# Table of Contents

Executive summary .................................................................................................................. 3  
Background ............................................................................................................................... 3  
Findings ...................................................................................................................................... 3  
1. Compliance and confidence ................................................................................................. 4  
   1.1 Compliance with guidelines ......................................................................................... 4  
   1.2 Confidence in Government ......................................................................................... 9  
   1.3 Confidence health service and essentials .................................................................. 12  
2. Mental Health ....................................................................................................................... 17  
   2.1 Depression and anxiety ............................................................................................. 17  
   2.2 Stress ......................................................................................................................... 22  
   2.3 Changes in mental health ......................................................................................... 31  
3. Self-harm and abuse ........................................................................................................... 34  
   3.1 Thought of death or self-harm ................................................................................. 34  
   3.2 Self-harm ................................................................................................................. 37  
   3.3 Abuse ....................................................................................................................... 40  
4. General well-being ............................................................................................................. 43  
   4.1 Life satisfaction ....................................................................................................... 43  
   4.2 Loneliness ............................................................................................................... 46  
   4.3 Happiness .............................................................................................................. 49  
5. Ethnicity ............................................................................................................................... 53  
Appendix .................................................................................................................................. 58  
Methods ..................................................................................................................................... 58  
Demographics of respondents included in this report ......................................................... 58

The Nuffield Foundation is an independent charitable trust with a mission to advance social well-being. It funds research that informs social policy, primarily in Education, Welfare, and Justice. It also funds student programmes that provide opportunities for young people to develop skills in quantitative and scientific methods. The Nuffield Foundation is the founder and co-funder of the Nuffield Council on Bioethics and the Ada Lovelace Institute. The Foundation has funded this project, but the views expressed are those of the authors and not necessarily the Foundation. Visit [www.nuffieldfoundation.org](http://www.nuffieldfoundation.org).

The project has also benefitted from funding from UK Research and Innovation and the Wellcome Trust. The researchers are grateful for the support of a number of organisations with their recruitment efforts including: the UKRI Mental Health Networks, Find Out Now, UCL BioResource, HealthWise Wales, SEO Works, FieldworkHub, and Optimal Workshop.
Executive summary

Background

This report provides data from the last 14 weeks of the UK COVID-19 Social Study run by University College London: a panel study of over 90,000 respondents focusing on the psychological and social experiences of adults living in the UK during the Covid-19 pandemic.

In this FIFTEENTH report, we focus on psychological responses to the first fourteen weeks of government measures requiring people to stay at home (21/03-28/06). We present simple descriptive results on the experiences of adults in the UK. Measures include:

1. Reported compliance with government guidelines and confidence in the government
2. Mental health including depression, anxiety and stress
3. Harm including thoughts of death or self-harm, self-harm and both psychological & physical abuse
4. Psychological and social wellbeing including life satisfaction, loneliness and happiness
5. ***New in this report*** Confidence in the health service/access to essentials & changes in mental health
6. ***Special focus in this report*** Ethnicity

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. The study is still recruiting and people can take part by visiting www.COVIDSocialStudy.org

Findings

- This week’s report has a special focus on ethnic inequalities during the pandemic shown in Section 5. Over 4,500 individuals from Black, Asian and minority ethnic (BAME) backgrounds have taken part in the study to date, contributing over 20,000 surveys.
- People from BAME backgrounds have had higher levels of depression and anxiety across the pandemic, and lower levels of happiness and life satisfaction. Further, whilst 17% of people from white backgrounds have reported being often lonely during lockdown, this figure has been 23% amongst those from BAME backgrounds.
- Although thoughts of death have affected fewer than 15% of people, the number of people reporting having these thoughts have been a third higher in BAME groups compared to white ethnic groups. Similarly, although fewer than 5% of people have reported self-harming, these experiences have been around 70% higher amongst BAME groups. Although on average fewer than 1 in 10 people have experienced psychological or physical bullying or abuse during lockdown, reports have been around 80% higher amongst BAME groups.
- Individuals from BAME backgrounds have also been more worried about unemployment, financial stress, although worries about catching Covid-19 and access to food have been the same as people from white ethnic groups. Confidence in government has been around 14% lower across the lockdown period, confidence in the ability of the health service to cope has been 12% lower, and confidence that essentials will be accessible has been 5% lower.
- Majority compliance with government guidelines was similar across ethnic groups until late May. But compliance decreased amongst people from BAME backgrounds shortly after the death of George Floyd on 25th May and persisted across the duration of protests in the UK, although it has increased again in the past two weeks. Complete compliance has been consistently around 10% lower amongst BAME groups.
- Amongst all adults, “complete” compliance has dropped further over the last week, especially amongst younger adults, but “majority” compliance remains around 90% overall.
- Levels of confidence in the central government to handle the Covid-19 epidemic have risen in devolved nations over the past two weeks, but remain lower and broadly unchanged in England.
- In the past week, depression and anxiety levels have shown some further improvements, as have happiness and life satisfaction.
- When focusing on all participants, 57% of people report that their mental health has been about the same as before Covid-19, and 8% actually report it being better than usual. But 35% of adults report that it has been worse than usual, with this figure increasing to around half of young adults, people with a diagnosed mental illness, and people from BAME backgrounds.
1. Compliance and confidence

1.1 Compliance with guidelines

FINDINGS

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

“Complete” compliance has dropped further over the last week, especially amongst younger adults (where it reached just 20% last week, although levels remain variable). It remains just under 50% in adults aged 30-50 and 60% in adults over the age of 60. “Complete” compliance is lower in higher income households, in England, and in urban areas. “Majority” compliance remains around 90% overall, but is lower (around 80%) in adults under 30. There have also been some differences by ethnicity, which are shown in Section 5.

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

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

Levels of confidence in the central government to handle the Covid-19 epidemic have risen in devolved nations over the past two weeks, but remain lower and broadly unchanged in England.¹

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 (future analyses will look at subgroups in devolved nations). In England, confidence in government is still lowest in those under the age of 30, with average scores of 2.7 out of 7. Scores amongst adults over the age of 30 remain around 3.5-4. Confidence is also lower in urban areas and in people with a mental health diagnosis. Confidence is also slightly lower in people of higher household income.

¹ Figures for Northern Ireland show greater volatility but this is likely a function of the sample size in Northern Ireland being smaller than for other countries.
Figure 4a Confidence by age groups
- Age 18-29
- Age 30-50
- Age 60+

Figure 4b Confidence by living arrangement
- Living alone
- Not living alone

Figure 4c Confidence by household income
- Household income <30k
- Household income >30k

Figure 4d Confidence by mental health diagnosis
- Mental health diagnosis
- No diagnosis
1.3 Confidence in health service and essentials

Respondents were asked how much confidence they had that the health service can cope during the pandemic and how much confidence they had that essentials (e.g. access to food, water, medicines and deliveries) would be maintained during the pandemic, with both questions scored from 1 (not at all) to 7 (lots). These results are presented as Supplementary graphs in this report (Figure S1 above and figures S2 and S3 below).

Levels of confidence in access to essentials were already relatively low at the start of lockdown but have gradually increased since, levelling off in the past month. Similarly, levels of confidence in the health service were low in the first week of lockdown but have increased since.

Levels of confidence in the health service have been lower amongst younger adults, people with a diagnosed mental illness, and people in urban areas, but have notably been consistent across UK nations. Confidence in accessing essentials has been consistent across age groups, but slightly lower in people living alone, people with lower household income, and people with diagnosed mental illness. Again, there has been no difference depending on which UK nation people live in.

Data for confidence in the health service are available from 28th March onwards.
2. Mental Health

2.1 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 diagnosing depression and anxiety in primary care. These are 9 and 7 items respectively with 4-point responses ranging from “not at all” to “nearly every day”, with higher overall scores indicating more symptoms. Scores of higher than 10 can indicate major depression or moderate anxiety.

In the past week, depression and anxiety levels have shown some further improvements. 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\(^3\)). Depression and anxiety are still highest in young adults, people living alone, people with lower household income, people with a diagnosed mental illness, people living with children, and people living in urban areas. There have also been some differences by ethnicity, which are shown in Section 5.

---

2.2 Stress

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).

There has been little change in people reporting major or minor stress due to catching COVID-19, unemployment, finance, or getting food in the past week. Stress relating to Covid-19 (both catching Covid-19 and becoming seriously ill from Covid-19) remains the most prevalent stressor, but is still not affecting the majority of people, with fewer than 40% reporting it. Notably, worries about finance and unemployment have not risen for individuals, despite the end of furlough schemes nearing and more companies discussing redundancy measures. Just 1 in 4 people report being worried about finance and 1 in 6 worried about unemployment. Worries about access to food are still only affecting around 1 in 15 people, but this residual worry is remaining.

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

We asked participants how they felt their mental health across the last 3 months has compared to usual before Covid-19. These results are presented as Supplementary graphs in this report (Figure S4 above and figures S5 below).

57% of participants reported that they feel their mental health has been about the same, and 8% actually report it being better than usual. But 35% of adults report that it has been worse than usual.

Older adults have felt most consistent in their mental health, as have people without a mental health condition, and people living in rural locations. Younger adults and people with a diagnosed mental illness have been most likely to find their mental health better than usual and worse than usual, with more than half of both groups finding their mental health worse than usual but over 10% reporting improvements. Nearly 40% of keyworkers have reported that their mental health is worse than usual, and 42% of adults with children compared to 33% of adults without children have reported worsening of symptoms.
Figure S5a Changes in mental health by age groups

Figure S5b Changes in mental health by living arrangement

Figure S5c Changes in mental health by household income

Figure S5d Changes in mental health by mental health diagnosis
3. Self-harm and abuse

3.1 Thoughts of death or self-harm

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

There continues to be no clear change in thoughts of death since the easing of lockdown was announced. Percentages of people having thoughts of death or self-harm have been relatively stable throughout the past 14 weeks. They remain higher amongst younger people, those with a lower household income, and people with a diagnosed mental health condition. They are also higher in people living alone and those living in urban areas.
3.2 Self-harm

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

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

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

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

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

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

4.1 Life satisfaction

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

Life satisfaction has improved further in the past two weeks. These rises are apparent amongst adults with and without a diagnosed mental illness and most notably in younger adults. Whilst it was lower amongst people with children during lockdown, this difference has disappeared as lockdown has eased. It remains lowest in younger adults, people living alone, people with lower household income, people with diagnosed mental health conditions, and people living in urban areas. But it is similar across UK nations and amongst key workers.

Life satisfaction is still noticeably lower than for the past 12 months (where usual averages are around 7.7), and wellbeing more generally appears to have decreased substantially in the weeks preceding lockdown⁴.

---

4.2 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 rating scale, ranging from “never” to “always”, with higher scores indicating greater loneliness.

Loneliness levels are slightly lower than they were 6 weeks ago but there have not been any meaningful changes compared to the start of lockdown, with average levels of 4.8 compared with 5 on a scale from 3-9. This is notable given that opportunities for socialising in person are now greater than over the past 14 weeks.

Levels of loneliness are still higher amongst younger adults, those with lower household income levels, and those with an existing diagnosed mental health condition. They are higher amongst people with children, and people living in urban areas.
4.3 Happiness

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

Happiness levels have increased further in the past week, most obviously in adults aged 18-29. Nevertheless, happiness levels have been lowest across lockdown amongst younger adults, those living alone, those with lower household income, people with diagnosed mental health conditions, and people living in urban areas.
5. Ethnicity

This week we focus in detail on differences in psychological and social experiences across the Covid-19 pandemic by ethnicity. Over 4,500 individuals from Black, Asian and minority ethnic (BAME) backgrounds have taken part in the study to date, contributing over 20,000 surveys. Whilst we lack the statistical power to look day-to-day at experiences as we do for other demographic groups, we have undertaken analyses of every major outcome from this report showing patterns by week (Figures 25a-r). In these analyses, we compare the experiences for adults from white ethnic groups with those from BAME groups. Future analyses in scientific papers will seek to disaggregate further and explore the experiences of more specific ethnic groups.

People from BAME backgrounds have had poorer experiences across nearly every measure in our study. In relation to mental health, people from BAME backgrounds have had higher levels of depression and anxiety across the pandemic, and lower levels of happiness and life satisfaction. For nearly half of people from BAME backgrounds, this experience of mental health has been worse than prior to Covid-19, compared to just over a third of people from white ethnic backgrounds. Further, whilst 17% of people from white backgrounds have reported being often lonely during lockdown, this figure has been 23% amongst those from BAME backgrounds (35% higher).

Although thoughts of death have affected fewer than 15% of people, the number of reports of these thoughts have been a third higher in BAME groups (average of 15-18%) compared to white ethnic groups (average 12-13%). Similarly, although fewer than 5% of people have reported self-harming, these reports have been around 70% higher amongst BAME groups (4-7% reporting self-harming compared to 3-4%). Although fewer than 1 in 10 people have experienced psychological or physical bullying or abuse during lockdown, reports have been around 80% higher amongst BAME groups (average 8-12% reporting each week compared to 5-6% in white ethnic groups).

Individuals from BAME backgrounds have also been more worried about unemployment and financial stress, although worries about catching Covid-19 and access to food have been the same as people from white ethnic groups. When the easing of lockdown in England was announced, 1 in 4 people from BAME groups was concerned about unemployment compared to just 1 in 8 people from white ethnic groups. Confidence in government has been around 14% lower across the lockdown period, confidence in the ability of the health service to cope has been 12% lower, and confidence that essentials will be accessible has been 5% lower.

Finally, majority compliance with government was very similar across early weeks of lockdown, but decreased amongst people from BAME backgrounds shortly after the death of George Floyd when protests took place across the UK, although it has increased since. Complete compliance has been slightly lower (around 10%) amongst BAME groups.

A key question is why we see these inequalities in psychological and social experiences. Differences could be due to ethnic inequalities in the UK, with people from BAME backgrounds being statistically more likely to be in risk categories for adverse experiences during the pandemic, such as having lower levels of household income and poorer baseline mental health. Differences in experiences and inequalities themselves may also be products of individual and systemic racism, an issue highlighted by the Black Lives Matter protests in recent weeks.
Figure 25q Happiness by ethnicity

Figure 25r Changes in mental health by ethnicity

- BAME
- White

Worse than usual  About the same  Better than usual
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 90,000 people have participated in the study, providing baseline socio-demographic and health data as well as answering questions on their mental health and wellbeing, the factors causing them stress, their levels of social interaction and loneliness, their adherence to and trust in government recommendations, and how they are spending their time. The study is not representative of the UK population, but instead it aims to have good representation across all major socio-demographic groups. The study sample has therefore been recruited through a variety of channels including through the media, through targeted advertising by online advertising companies offering pro-bono support to ensure this stratification, and through partnerships with organisations representing vulnerable groups, enabling meaningful subgroup analyses.

Specifically, in the analyses presented here we included adults in the UK. We used new cross-sectional data from individuals as they entered the study and also included weekly longitudinal data as participants received their routine follow-up. In this report, we treated the data as repeated cross-sectional data collected daily from the 21st March to the 28th June (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. For our analyses on ethnicity this week, we looked at responses per week rather than per day, using the same weighting approach but on a weekly basis.

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, 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)

<table>
<thead>
<tr>
<th>Demographic Category</th>
<th>Number of observations</th>
<th>%</th>
<th>Annual household income</th>
<th>Number of observations</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18-29</td>
<td>33,443</td>
<td>6.97</td>
<td>&gt;30k</td>
<td>263,081</td>
<td>60.7</td>
</tr>
<tr>
<td>30-59</td>
<td>275,939</td>
<td>57.5</td>
<td>&lt;30k</td>
<td>170,218</td>
<td>39.3</td>
</tr>
<tr>
<td>60+</td>
<td>170,206</td>
<td>35.5</td>
<td>Any diagnosed mental health conditions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>120,181</td>
<td>25.2</td>
<td>Yes</td>
<td>84,037</td>
<td>17.5</td>
</tr>
<tr>
<td>Female</td>
<td>357,380</td>
<td>74.8</td>
<td>Keyworker</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>457,476</td>
<td>95.7</td>
<td>Yes</td>
<td>104,753</td>
<td>21.8</td>
</tr>
<tr>
<td>BAME</td>
<td>20,599</td>
<td>4.31</td>
<td>Living with children</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UK nations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>England</td>
<td>389,360</td>
<td>81.3</td>
<td>No (excluding those who live alone)</td>
<td>266,541</td>
<td>69.7</td>
</tr>
<tr>
<td>Wales</td>
<td>53,887</td>
<td>11.3</td>
<td>Yes</td>
<td>116,073</td>
<td>30.3</td>
</tr>
<tr>
<td>Scotland</td>
<td>31,011</td>
<td>6.47</td>
<td>Village/hamlet/isolated dwelling</td>
<td>116,148</td>
<td>24.2</td>
</tr>
<tr>
<td>Northern Ireland</td>
<td>4,849</td>
<td>1.01</td>
<td>City/large town/small town</td>
<td>362,959</td>
<td>75.8</td>
</tr>
<tr>
<td>Living arrangement</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not living alone</td>
<td>382,614</td>
<td>79.9</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Living alone</td>
<td>96,473</td>
<td>20.1</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>