Covid-19 Social Study

Results Release 44

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Executive summary

Background

This report provides data from the last 105 weeks of the UK Covid-19 Social Study run by University College London: a panel study of over 70,000 respondents focusing on the psychological and social experiences of adults living in the UK during the Covid-19 pandemic. Routine data collection for the study ceased in November 2021 as the study moved to less frequent modules. The data in this report provides an update on previous findings with data collected from 28,495 study participants from 21st March 2022 to capture experiences two years on from the start of this study and from the beginning of the first UK lockdown.

In this FORTY-FOURTH report, we focus on psychological responses to the first 105 weeks since just before the first UK lockdown was announced (21/03/2020 to 27/03/2022). We present simple descriptive results on the experiences of adults in the UK. Measures include:
1. Reported compliance with government guidelines and confidence in the government
2. Mental health including depression, anxiety and stress
3. Harm including thoughts of death or self-harm, self-harm and both psychological & physical abuse
4. Psychological and social wellbeing including life satisfaction, loneliness and happiness
5. *****New in this report***** Precautionary measures, activities, sense of control and future concerns

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

Findings

Worries about Covid-19 and personal precautionary measures have all decreased since January 2022 despite cases, hospitalisations and deaths remaining equivalent or higher than in January

- Just 1 in 3 people are now concerned about catching Covid-19. These figures are lower than in January 2022 (32% in March vs 43% in January) despite cases being higher than they were in January. Similarly, people are less concerned now about becoming seriously ill from Covid-19 (37% in March vs 46% in January) despite hospitalisation rates and death rates being comparable to January.
- People have sharply curtailed their personal measures to avoid catching and spreading Covid-19. Mask wearing is now only routinely done in public indoor spaces by 28% of adults, compared with 67% over Christmas. Lateral flow tests have become much less popular, with only 12% always taking one before meeting others and 4% asking others to do so; down from 34% and 18% respectively before Christmas (NB data were collected in March 2022 whilst lateral flow tests were still free in England).
- 32% of younger adults said they now never social distance, compared to just 7% of adults over the age of 60. Only 3% of young adults (aged 18-29) report always social distancing when meeting others, compared with 20% of adults over the age of 60. All figures for social distancing are down since Christmas.
- Despite many people following the new relaxed guidelines, levels of confidence in government to handle the pandemic well remain relatively low, especially in England, with levels similar to when first lockdown eased in 2020. There has been no return in England to higher confidence levels seen at the start of the pandemic or when the third lockdown eased in 2021, with levels decreasing month on month since then. Levels of confidence remain lowest in young adults.

People have increased their range of behaviours outside the home, but happiness hasn't improved

- Since Christmas has passed and as the last social restrictions have eased, people have increased their reasons for leaving their home. Shopping remains the most common reason to leave one's home (as it has been across the pandemic) and is now at an all-time high with over 9 in 10 people saying they went out to shop in the past week.

- The proportion of people meeting up with friends or family (not in a support bubble) rose sharply after the new year, with 7 in 10 (70%) currently saying they did this in the past week. Over 60% of people had left home for entertainment purposes, with levels again at an all-time high.
- Leaving home to go to work was the least common reason for leaving the house, despite participants being asked specifically to report their behaviours on the last weekday. Nonetheless, leaving home to go to work was at an all-time high for the pandemic, with 1 in 2 people reporting doing this.
- However, happiness and life satisfaction levels have decreased since the summer of 2021, especially amongst adults under the age of 60, who have increased their activities outside the home.
- Depression and anxiety symptoms remain on a par with levels when first lockdown was eased in 2020; higher than over the past 11 months. Levels remain higher amongst younger adults, with older adults showing the smallest changes over time and lowest levels by age group.
- Just 1 in 3 adults aged 18-29 feels in control of their mental health (35%), compared to 47% of adults ages 30-59 and 61% of older adults. These figures are worse than six months ago, when on average 54% of all adults said they felt in control of their mental health, compared to just 49% now.

The cost-of-living crisis is causing people concern and affecting future plans

- Concerns about finance have been increasing since summer of 2021, now reaching levels on a par with when the pandemic first started. Working-age adults were twice as likely to report concerns as older adults (2 in 5 vs 1 in 5).
- Compared to six months ago, fewer people feel in control of their finances (currently 56% vs 63% in October 2021), with younger adults feeling least in control (46% of those aged 18-29 vs 52% of adults ages 30-59 and 70% of older adults aged 60+).
- Only slightly more people now say that they feel in control of their future plans than six months ago (38% vs 35% in October 2021). Younger adults (aged 18-29) report feeling least in control of their future plans (29% vs 36% of adults ages 30-59 and 47% of older adults).

1. Confidence

1.1 Confidence in government

Figure 1 Confidence in government

Figure 2 Confidence by age groups
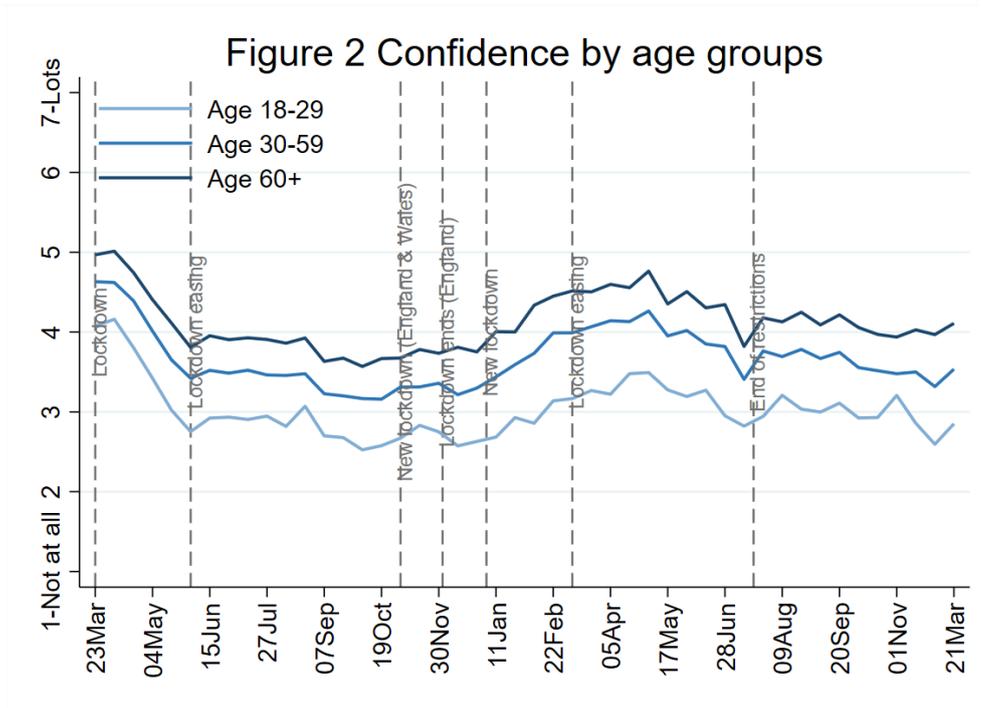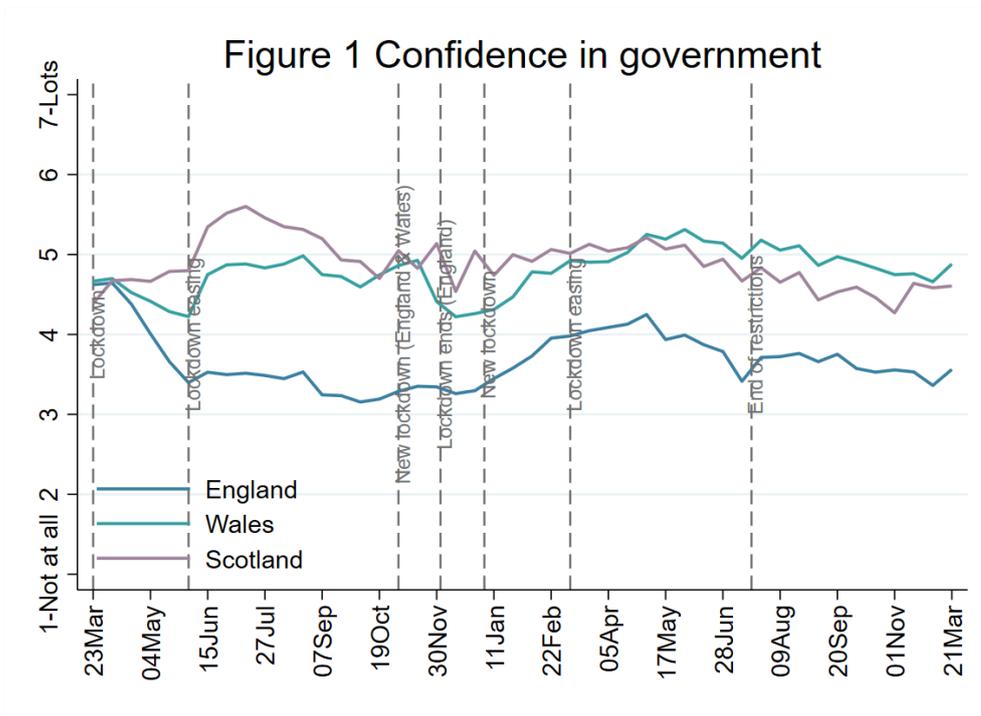
FINDINGS

Respondents were asked how much confidence they had in the government to handle the Covid-19 pandemic from 1 (not at all) to 7 (lots). People living in devolved nations were asked to report their confidence in their own devolved governments. Figure 1 shows results for England, Wales & Scotland. Figure 2 shows just England.

Levels of confidence in government remain relatively low, especially in England, with levels similar to when first lockdown eased in 2020. There has been no return in England to higher confidence levels seen at the start of the pandemic or when third lockdown eased in 2021, with levels decreasing month on month since then. Levels of confidence remain lowest in young adults.

2. Mental Health

2.1 Depression and anxiety

Figure 3 Depression and anxiety
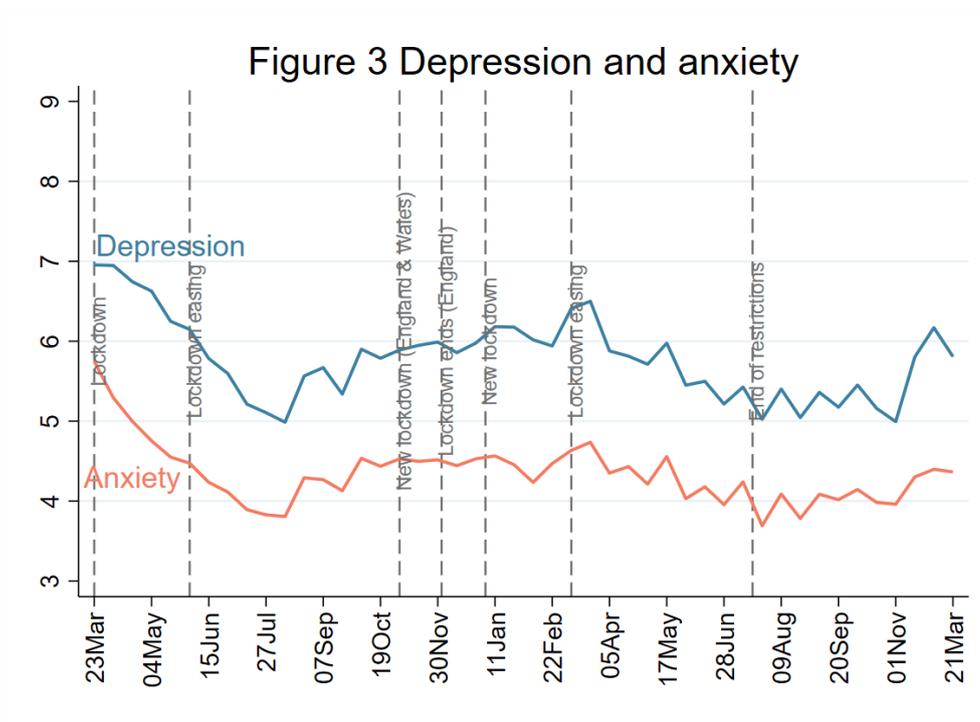
Respondents were asked about depression levels during the past week using the Patient Health Questionnaire (PHQ-9) and anxiety using the Generalised Anxiety Disorder assessment (GAD-7); standard instruments for screening for depression and anxiety in primary care. There are 9 and 7 items respectively with 4-point responses ranging from "not at all" to "nearly every day", with higher overall scores indicating more symptoms. Scores higher than 10 can indicate major depression or moderate anxiety.

Depression and anxiety symptoms both increased sharply in the lead up to Christmas 2021. Although there is some indication that levels of depression have improved slightly in recent weeks, levels of anxiety and depressive symptoms are now on a par with levels when first lockdown was eased in 2020. Levels remain higher amongst younger adults, with older adults showing the smallest changes over time and lowest levels by age.
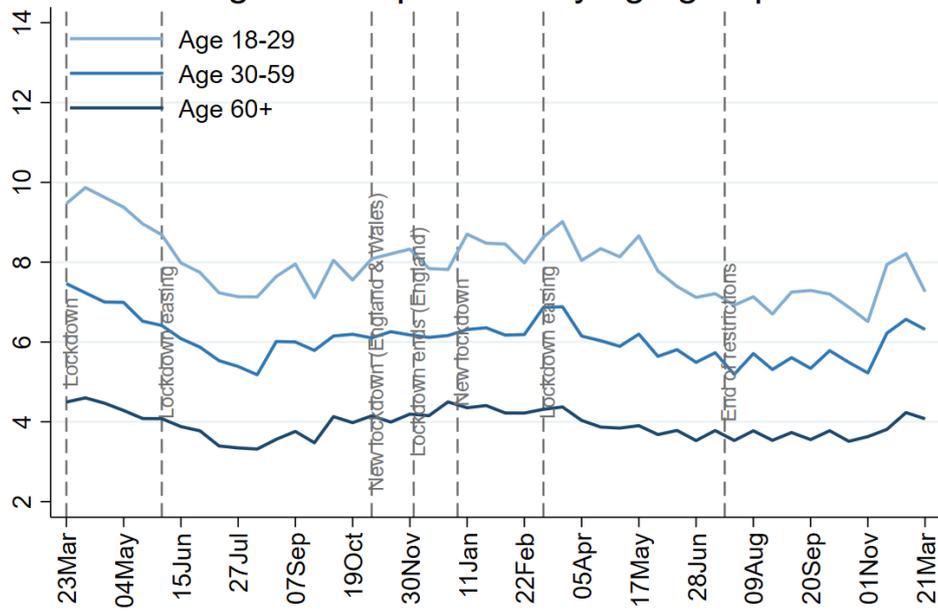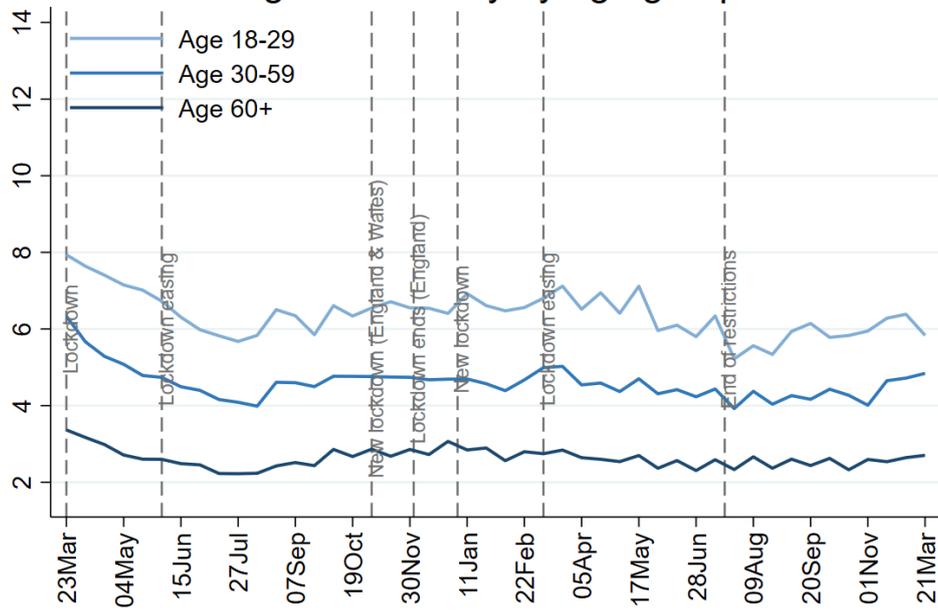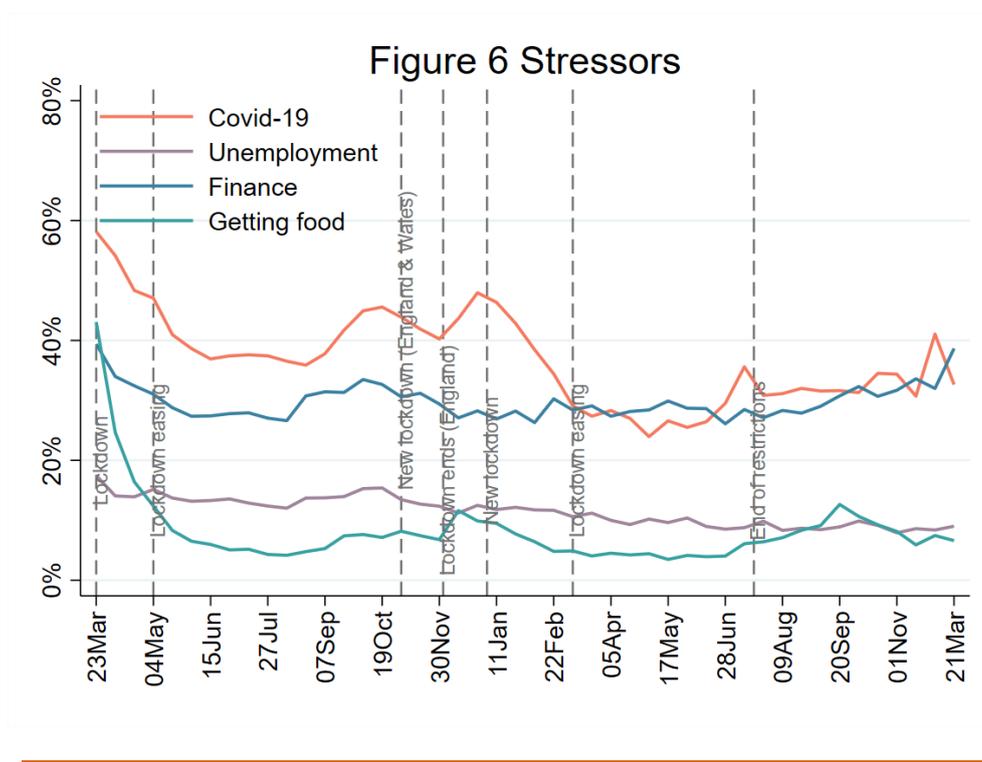
Figure 4 Depression by age groups

Figure 5 Anxiety by age groups

2.2 Stress

Figure 6 Stressors

We asked participants to report which factors were causing them stress in the last week, either minor stress or major stress (which was defined as stress that was constantly on their mind or kept them awake at night).

The proportion of people concerned about catching or becoming seriously ill from Covid-19 has been increasing since the third national lockdown was eased in April 2021, but levels are lower than over Christmas 2021. Notably, there is no evidence of difference in this worry by age groups. However, levels remain lower than at any point during the first year of the pandemic.

Concerns about getting food and unemployment have been relatively stable in recent months. However, concerns about finance have been increasing since summer of 2021, now reaching levels on a par with when the pandemic first started. Working-age adults were twice as likely to report financial concerns as older adults (2 in 5 vs 1 in 5).
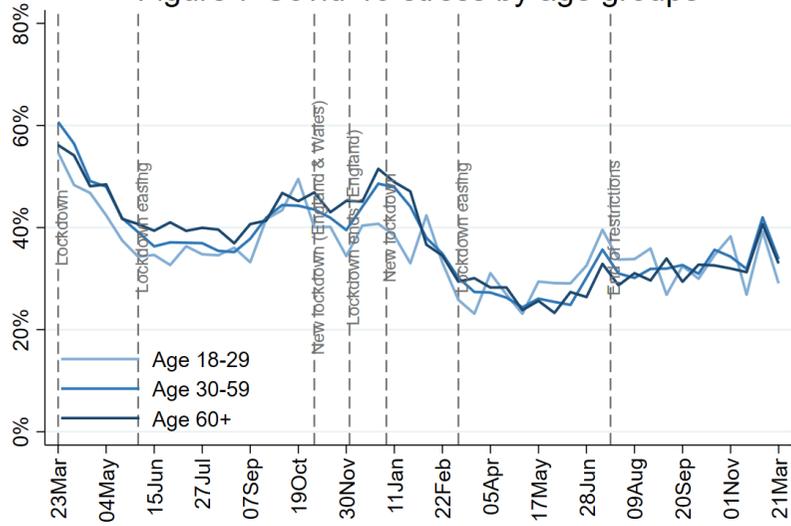
Figure 7 Covid-19 stress by age groups

Figure 8 Unemployment stress by age groups
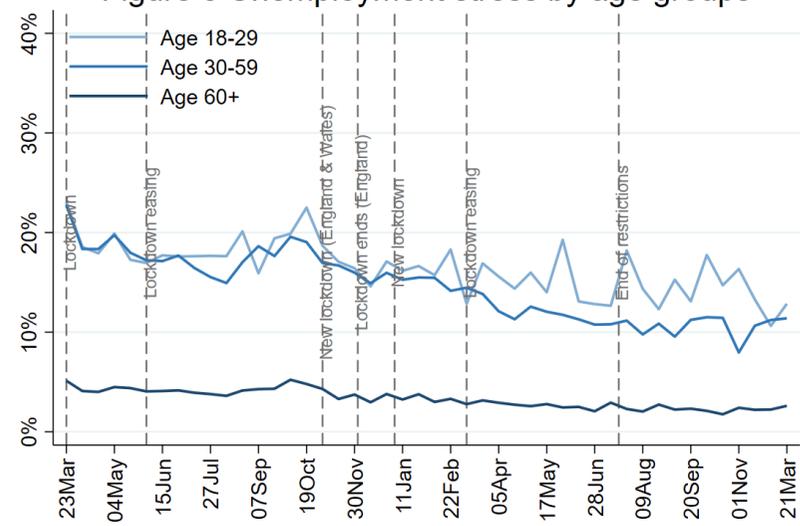
Figure 9 Financial stress by age groups
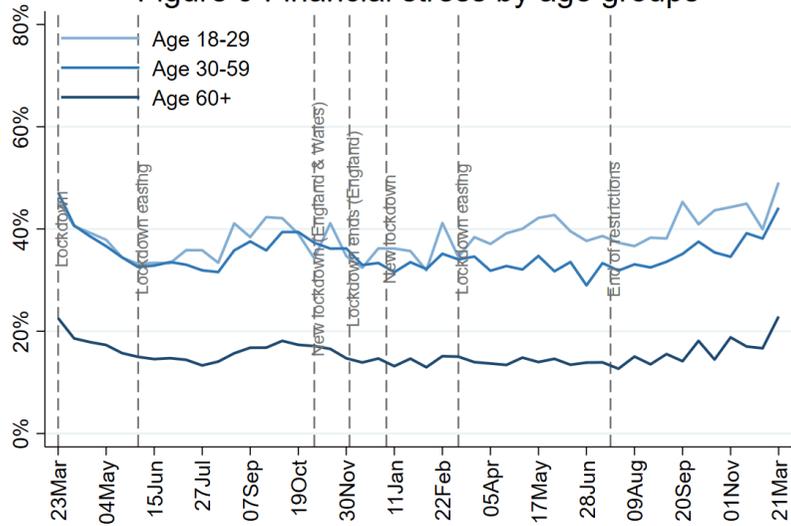
Figure 10 Food security stress by age groups
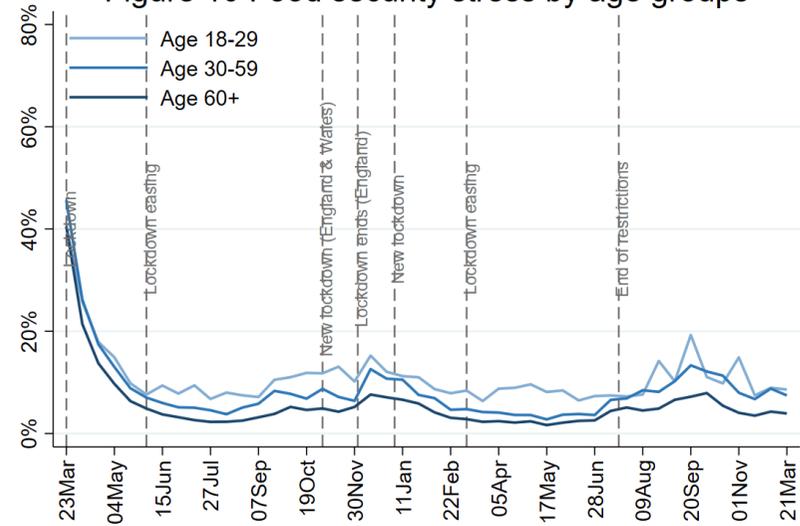
3. Self-harm and abuse

3.1 Thoughts of death or self-harm

Figure 11 Thoughts of death or self-harm

Figure 12 Thoughts of death by age groups
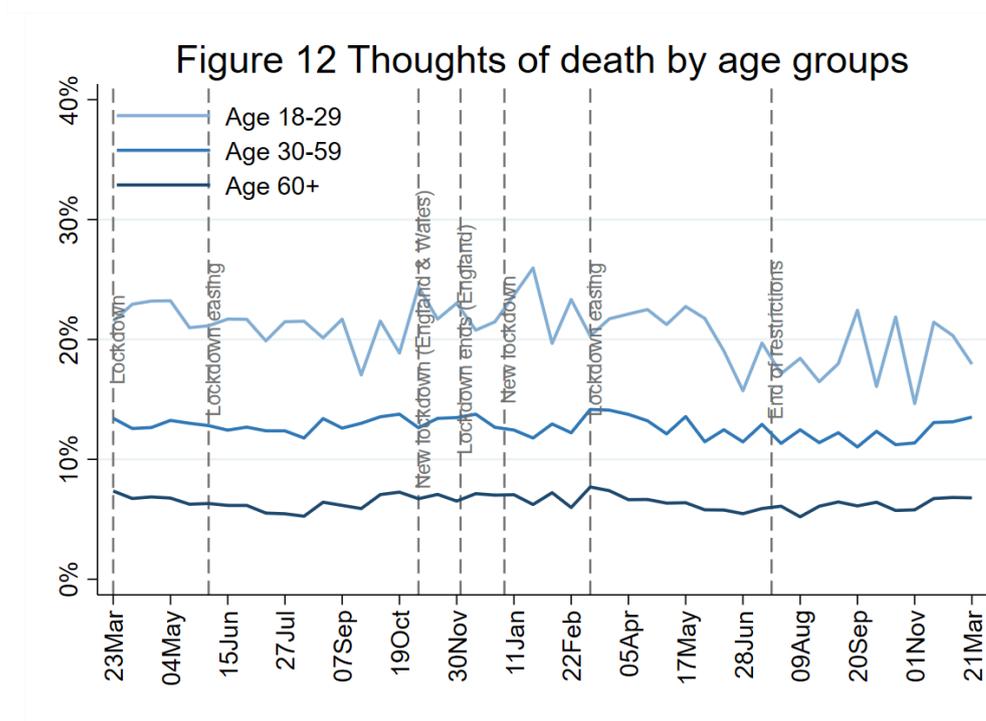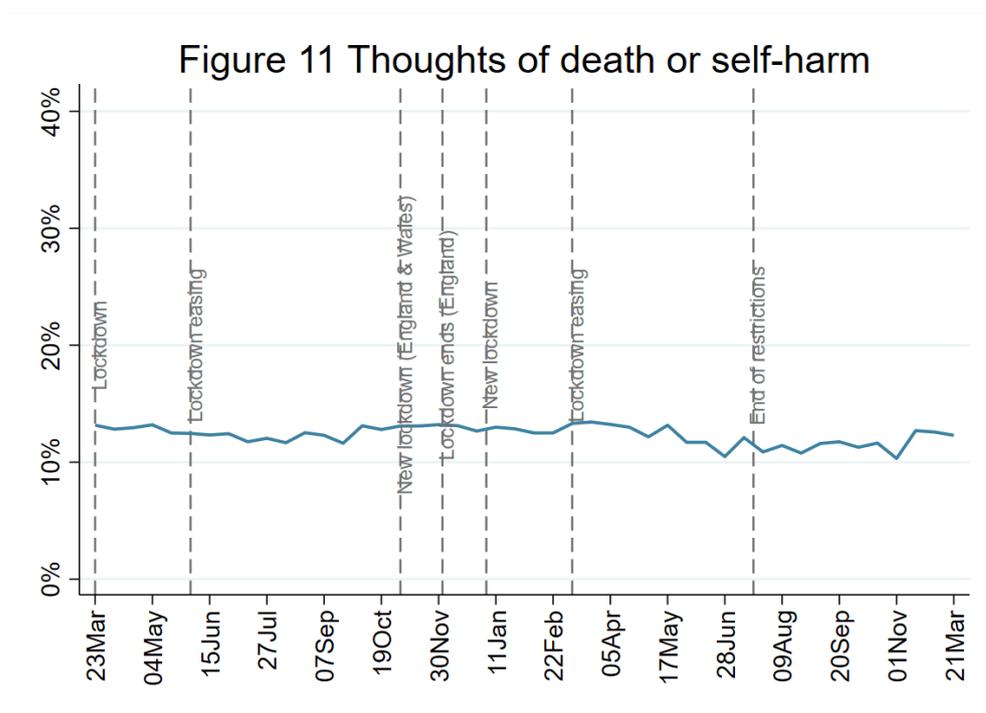
FINDINGS

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

In line with figures across the pandemic, there was no clear change in the proportion of people reporting thoughts of death or self-harm over the past two weeks. However, young adults (aged 18-29) remain more likely to report this compared to older adults (1 in 5 vs 1 in 12).

3.2 Self-harm

Figure 13 Self-harm

Figure 14 Self-harm by age groups
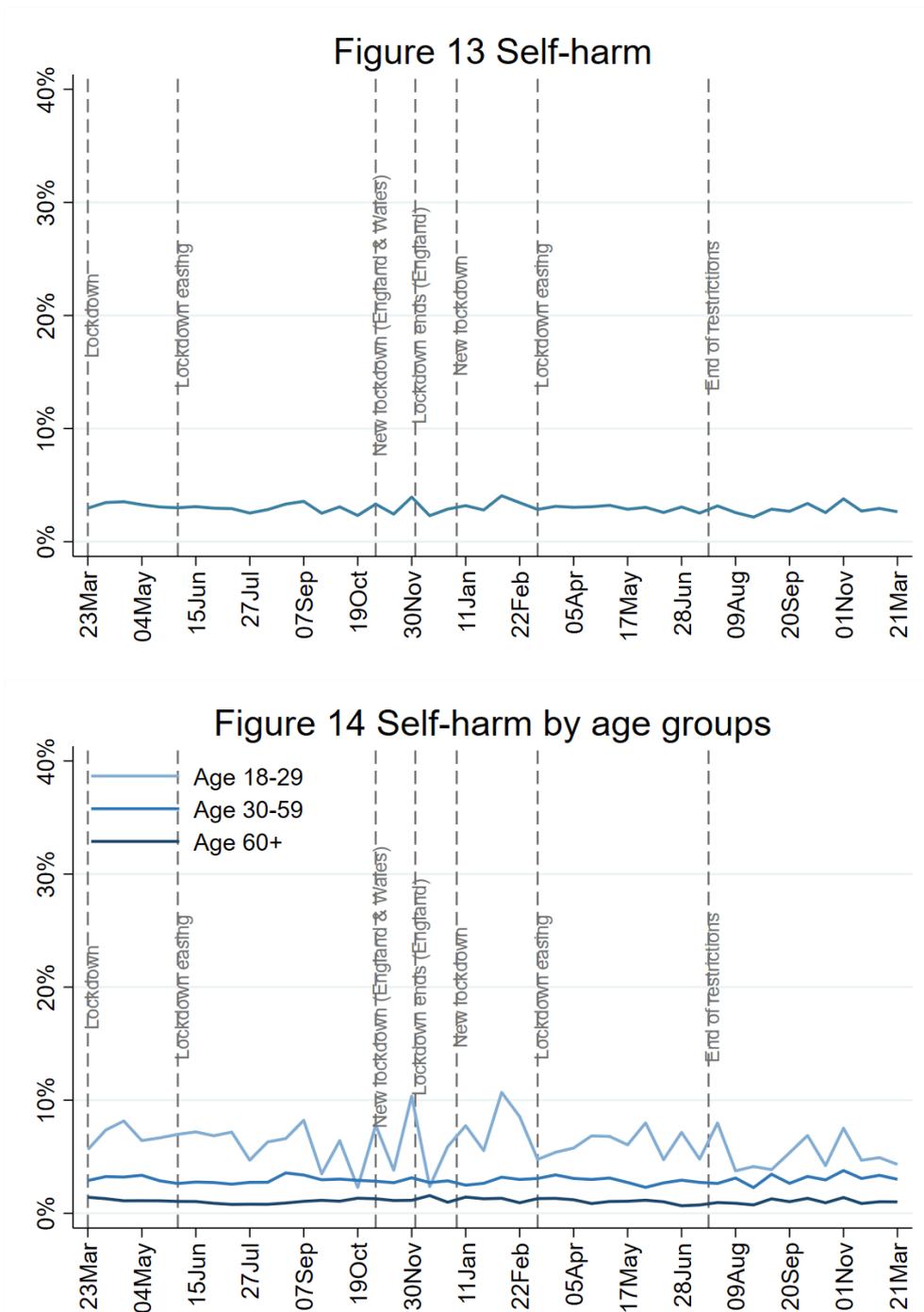
FINDINGS

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

There have been no clear changes in the proportion of people reporting self-harm over the past few months, with fewer than 1 in 20 reporting self-harming, in line with figures across the pandemic. The figure was slightly higher in younger adults than older adults.

3.3 Abuse

Figure 15 Being physically or psychologically abused
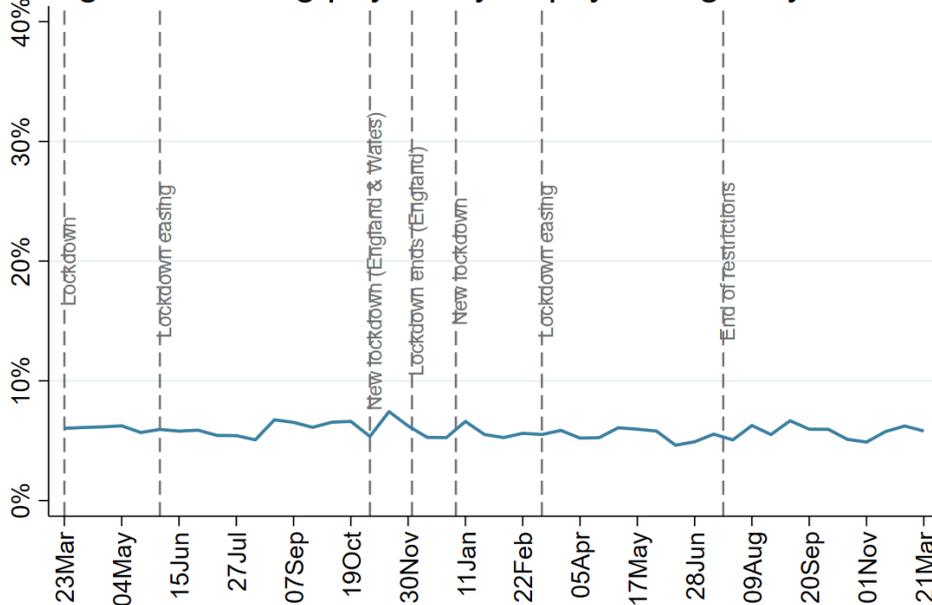
Figure 16 Abuse by age groups
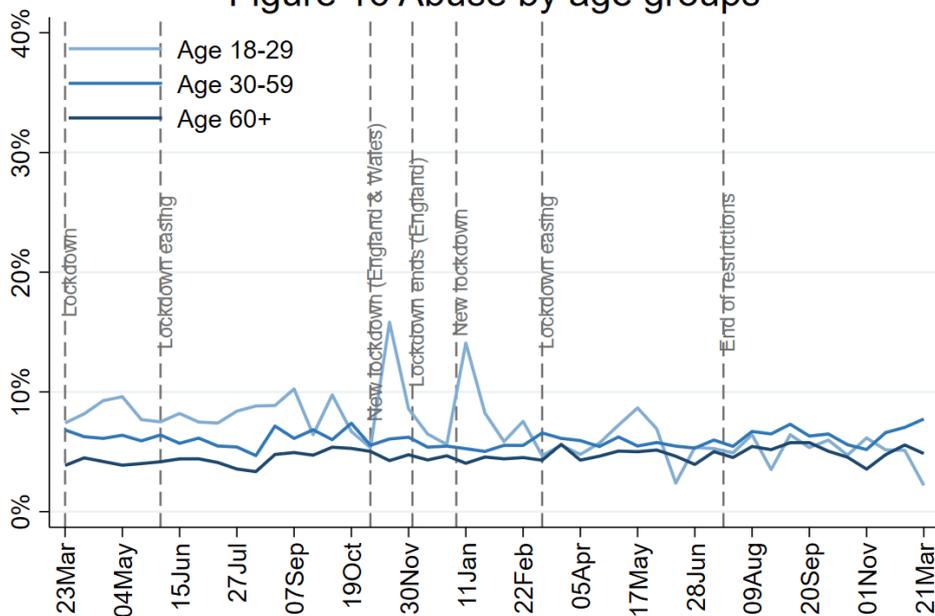
FINDINGS

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

Reports of abuse have remained relatively stable in recent months, with little differentiation by age. However, not all people who experienced physical or psychological abuse will necessarily report it, so these levels are anticipated to be an under-estimation of actual levels.

4. General well-being

4.1 Life satisfaction

Figure 17 Life satisfaction

Figure 18 Life satisfaction by age groups
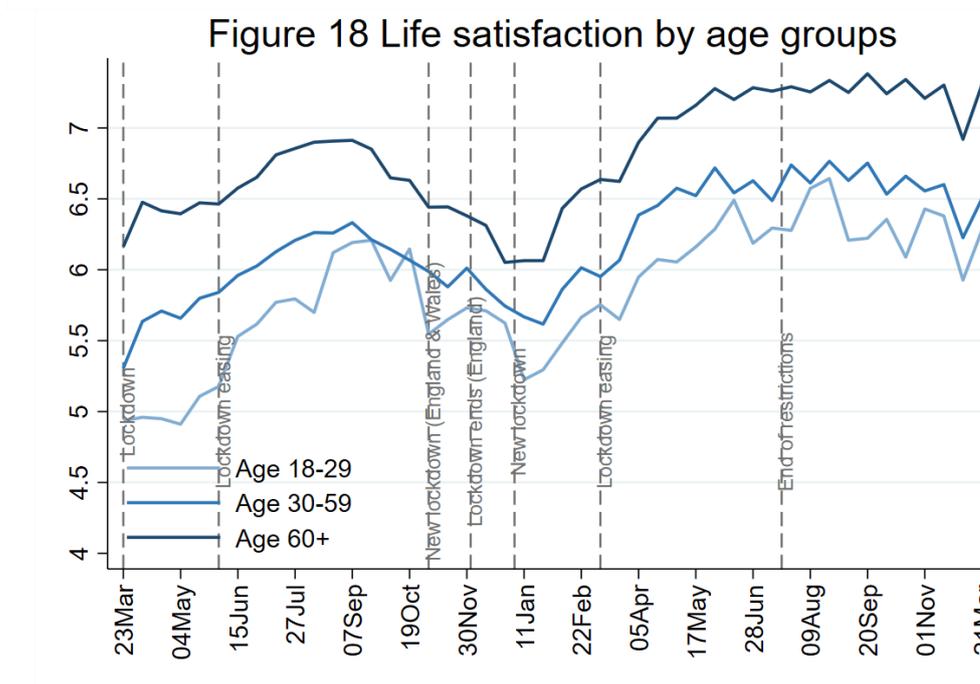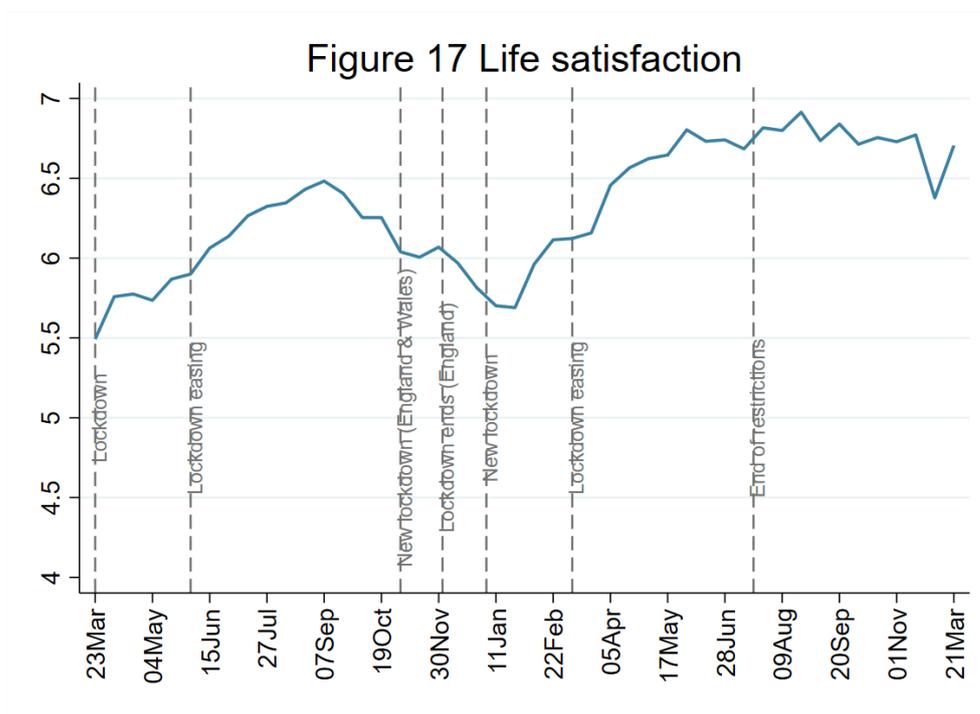
FINDINGS

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

Life satisfaction has improved since Christmas, when there was a sharp decrease. Average levels are now on par with levels across the early summer of 2021, close to an all-time high during the pandemic. However, when looking at different age groups, it is only older adults who have maintained these heightened levels. Working-age adults (especially younger adults aged 18-29) have shown decreases in the past 9 months.

4.2 Loneliness

Figure 19 Loneliness

Figure 20 Loneliness by age groups
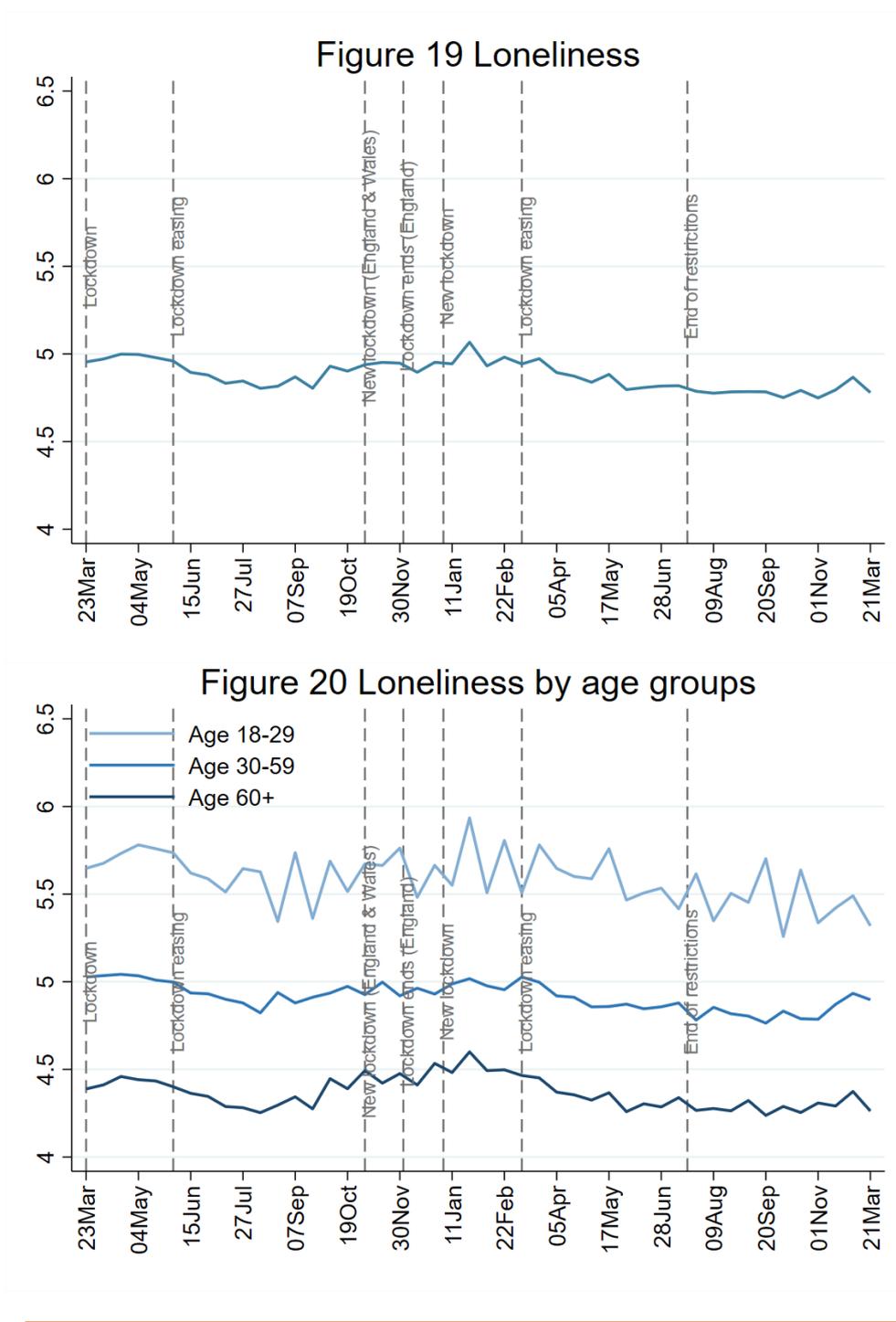
FINDINGS

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

Loneliness levels have been relatively stable for the past year and are overall lower than they were in the first year of the pandemic. This pattern is seen across age groups, although levels remain higher amongst younger adults than older adults.

4.3 Happiness

Figure 21 Happiness

Figure 22 Happiness by age groups
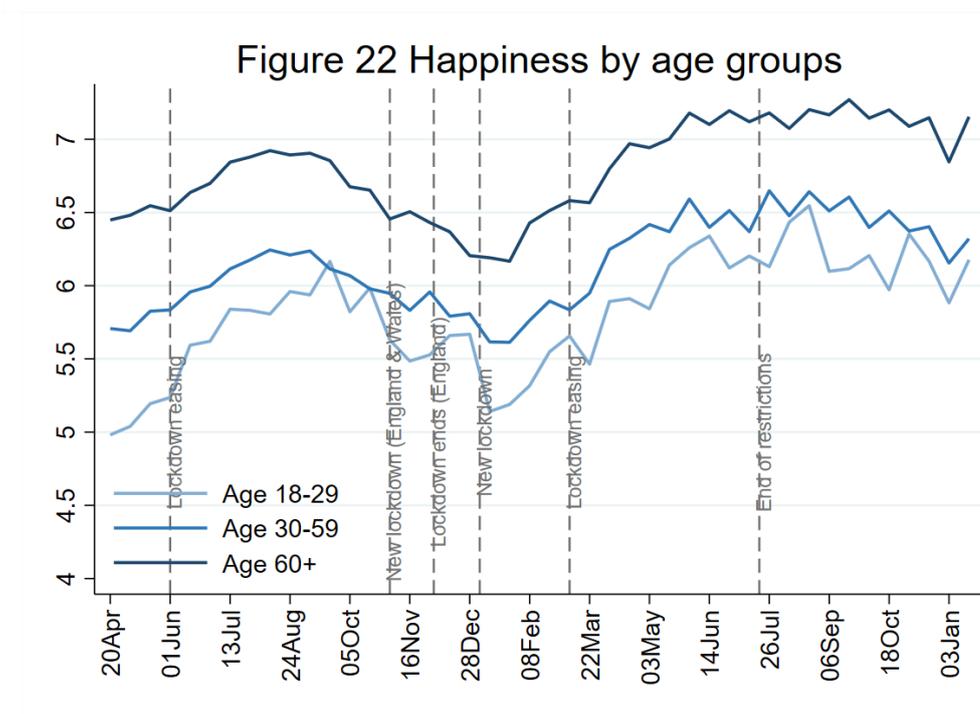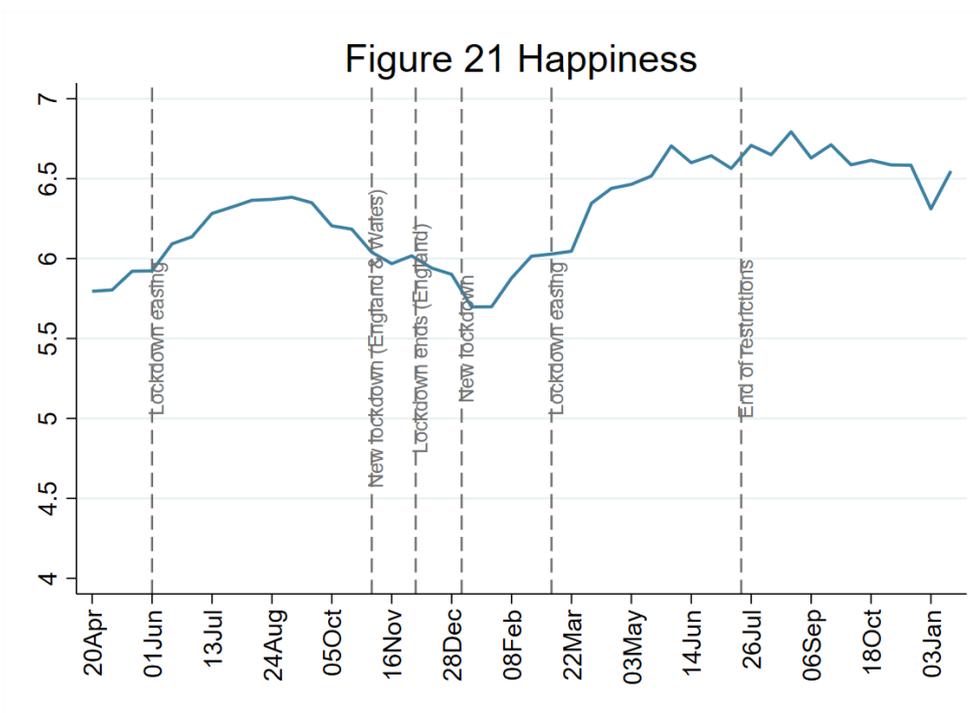
FINDINGS

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

Happiness levels have improved since Christmas, when there was a sharp decrease. Average levels are now on a par with levels across the early summer of 2021, close to an all-time high during the pandemic. However, when looking at different age groups, it is only older adults who have maintained these heightened levels. Working-age adults (especially younger adults aged 18-29) have shown decreases in the past 9 months.

# 5. Precautionary measures and activities

5.1 Precautionary measures

Figure 23 Covid-19 precautionary measures in March 2022

Legend: Never, Rarely, Sometime, Frequent, Always

Categories (top to bottom):
- Allowing extra ventilation indoors
- Meeting outdoors instead of indoors
- Asking others to take a lateral flow test
- Taking a lateral flow test before meeting
- Wearing a face mask indoors
- Wash your hands/using hand sanitisers
- Social distance
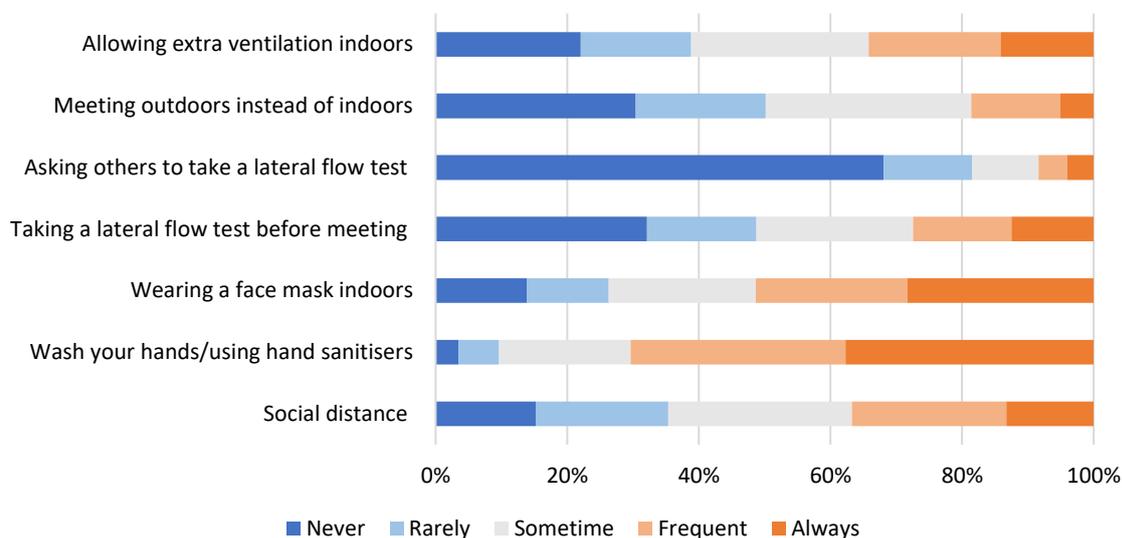
Figure 24 Covid-19 precautionary measures over Christmas 2021

Legend: Never, Rarely, Sometimes, Frequently, Always

Categories (top to bottom):
- Allowing extra ventilation indoors
- Meeting outdoors rather than indoors
- Asking others to take a lateral flow test
- Taking a lateral flow test before meeting
- Wearing a face mask indoors
- Washing hands/using hand sanitisers
- Social distancing
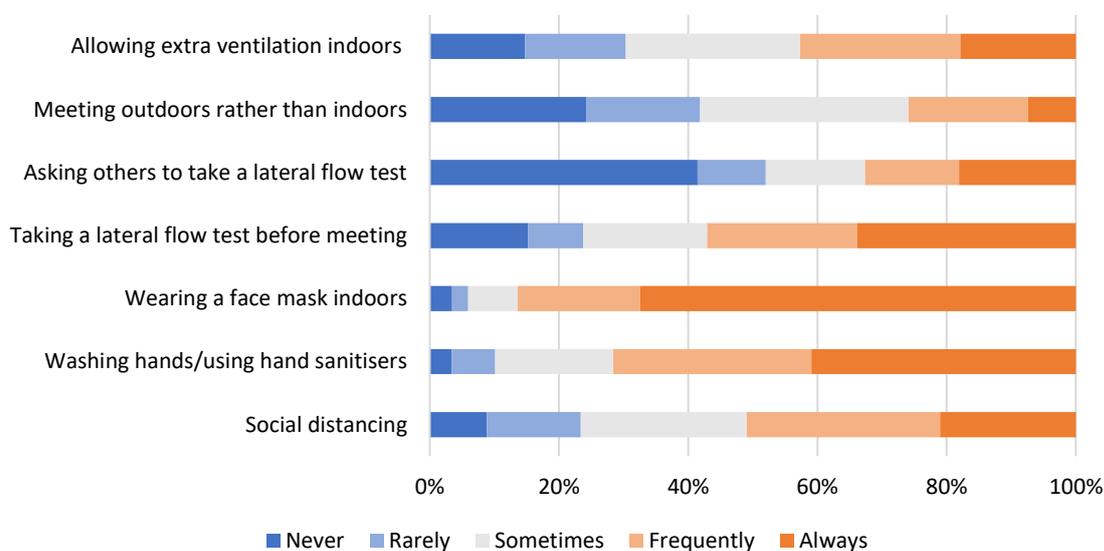
FINDINGS

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

The most commonly used measure was hand washing or using hand sanitisers after coming into contact with people outside of their household or shared surfaces, with 38% reporting they always did this and just 4% reporting they never did it. These figures are very similar to over Christmas (41% always and 3% never).

People also reported wearing face masks indoors (28% always & 23% frequently), although this figure is down from 67% reporting always doing so over Christmas.

Around 1 in 6 people reported always allowing extra ventilation indoors (14% always and 20% frequently) and always maintaining social distancing (13% always and 23% frequently). But again, these figures are down from Christmas (21% always allowing extra ventilation and 18% always maintaining social distancing when meeting others). 15% report never social distancing anymore. There has also been a decrease in people meeting outdoors instead of indoors since Christmas: 5% always and 14% frequently vs 7% always and 18% frequently over Christmas even though the weather then was colder.

Nearly 1 in 3 people (32%) reported never taking a lateral flow test before meeting people from outside their household (with 12% always and 15% frequently doing this), and more than half (68%) said they never ask others to do this (with 4% always and 4% frequently doing this). These figures are a decrease on such behaviours compared to over the Christmas period, when nearly three times as many people reported always taking a lateral flow test (34%) and over four times as many people reported asking others to do so (18%).

Older adults were more than twice as likely to wear face masks than younger adults (39% always for those aged 60+ vs 14% of those aged 18-29) (Fig 25). Only 3% of young adults reported always social distancing, whilst 1 in 5 (20%) of older adults (aged 60+) reported doing this. 32% of younger adults said they now never social distance, compared to just 7% of adults over the age of 60. Younger adults were also less likely to take a lateral flow test before meeting with others (8% of those aged 18-29 vs 15% of those aged 30-59 and 12% of older adults). Proportions of people asking others to take a lateral flow test before meeting were similar across age groups (3% of young adults, 5% of adults aged 30-59, and 4% of older adults).

Figure 25 Covid-19 Precautionary measures by age group

5.2 Activities

Figure 26 Activities
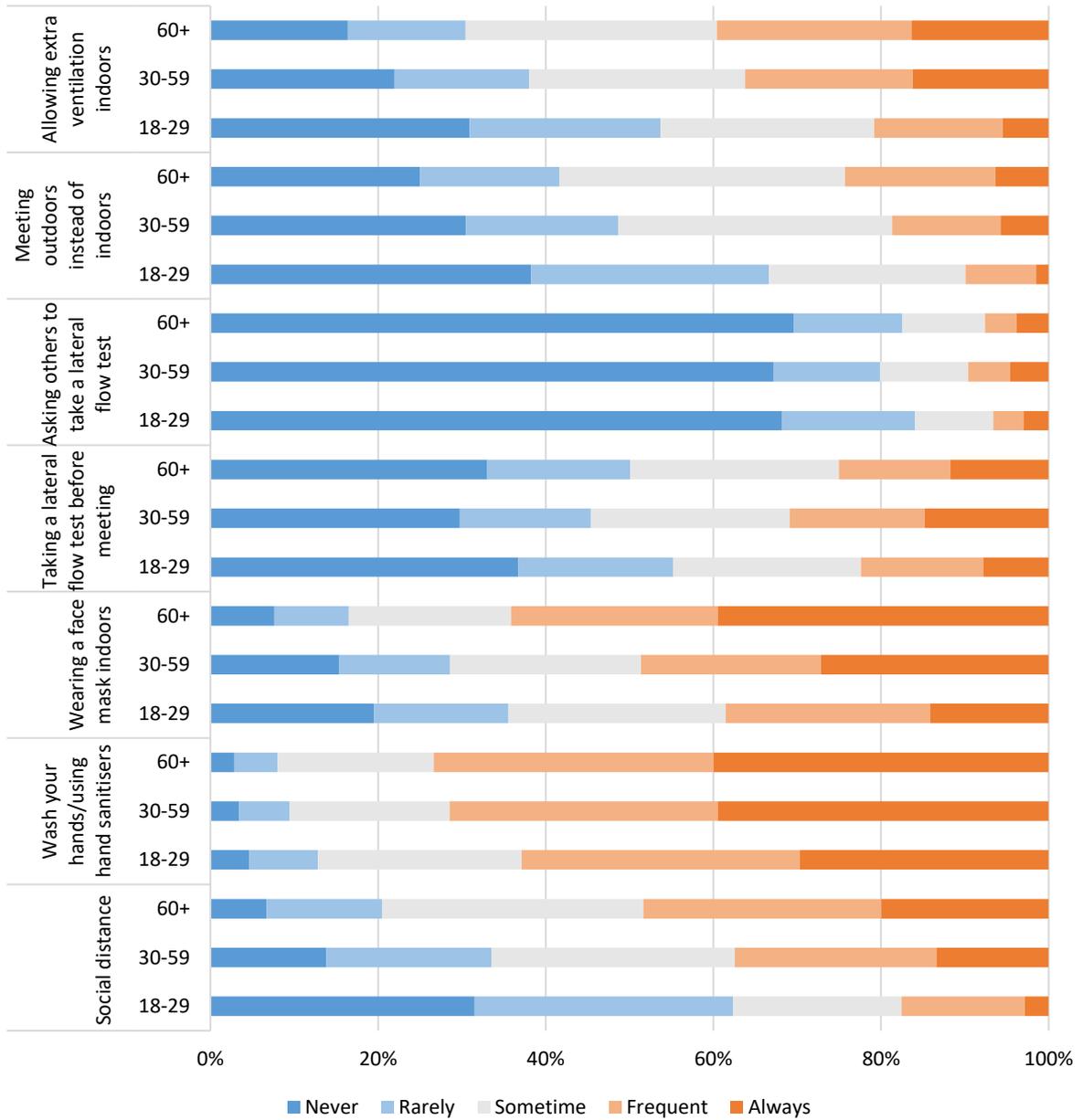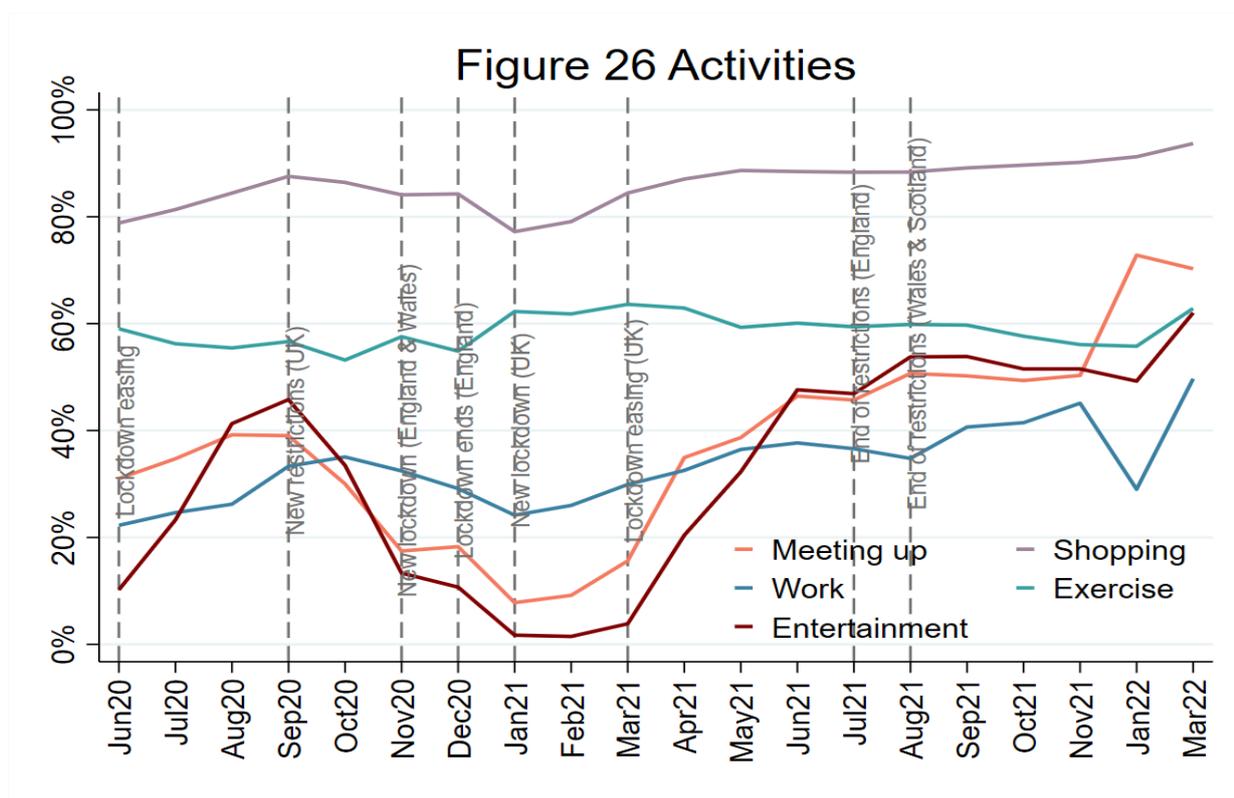
We asked participants which of 11 reasons they had left their homes for in the past week (focusing on the last weekday): exercise, buying food or medication, other shopping, other errands (e.g., taking a child to school), work, other essential task (e.g., volunteering), visiting people in a support bubble, meeting up with friends or family (not in a support bubble), going out for meals or entertainment, day trip or other outing, or other reason. 'Shopping' includes buying food or medication, other shopping, and other errands, and 'entertainment' comprises going out for meals or entertainment and day trip or other outing.

The most common reason people had left their homes over the course of the pandemic was shopping, with levels currently at an all-time high for the pandemic. The proportion of people meeting up with friends or family (not in a support bubble) rose sharply after the new year, with 7 in 10 (70%) currently saying they did this in the past week. Over 60% of people had left home for entertainment purposes, with levels again at an all-time high. Exercise levels, however, remained relatively unchanged across the pandemic, with only around 60% reporting this as a reason on the previous day. Leaving home to go to work was the least common reason for leaving the house, despite participants being asked specifically to report their behaviours on the last weekday. Nonetheless, leaving home to go to work was at an all-time high for the pandemic, with 1 in 2 people reporting doing this.

Differences by age in the proportions who had gone out for shopping or exercise in the past week were very small. But young adults were most likely to have left the house for meeting up with friends or family, going to work, and entertainment.

Figure 27 Meeting up by age groups

Figure 28 Shopping by age groups

Figure 29 Work by age groups

Figure 30 Exercise by age groups
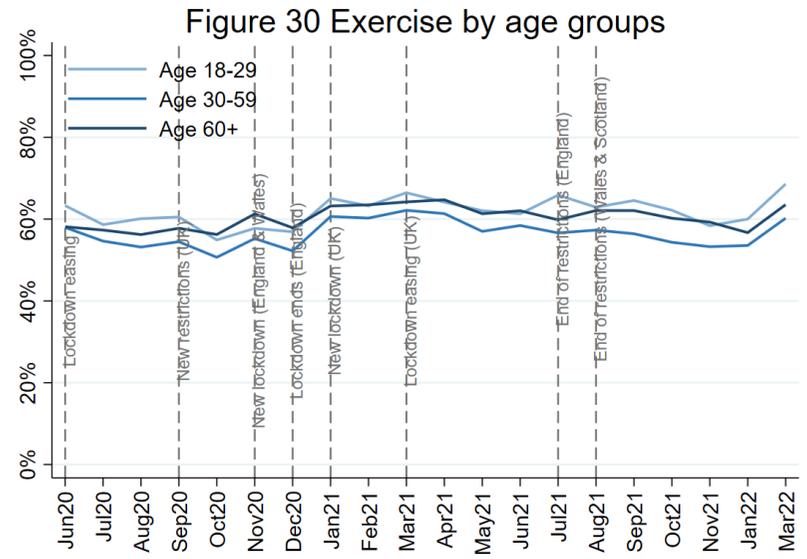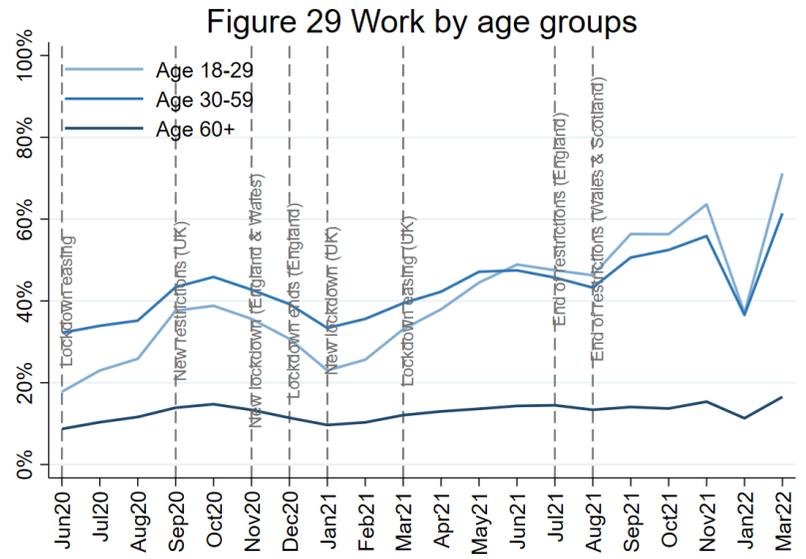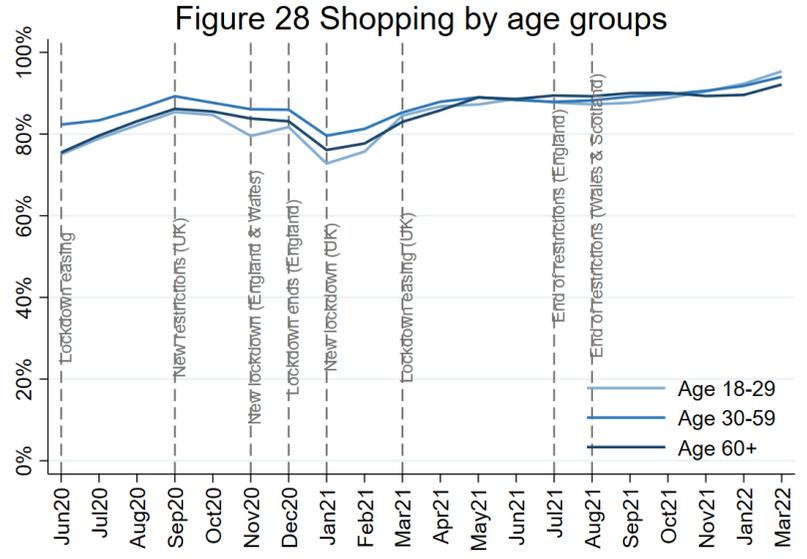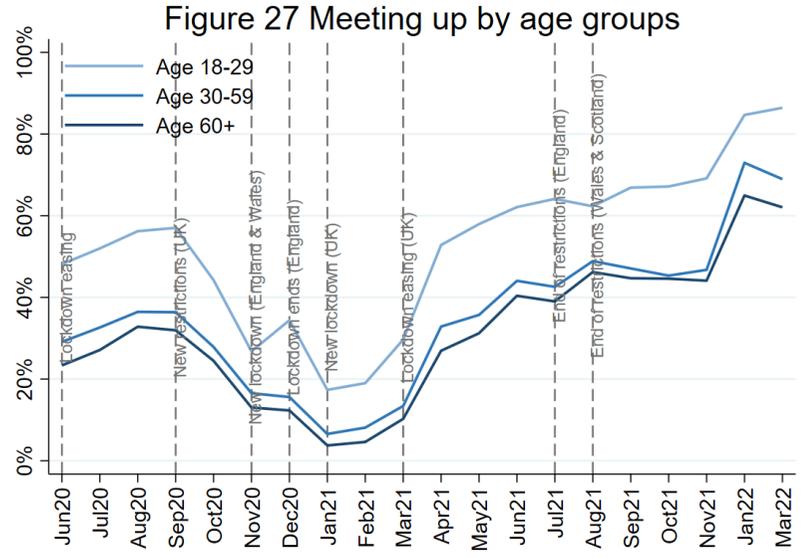
Figure 31 Entertainment by age groups

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

Vertical dashed line labels (left to right):
- Lockdown easing
- New restrictions (UK)
- New lockdown (England & Wales)
- Lockdown ends (England)
- New lockdown (UK)
- Lockdown easing (UK)
- End of restrictions (England)
- End of restrictions (Wales & Scotland)

X-axis: Jun20, Jul20, Aug20, Sep20, Oct20, Nov20, Dec20, Jan21, Feb21, Mar21, Apr21, May21, Jun21, Jul21, Aug21, Sep21, Oct21, Nov21, Jan22, Mar22

Y-axis: 0%, 20%, 40%, 60%, 80%, 100%

6. Sense of control and future concerns

6.1 Sense of control

Figure 32 Sense of control in March 2022

Legend: Not at all, Not very much, A little, Very much so, Entirely
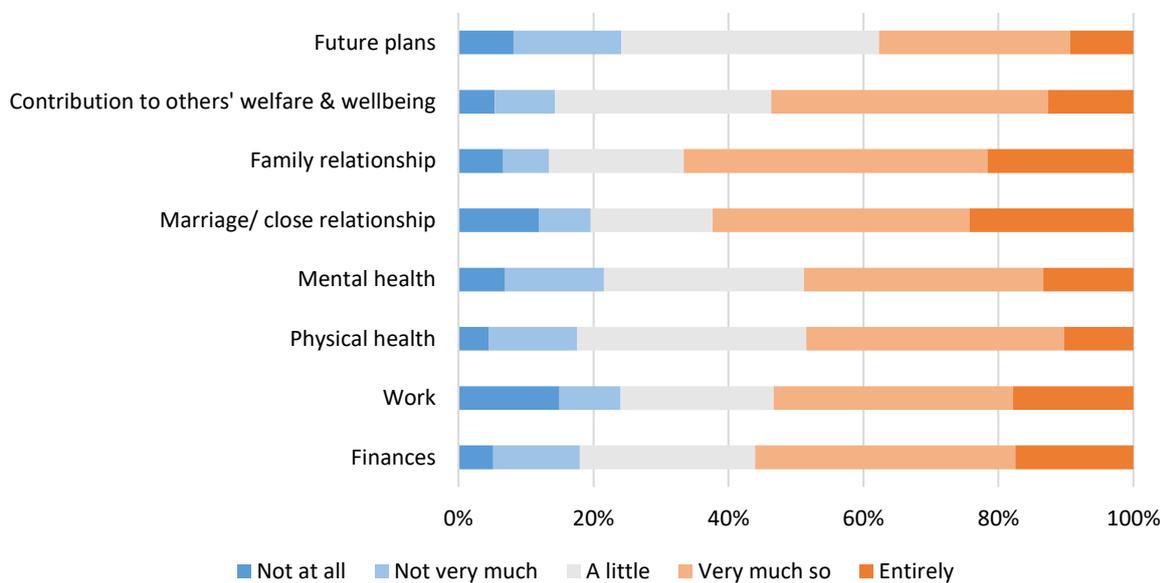
Fugure 33 Sense of control in October 2021

Legend: Not at all, Not very much, A little, Very much so, Entirely
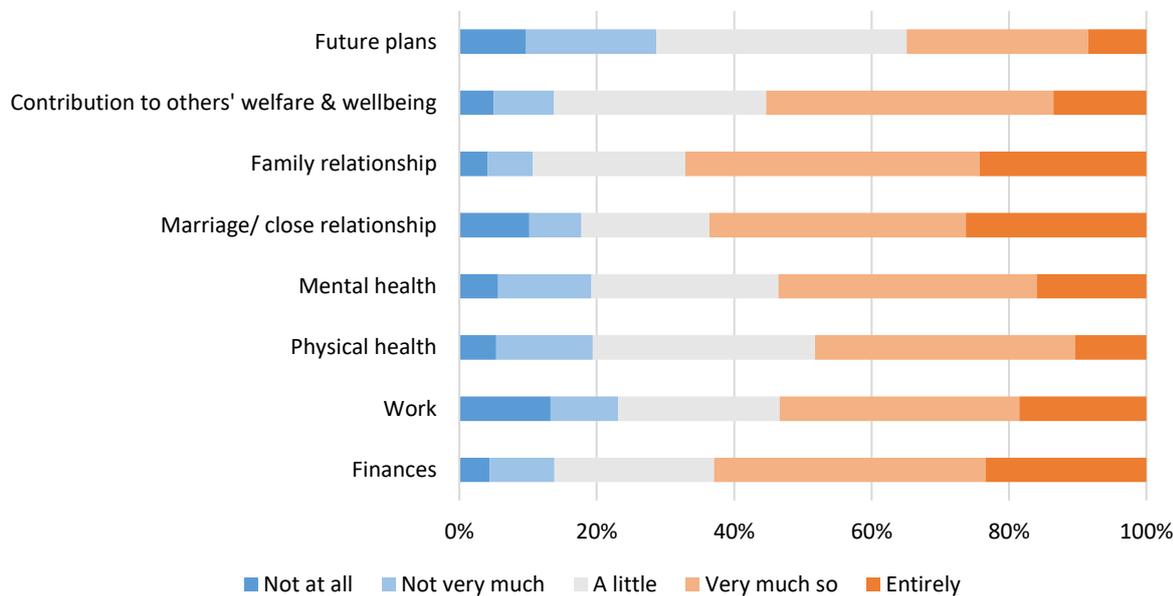
FINDINGS

In October 2021 and then again in March 2022, respondents were asked about how 'in control' they felt about various domains of their lives. Each item is rated with a 5-point scale, ranging from "not at all" to "entirely", with higher scores indicating a greater sense of control.

Compared to in 2021, fewer people feel in control ("very much so" or "entirely") of their finances (currently 56% vs 63% in 2021) and of their mental health (currently 49% vs 54% in 2021). In contrast, slightly more people now say that they feel in control of their future plans (38% vs 35% in 2021).

No meaningful changes were observed in the proportion of people reporting a sense of control of their physical health, work, marriage/close relationship, family relationships, and contributions to others' welfare and wellbeing.

When comparing across age groups, younger adults report feeling less in control ("very much so" or "entirely") of their lives, including their future plans (29% vs 36% of adults ages 30-59 and 47% of older adults), mental health (35% vs 47% of adults ages 30-59 and 61% of older adults), physical health (44% vs 48% of adults ages 30-59 and 53% of older adults), and finances (46% vs 52% of adults ages 30-59 and 70% of older adults).

Figure 34 Sense of control in 2022 by age group

Legend: ■ Not at all ■ Not very much ■ A little ■ Very much ■ Entirely
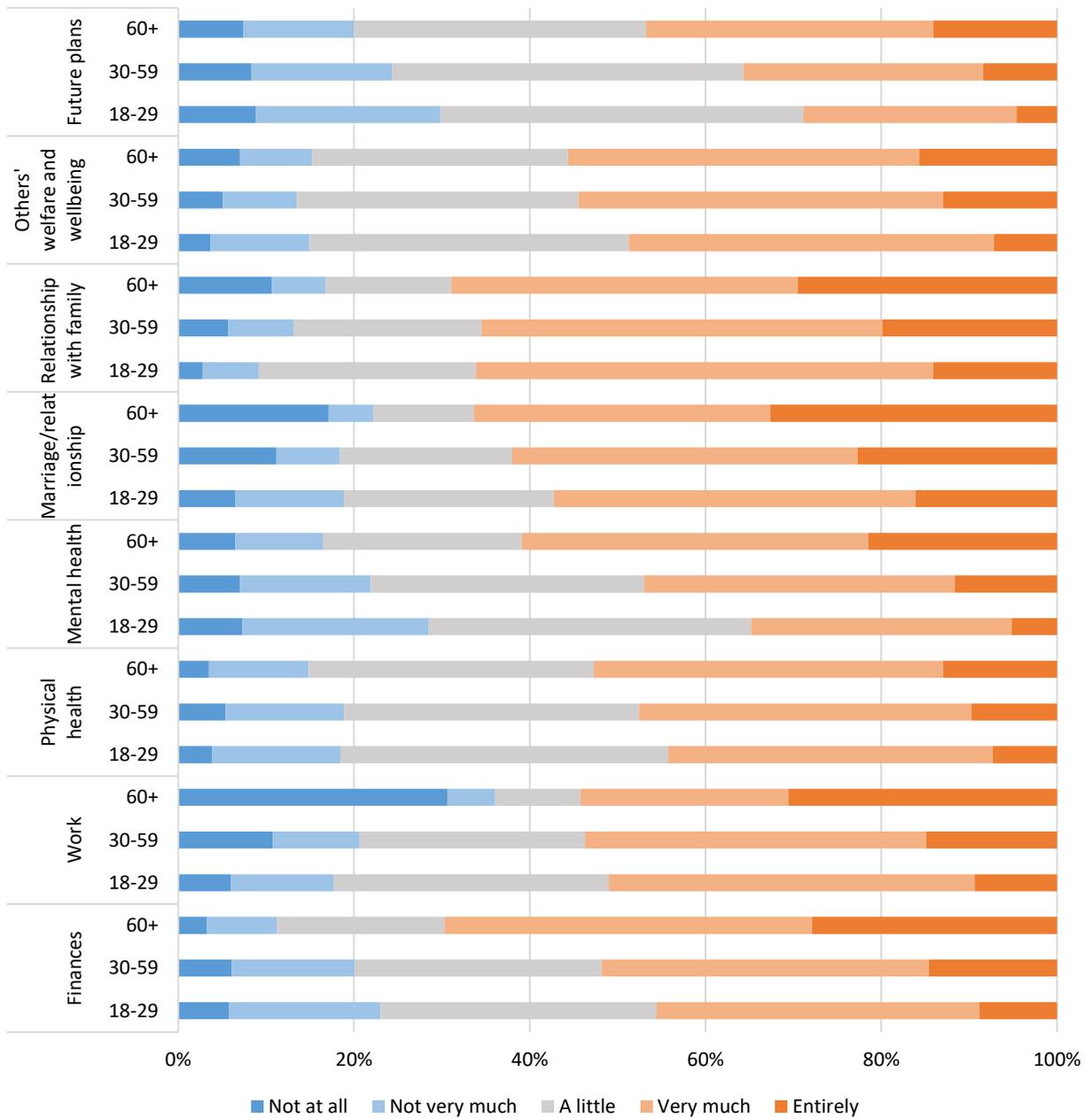
6.2 Future concerns

Figure 35 Future concerns about Covid-19 (January & March 2022)

Legend: ■ 1-Not at all worried ■ 2 ■ 3 ■ 4 ■ 5 - Very worried
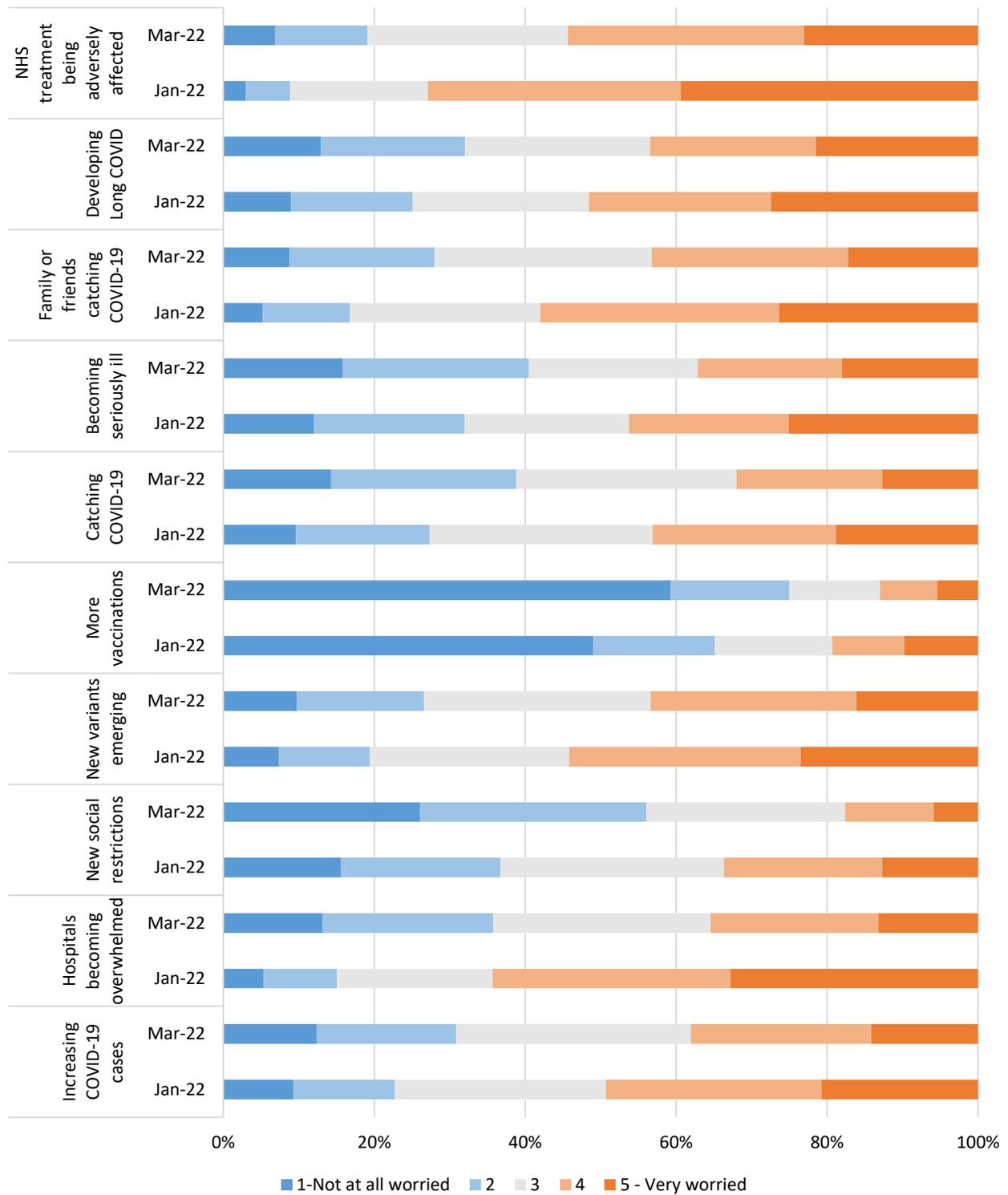
We asked participants how worried they are about any of the following potentially happening over the coming 3 months: (i) cases of Covid-19 increasing further; (ii) hospitals becoming overwhelmed by Covid-19; (iii) new social restrictions coming in; (iv) new variants emerging; (v) being asked to have more vaccinations; (vi) catching Covid-19; (vii) becoming seriously ill from Covid-19; (viii) family or friends catching Covid-19; (ix) developing Long COVID; and (x) non-Covid-19 NHS treatment being cancelled, postponed or otherwise adversely affected.

Participants rated their concerns on a scale of 1 to 5 with 1 indicating "not at all worried" and 5 indicating "very worried".

People are generally less concerned about the future impacts of Covid-19 than they were in January 2022. People are most concerned about non-Covid-19 NHS treatment being cancelled, postponed, or otherwise adversely affected, with just over 1 in 2 (54%) reporting this as a major worry (score 4-5 out of 5). However, this figure is down from 73% in January 2022. 43% have major worries about new variants, down from 54% in January. 43% also have major worries about family or friends catching Covid-19 (down from 58% in January). And 43% have worries about developing Long COVID (down from 52% in January). People are also less concerned about Covid-19 cases increasing (38% vs 49% in January), hospitals becoming overwhelmed (35% vs 64% in January), new social restrictions (18% vs 34% in January), and more vaccinations (13% vs 19% in January).

Just 1 in 3 people are now concerned about catching Covid-19 (32% vs 43% in January) despite cases being higher or becoming seriously ill (37% vs 46% in January) despite hospitalisation rates and death rates being comparable to January[1].

These fears all generally increase with age, with younger adults least concerned. For example, fears for the NHS are greatest amongst adults over the age of 60 (61% vs 55% of adults aged 30-59 vs 42% of young adults), as are worries about becoming seriously ill from Covid-19 (45% vs 38% of adults aged 30-59 vs 22% of young adults) and developing Long COVID (48% vs 44% of adults aged 30-59 vs 34% of young adults). The exception is for fears of future vaccinations, which are lowest in the over 60s.

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

Figure 36 Future concerns by age group in March 2022

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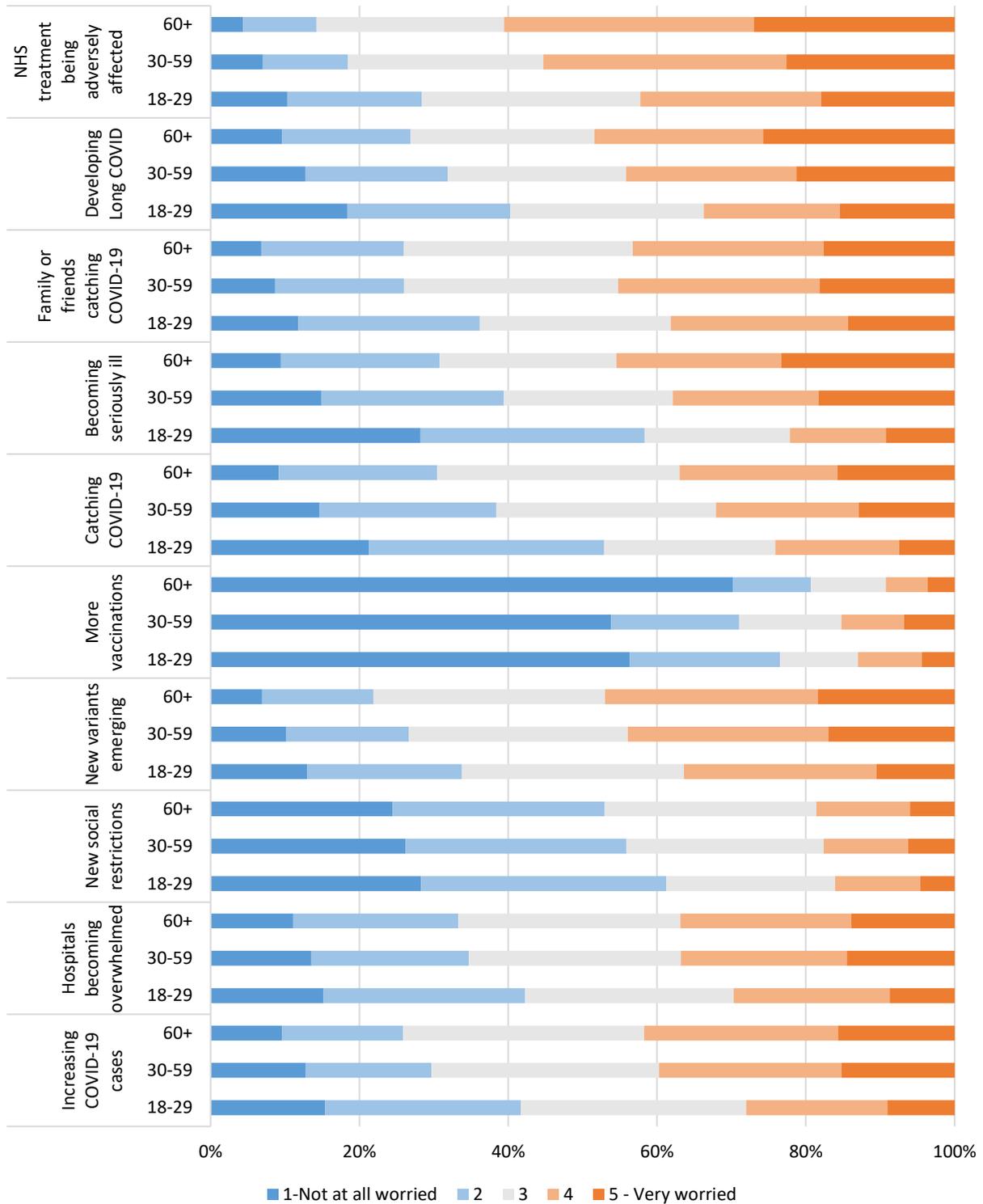
Appendix

Methods

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

Specifically, in the analyses presented here we included adults in the UK. We used new cross-sectional data from individuals as they entered the study and also included weekly longitudinal data as participants received their routine follow-up. In this report, we treated the data as repeated cross-sectional data collected daily from the 21st of March 2020 to the 27th of March 2022 (the latest data available). In March 2022, a total of 28,495 participants completed the survey module. Aiming at a representative sample of the population, we weighted the data for each day to the proportions of gender, age, ethnicity, education and country of living obtained from the Office for National Statistics (ONS, 2018). Where results for subgroups show volatility, this could be a product of the sample size being smaller so caution in interpreting these results is encouraged.

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

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

Demographics of respondents included in this report

Table: Demographics of observations from participants in the pooled raw data (unweighted; **data are weighted for analyses**). For full demographics weighted to population proportions, see the User Guide at https://osf.io/jm8ra/.

	Number of observations	%		Number of observations	%
Age			**Education levels**		
18-29	63,850	5.36	**GCSE or below**	168,760	14.2
30-59	643,842	54.1	**A-levels of equivalent**	205,137	17.2
60+	482,671	40.6	**Degree or above**	816,466	68.6
Gender			**Any diagnosed mental health conditions**		
Male	299,542	25.3	**No**	994,514	83.6
Female	886,121	74.7	**Yes**	195,849	16.5
Ethnicity			**Any diagnosed physical health conditions**		
White	1,140,968	96.2	**No**	680,042	57.1
Ethnic minority	45,645	3.85	**Yes**	510,321	42.9
UK nations			**Keyworker**		
England	958,784	81.3	**No**	944,702	79.4
Wales	147,162	12.5	**Yes**	245,661	20.6
Scotland	72,889	6.18	**Living with children**		
Living arrangement			**No (excluding those who live alone)**	680,444	72.7
Not living alone	936,226	78.7	**Yes**	255,782	27.3
Living alone	254,137	21.4	**Living area**		
Annual household income			**Village/hamlet/isolated dwelling**	301,278	25.3
>30k	634,110	59.2	**City/large town/small town**	889,085	74.7
<30k	437,084	40.8			

Peer reviewed publications

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

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

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

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

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

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

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

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

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

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

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

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

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

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