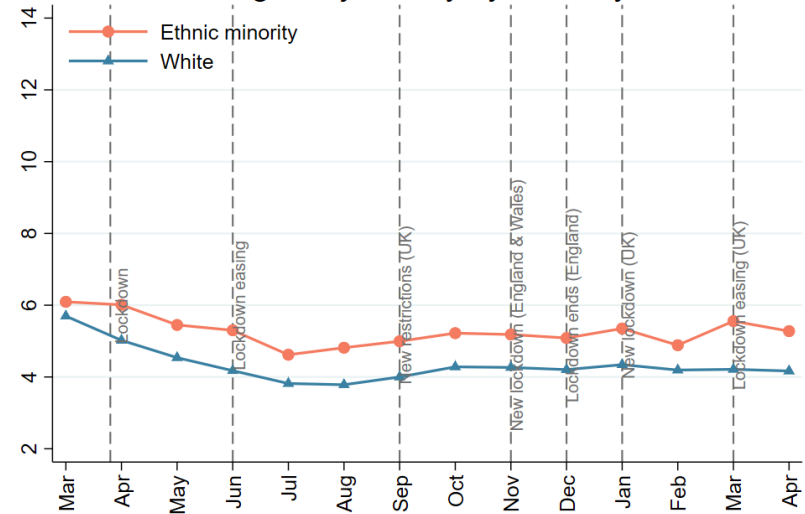
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Figure 7i Anxiety by gender

Figure 7j Anxiety by ethnicity
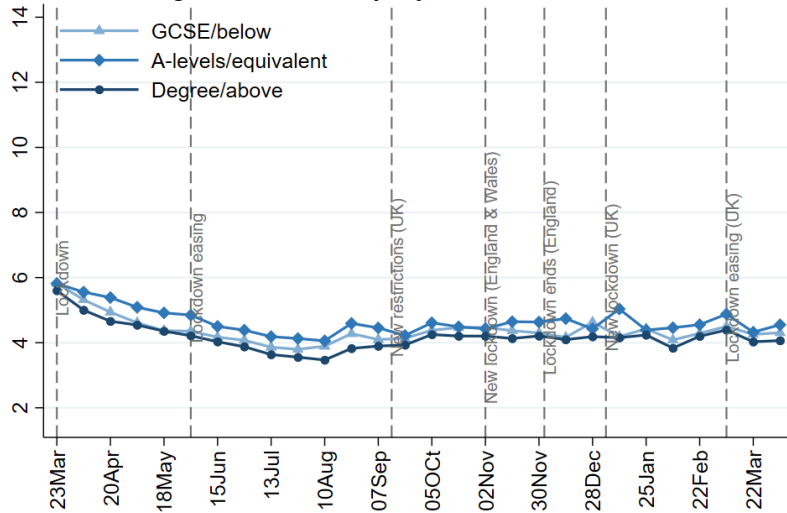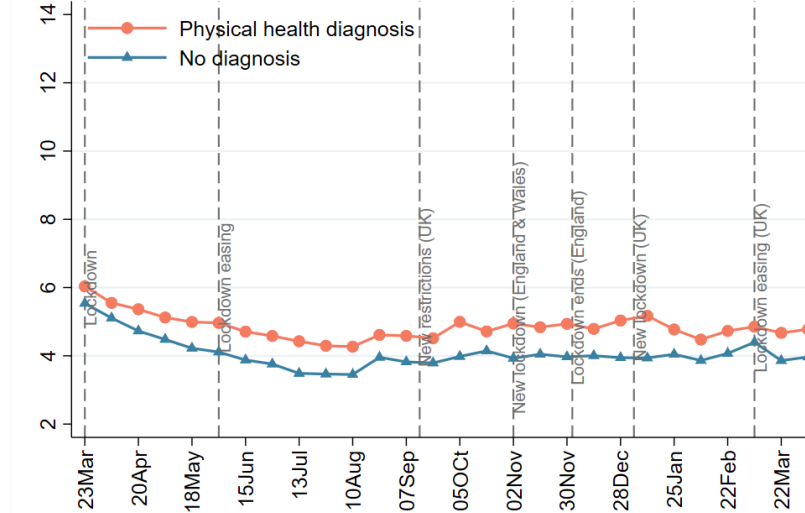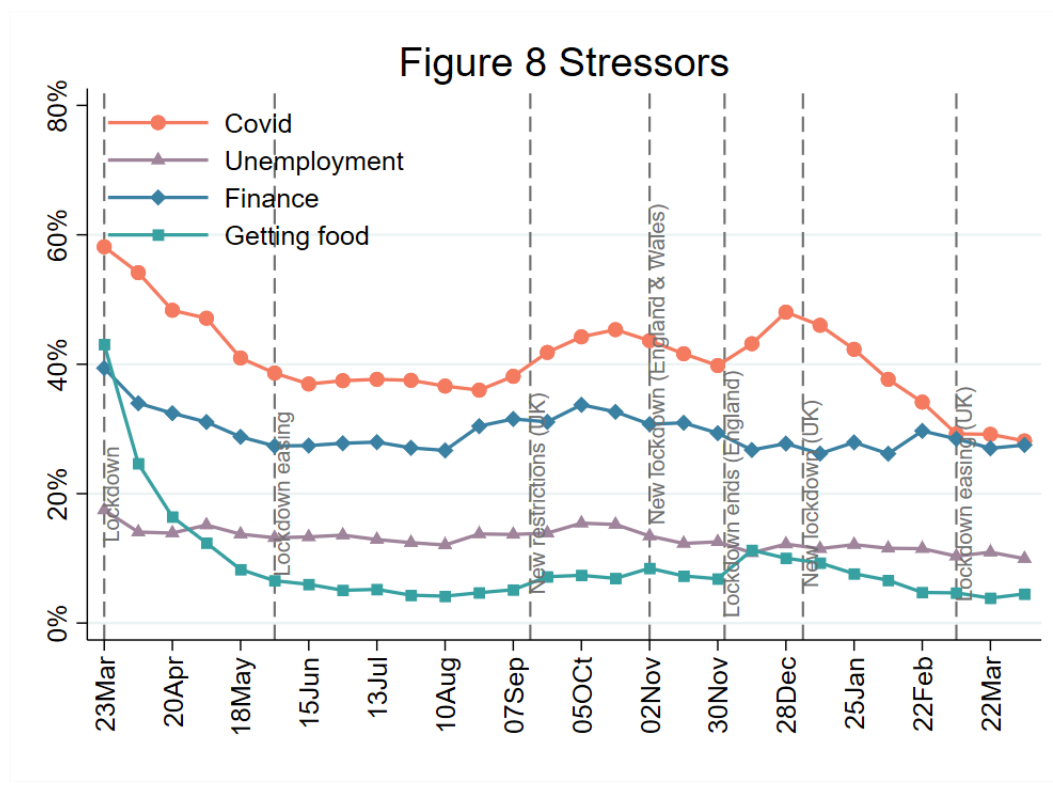

Figure 7k Anxiety by educational levels

Figure 7l Anxiety by physical health diagnosis

2.2 Stress

Figure 8 Stressors

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 or becoming seriously ill from it has been decreasing substantially since the end of 2020 and is now lower than it has ever been, with only around 1 in 4 people reporting being worried. These decreases were seen consistently in adults aged 30-59 years and 60 years and older since the start of the year, whilst there were more fluctuations in young adults. The former two groups are more likely to have already received the Covid-19 vaccine or are nearer to doing so.

Worries about finance have remained relatively stable since the latest lockdown started and are comparable to their lowest levels of around 1 in 4 people over the summer. Worries about unemployment remain relatively low, concerning just 1 in 8 people. Worries about accessing food have decreased over the course of the third lockdown but are still comparable to when lockdown easing began in May 2020.

People with diagnosed mental illness have been more worried about all factors, and these differences are most pronounced for financial stress. In relation to worries about Covid-19, these levels are highest in people with diagnosed physical health conditions, although this has been decreasing since the start of the year and is lower than it ever has been. Concerns about unemployment and finances remain highest amongst adults of working age (18-59 years), with around 1 in 3 consistently reporting concerns about finances since the autumn of 2020. Unemployment and financial stress are still higher in those living with children.

People with a physical health conditions are more concerned about accessing food, which may be due to greater concerns about going to supermarkets.
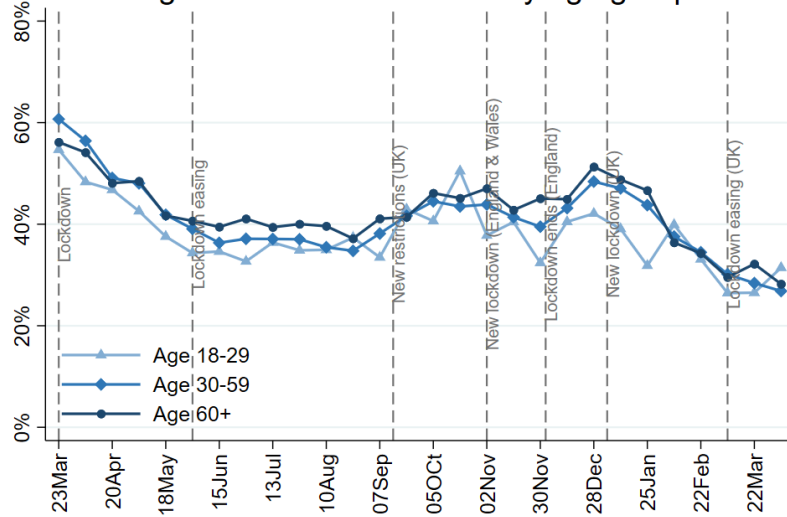
Figure 9a Covid-19 stress by age groups

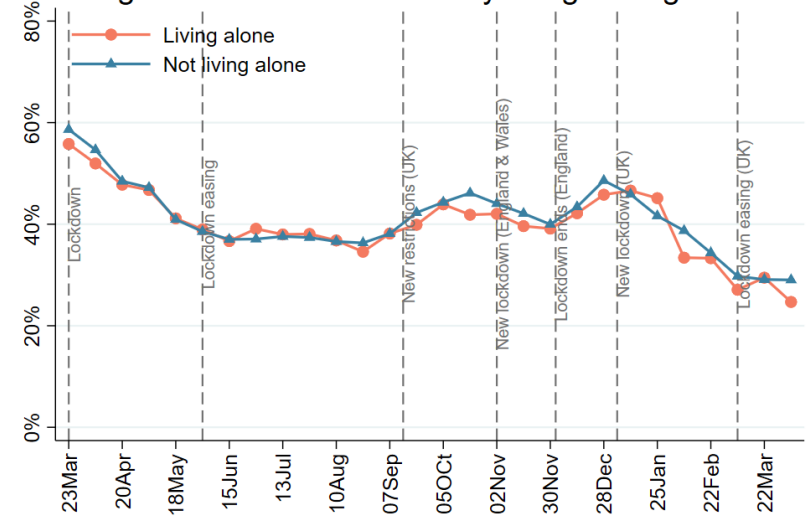## Figure 9b Covid-19 stress by living arrangement

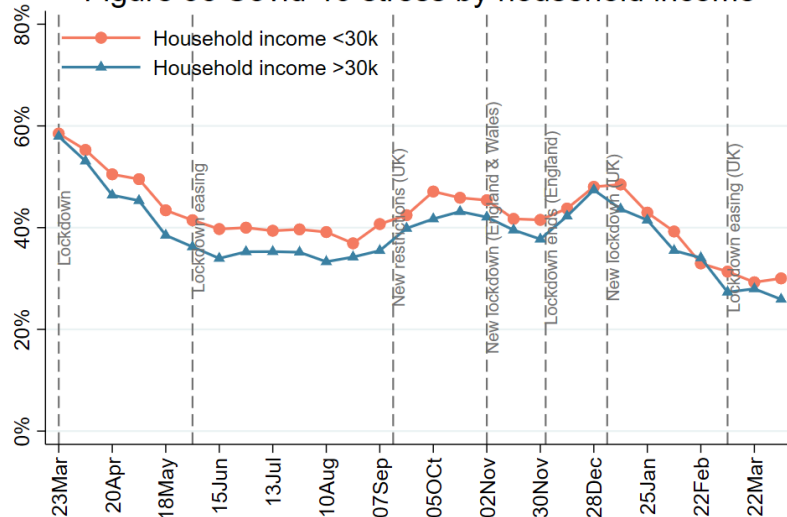## Figure 9c Covid-19 stress by household income

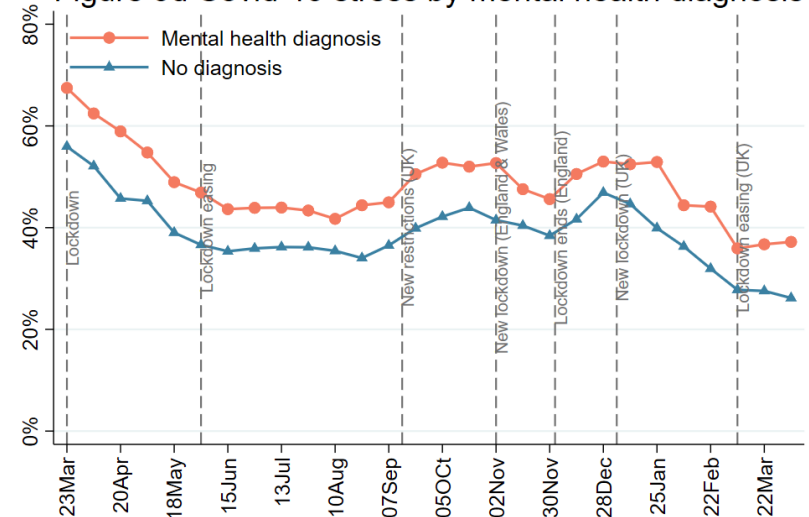## Figure 9d Covid-19 stress by mental health diagnosis
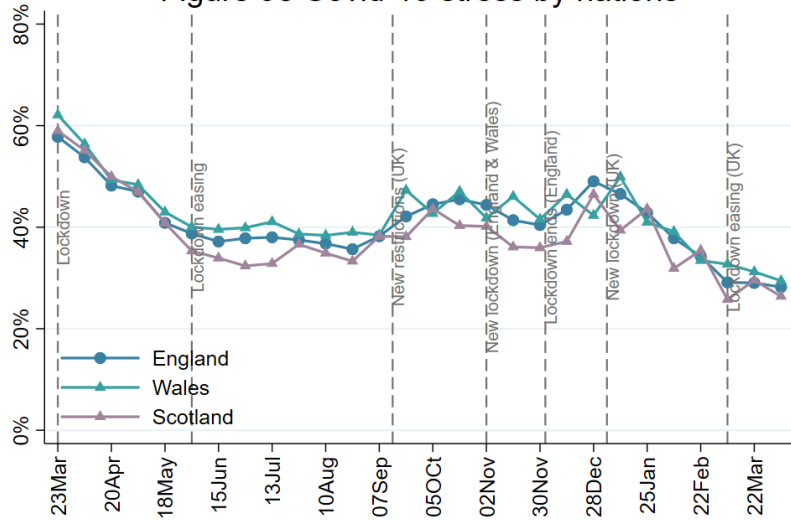

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Figure 9e Covid-19 stress by nations

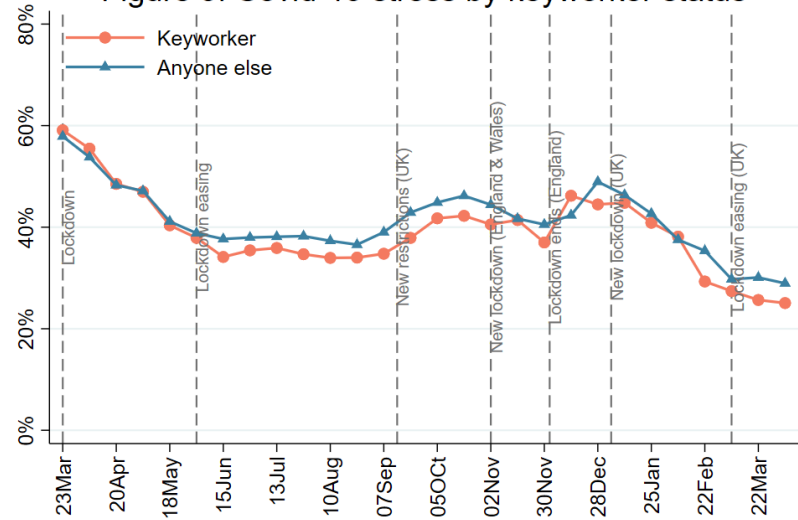Figure 9f Covid-19 stress by keyworker status

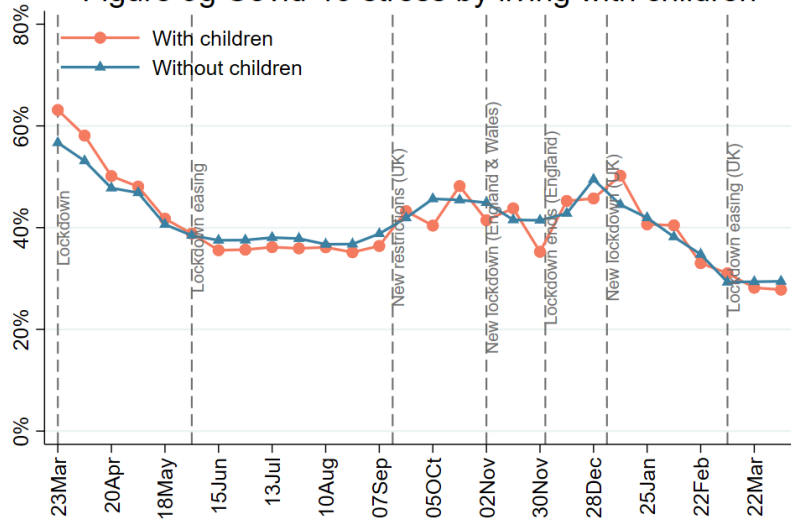Figure 9g Covid-19 stress by living with children

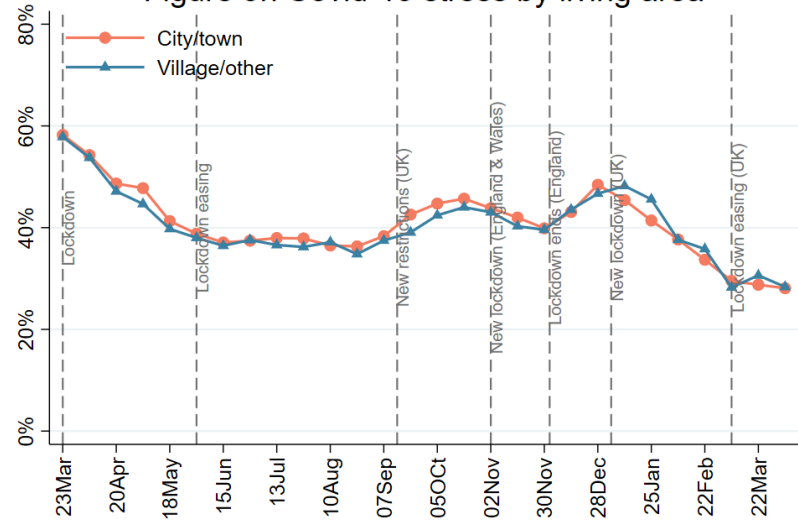Figure 9h Covid-19 stress by living area

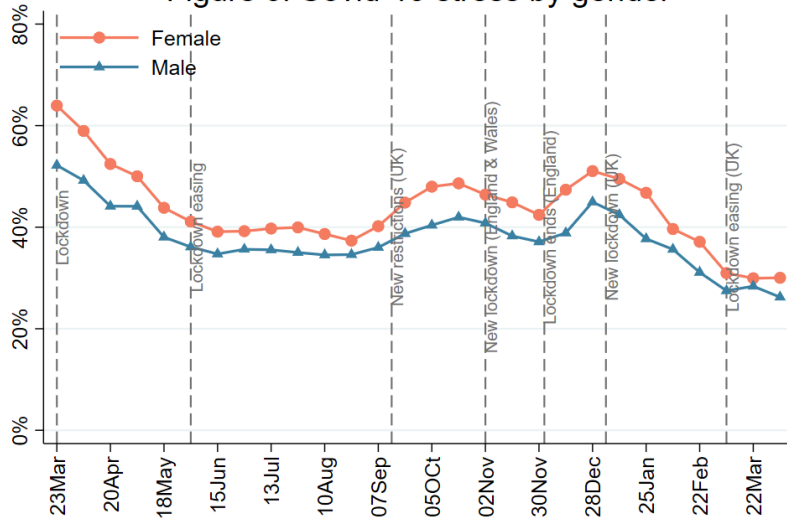Figure 9i Covid-19 stress by gender

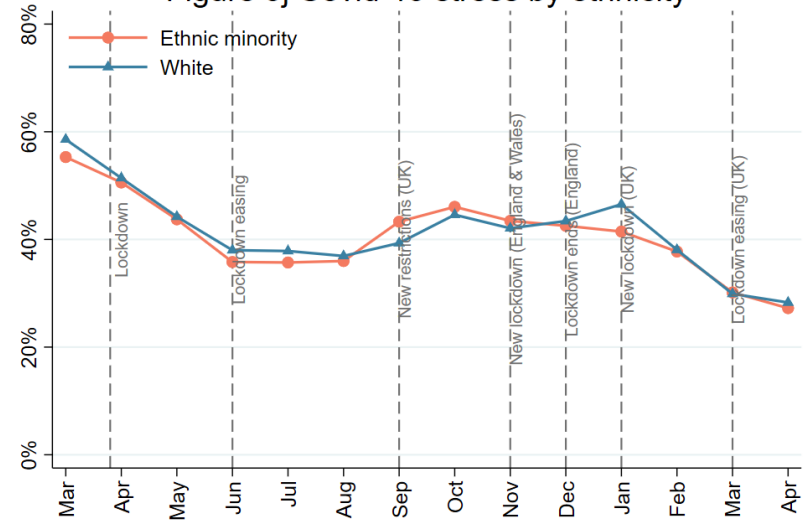Figure 9j Covid-19 stress by ethnicity

Figure 9k Covid-19 stress by educational levels
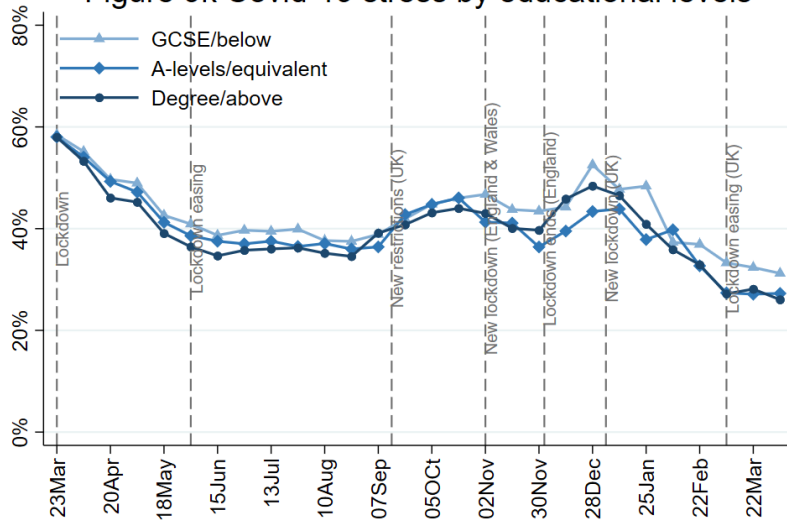
Figure 9l Covid-19 stress by physical health diagnosis
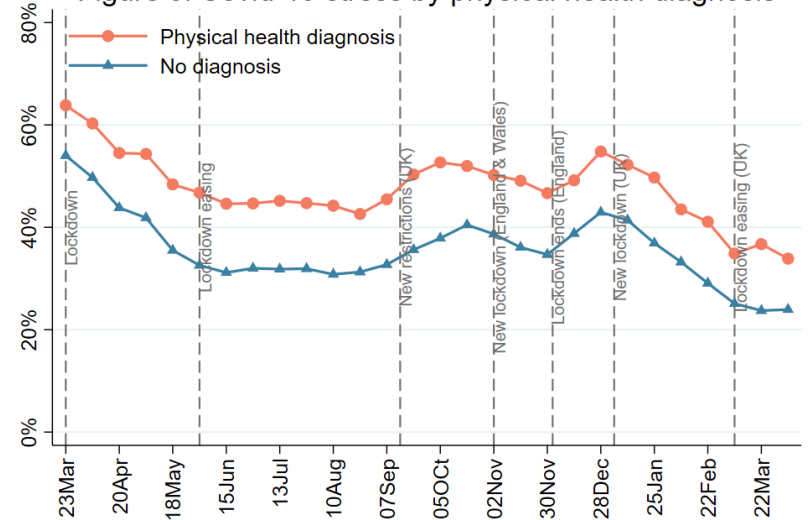
Figure 10a Unemployment stress by age groups

Figure 10b Unemployment stress by living arrangement
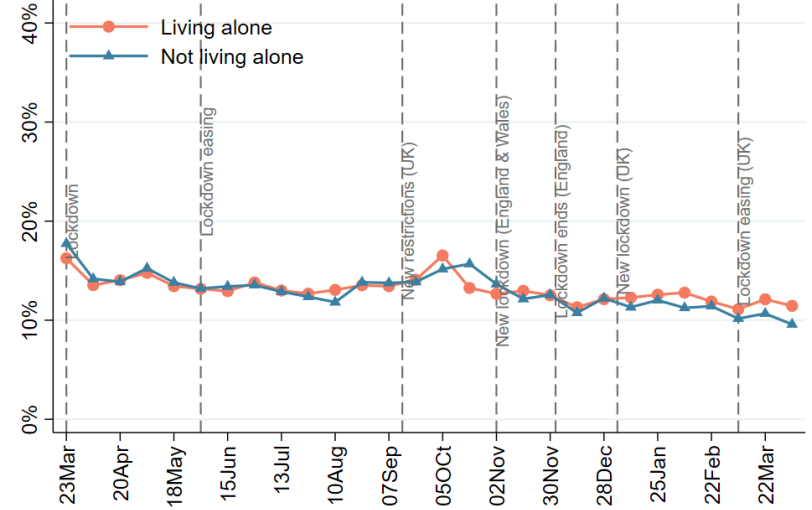
Figure 10c Unemployment stress by household income
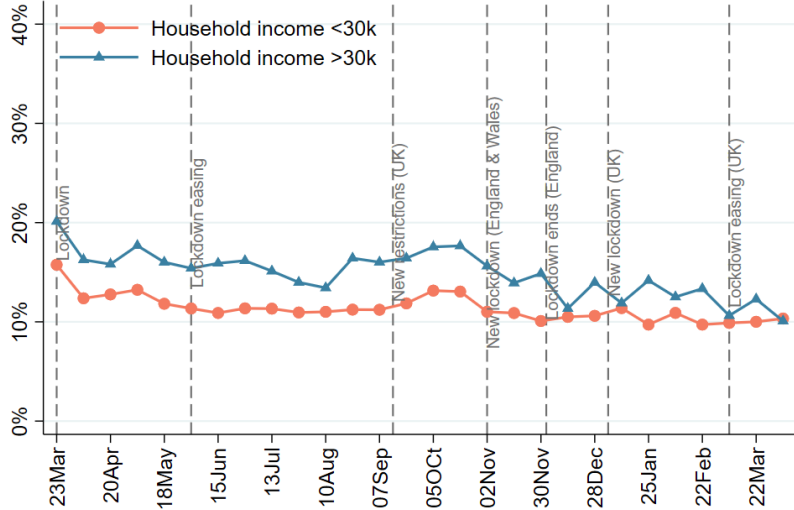
Figure 10d Unemployment stress by mental health

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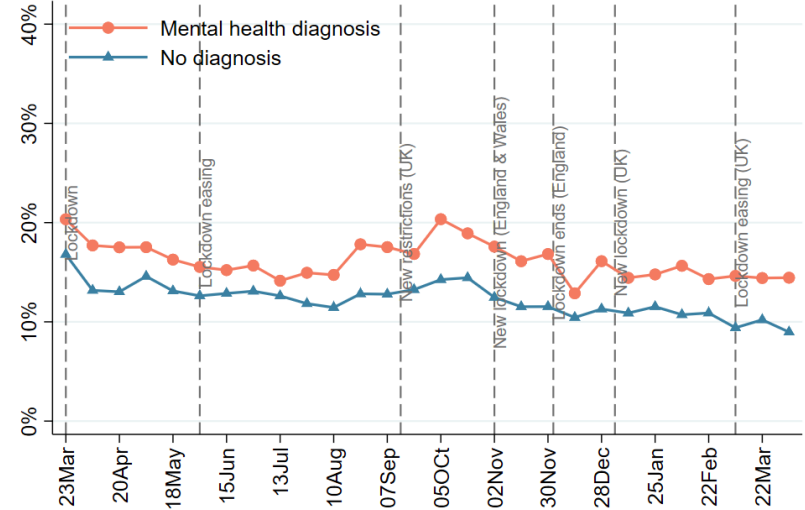
Figure 10e Unemployment stress by nations
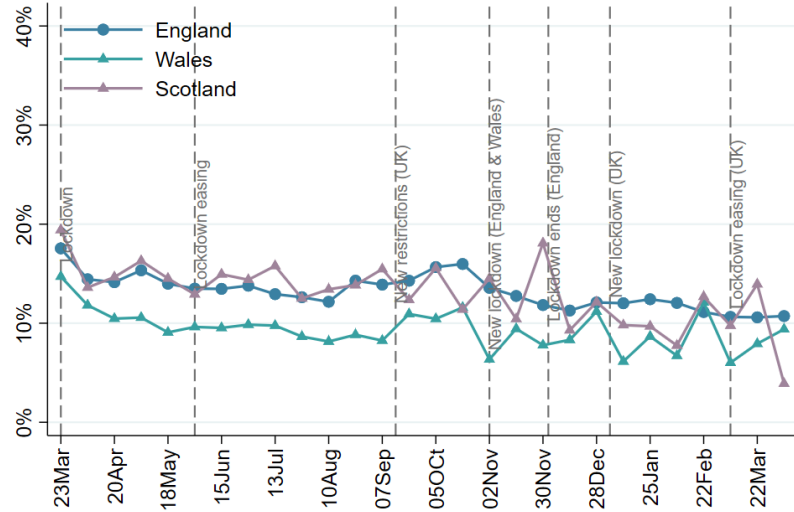
Figure 10f Unemployment stress by keyworker status
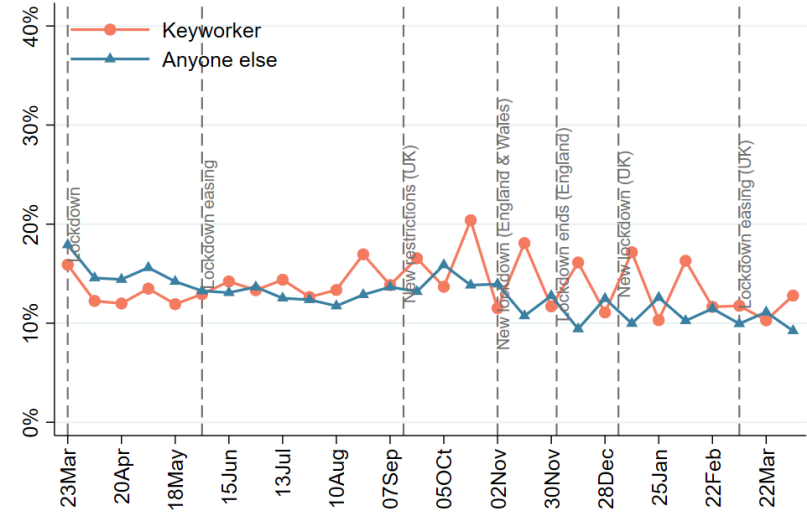
Figure 10g Unemployment stress by living with children
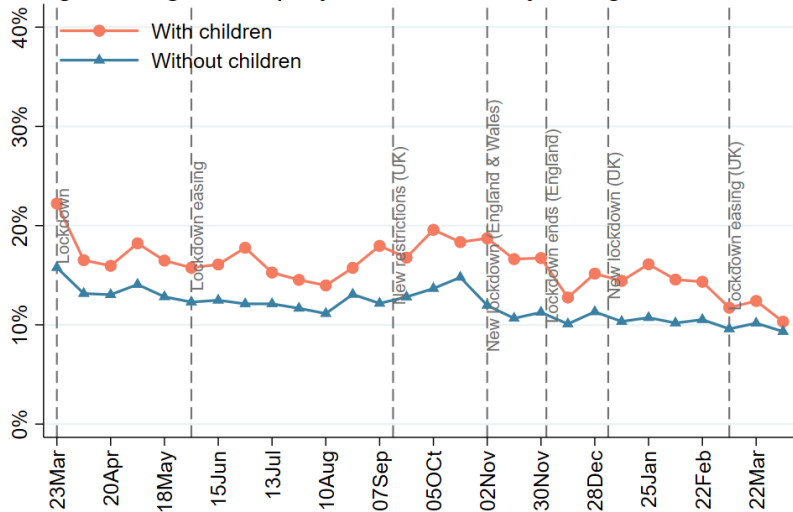
Figure 10h Unemployment stress by living area
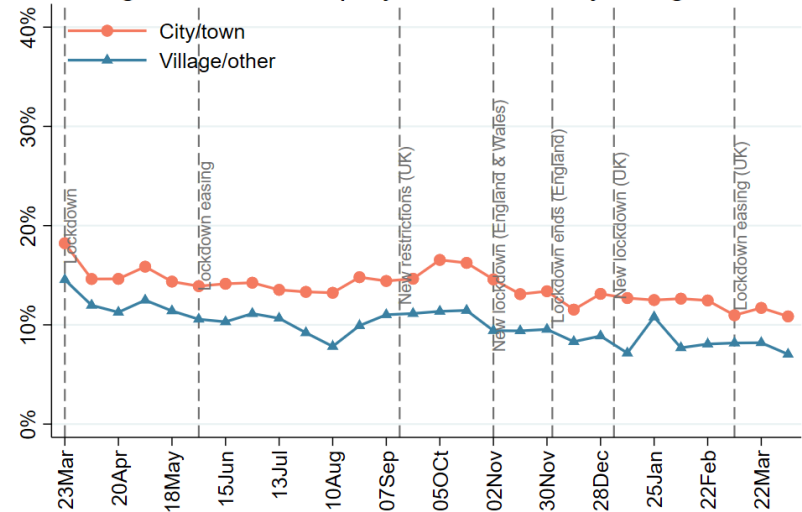
Figure 10i Unemployment stress by gender
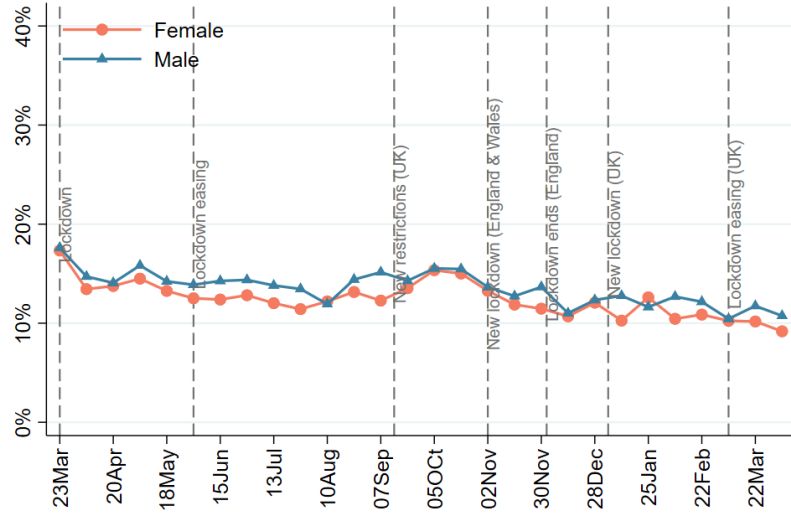
Figure 10j Unemployment stress by ethnicity
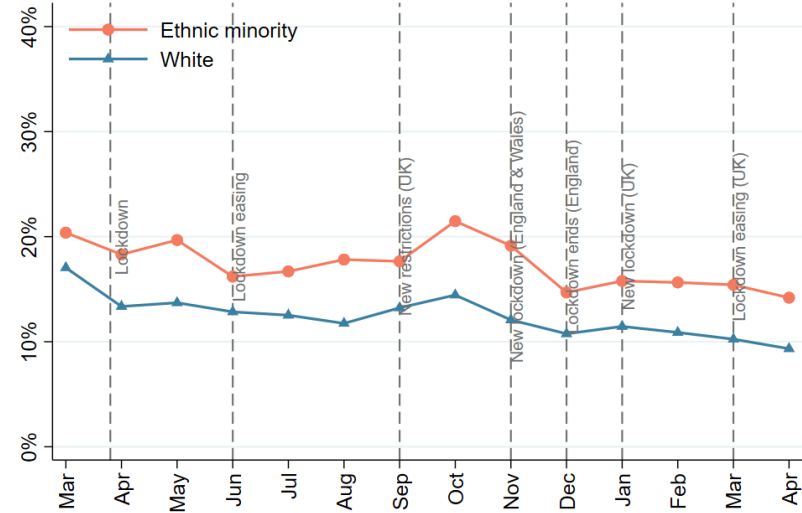
Figure 10k Unemployment stress by educational levels
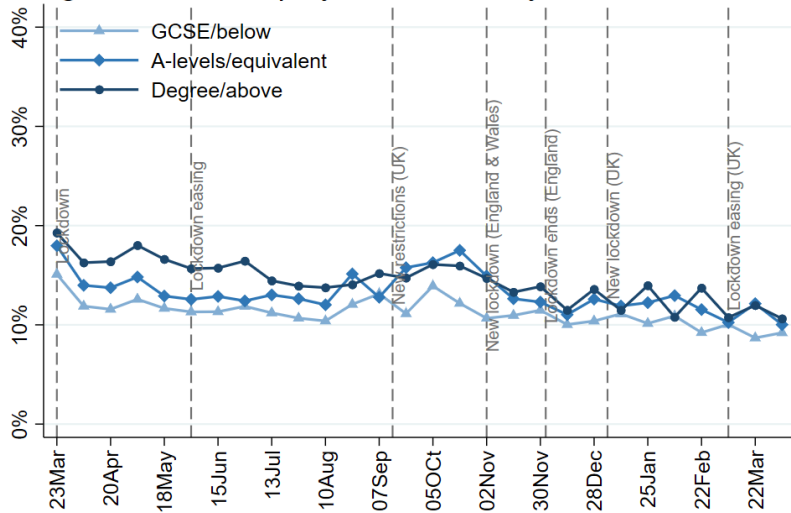
Figure 10l Unemployment stress by physical health diagnosis
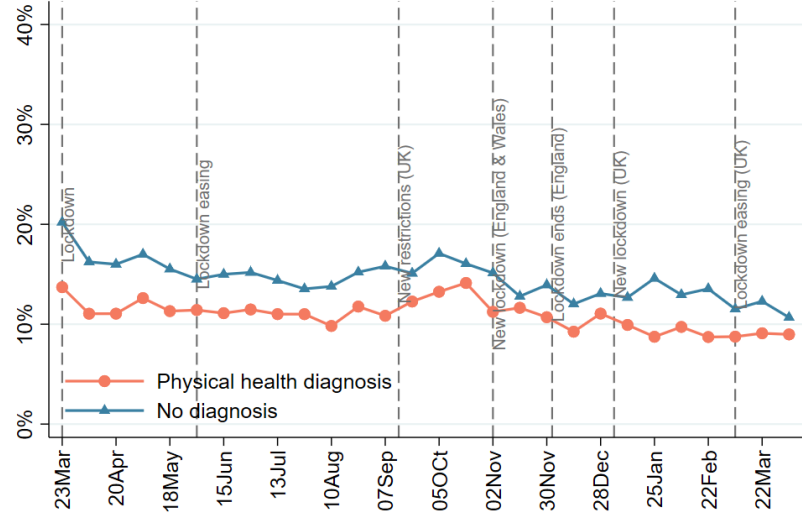
Figure 11a Financial stress by age groups
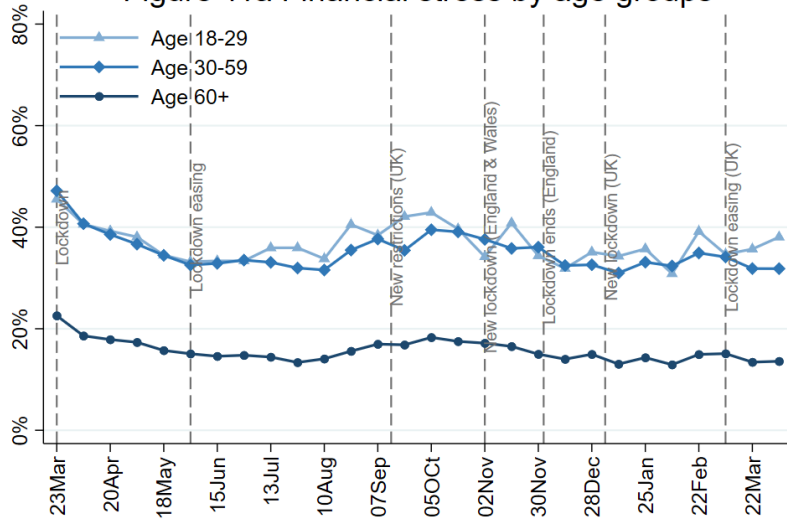
Figure 11b Financial stress by living arrangement
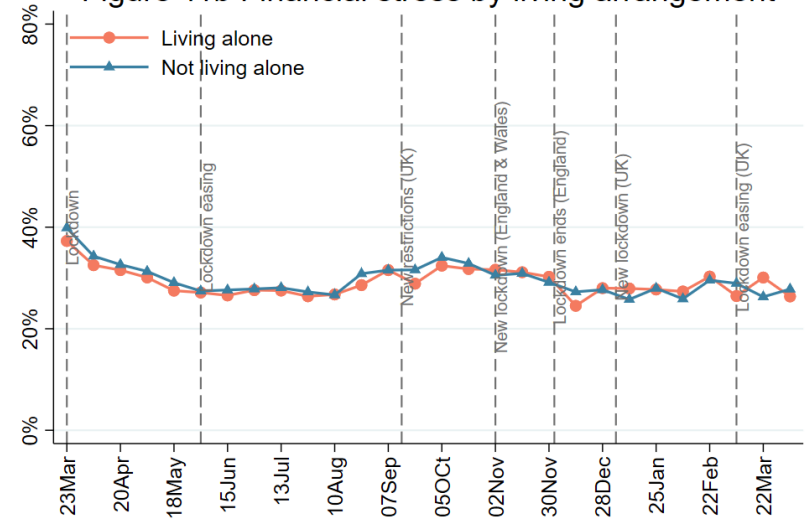
Figure 11c Financial stress by household income
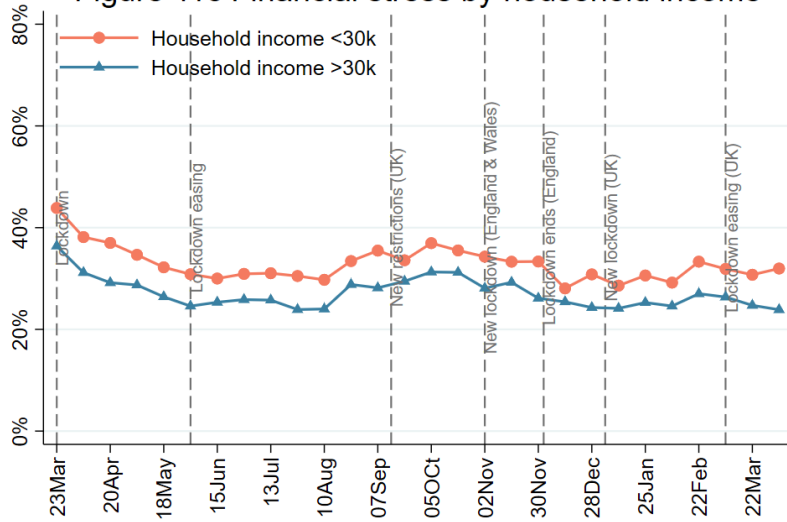
Figure 11d Financial stress by mental health diagnosis
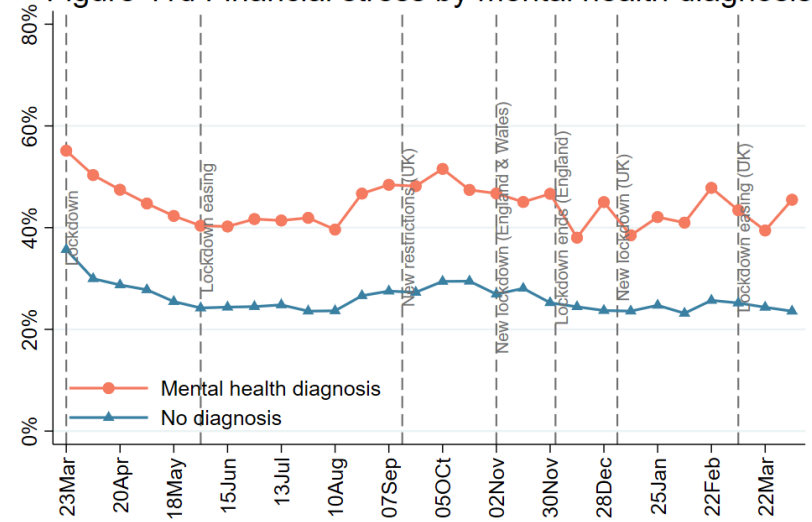
Figure 11e Financial stress by nations
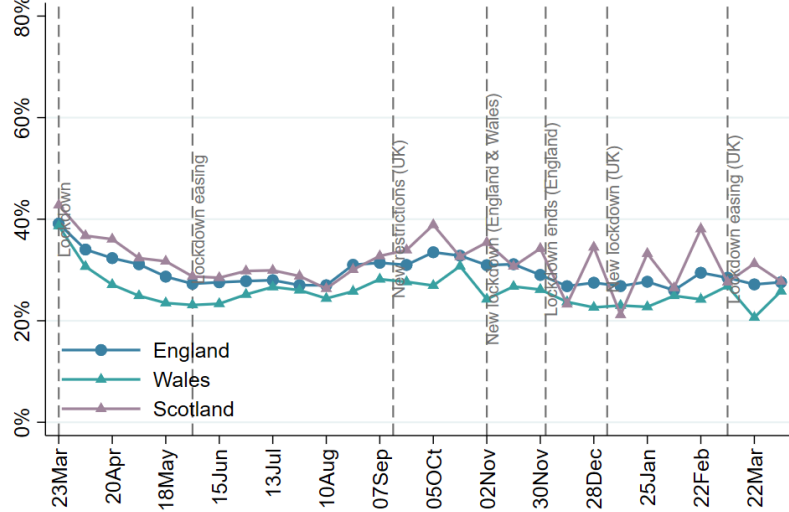
Figure 11f Financial stress by keyworker status
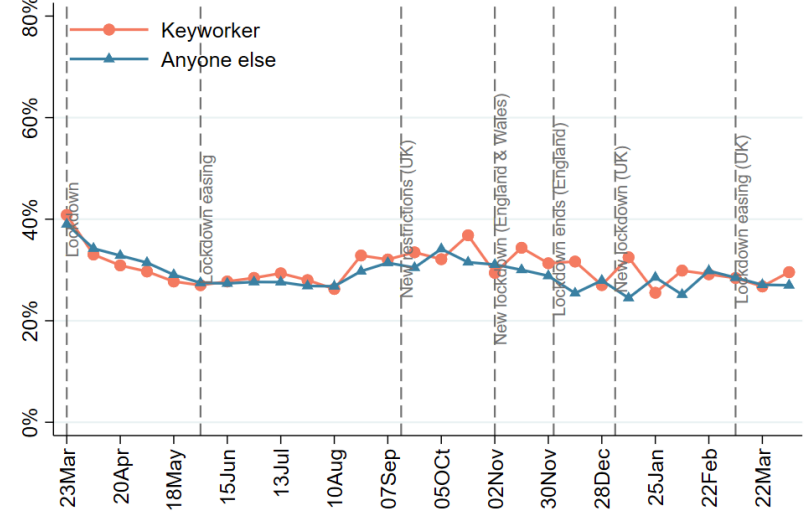
Figure 11g Financial stress by living with children
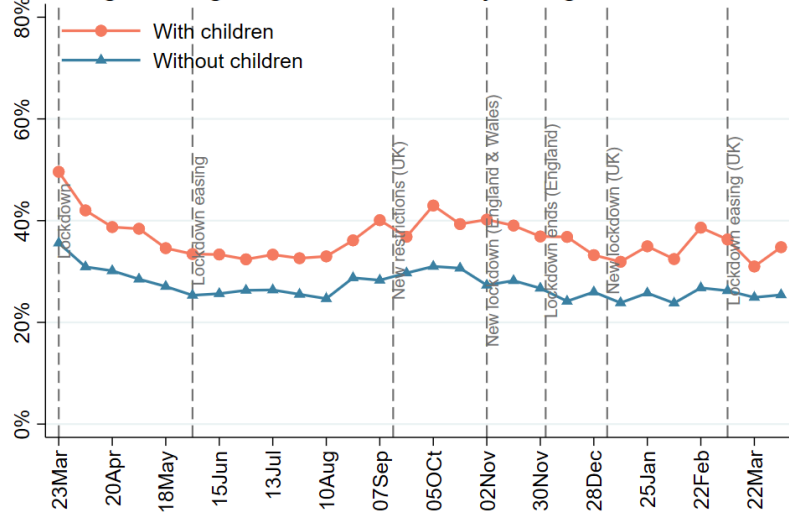
Figure 11h Financial stress by living area
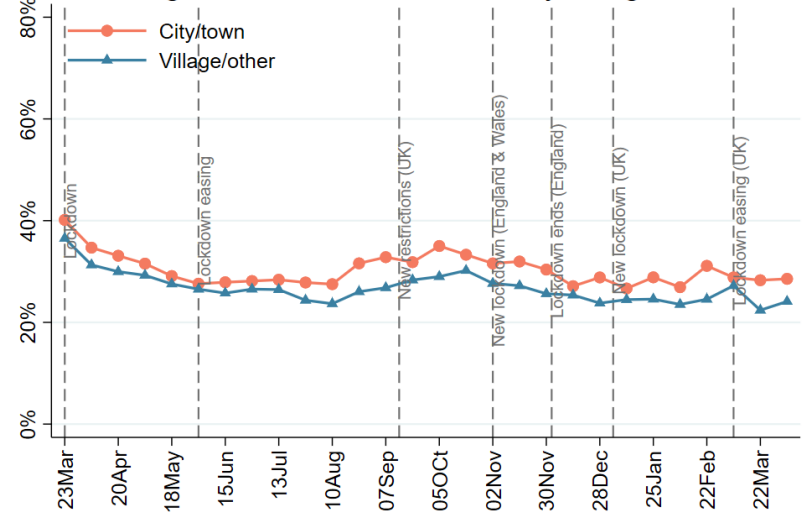
Figure 11i Financial stress by gender
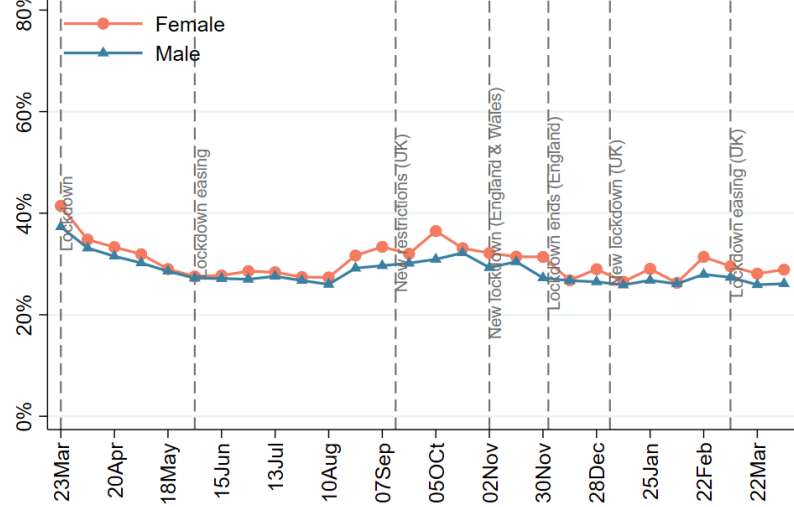
Figure 11j Financial stress by ethnicity
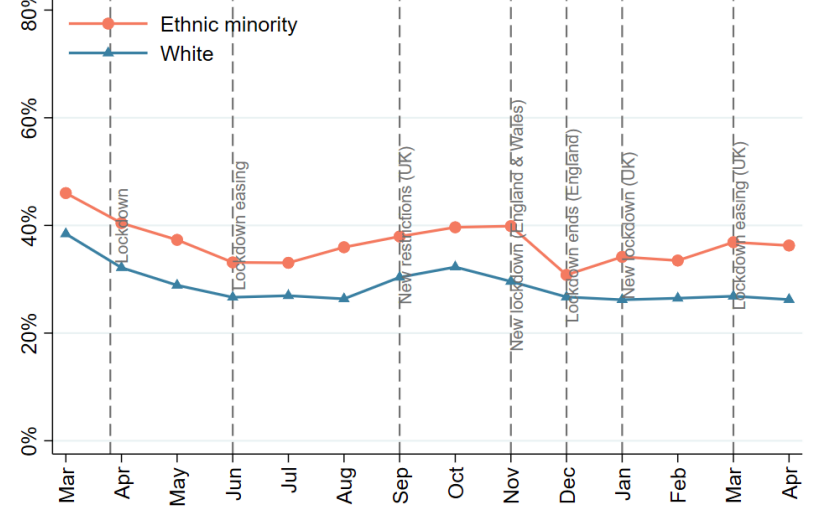
Figure 11k Financial stress by educational levels

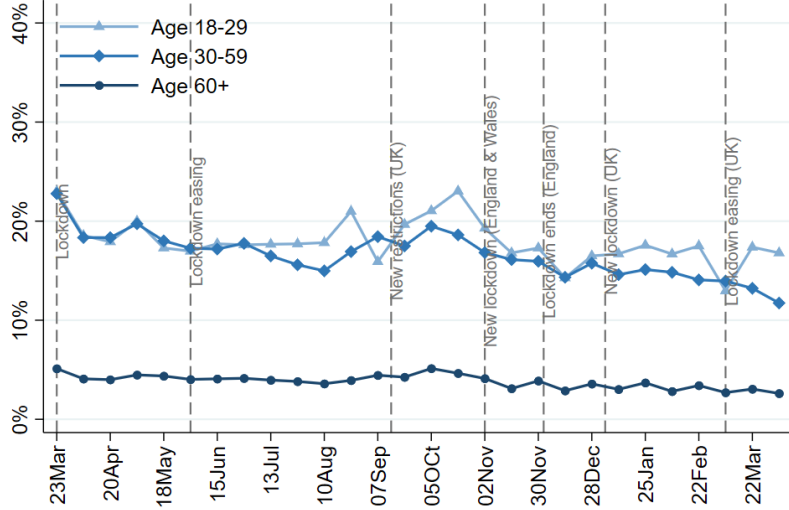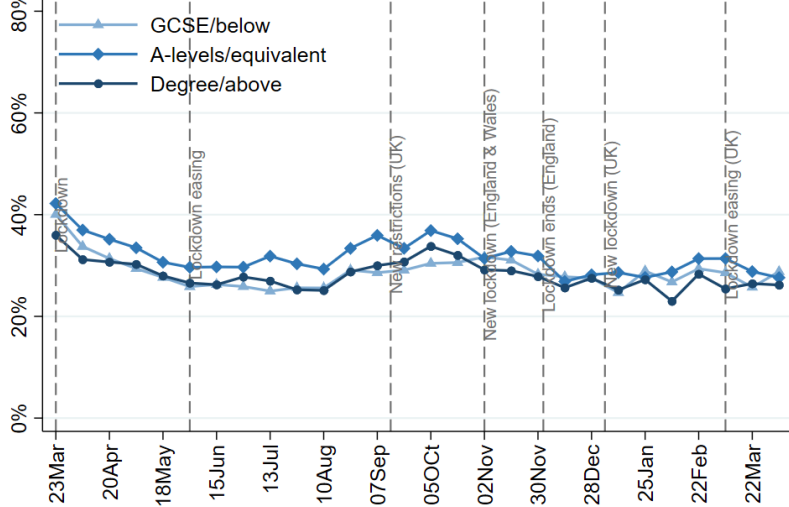Figure 11l Financial stress by physical health diagnosis
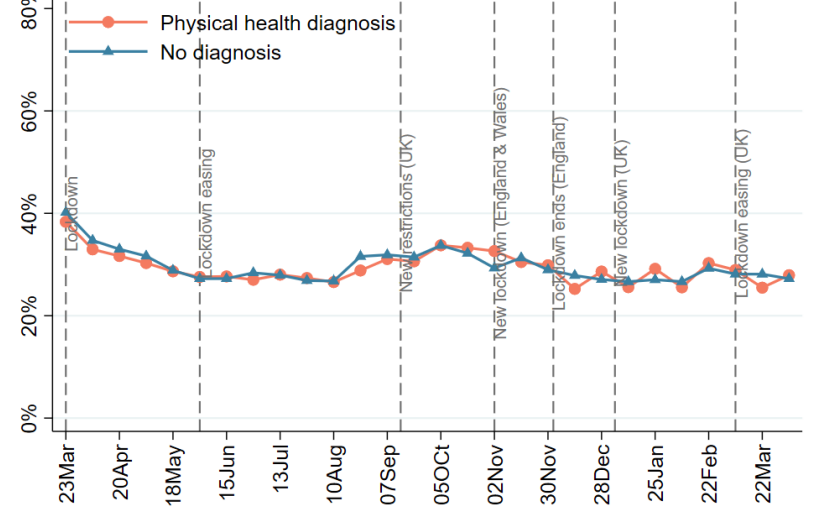
Figure 12a Food security stress by age groups
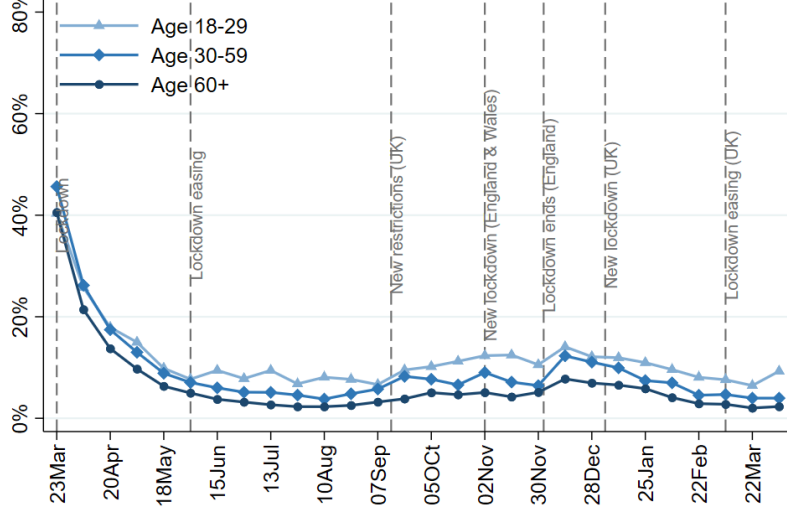
Figure 12b Food security stress by living arrangement
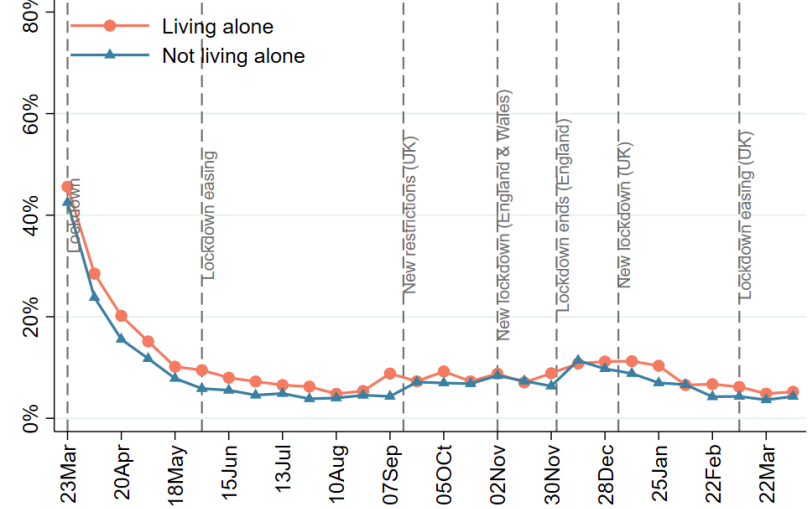
Figure 12c Food security stress by household income
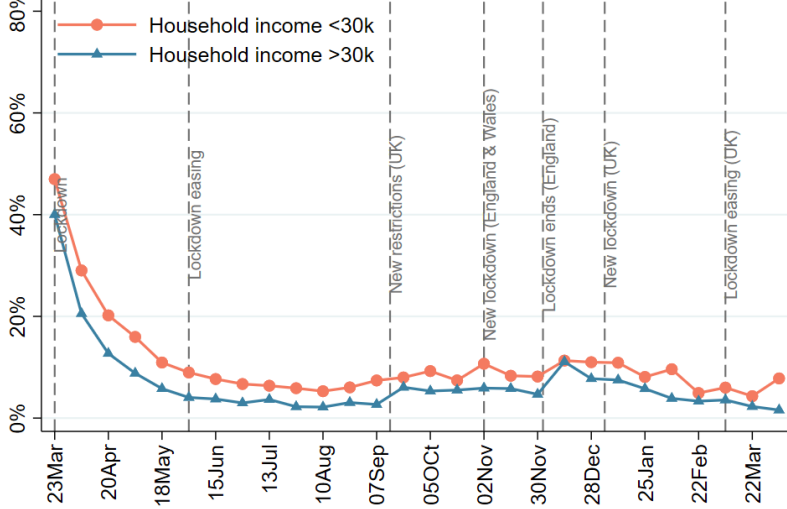
Figure 12d Food security stress by mental health
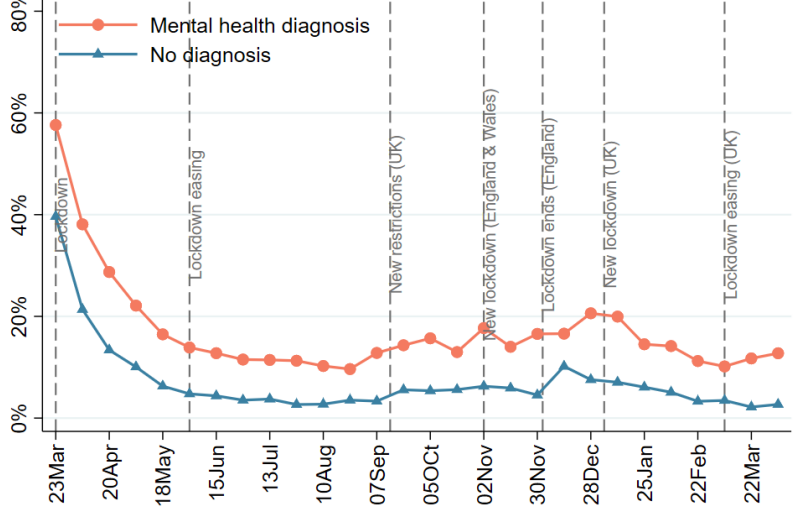
Figure 12e Food security stress by nations
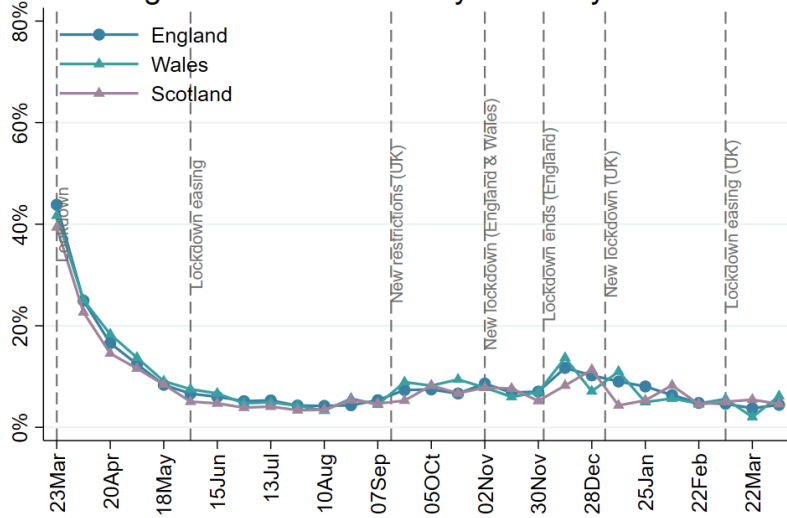
Figure 12f Food security stress by keyworker status
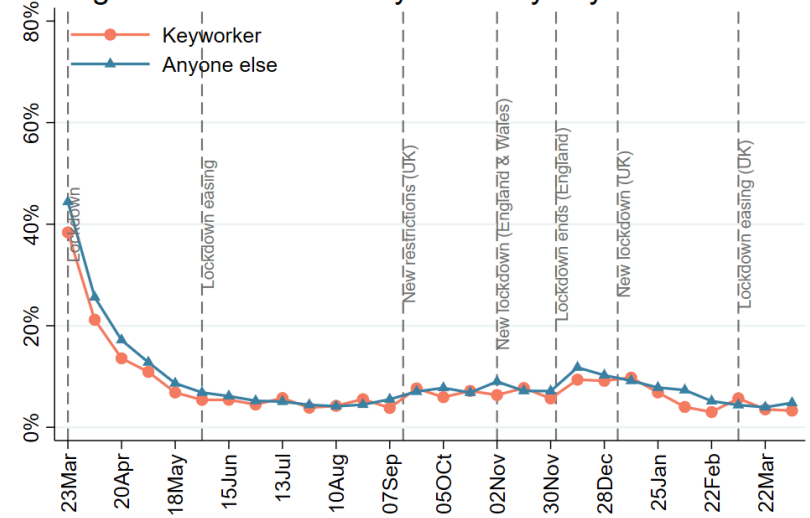
Figure 12g Food security stress by living with children
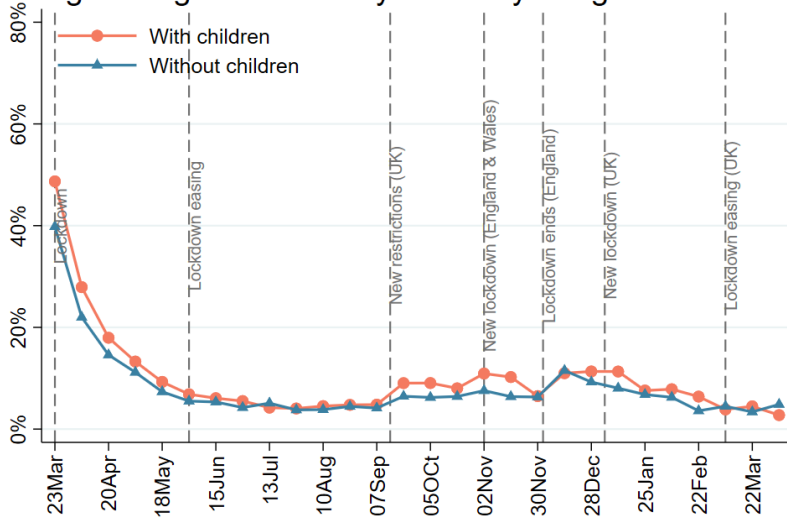
Figure 12h Food security stress by living area
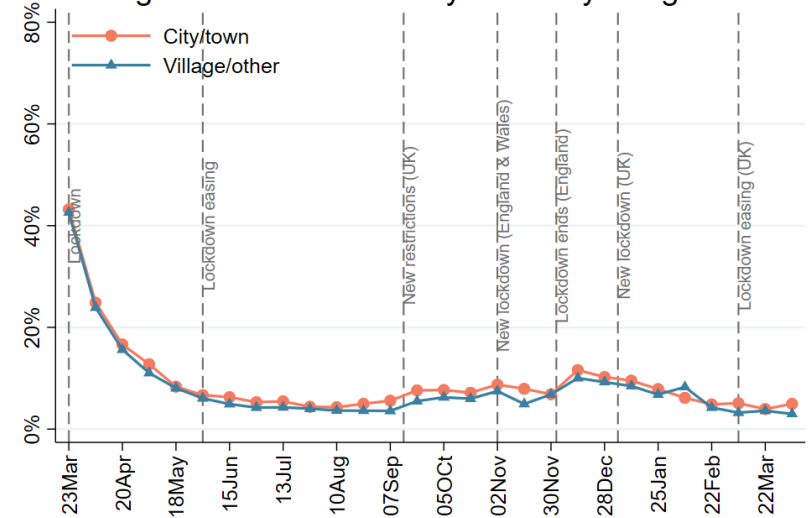
Figure 12i Food security stress by gender
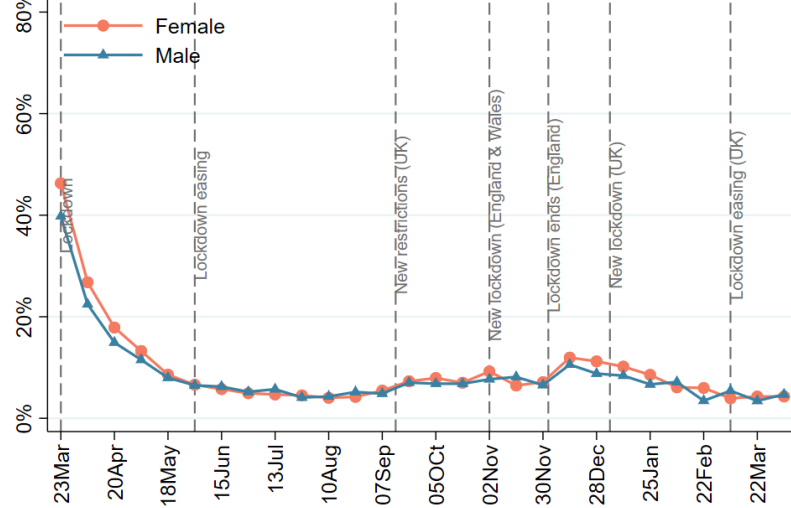
Figure 12j Food security stress by ethnicity
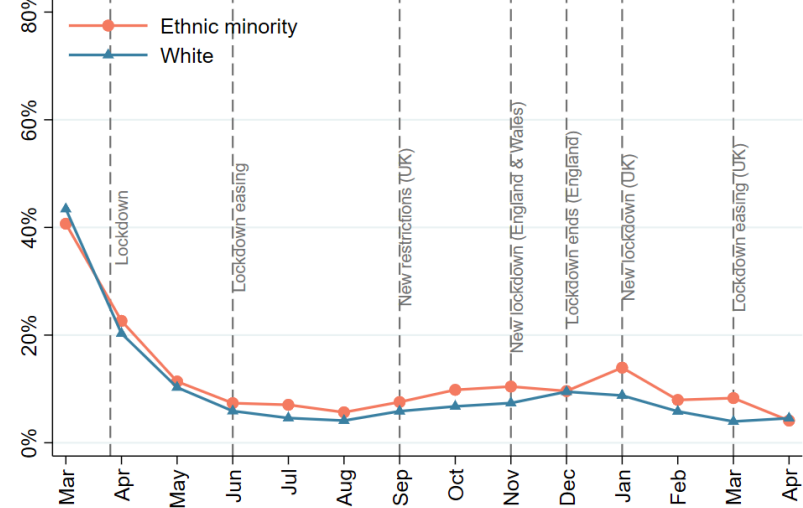
Figure 12k Food security stress by educational levels
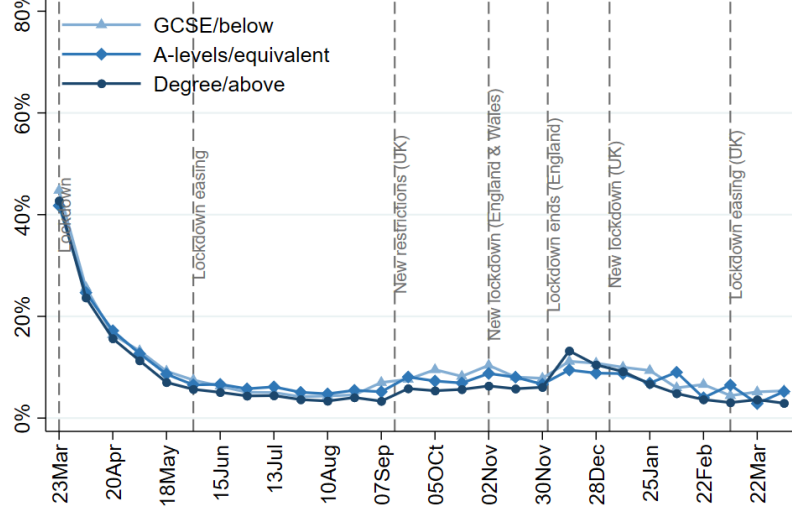
Figure 12l Food security stress by physical health diagnosis
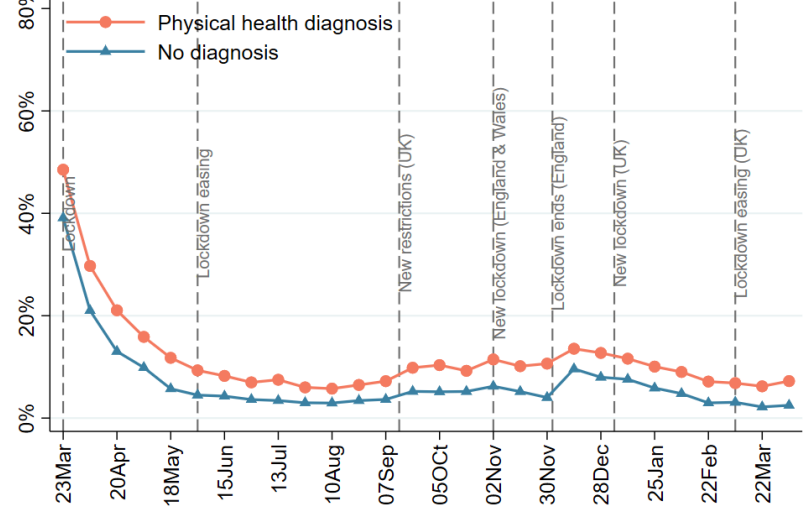
3. Self-harm and abuse

3.1 Thoughts of death or self-harm

Figure 13 Thoughts of death or self-harm
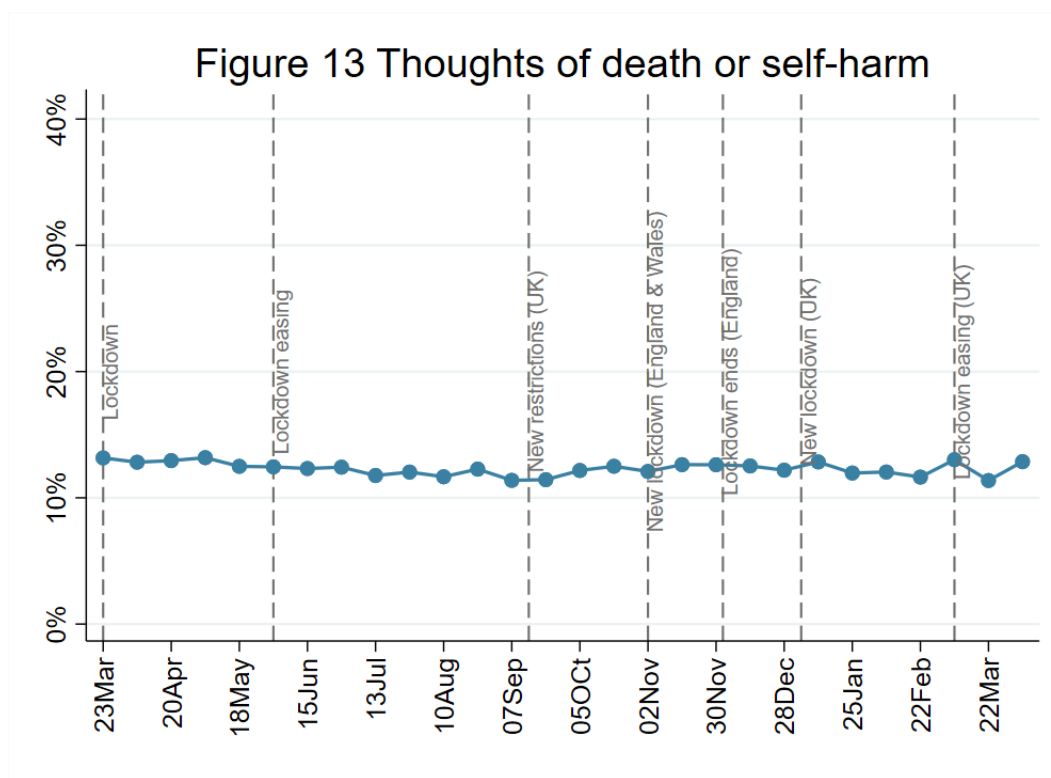
FINDINGS

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

There continues to be no clear change in the percentage of people having thoughts of death or self-harm, with the exception of small fluctuations in the last two months. They remain higher amongst younger adults (ages 18-29), with around 1 in 5 reporting thoughts of death or self-harm since the start of the pandemic. Thoughts of death or self-harm are also higher in those with a diagnosed mental health condition, people from ethnic minority groups, people with a physical health diagnosis, people living alone, those with lower incomes, and in urban areas.

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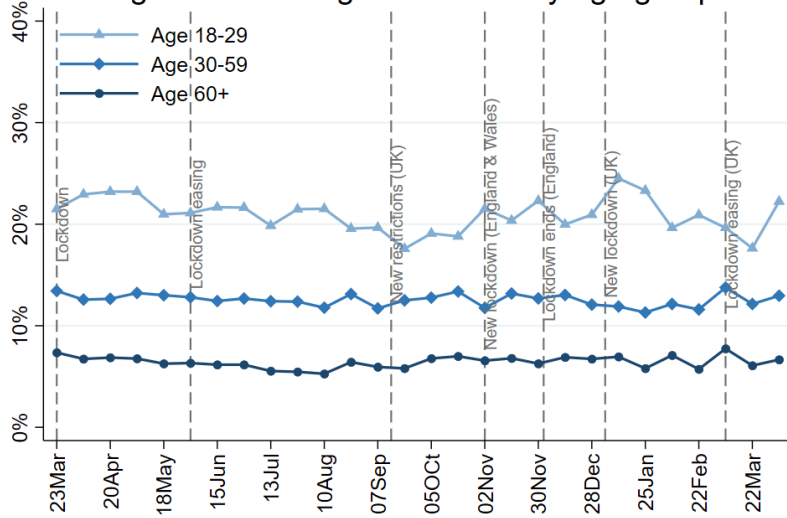
Figure 14b Thoughts of death by living arrangement
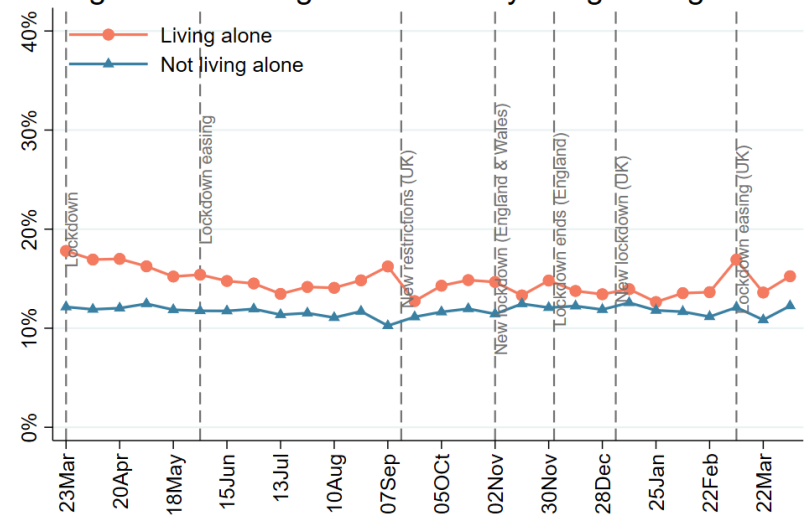
Figure 14c Thoughts of death by household income
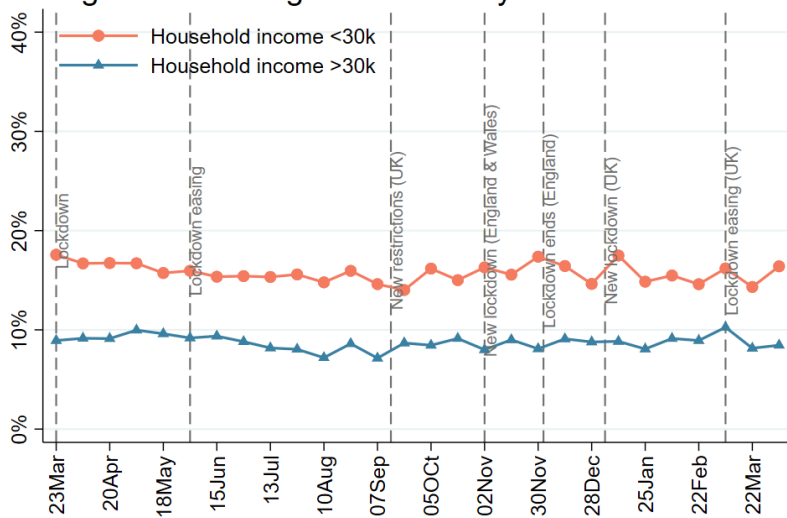
Figure 14d Thoughts of death by mental health diagnosis
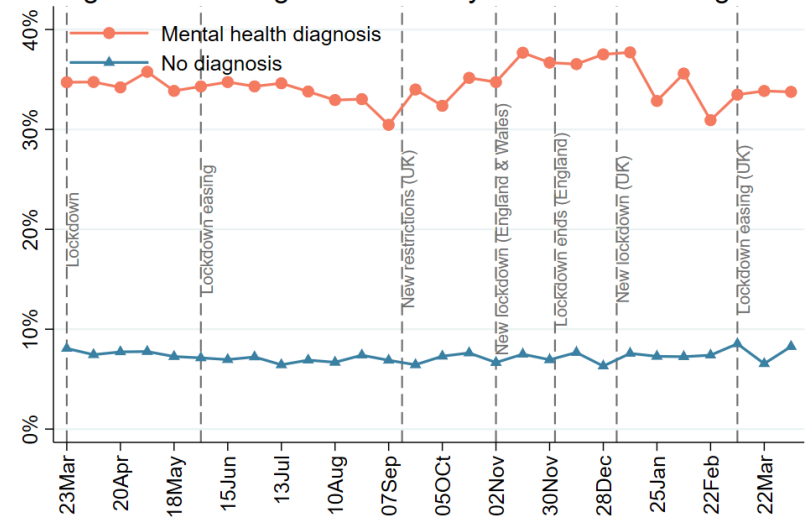
Figure 14e Thoughts of death by nations
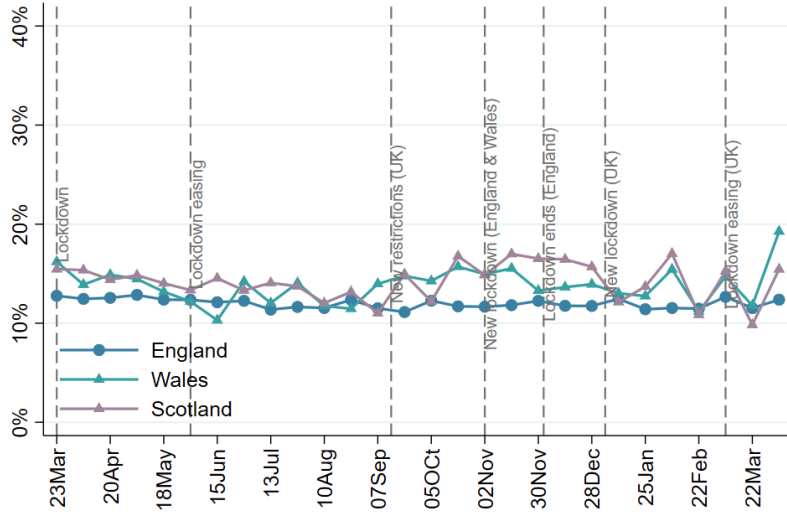
Figure 14f Thoughts of death by keyworker status
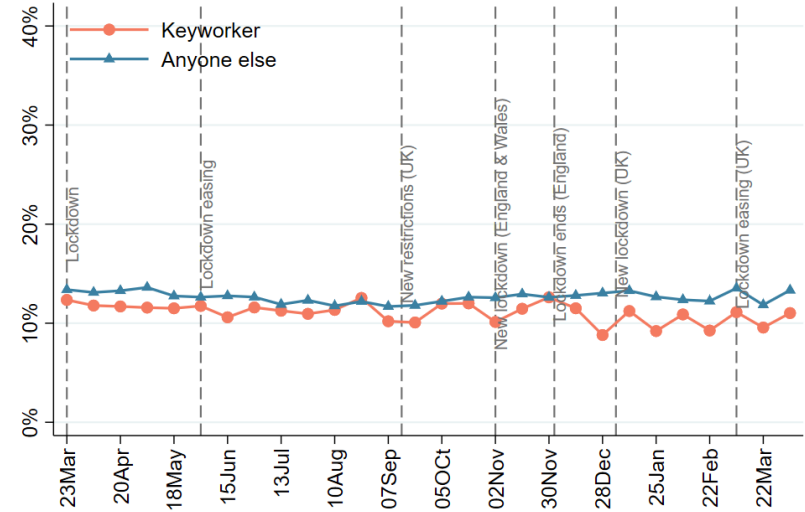
Figure 14g Thoughts of death by living with children
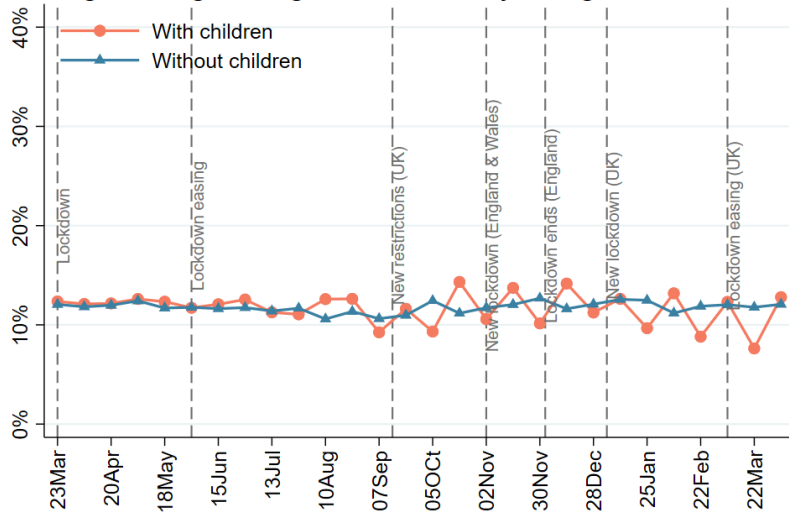
Figure 14h Thoughts of death by living area
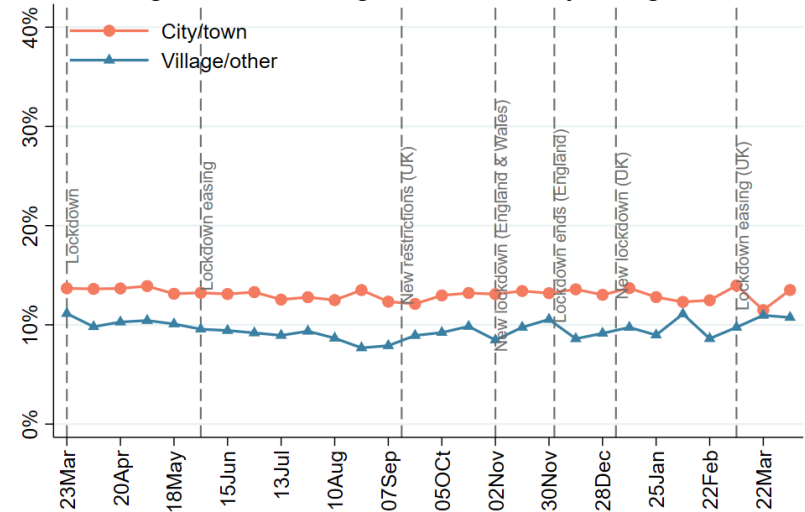
Figure 14i Thoughts of death by gender
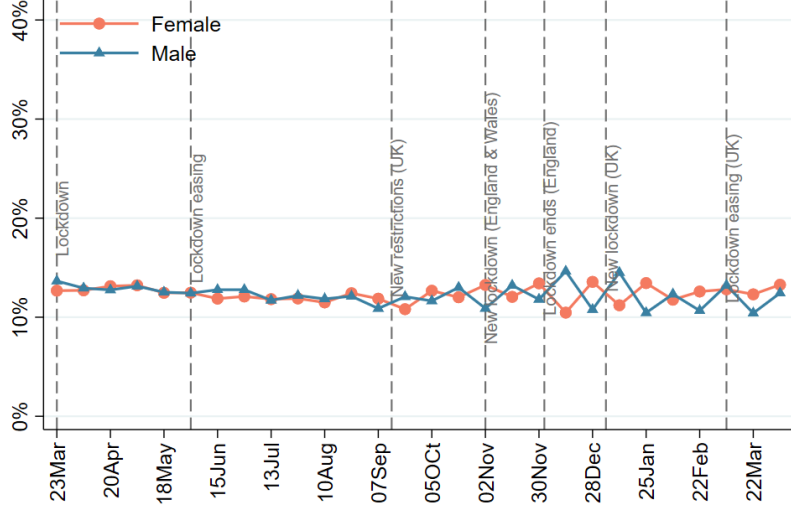
Figure 14j Thoughts of death by ethnicity
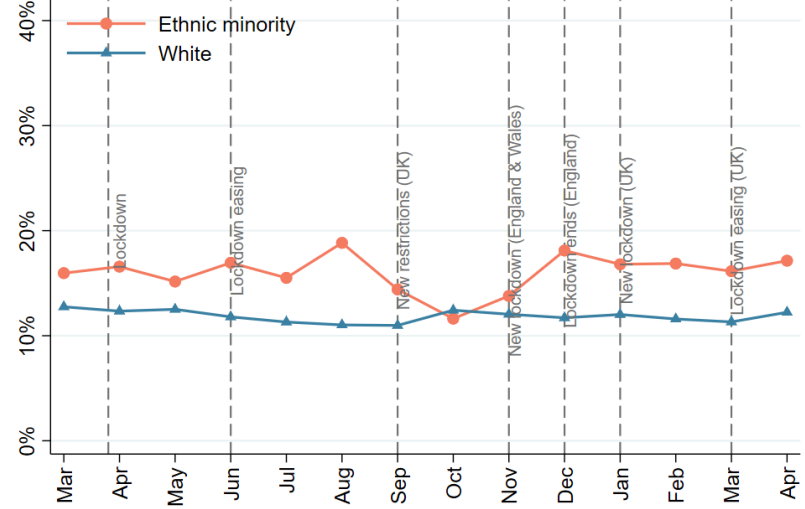
Figure 14k Thoughts of death by educational levels
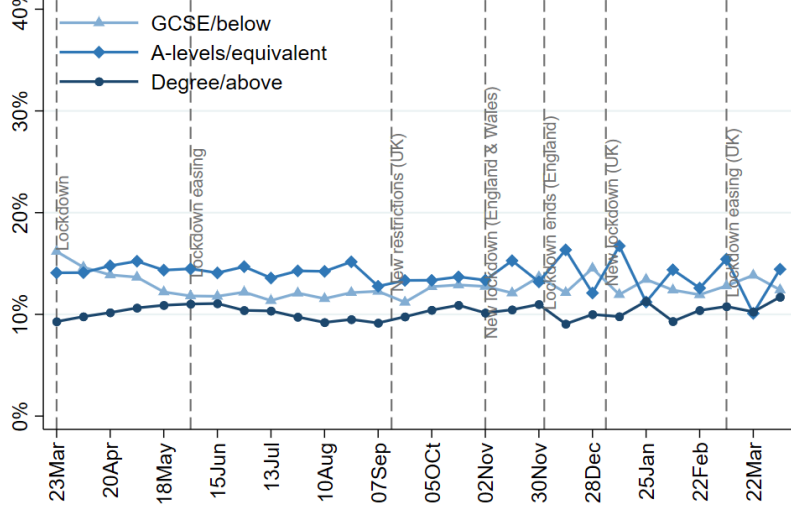
Figure 14l Thoughts of death by physical health diagnosis

3.2 Self-harm

Figure 15 Self-harm
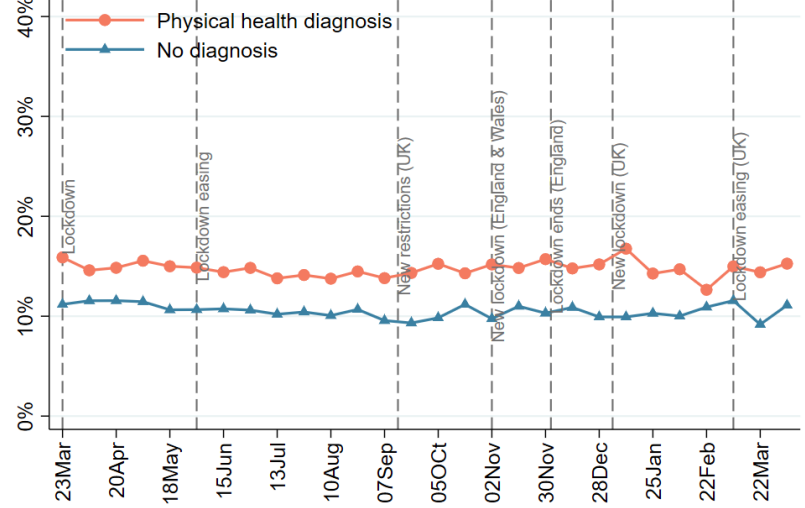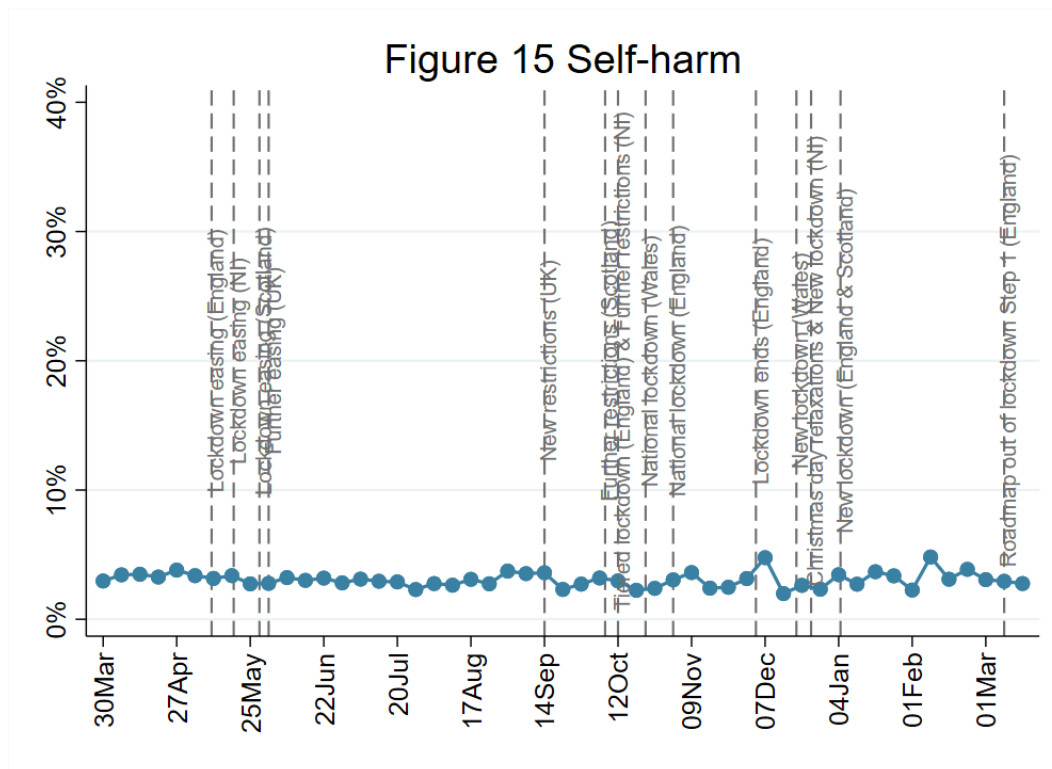
Self-harm was assessed using a question that asks whether in the last week the respondent has been "self-harming or deliberately hurting yourself". Responses are on a 4-point scale ranging from "not at all" to "nearly every day". We focused on any response that indicated any self-harming.

Self-harm continues to remain relatively stable over the course of the pandemic, and demographic patterns have been consistent. Throughout most of the pandemic, younger adults, people with a diagnosed mental health condition, and those with lower incomes have been more likely to report self-harm.

It should be noted that not all people who self-harm will necessarily report it, so these levels are anticipated to be an under-estimation of actual levels[3].

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[3] Spikes on particular days are likely due to variability in the data as opposed to indications of particularly adverse experiences on certain days. NB the question on self-harm was asked starting on 30 March 2020 and thus the x-axes for these graphs are therefore slightly different compared to the other graphs in this report.

Figure 16a Self-harm by age groups
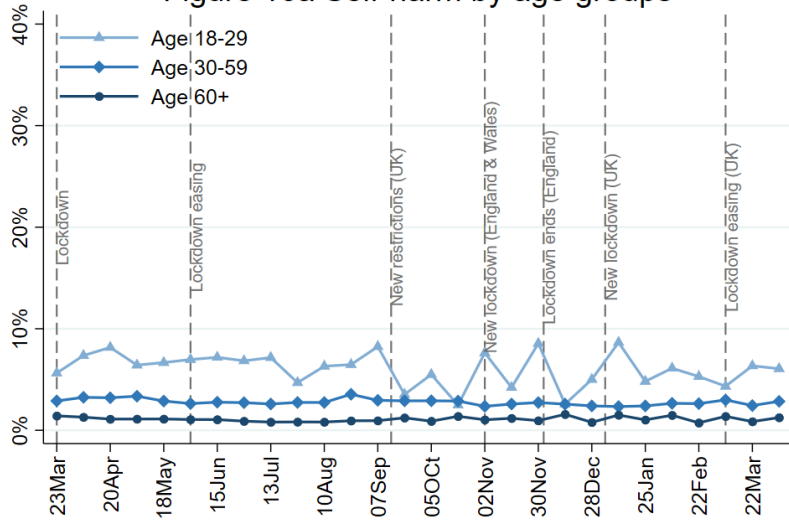
Figure 16b Self-harm by living arrangement
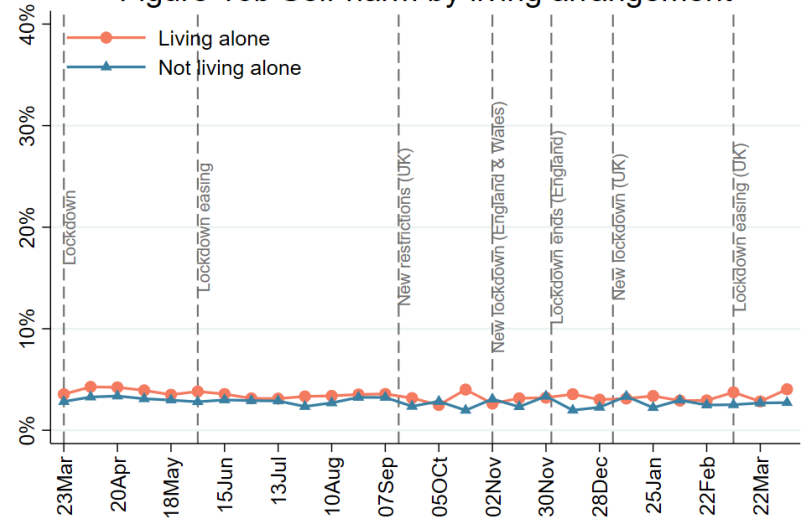
Figure 16c Self-harm by household income
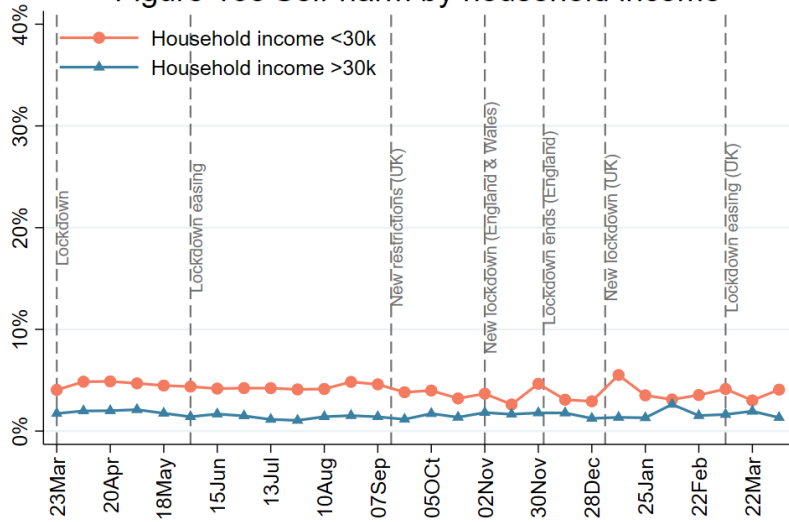
Figure 16d Self-harm by mental health diagnosis
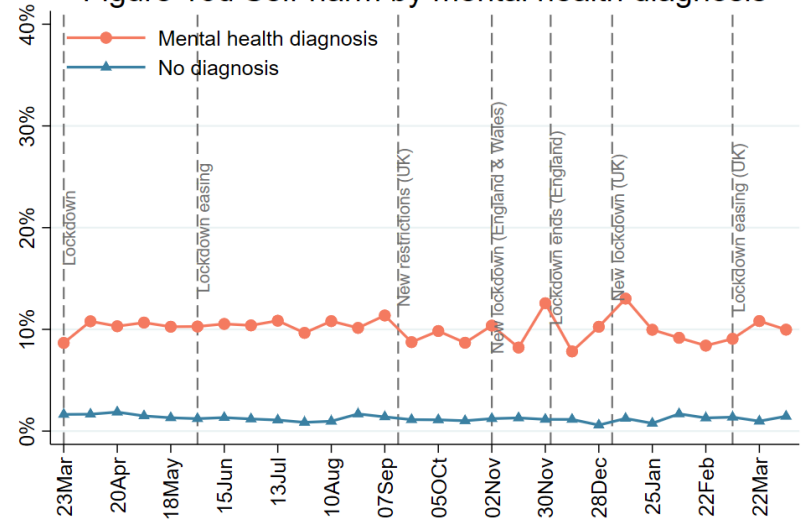
Figure 16e Self-harm by nations
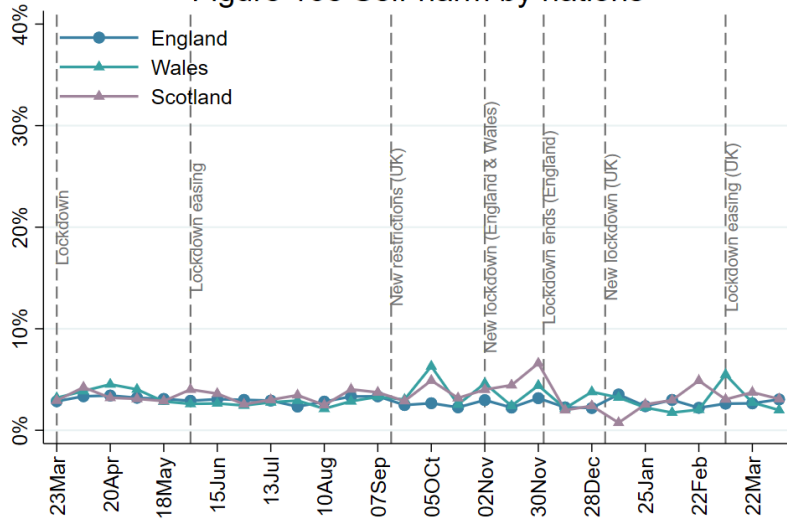
Figure 16f Self-harm by keyworker status
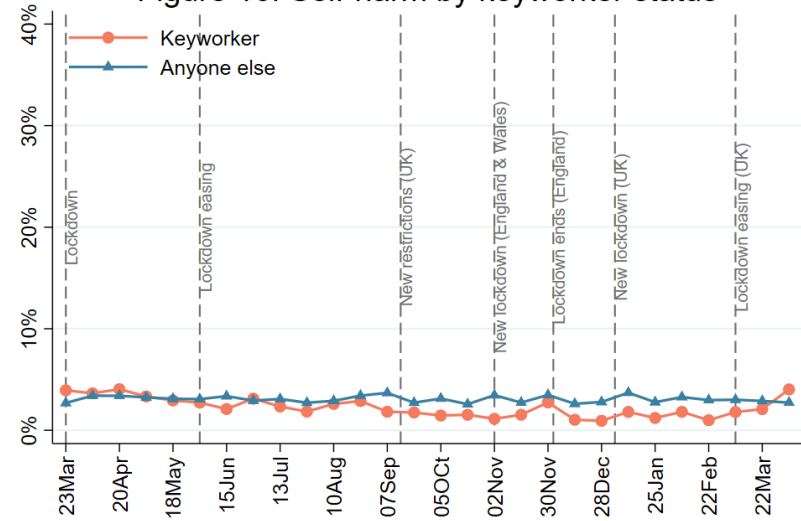
Figure 16g Self-harm by living with children
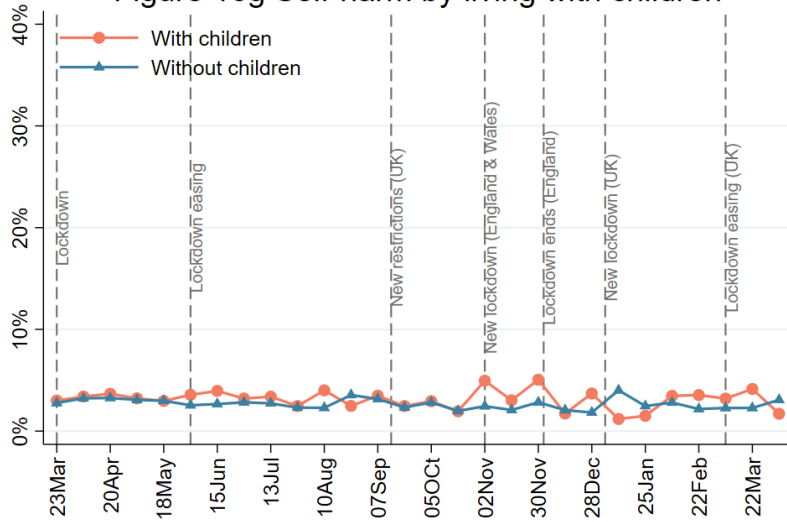
Figure 16h Self-harm by living area

Figure 16i Self-harm by gender

Figure 16j Self-harm by ethnicity

Figure 16k Self-harm by educational levels

Figure 16l Self-harm by physical health diagnosis

3.3 Abuse

Figure 17 Being physically or psychologically abused
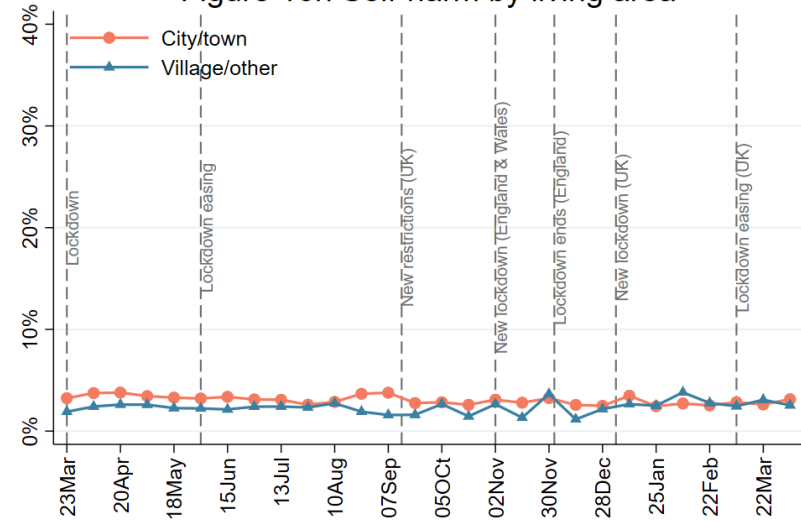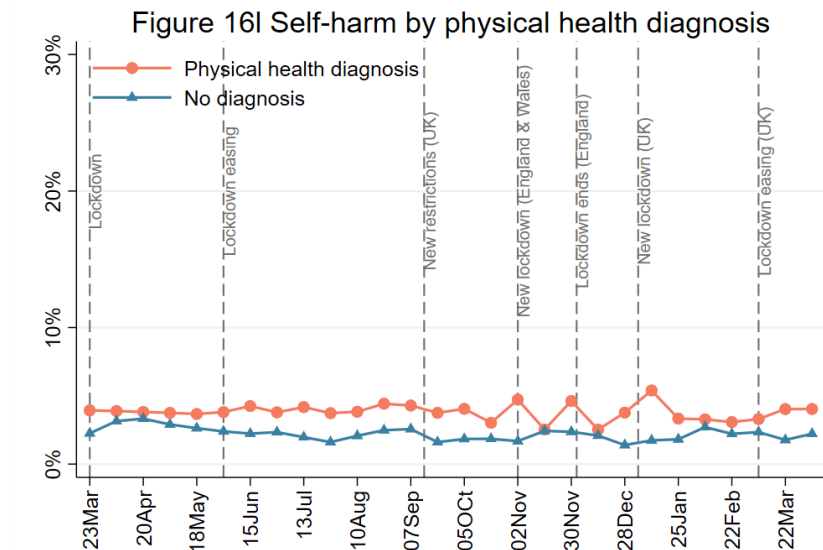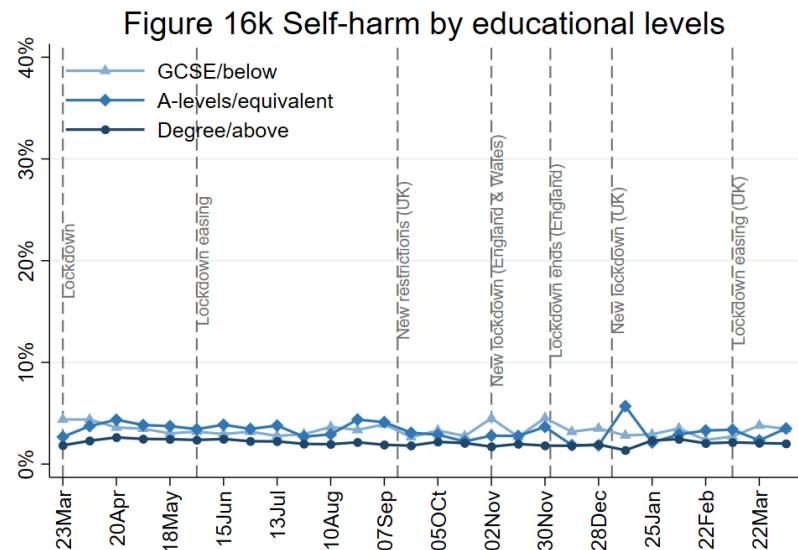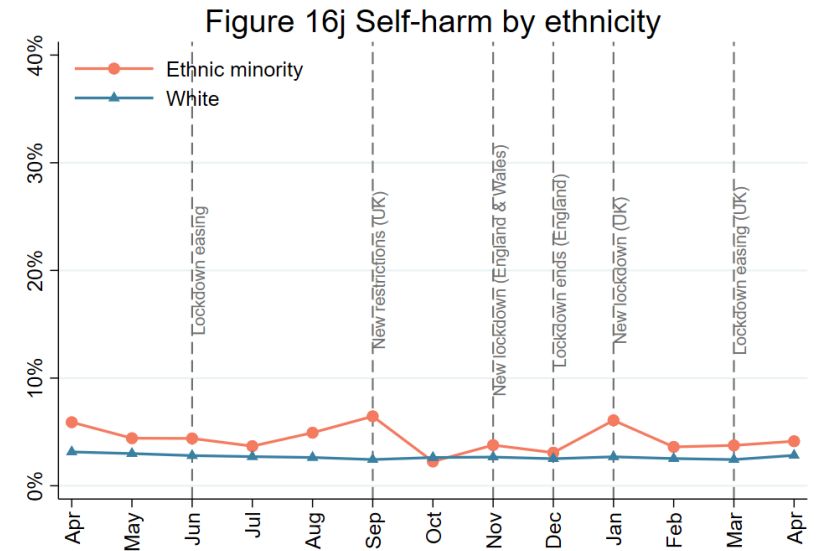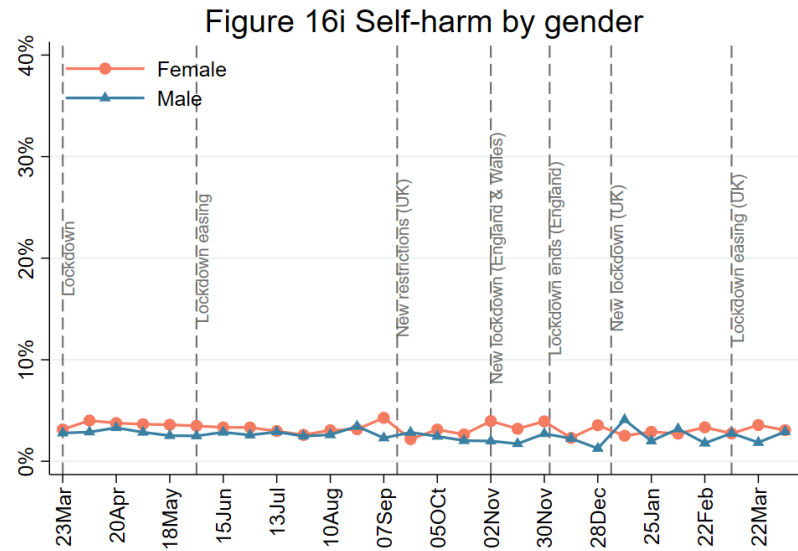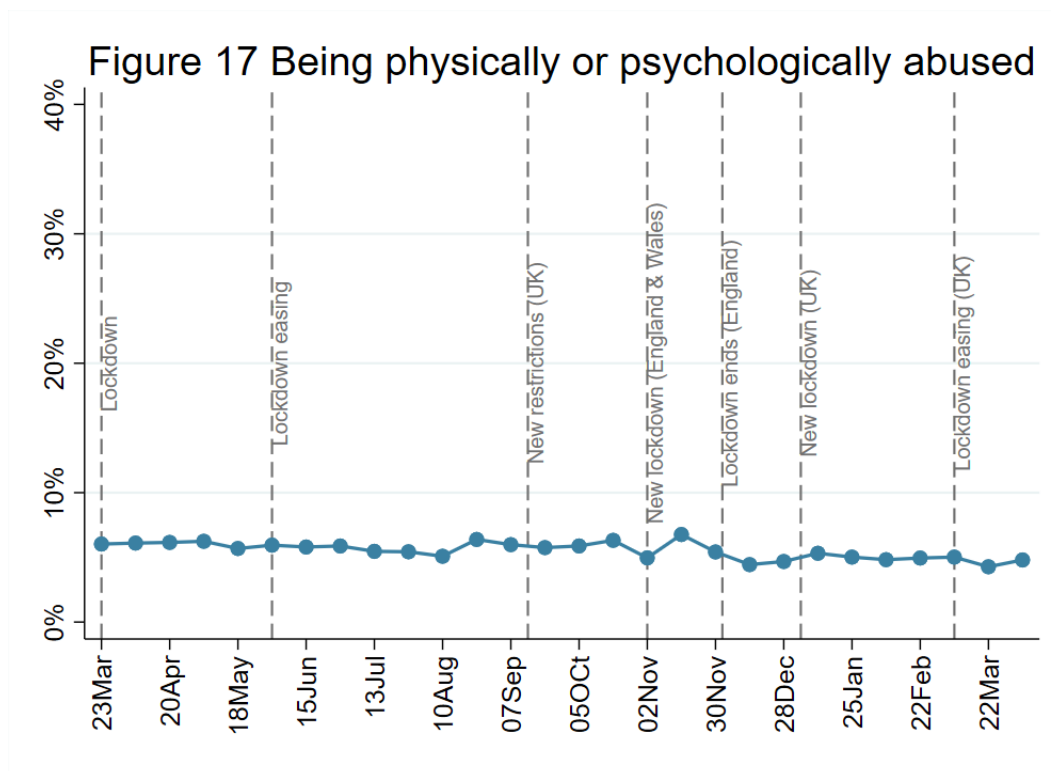
FINDINGS

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

The proportion of adults reporting having been abused has remained relatively stable since the start of the pandemic. Patterns of people reporting abuse have been consistent across demographic groups. People with a diagnosed mental or physical health condition, with lower household income, and people from ethnic minority groups are all more likely to report abuse.

It should be noted that not all people who experienced physical or psychological abuse will necessarily report it, so these levels are anticipated to be an under-estimation of actual levels[4].

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

Figure 18a Abuse by age groups

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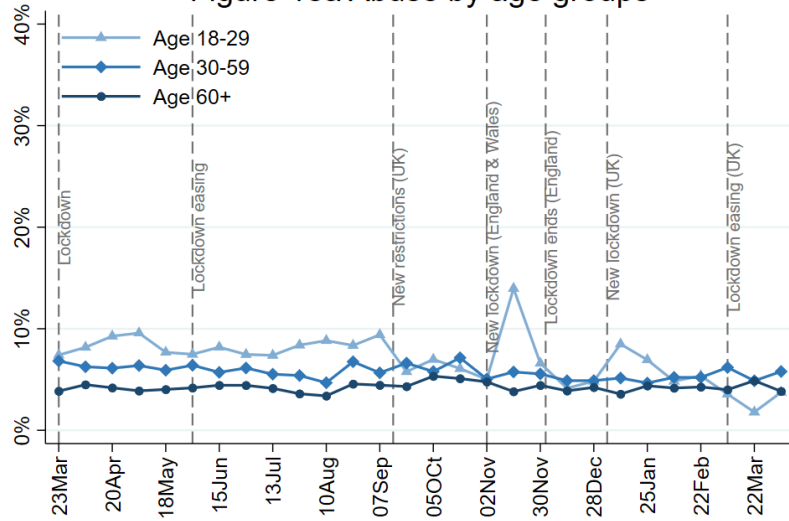
Figure 18b Abuse by living arrangement

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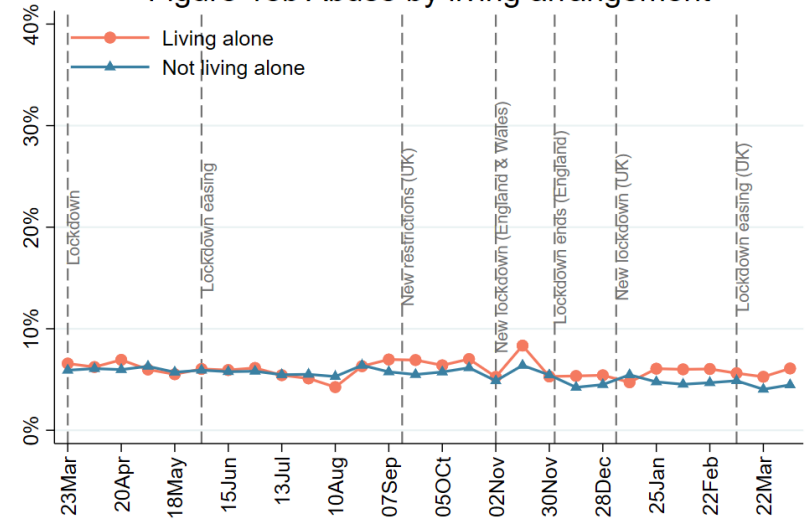
Figure 18c Abuse by household income

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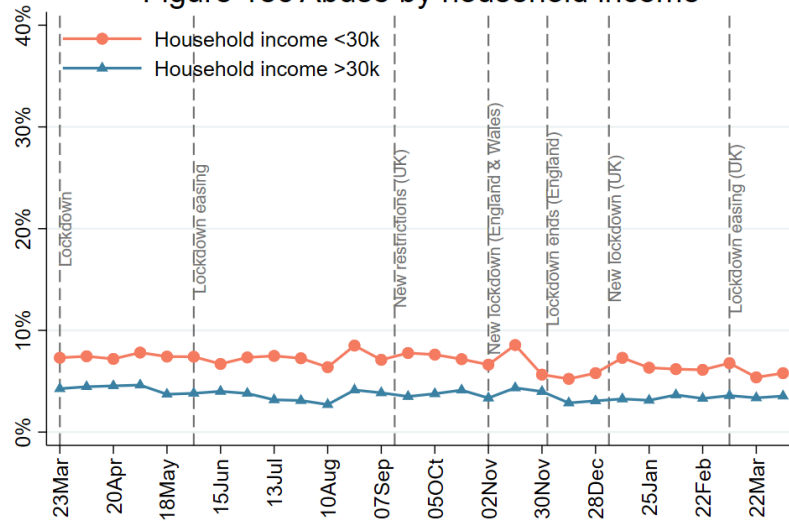
Figure 18d Abuse by mental health diagnosis

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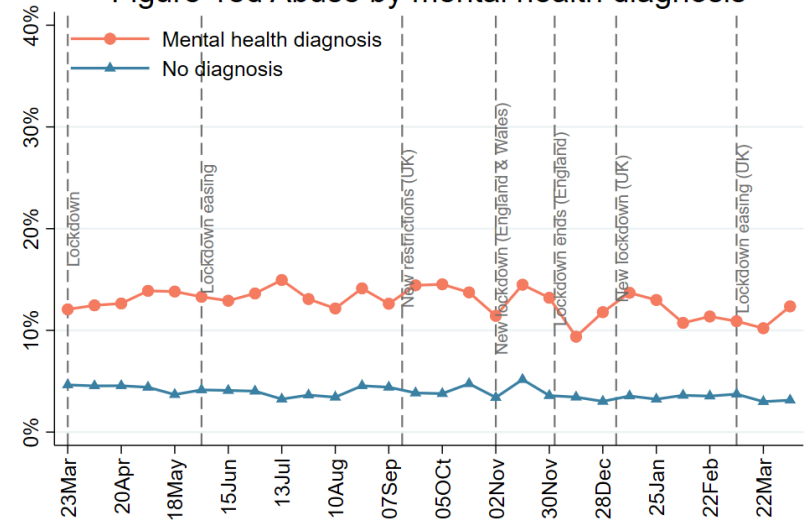
Figure 18e Abuse by nations
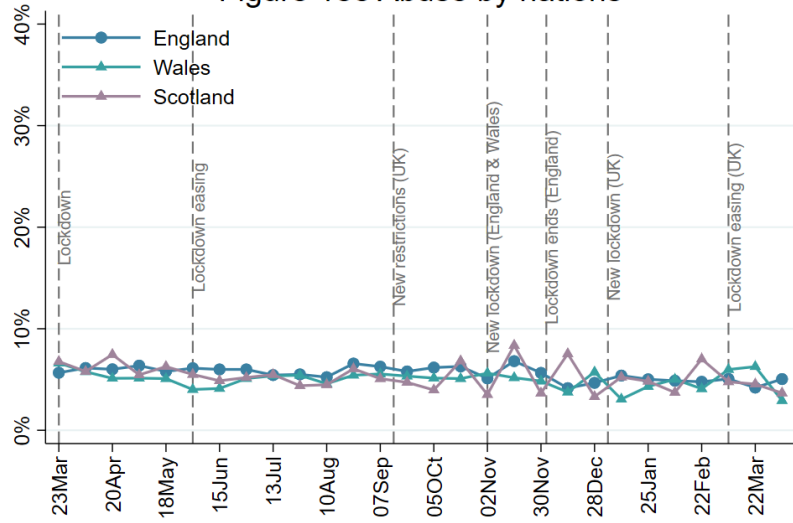
Figure 18f Abuse by keyworker status
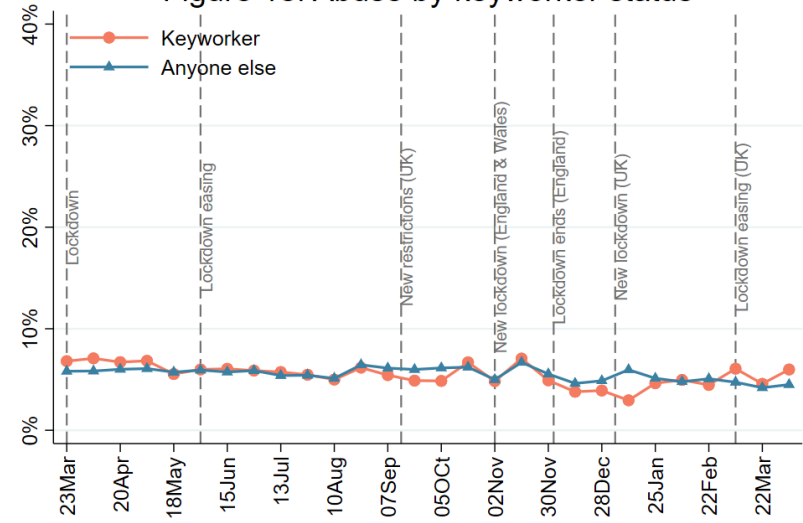
Figure 18g Abuse by living with children
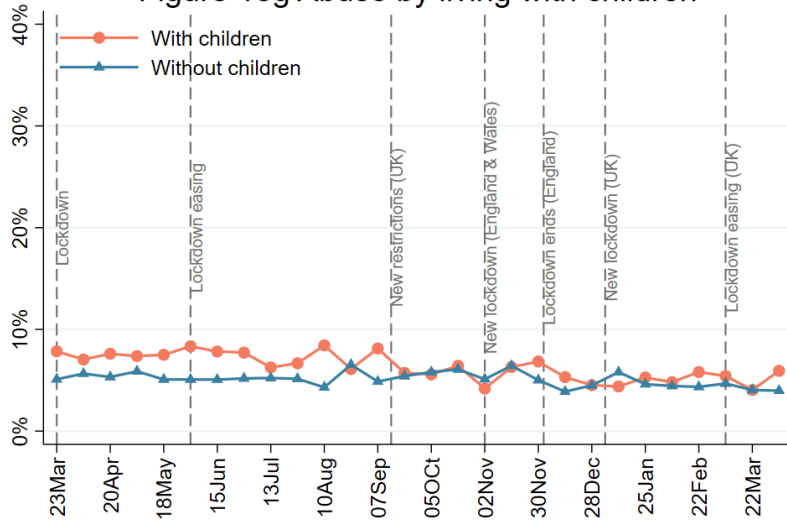
Figure 18h Abuse by living area
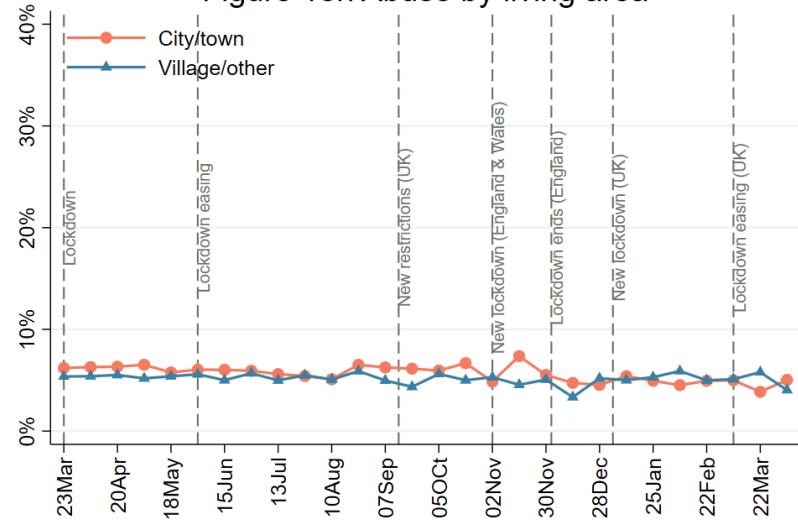
Figure 18i Abuse by gender

Legend: Female, Male

Vertical markers: Lockdown, Lockdown easing, New restrictions (UK), New lockdown (England & Wales), Lockdown ends (England), New lockdown (UK), Lockdown easing (UK)

X-axis: 23Mar, 20Apr, 18May, 15Jun, 13Jul, 10Aug, 07Sep, 05Oct, 02Nov, 30Nov, 28Dec, 25Jan, 22Feb, 22Mar
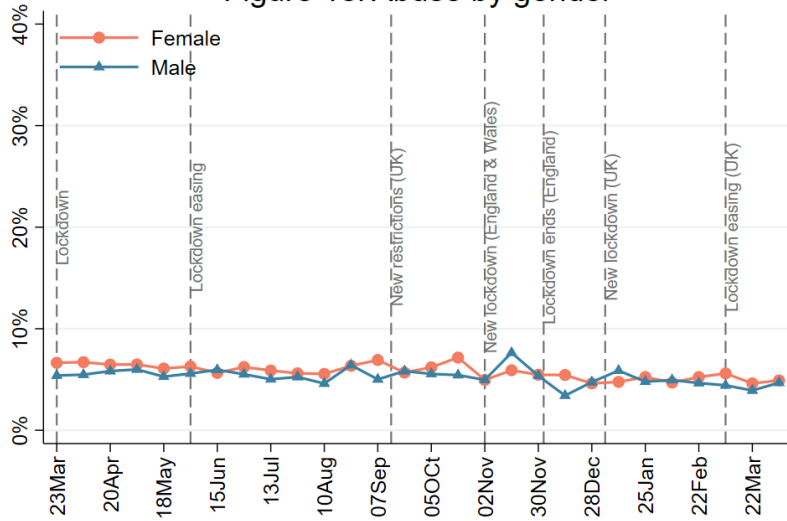
Figure 18j Abuse by ethnicity

Legend: Ethnic minority, White

Vertical markers: Lockdown easing, New restrictions (UK), New lockdown (England & Wales), Lockdown ends (England), New lockdown (UK), Lockdown easing (UK)

X-axis: Apr, May, Jun, Jul, Aug, Sep, Oct, Nov, Dec, Jan, Feb, Mar, Apr
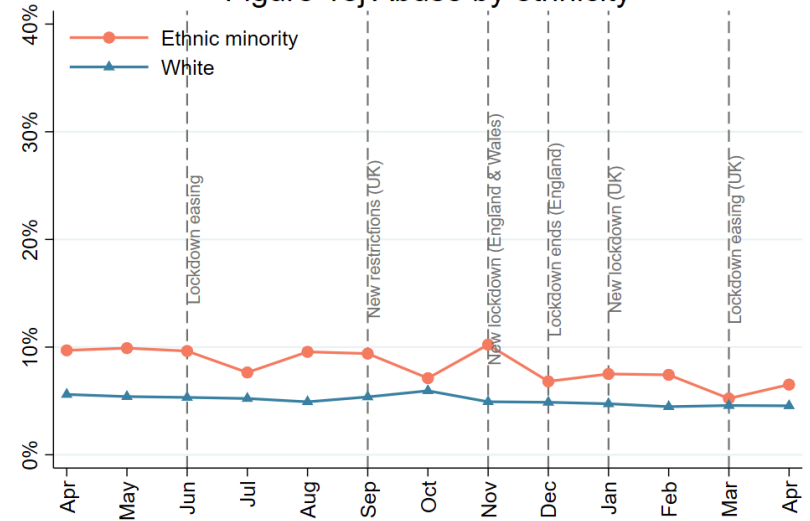
Figure 18k Abuse by educational levels

Legend: GCSE/below, A-levels/equivalent, Degree/above

Vertical markers: Lockdown, Lockdown easing, New restrictions (UK), New lockdown (England & Wales), Lockdown ends (England), New lockdown (UK), Lockdown easing (UK)

X-axis: 23Mar, 20Apr, 18May, 15Jun, 13Jul, 10Aug, 07Sep, 05Oct, 02Nov, 30Nov, 28Dec, 25Jan, 22Feb, 22Mar
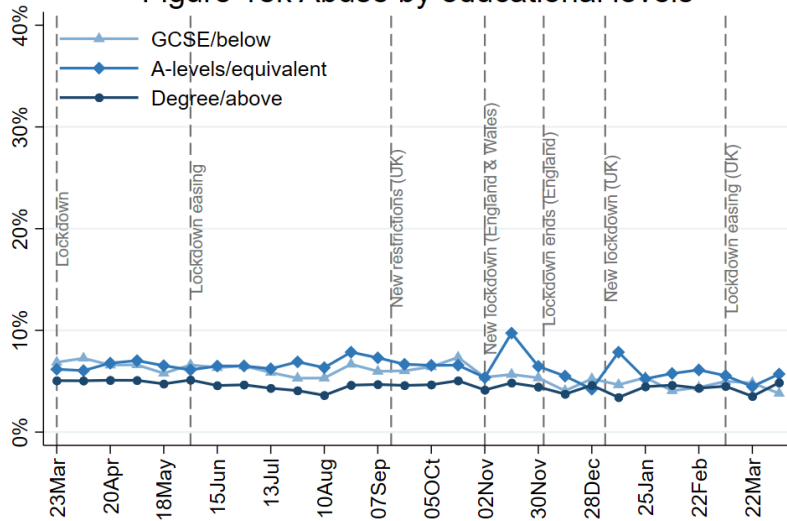
Figure 18l Abuse by physical health diagnosis

Legend: Physical health diagnosis, No diagnosis

Vertical markers: Lockdown, Lockdown easing, New restrictions (UK), New lockdown (England & Wales), Lockdown ends (England), New lockdown (UK), Lockdown easing (UK)

X-axis: 23Mar, 20Apr, 18May, 15Jun, 13Jul, 10Aug, 07Sep, 05Oct, 02Nov, 30Nov, 28Dec, 25Jan, 22Feb, 22Mar

46
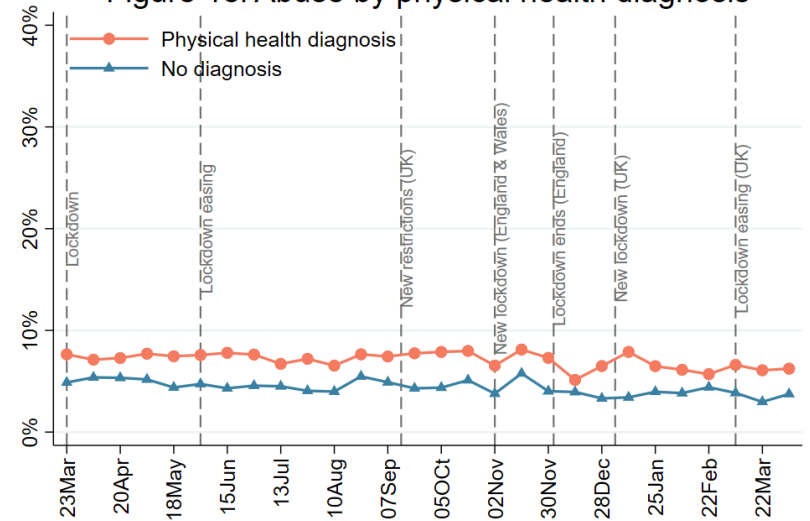
4. General well-being

4.1 Life satisfaction

Figure 19 Life satisfaction
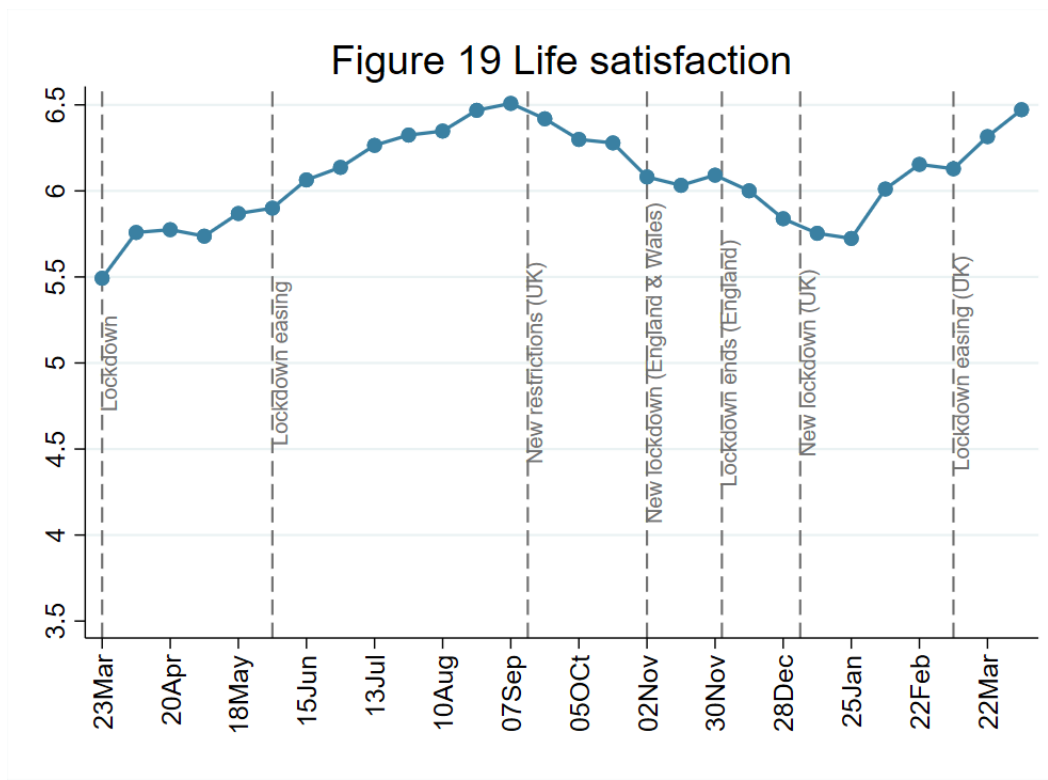
FINDINGS

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

Life satisfaction has been increasing since the end of January 2021 and is now as high as it ever has been since August 2020, with levels comparable to what they were at the end of summer 2020. Increases in life satisfaction since the easing of the latest restrictions have been seen across all demographic groups.

However, people living alone, younger adults, those with lower household incomes, people with a mental health condition, and those living in cities/towns continue to have lower levels of life satisfaction, as are women, people with a long-term physical health condition, and people from ethnic minority backgrounds.

Although this study focuses on trajectories rather than prevalence, the levels of life satisfaction are lower than usual reported averages using the same scale (7.7)[5].

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[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
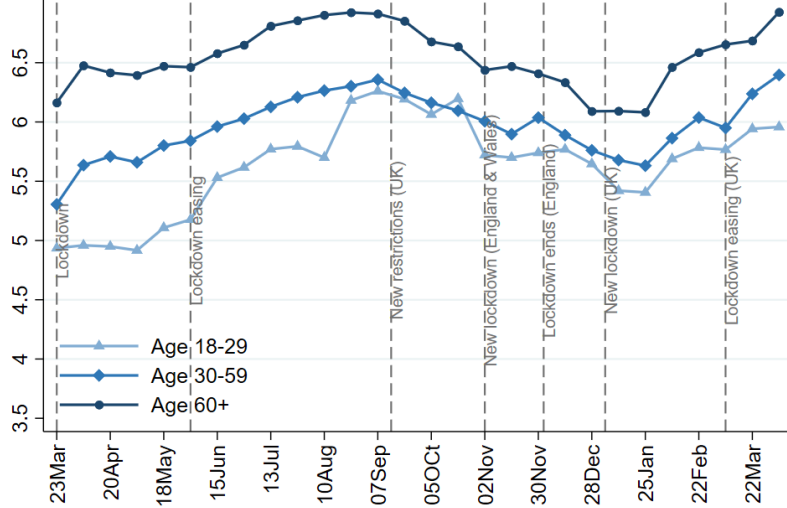
Figure 20b Life satisfaction by living arrangement
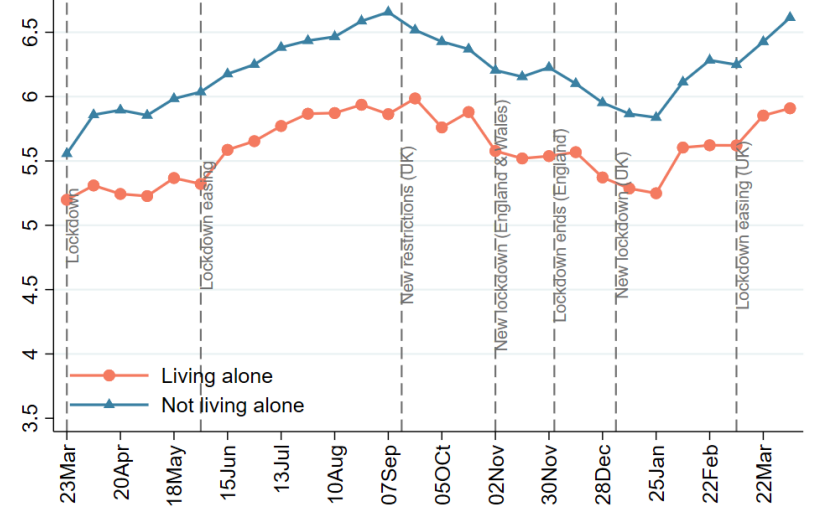
Figure 20c Life satisfaction by household income
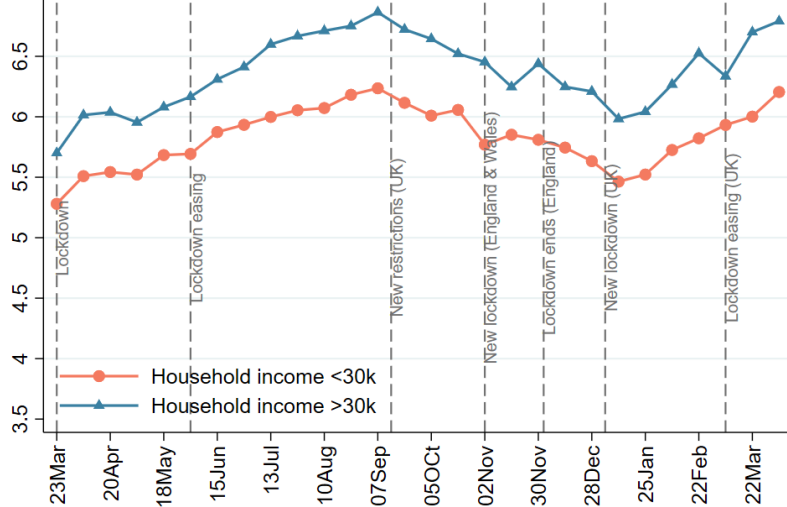
Figure 20d Life satisfaction by mental health diagnosis

48
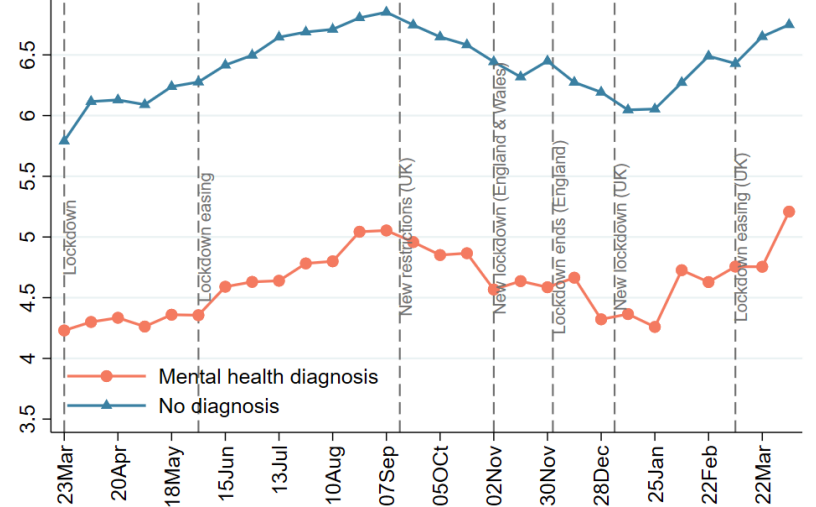
Figure 20e Life satisfaction by nations
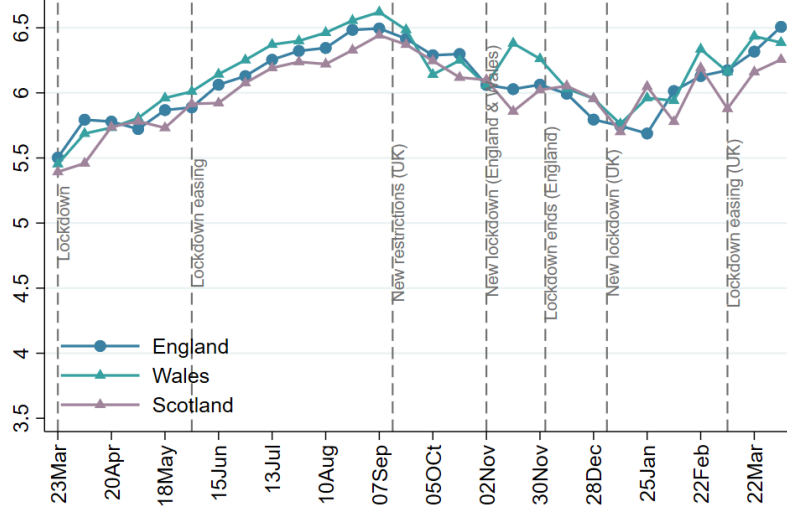
Figure 20f Life satisfaction by keyworker status
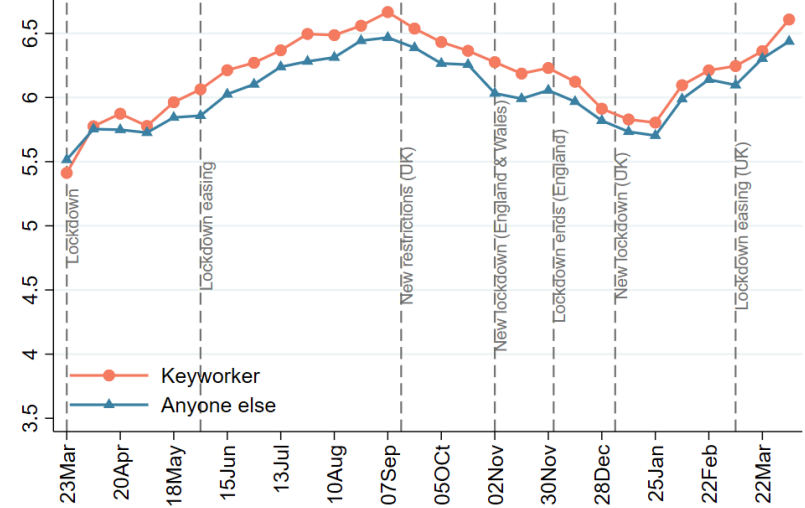
Figure 20g Life satisfaction by living with children
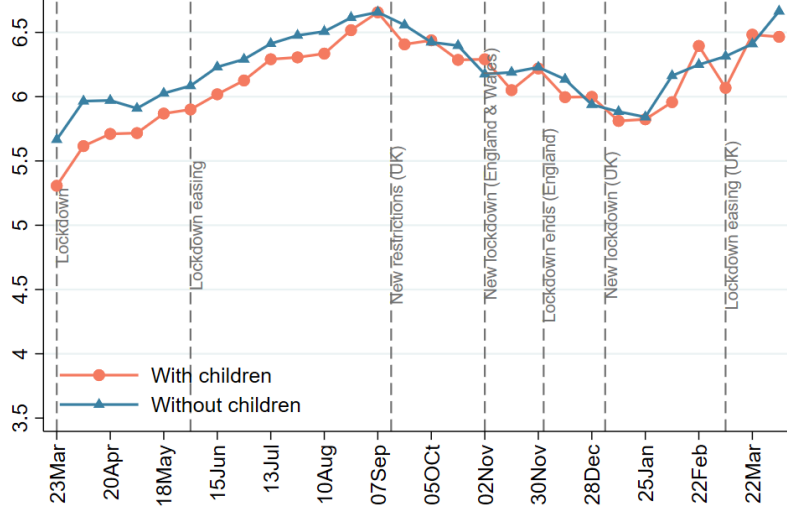
Figure 20h Life satisfaction by living area
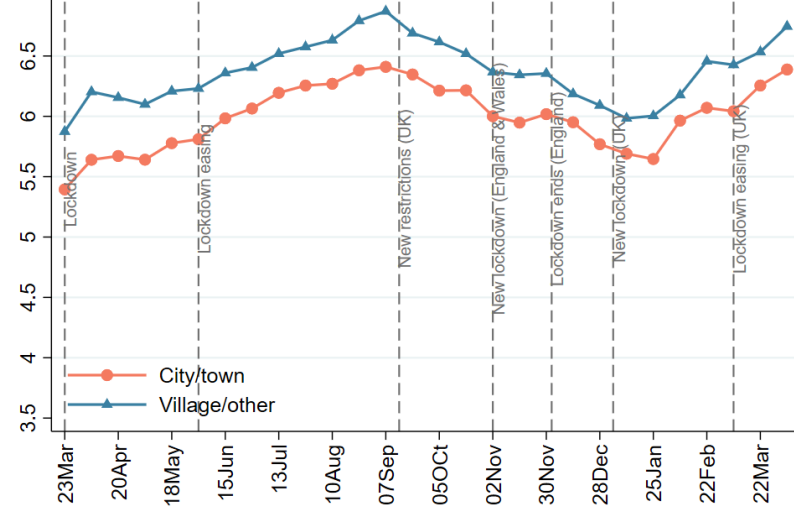
Figure 20i Life satisfaction by gender
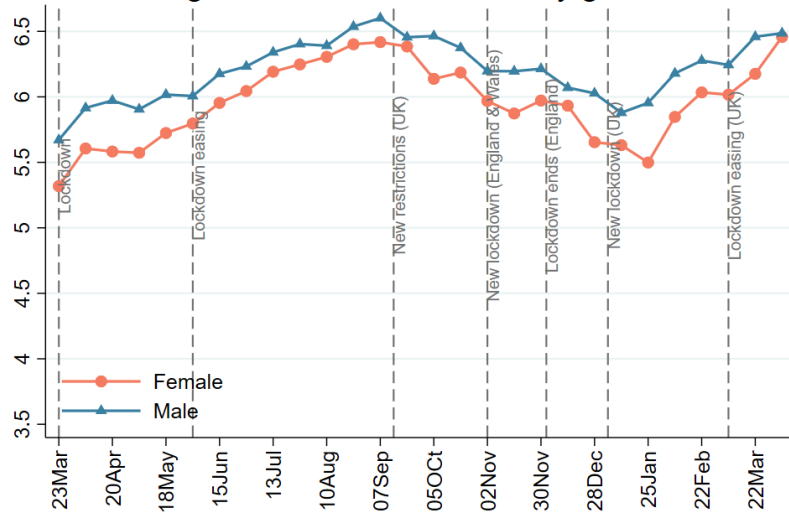
Figure 20j Life satisfaction by ethnicity
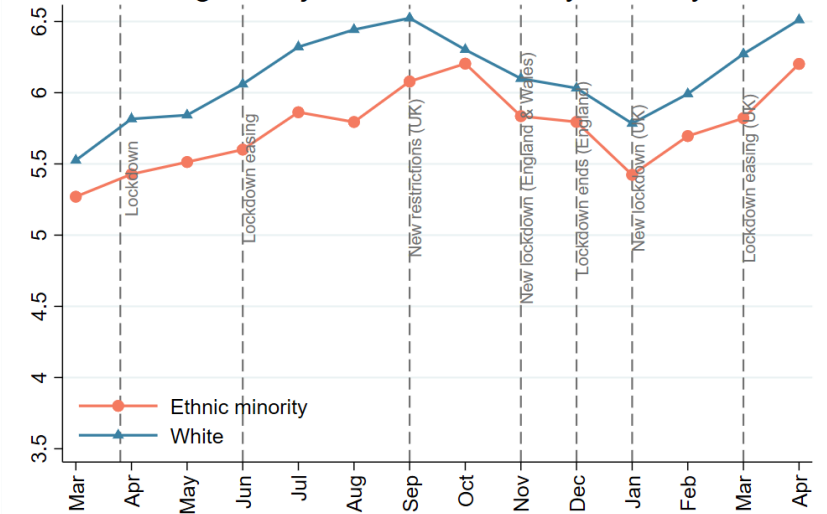
Figure 20k Life satisfaction by educational levels
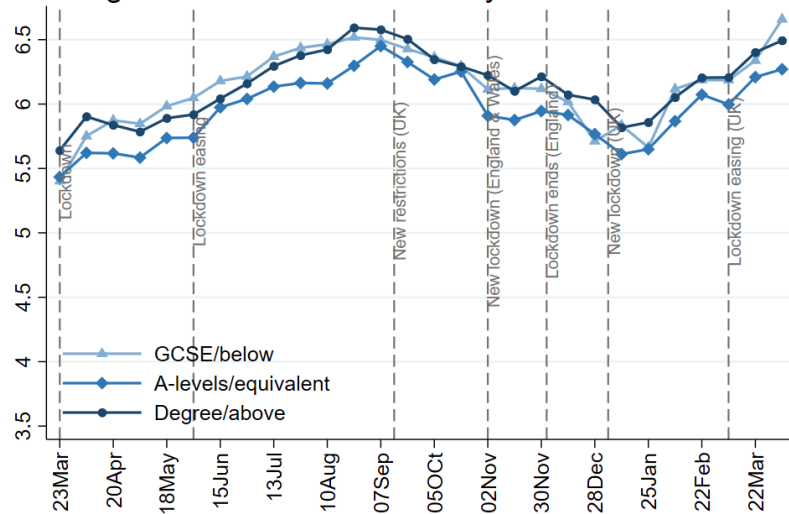
Figure 20l Life satisfaction by physical health diagnosis

50

4.2 Loneliness

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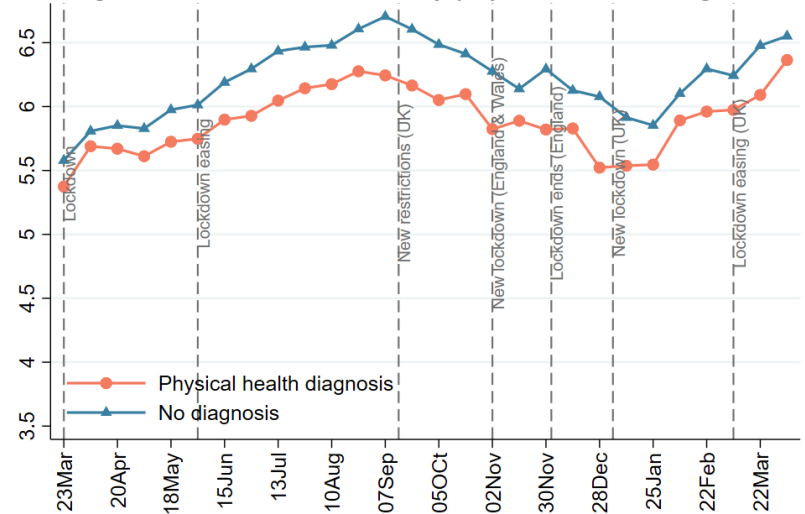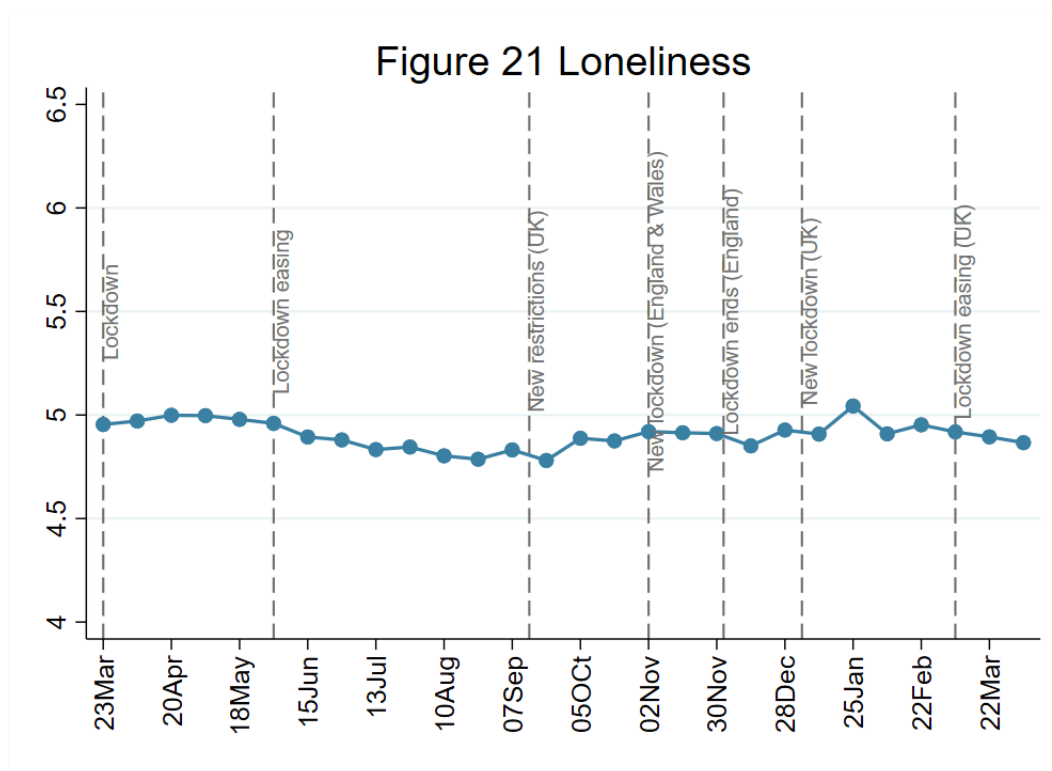
Respondents were asked about levels of loneliness using the 3-item UCLA-3 loneliness, a short form of the Revised UCLA Loneliness Scale (UCLA-R). Each item is rated with a 3-point scale, ranging from "never" to "always", with higher scores indicating greater loneliness.

Loneliness levels have decreased slightly over the past two months but remain similar to what they were at the start of summer of 2020. Loneliness remains higher in young adults, people living alone, those with a mental or physical health condition, amongst those from ethnic minority backgrounds, people with lower household income, women, and those living in cities/towns.

Figure 22a Loneliness by age groups

Legend:
- Age 18-29
- Age 30-59
- Age 60+
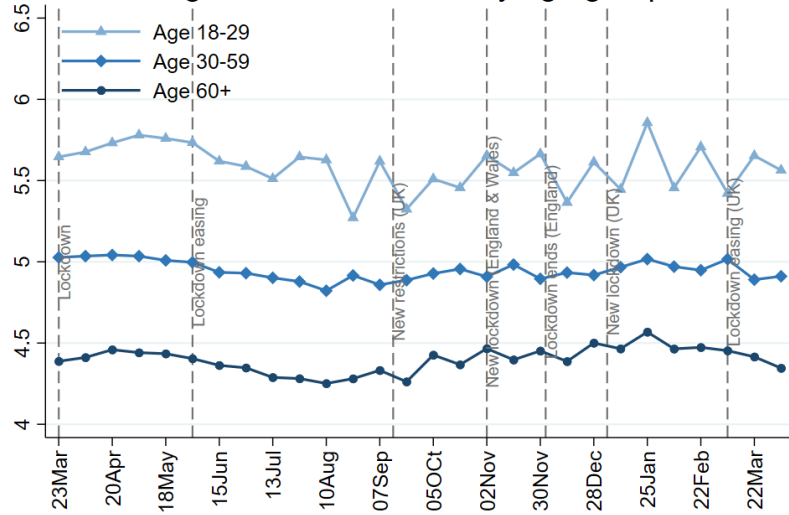
Figure 22b Loneliness by living arrangement

Legend:
- Living alone
- Not living alone
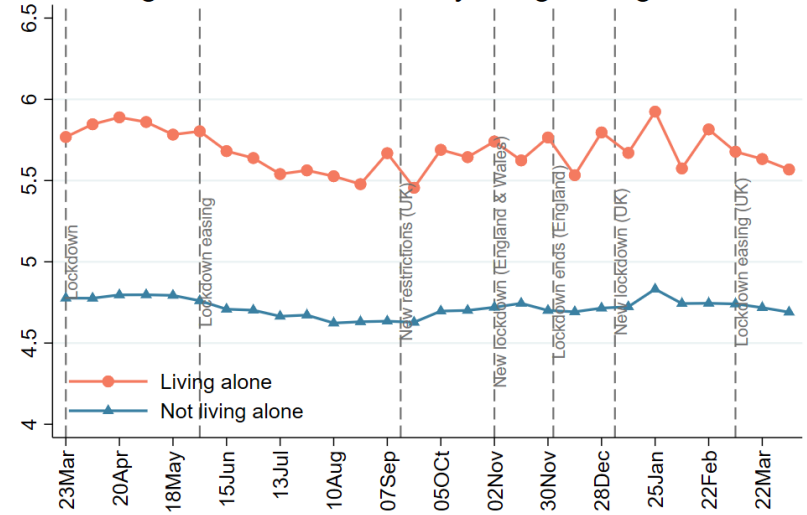
Figure 22c Loneliness by household income

Legend:
- Household income <30k
- Household income >30k
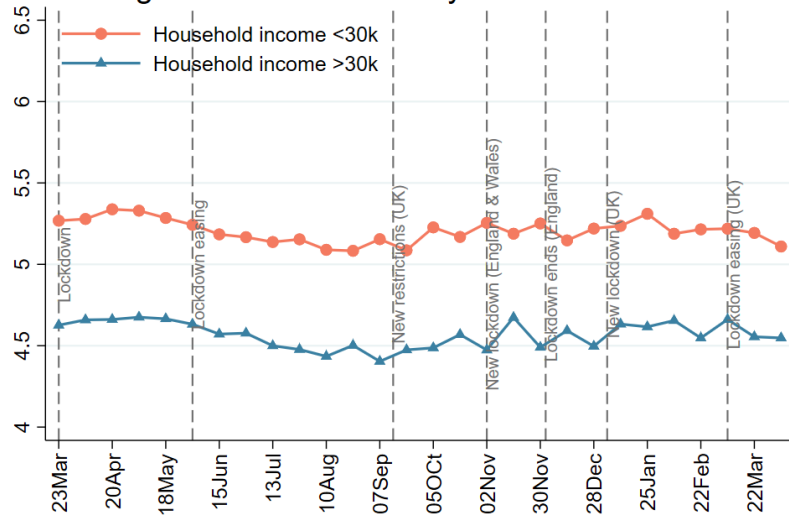
Figure 22d Loneliness by mental health diagnosis

Legend:
- Mental health diagnosis
- No diagnosis
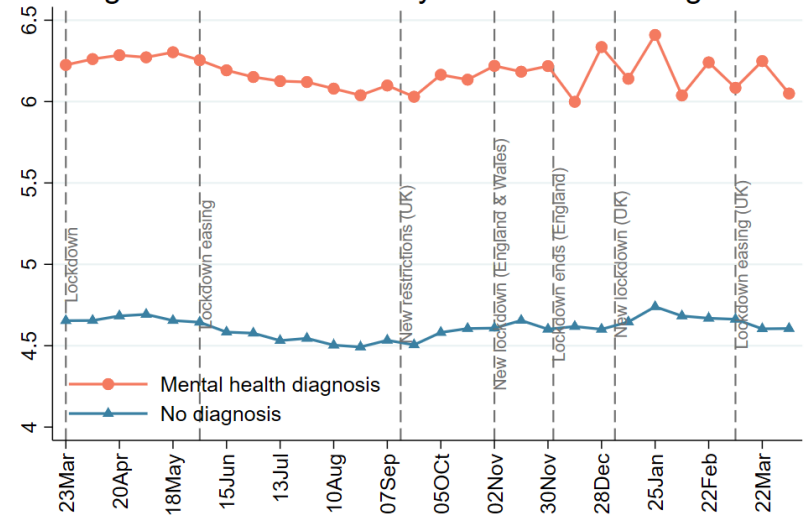
Figure 22e Loneliness by nations
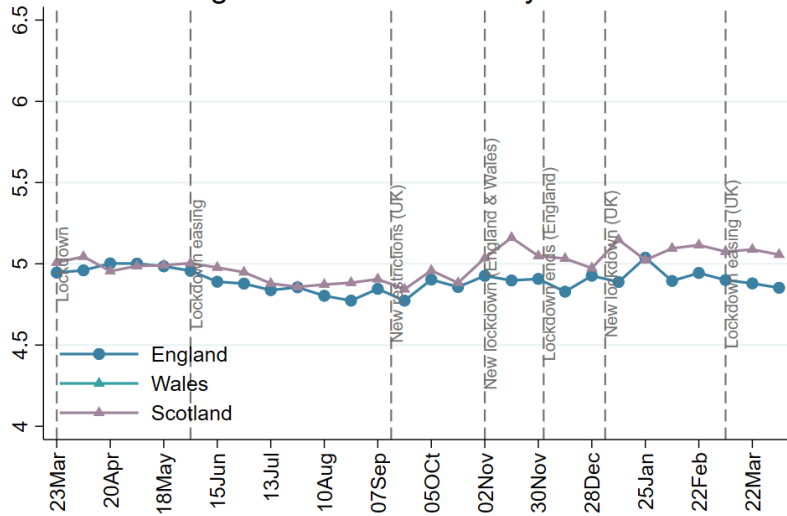
Figure 22f Loneliness by keyworker status
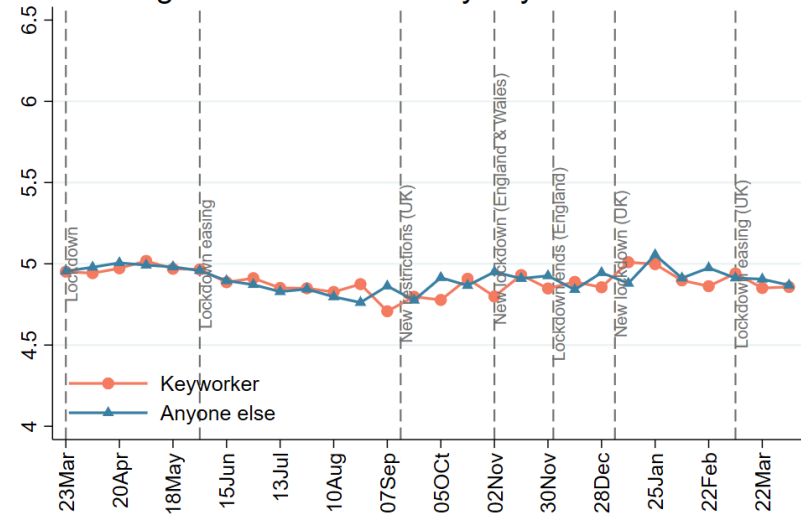
Figure 22g Loneliness by living with children
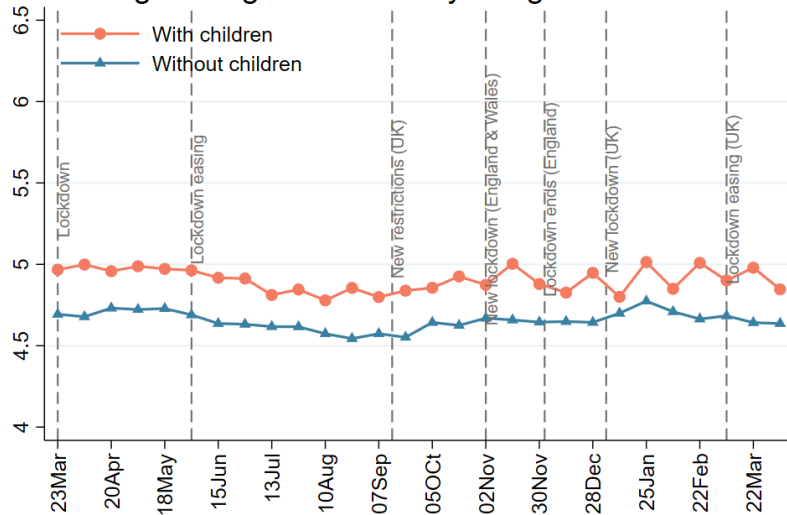
Figure 22h Loneliness by living area
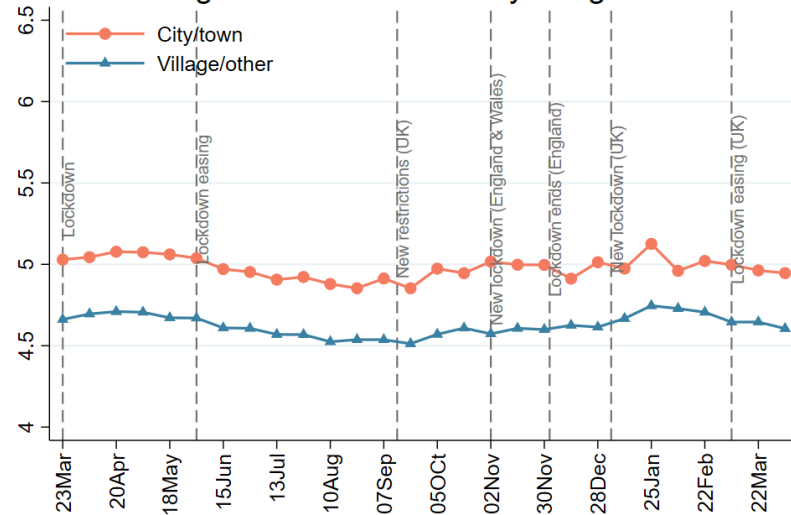
Figure 22i Loneliness by gender
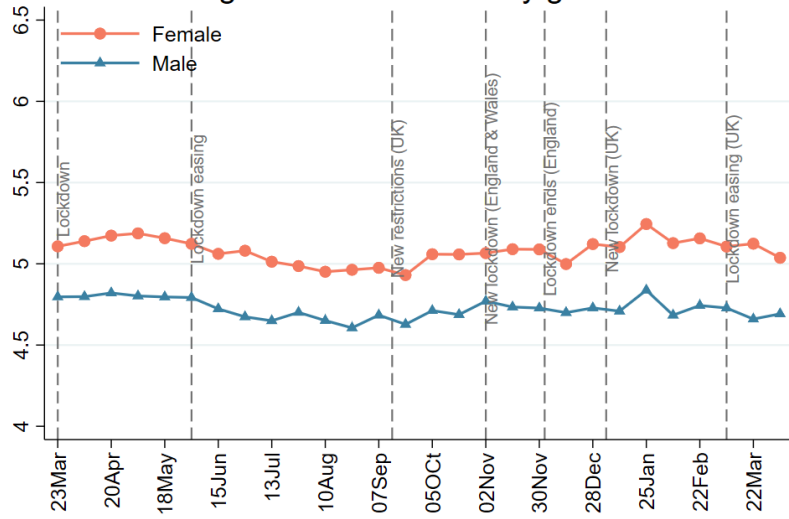
Figure 22j Loneliness by ethnicity
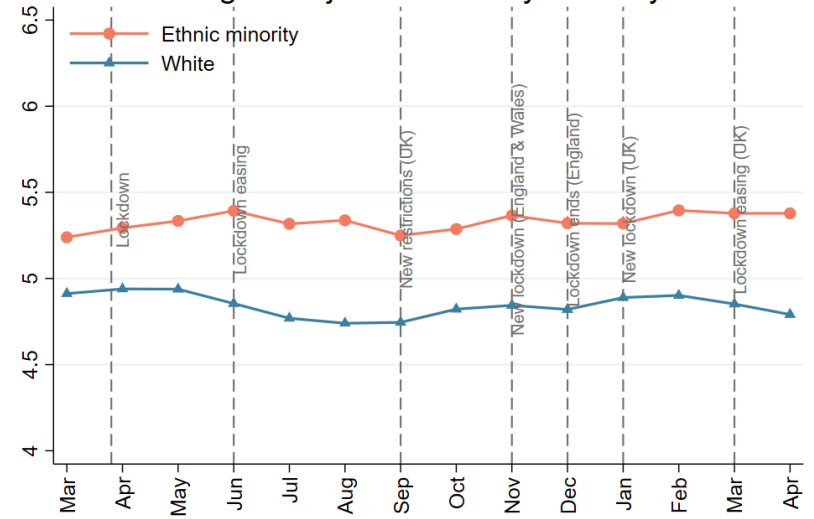
Figure 22k Loneliness by educational levels
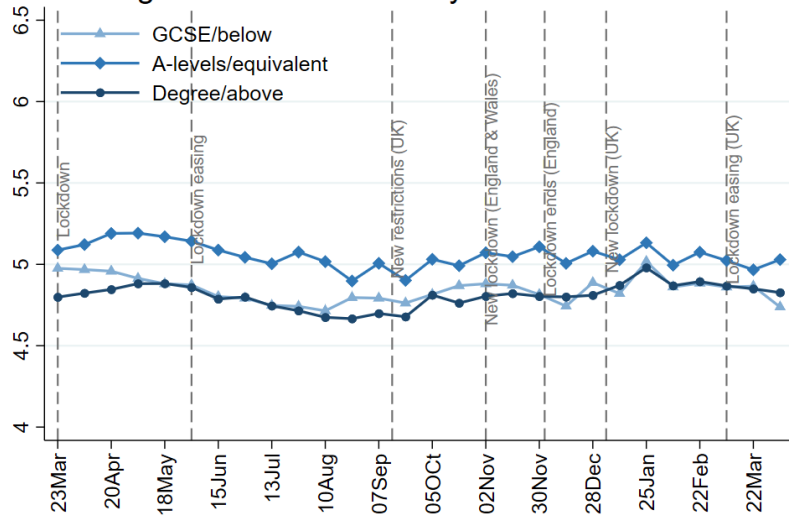
Figure 22l Loneliness by physical health diagnosis

4.3 Happiness
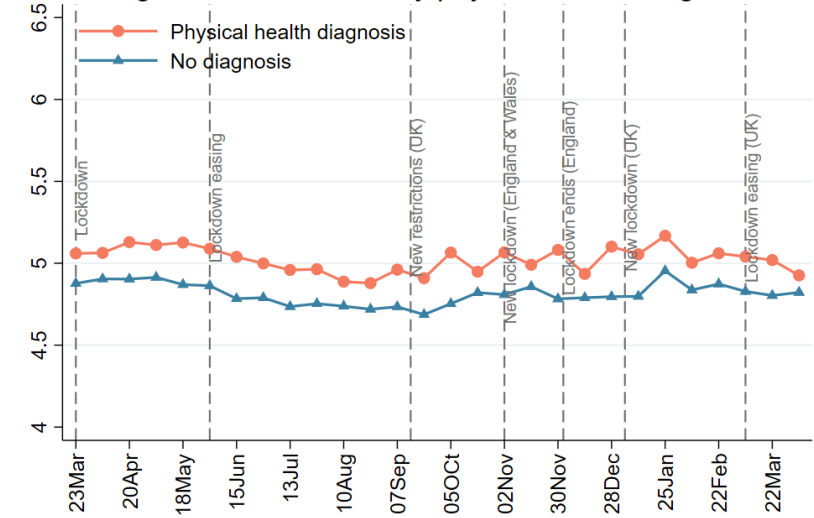
Figure 23 Happiness
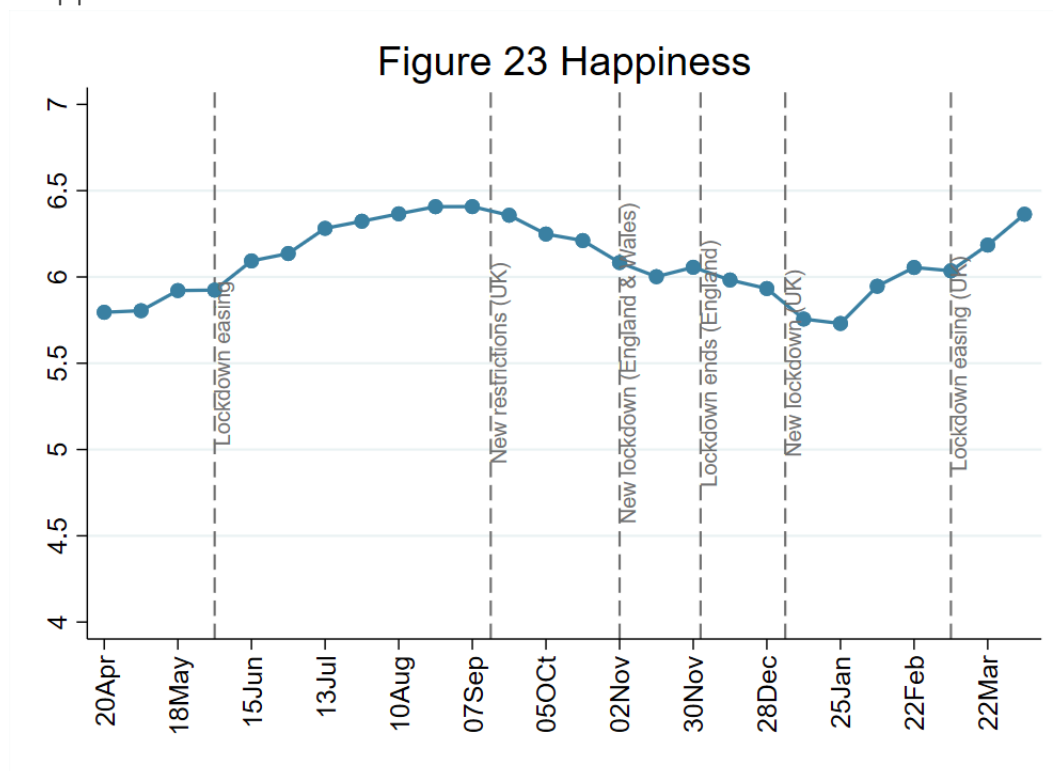
FINDINGS

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

Happiness levels have been increasing since the end of January 2021 and are now similar to what they were in the summer of 2020, when they were at their highest levels. Happiness has been increasing in all demographic groups since the easing of restrictions for the latest lockdown.

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

Figure 24a Happiness by age groups

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

Vertical markers: Lockdown easing, New restrictions (UK), New lockdown (England & Wales), Lockdown ends (England), New lockdown (UK), Lockdown easing (UK)
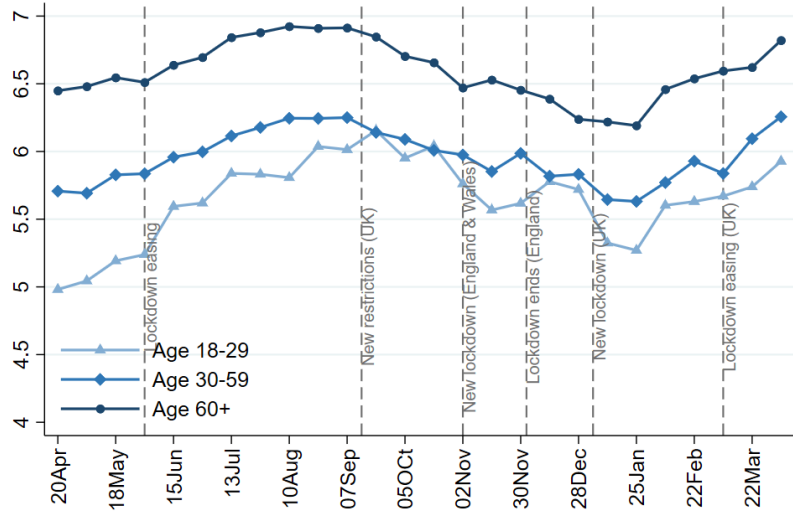
Figure 24b Happiness by living arrangement

Legend: Living alone, Not living alone

Vertical markers: Lockdown easing, New restrictions (UK), New lockdown (England & Wales), Lockdown ends (England), New lockdown (UK), Lockdown easing (UK)
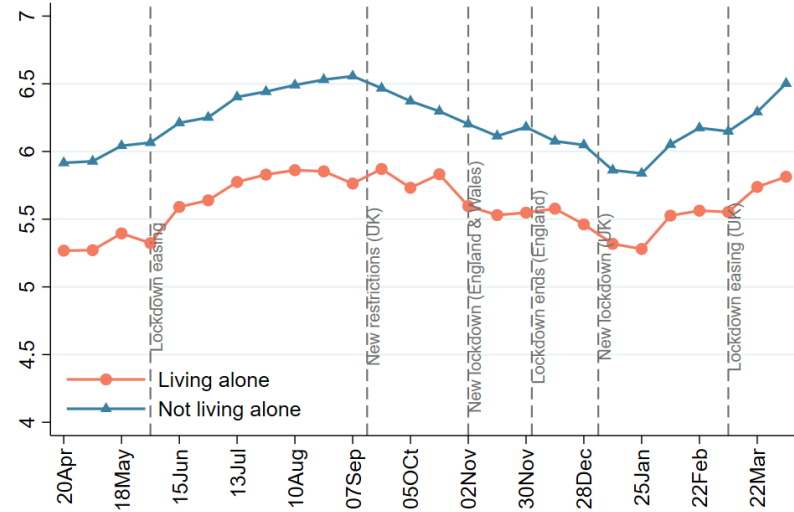
Figure 24c Happiness by household income

Legend: Household income <30k, Household income >30k

Vertical markers: Lockdown easing, New restrictions (UK), New lockdown (England & Wales), Lockdown ends (England), New lockdown (UK), Lockdown easing (UK)
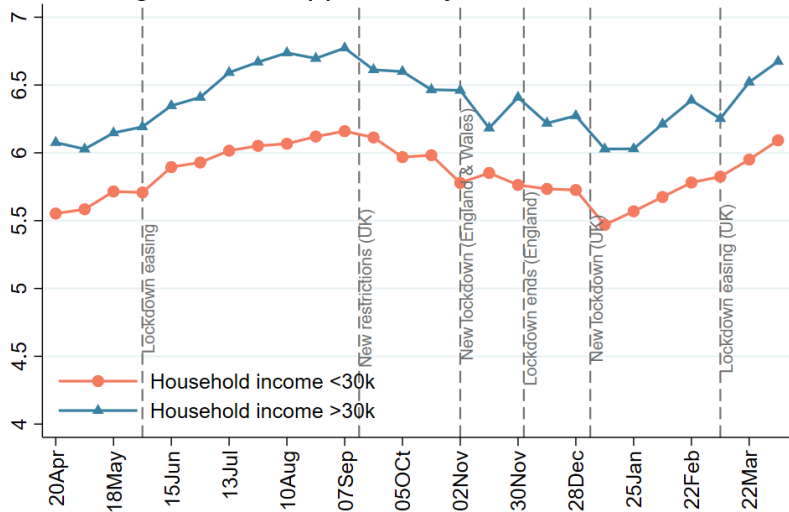
Figure 24d Happiness by mental health

Legend: Mental health diagnosis, No diagnosis

Vertical markers: Lockdown easing, New restrictions (UK), New lockdown (England & Wales), Lockdown ends (England), New lockdown (UK), Lockdown easing (UK)
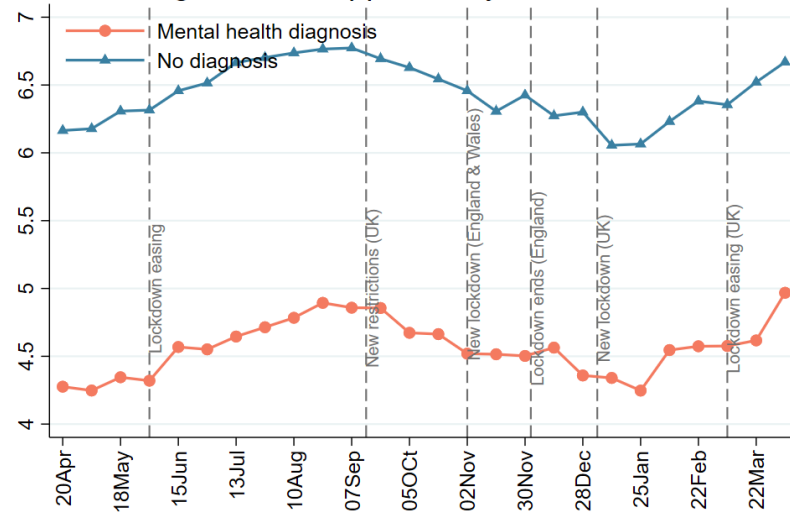
Figure 24e Happiness by nations
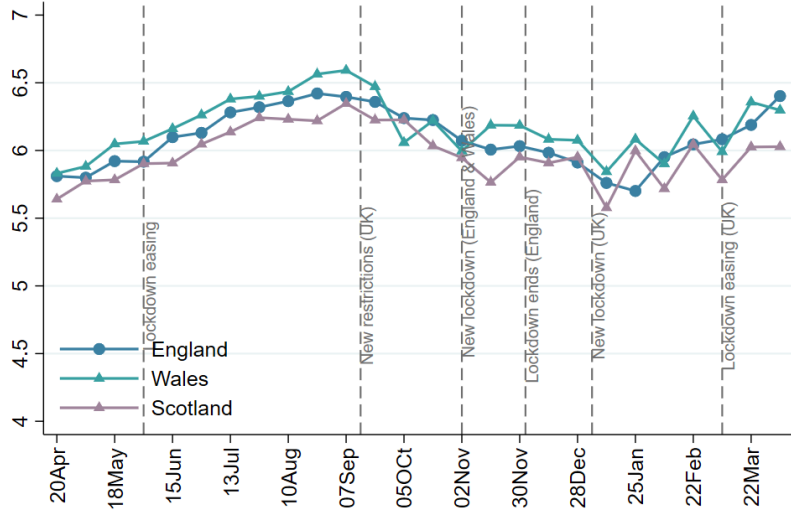
Figure 24f Happiness by keyworker status
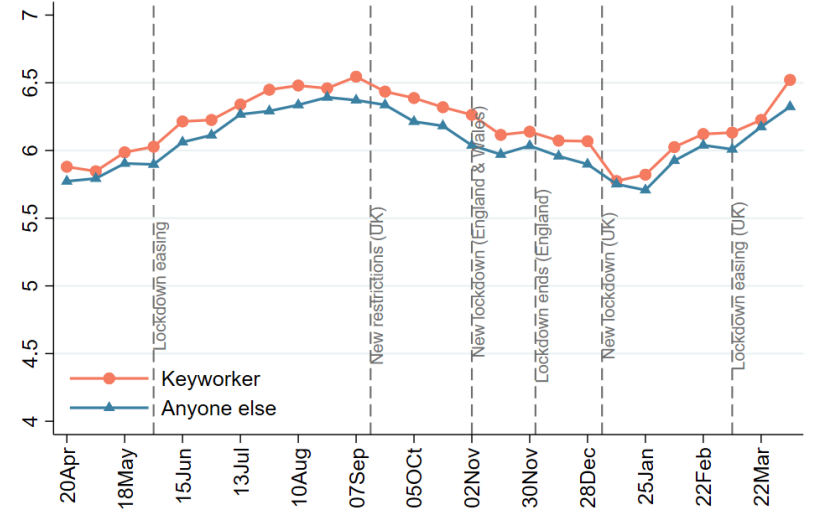
Figure 24g Happiness by living with children
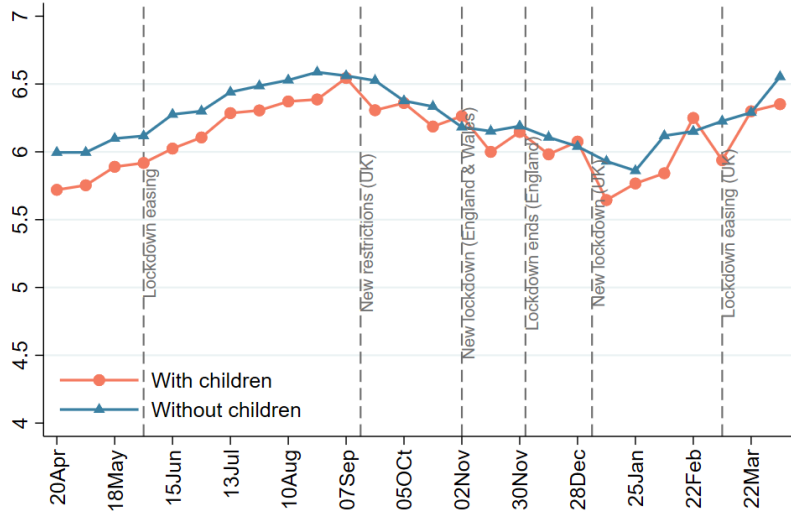
Figure 24h Happiness by living area
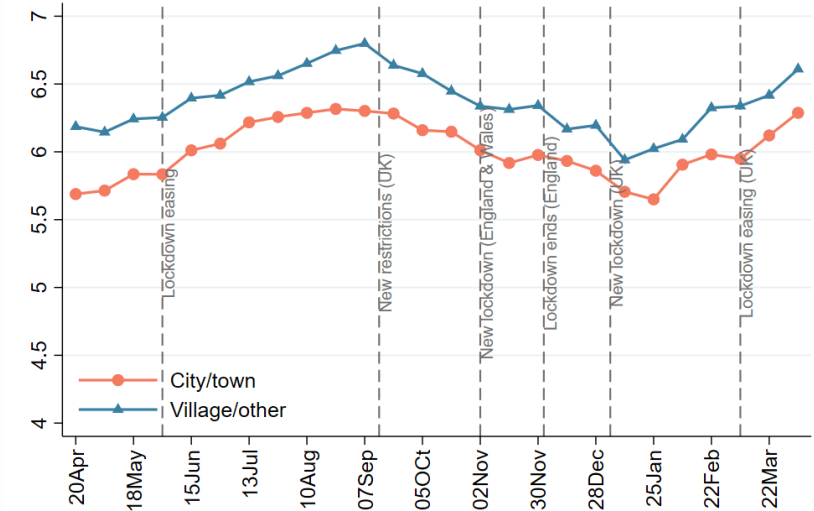
Figure 24i Happiness by gender
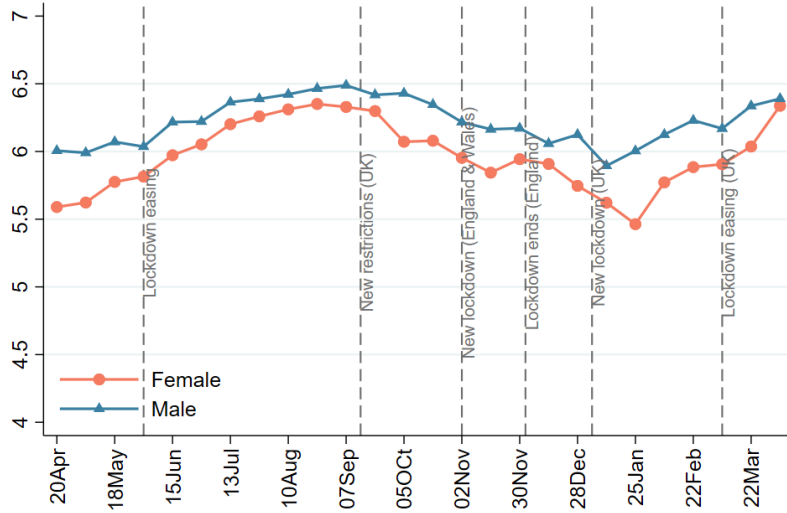
Figure 24j Happiness by ethnicity
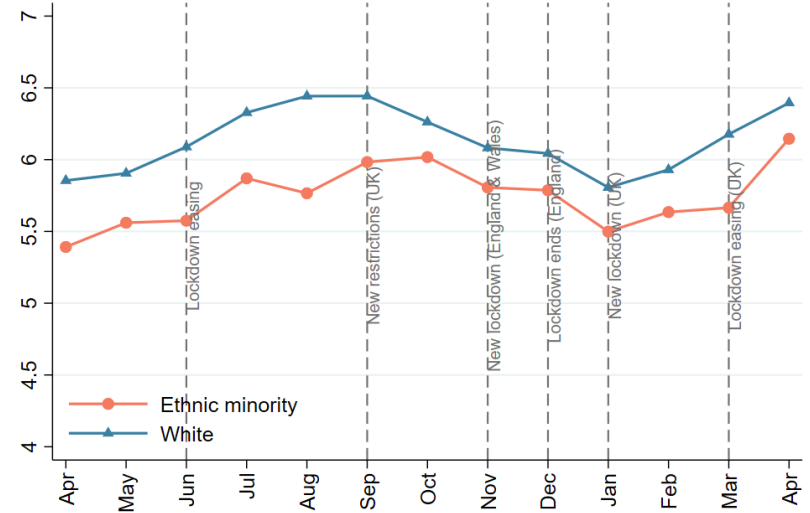
Figure 24k Happiness by educational levels
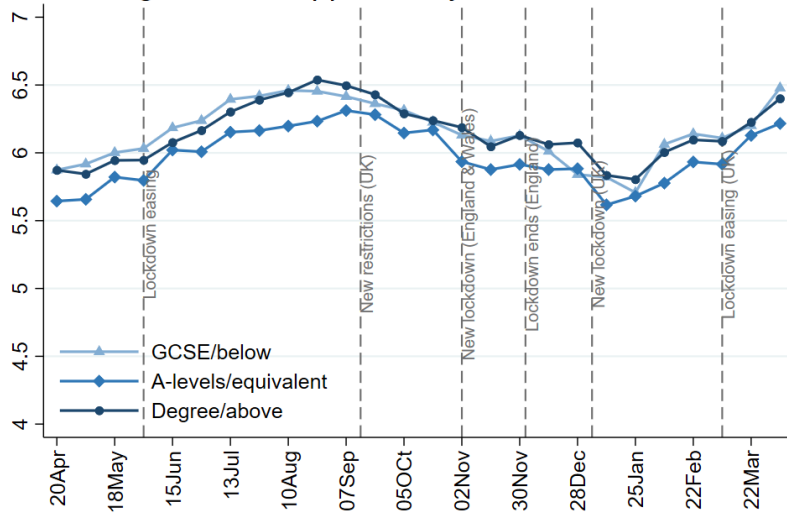
Figure 24l Happiness by physical health diagnosis
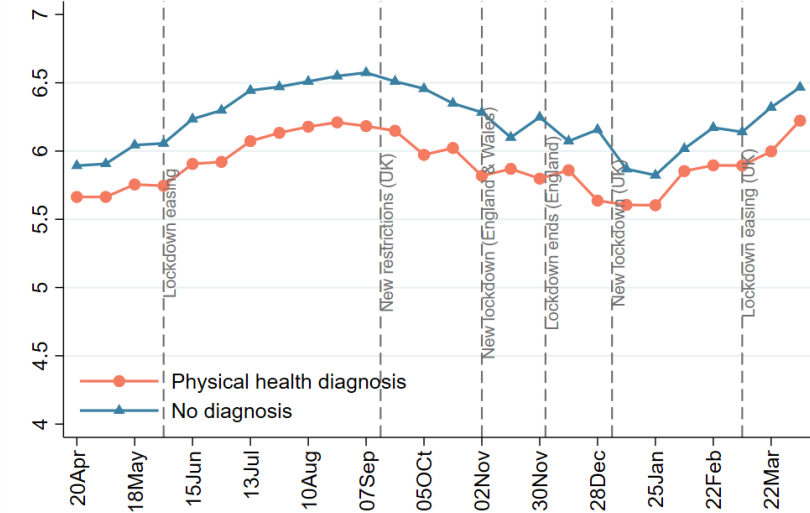
5. Changes in smoking habits and alcohol use

5.1 Smoking habits

Figure 25 Changes in smoking habits between March/April 2020 and Feb/March 2021
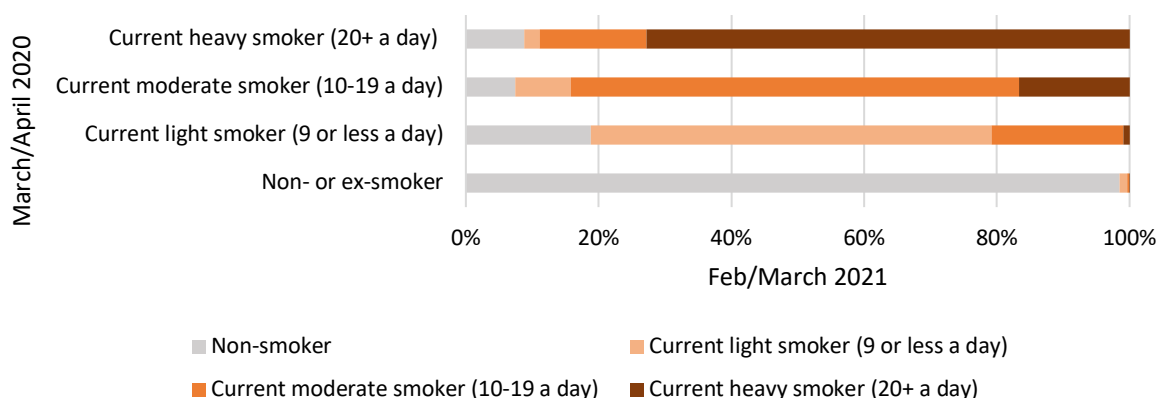
FINDINGS

Respondents were asked, "Do you smoke?" in March/April 2020 and "Do you currently smoke?" in February/March 2021. Response options were "1- non-smoker, 2- ex-smoker, 3- current light smoker (9 or less a day), 4- current moderate smoker (10-19 a day), and 5- current heavy smoker (20+ a day)".

The proportion of non-or ex-smokers in March/April 2020 (88.2%) and one year later (88.4%) were very similar. Nearly 1 in 5 (19.9%) light smokers in March/April 2020 said they were now smoking 10-19 times per day, whilst 0.9% had increased their smoking to 20 or more times per day. These increases in smoking amongst light smokers were more pronounced in adults ages 30-59 (23.5% increased to moderate smoking and 1.2% to heavy smoking) and older adults (20.6% increased to moderate smoking and 1.5% to heavy smoking) than in young adults (11.2% increased to moderate smoking and 0.0% to heavy smoking). More women (23.8%) than men (16.1%), people with lower (24.7%) compared to higher (11.3%) household incomes, and those with a chronic physical health condition (23.2%) compared to those without (17.0%) had increased their smoking from light to moderate from March/April 2020 to present.

Smoking habits amongst non-and ex-smokers have stayed constant across the pandemic, with 98.5% of non- and ex-smokers in March/April of 2020 continuing to report no smoking behaviour one year later. Small percentages of non- or ex-smokers in March/April 2020 said they were now smoking 9 or fewer cigarettes per day (1.1%), 10-19 a day (0.3%), and 20 or more a day (0.1%). These increases were relatively consistent across the three age groups, between men and women, those with lower versus higher household incomes, and between people with and without a physical health condition.

In contrast, 12.9% of all smokers in March/April 2020 said they had now stopped smoking altogether. The percentage of those reporting smoking cessation was higher in young adults (16.8% vs. 12.4% vs. 11.0%), people with higher household income (16.1% vs. 10.6%), and people without a chronic physical health condition (16.1% vs. 9.5%). There was little difference between men and women.

Figure 26a Changes in smoking habits by age groups amongst younger adults (aged 18-29)

Smoking in March/April 2020 (y-axis):
- Heavy smoker (20+ a day)
- Moderate smoker (10-19 a day)
- Light smoker (9 or less a day)
- Non- or ex-smoker

Smoking in Feb/March 2021 (x-axis): 0% 20% 40% 60% 80% 100%

Legend:
- Non-smoker
- Current light smoker (9 or less a day)
- Current moderate smoker (10-19 a day)
- Current heavy smoker (20+ a day)
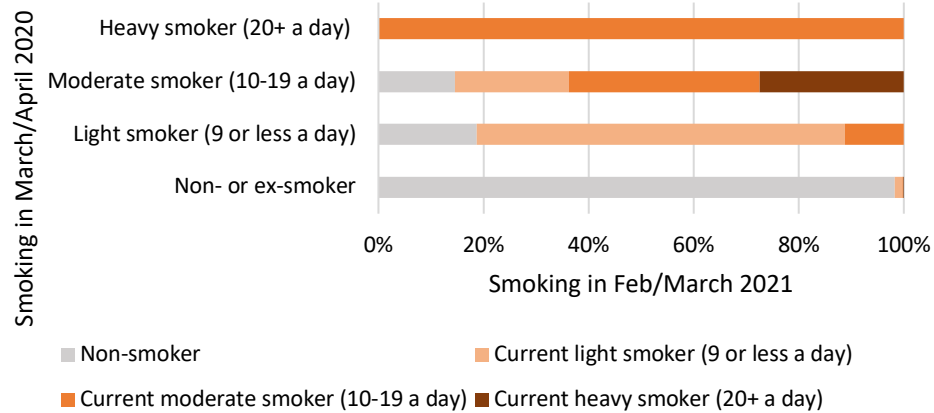
Figure 26b Changes in smoking habits by age groups amongst adults (aged 30-59)

Smoking in March/April 2020 (y-axis):
- Heavy smoker (20+ a day)
- Moderate smoker (10-19 a day)
- Light smoker (9 or less a day)
- Non- or ex-smoker

Smoking in Feb/March 2021 (x-axis): 0% 20% 40% 60% 80% 100%

Legend:
- Non-smoker
- Current light smoker (9 or less a day)
- Current moderate smoker (10-19 a day)
- Current heavy smoker (20+ a day)
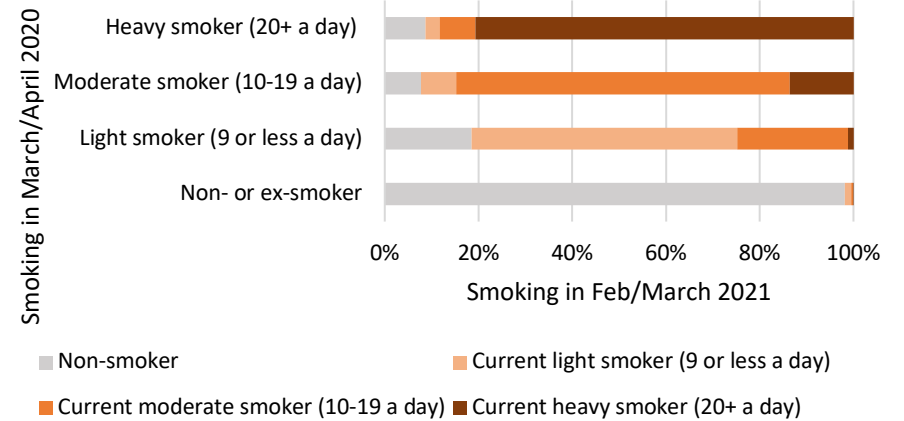
Figure 26c Changes in smoking habits amongst older adults (aged 60+)

Smoking in March/April 2020 (y-axis):
- Heavy smoker (20+ a day)
- Moderate smoker (10-19 a day)
- Light smoker (9 or less a day)
- Non- or ex-smoker

Smoking in Feb/March 2021 (x-axis): 0% 20% 40% 60% 80% 100%

Legend:
- Non-smoker
- Current light smoker (9 or less a day)
- Current moderate smoker (10-19 a day)
- Current heavy smoker (20+ a day)

60
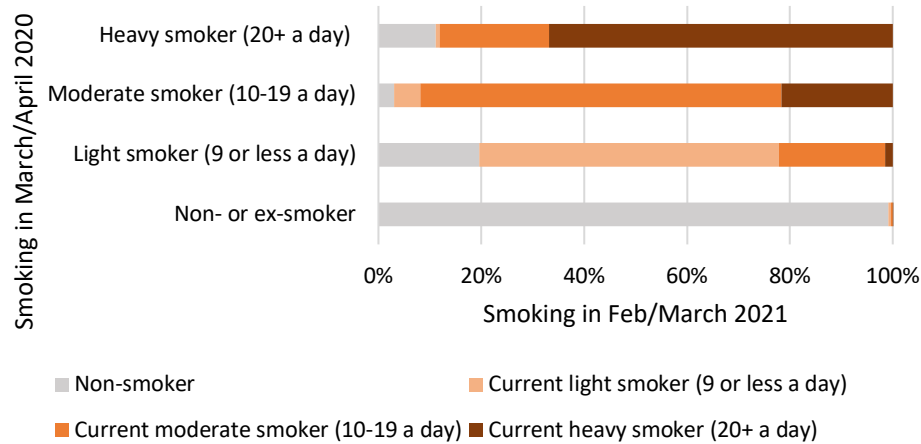
Figure 26d Changes in smoking habits amongst females

Smoking in March/April 2020

- Heavy smoker (20+ a day)
- Moderate smoker (10-19 a day)
- Light smoker (9 or less a day)
- Non- or ex-smoker

Smoking in Feb/March 2021

- Non-smoker
- Current light smoker (9 or less a day)
- Current moderate smoker (10-19 a day)
- Current heavy smoker (20+ a day)
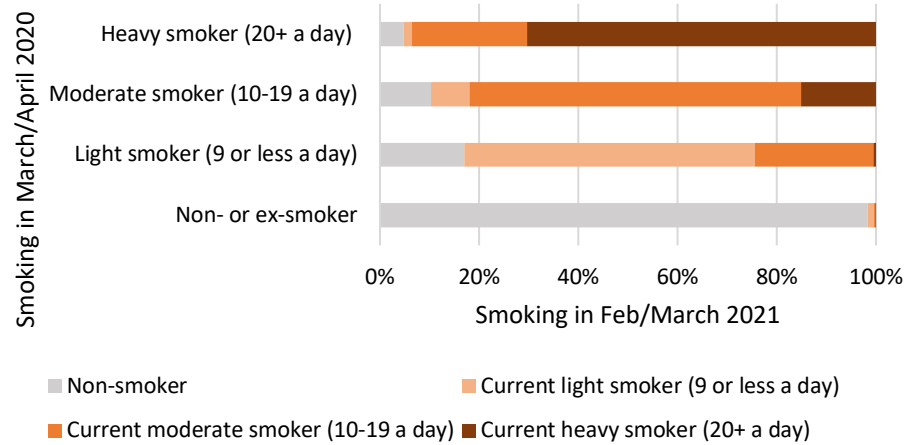
Figure 26e Changes in smoking habits amongst males

Smoking in March/April 2020

- Heavy smoker (20+ a day)
- Moderate smoker (10-19 a day)
- Light smoker (9 or less a day)
- Non- or ex-smoker

Smoking in Feb/March 2021

- Non-smoker
- Current light smoker (9 or less a day)
- Current moderate smoker (10-19 a day)
- Current heavy smoker (20+ a day)
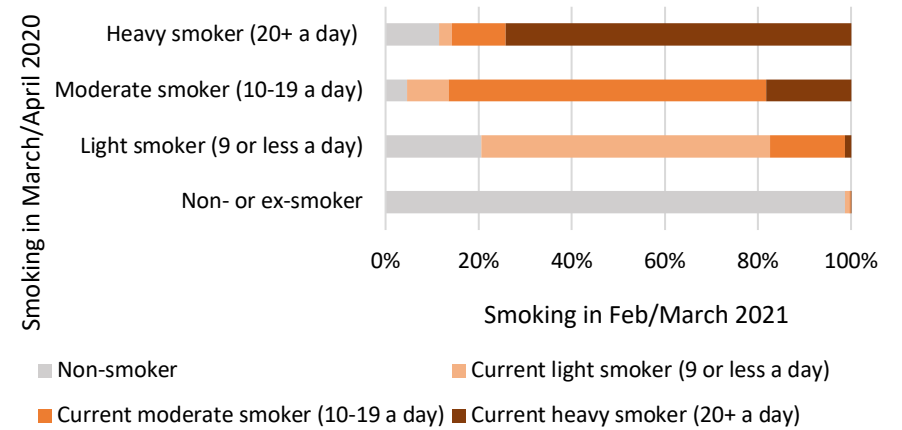
Figure 26f Changes in smoking habits amongst people with household income <30k

Smoking in March/April 2020

- Heavy smoker (20+ a day)
- Moderate smoker (10-19 a day)
- Light smoker (9 or less a day)
- Non- or ex-smoker

Smoking in Feb/March 2021

- Non-smoker
- Current light smoker (9 or less a day)
- Current moderate smoker (10-19 a day)
- Current heavy smoker (20+ a day)
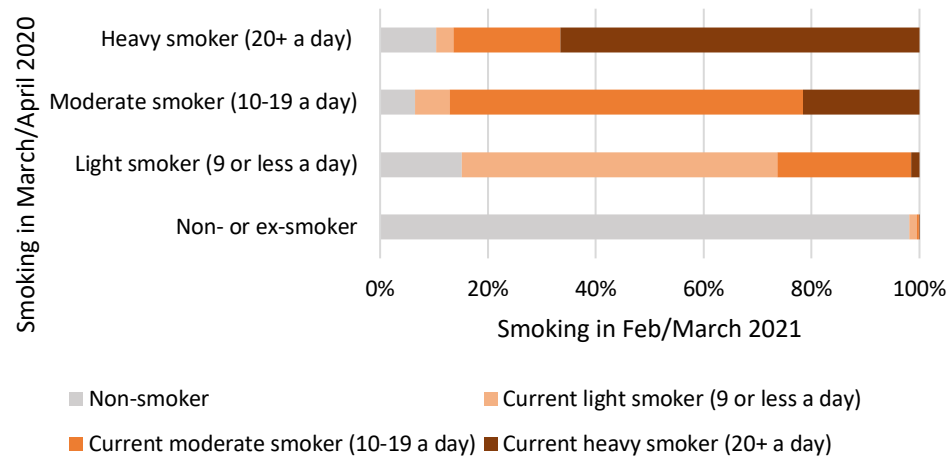
Figure 26g Changes in smoking habits amongst people with household income > 30k

Smoking in March/April 2020

- Heavy smoker (20+ a day)
- Moderate smoker (10-19 a day)
- Light smoker (9 or less a day)
- Non- or ex-smoker

Smoking in Feb/March 2021

- Non-smoker
- Current light smoker (9 or less a day)
- Current moderate smoker (10-19 a day)
- Current heavy smoker (20+ a day)

Figure 26h Changes in smoking habits amongst people with a physical health condition

Figure 26i Changes in smoking habits amongst people without a physical health condition
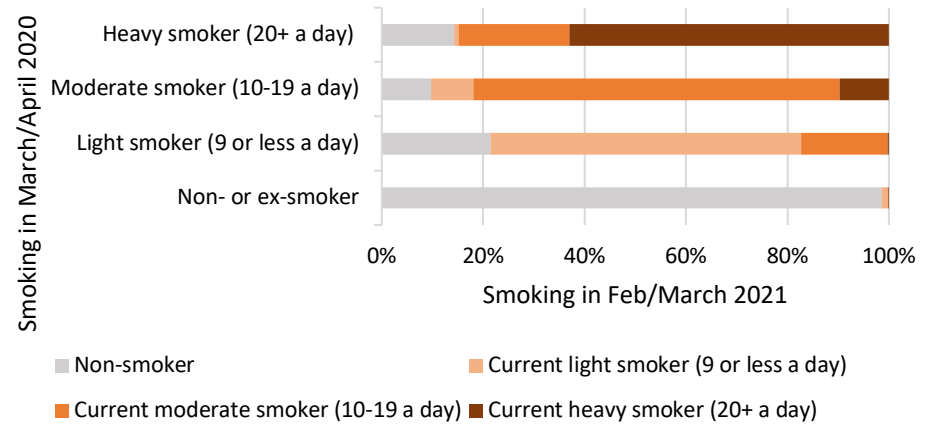
5.2 Alcohol use

Figure 27 Changes in alcohol use between March/April 2020 and February/March 2021
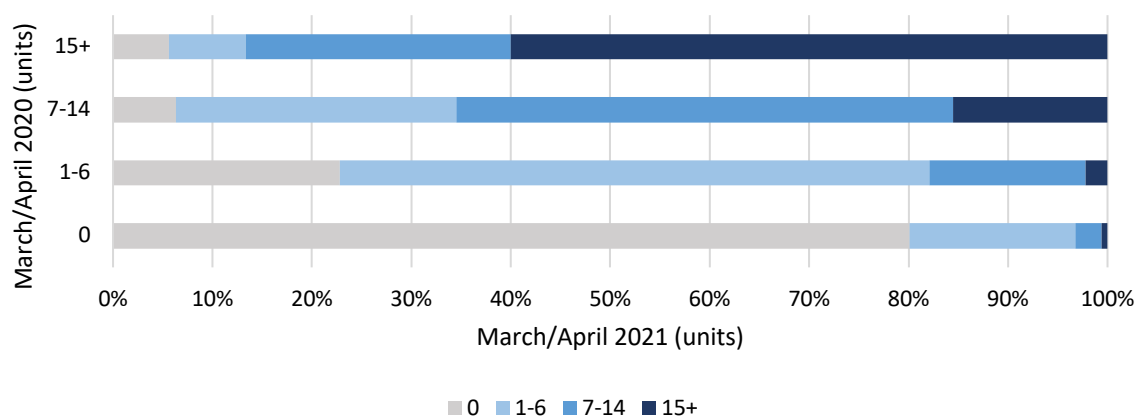
FINDINGS

Participants were asked, "How many alcoholic drinks have you had in the past week?" in March/April 2020 and again one year later. Respondents used a drop-down menu to select the number of drinks they had had, from 0 to 21+.

The majority of adults in our study (65.6%) reported no change in their alcohol consumption compared to the beginning of the pandemic. Of those who had changed their drinking habits, 49.1% had increased, whilst 50.9% had decreased.

Amongst those who had changed their drinking, increases in drinking were very similar across age groups (young adults: 50.1%, adults ages 30-59: 49.3%, older adults: 48.1%). More men (51.6%) than women (46.6%), and more people with higher (51.2%) versus lower (47.6%) incomes and more people with long-term conditions (51.6% versus 47.6%) also reported increasing their number of drinks per week. 1 in 5 (19.9%) who were non-drinkers in March/April 2020 now say they having been drinking.

However, some adults reported currently drinking less than they did a year ago. People drinking heavily (15 or more units per week) in March/April 2020 were nearly twice as likely to have decreased their drinking than those who were consuming 1-6 units per week (40.1% compared to 22.8%) last year.

Most young adults (91.5%) who were drinking heavily (15 or more units per week) in March/April 2020 had decreased their drinking in February/March 2021, compared to just over 1 in 3 adults ages 30-59 (37.5%) and 60+ (35.5%). More women (47.3%) than men (36.6%) who were consuming 15+ units of alcohol per week a year ago are now drinking less, as are people with higher (42.3%) versus lower (35.8%) household incomes, and people without (47.0%) compared to with (30.3%) a physical health condition.

Figure 28a Changes in alcohol use amongst younger adults (aged 18-29)
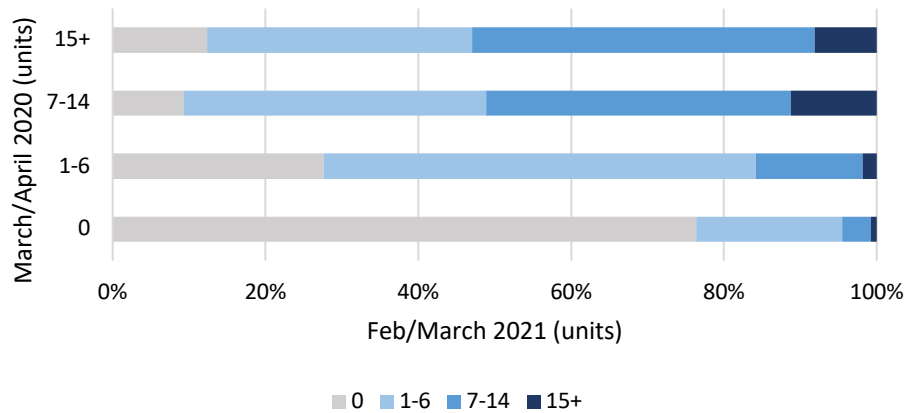
Figure 28b Changes in alcohol use amongst adults (aged 30-59)
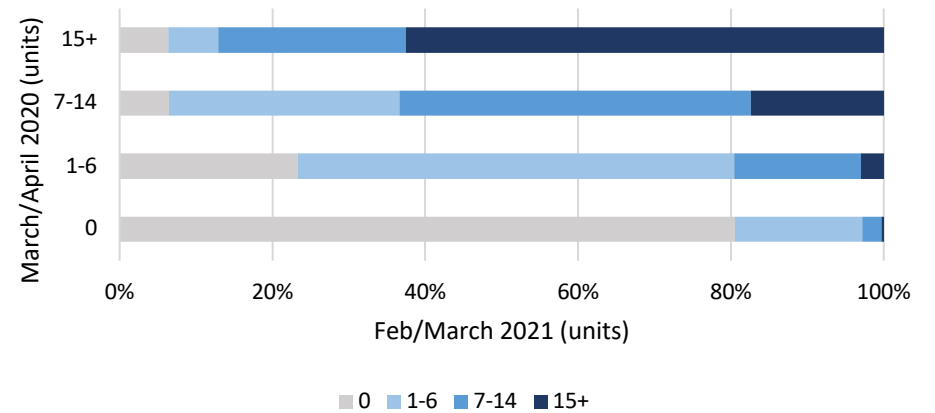
Figure 28c Changes in alcohol use amongst older adults (aged 60+)

64
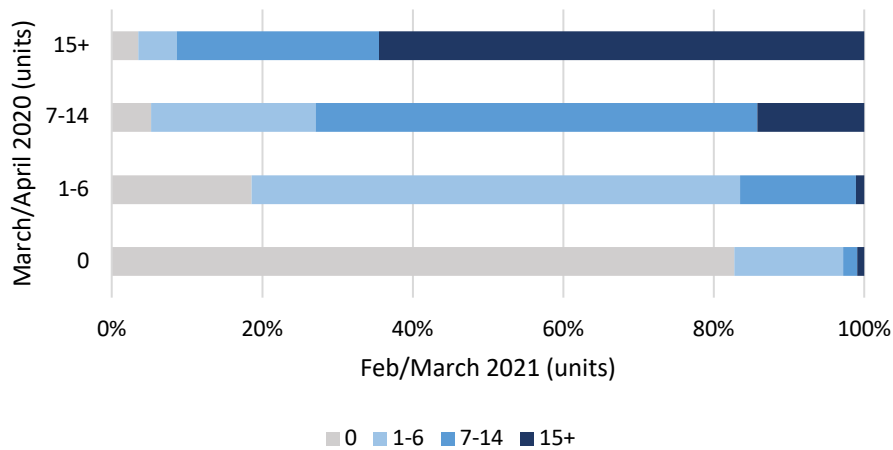
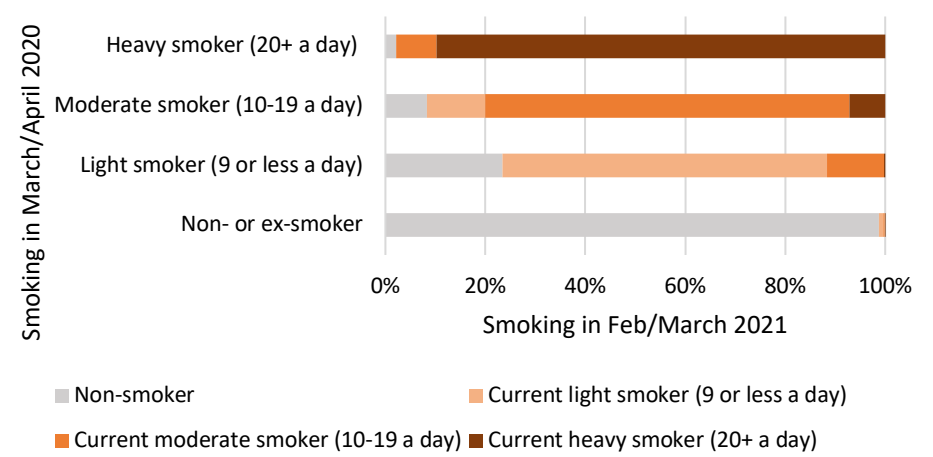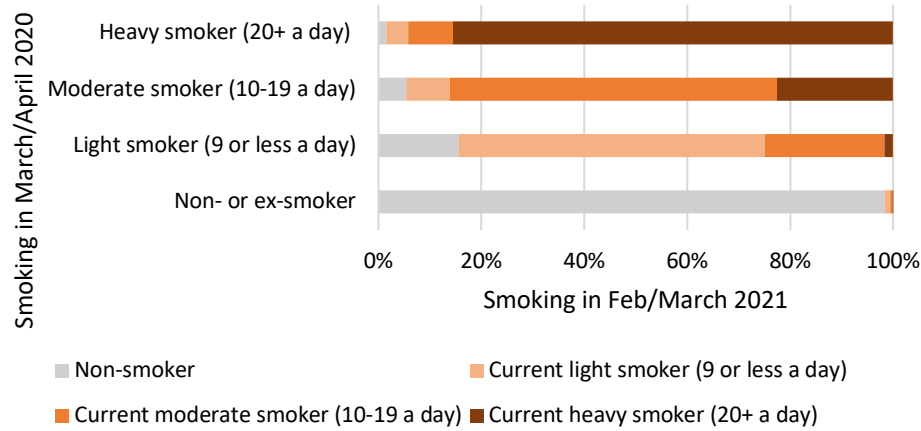## Figure 28d Changes in alcohol use amongst females

Figure 28e Changes in alcohol use amongst males

Figure 28f Changes in alcohol use amongst people with household income <30k

Figure 28g Changes in alcohol use amongst people with household income >30k

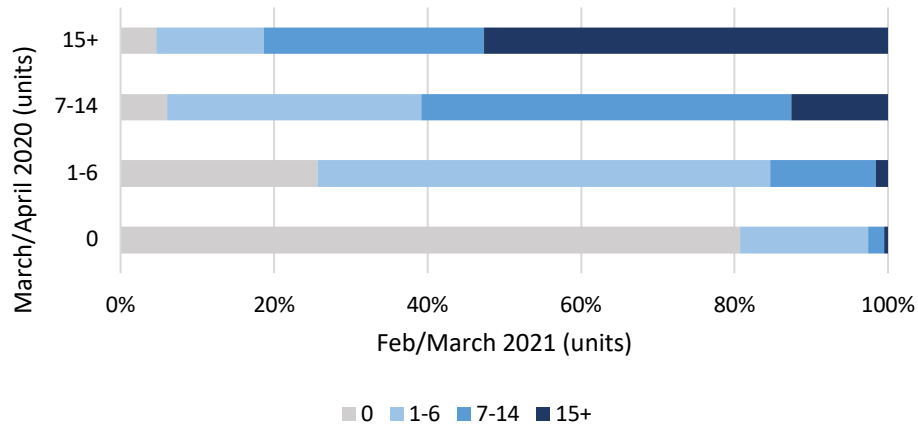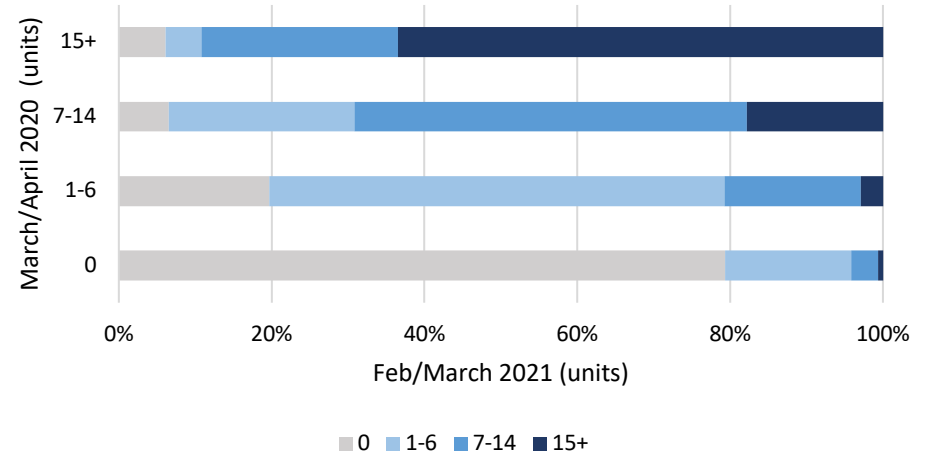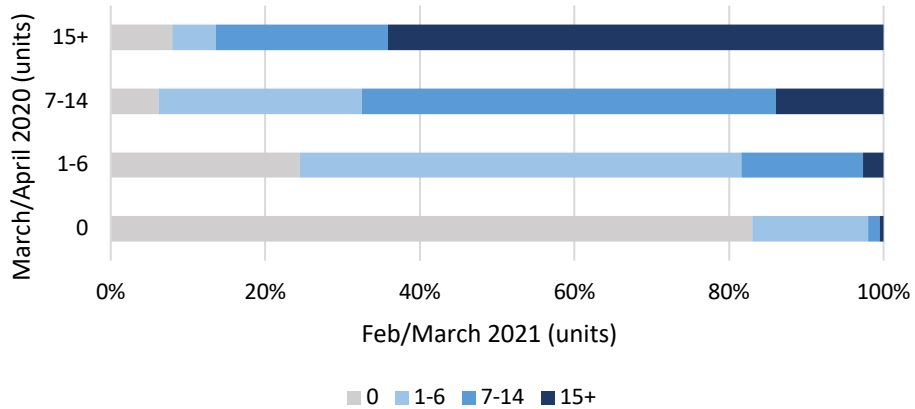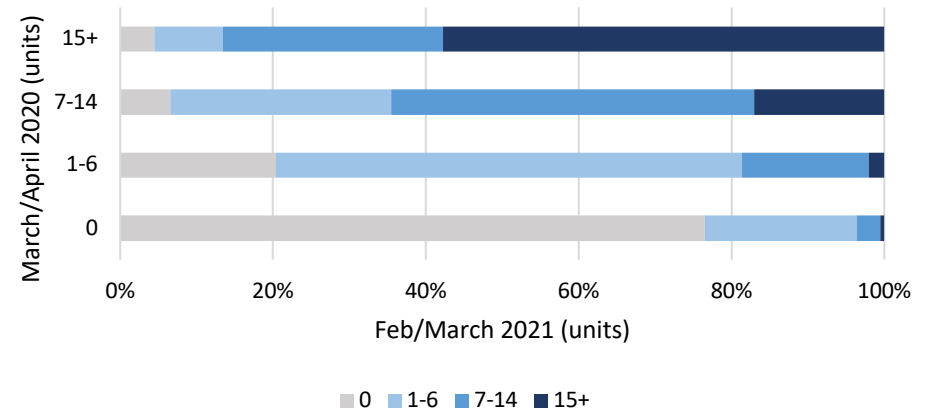Figure 28h Changes in alcohol use amongst people with a physical health condition
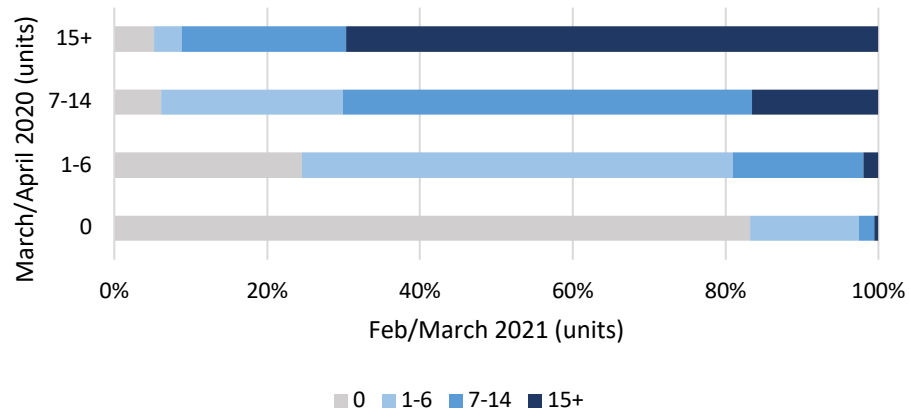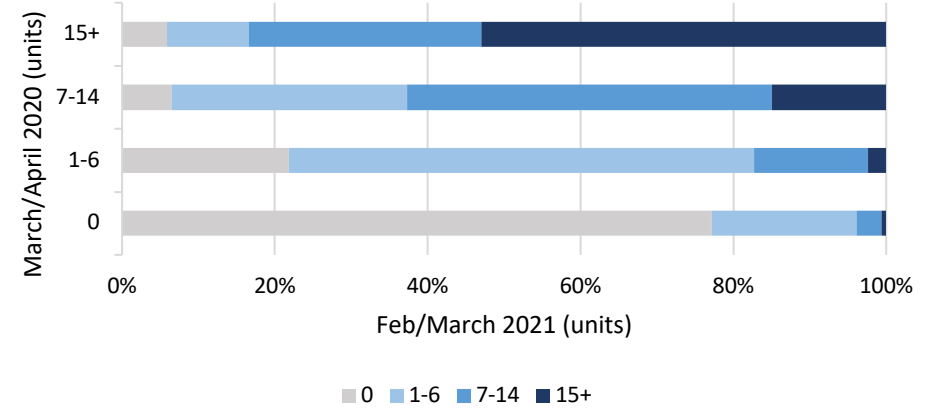

Figure 28i Changes in alcohol use amongst people without a physical health condition

Appendix

Methods

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

Specifically, in the analyses presented here we included adults in the UK. We used new cross-sectional data from individuals as they entered the study and also included weekly longitudinal data as participants received their routine follow-up. In this report, we treated the data as repeated cross-sectional data collected daily from the 21st March 2020 to the 18th April 2021 (the latest data available). Aiming at a representative sample of the population, we weighted the data for each day to the proportions of gender, age, ethnicity, education and country of living obtained from the Office for National Statistics (ONS, 2018). Where results for subgroups show volatility, this could be a product of the sample size being smaller so caution in interpreting these results is encouraged.

The study is focusing specifically on the following questions:
1. What are the psychosocial experiences of people in isolation?
2. How do trajectories of mental health and loneliness change over time for people in isolation?
3. Which groups are at greater risk of experiencing adverse effects of isolation than others?
4. How are individuals' health behaviours being affected?
5. Which activities help to buffer against the potential adverse effects of isolation?

The study has full ethical and data protection approval and is fully GDPR compliant. For further information or to request specific analyses, please contact Dr Daisy Fancourt d.fancourt@ucl.ac.uk. To participate or to sign up for the newsletter and receive monthly updates on the study findings, visit www.COVIDSocialStudy.org

Demographics of respondents included in this report

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

	Number of observations	%		Number of observations	%
Age			**Education levels**		
18-29	52,965	5.72	**GCSE or below**	127,633	14.1
30-59	507,075	54.8	**A-levels of equivalent**	156,048	17.3
60+	366,007	39.5	**Degree or above**	619,526	68.6
Gender			**Any diagnosed mental health conditions**		
Male	232,617	25.2	**No**	771,791	83.3
Female	689,753	74.8	**Yes**	154,256	16.7
Ethnicity			**Any diagnosed physical health conditions**		
White	886,690	96.1	**No**	532,346	57.5
Ethnic minority	36,455	3.95	**Yes**	393,791	42.5
UK nations			**Keyworker**		
England	747,692	81.5	**No**	733,519	79.2
Wales	112,373	12.3	**Yes**	192,528	20.8
Scotland	56,999	6.22	**Living with children**		
Living arrangement			**No (excluding those who live alone)**	526,608	72.1
Not living alone	730,535	79.0	**Yes**	203,927	27.9
Living alone	195,474	21.1	**Living area**		
Annual household income			**Village/hamlet/isolated dwelling**	232,310	25.1
>30k	496,411	59.5	**City/large town/small town**	693,734	74.9
<30k	337,770	40.5			