

Article

# Cost of living and depression in adults, Great Britain: 29 September to 23 October 2022

Analysis into the prevalence of depression among adults in Great Britain in autumn 2022. Exploring this in the context of the rising cost of living.

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# 1 . Main points

The following information is for the period 29 September to 23 October 2022, based on adults in Great Britain.

- Around 1 in 6 (16%) adults experienced moderate to severe depressive symptoms; this is similar to rates found in summer 2021 (17%), however higher than pre-pandemic levels (10%).
- When comparing within population groups, prevalence of moderate to severe depressive symptoms was higher among adults who were economically inactive because of long-term sickness (59%), unpaid carers for 35 or more hours a week (37%), disabled adults (35%), adults in the most deprived areas of England (25%), young adults aged 16 to 29 years (28%) and women (19%).
- Around 1 in 4 (24%) of those who reported difficulty paying their energy bills experienced moderate to severe depressive symptoms, which is nearly three times higher than those who found it easy to pay their energy bills (9%).
- Around 1 in 4 (27%) adults who reported difficulty in affording their rent or mortgage payments had moderate to severe depressive symptoms; this is around two times higher compared with those who reported that it was easy (15%).
- Nearly a third (32%) of those experiencing moderate to severe depressive symptoms reported that they had to borrow more money or use more credit than usual in the last month compared with a year ago; this is higher compared with around 1 in 6 (18%) of those with no or mild depressive symptoms.

This release looks at depression in the context of rising cost of living. It does not suggest a causal link between the cost of living and rates of depression in the population.

## 2 . Prevalence of moderate to severe depressive symptoms

The presence of some form of depression was indicated by a score of 10 or more on the eight-item Patient Health Questionnaire (PHQ8), which is also referred to as moderate to severe depressive symptoms. Further information can be found in the [Glossary](#).

The estimates reported in this article are based on the period 29 September to 23 October 2022 (“autumn 2022”).

In autumn 2022, around 1 in 6 (16%) adults aged 16 years and over reported moderate to severe depressive symptoms (Figure 1). This is similar to summer 2021 (17% over the period 21 July to 15 August 2021 ), a period before the rising of cost of living in Great Britain. Although there does not appear to be a change in the rate of depression following an increase in the cost of living, rates of depression remained higher than those seen before the coronavirus (COVID-19) pandemic (July 2019 to March 2020), where 10% of adults experienced some form of depression.

### **Figure 1: In autumn 2022, 1 in 6 (16%) adults aged 16 years and over reported moderate to severe depressive symptoms**

#### **Percentage of adults with moderate to severe depressive symptoms, Great Britain, July 2019 to October 2022**

##### **Notes:**

1. Base population: All adults aged 16 and over in Great Britain.

## Download the data

[.xlsx](#)

Previous estimates of adults experiencing some form of depression were published in [August 2020](#), [December 2020](#), [May 2021](#) and [October 2021](#).

Time series estimates of depressive symptoms by characteristics, including age, sex and region, can be found in the [accompanying dataset](#).

One of the services available to adults experiencing common mental disorders such as depression is talking therapies. Data from NHS Digital ([Improving Access to Psychological Therapies \(IAPT\)](#)), found in August 2022, around 145,000 people accessed these talking therapies, representing an increase of 5% when compared with August 2021. This follows a decrease during the coronavirus (COVID-19) pandemic in April 2020, when the number of new referrals to IAPT decreased by 57% (compared with April 2019). In August 2022, around 9 in 10 (88.6%) of referrals [waited less than six weeks](#) to access IAPT services.

For a definition of IAPT, see the [Glossary](#).

### 3 . Characteristics of adults with moderate to severe depressive symptoms in autumn 2022

In autumn 2022, prevalence of moderate to severe depressive symptoms was higher among the following groups of adults:

- economically inactive because of long-term sickness (59%)
- unpaid carers for 35 or more hours a week (37%)
- disabled adults (35%)
- those in the most deprived areas of England (25%)
- young adults aged 16 to 29 years (28%)
- single person household (21%)
- women (19%)

The groups identified here are similar to previous studies looking at depression. For example, [ONS data in 2021](#) also found young adults and women, disabled adults, and adults in the most deprived areas were more likely to experience some form of depression. It is too early to say whether there has been a change in the groups of adults experiencing some form of depression, and it is something we will continue to explore.

It is important to note that associations between characteristics and the presence of some form of depression may not reflect a causal relationship.

#### **Figure 2: In autumn 2022, rates of some form of depression were higher amongst some population groups**

#### **Percentage of adults with moderate to severe depressive symptoms, Great Britain, 29 September to 23 October 2022**

#### **Notes:**

1. Base population: All adults aged 16 and over in Great Britain.
2. Further information on the definitions of population groups can be found in the [accompanying dataset](#).

#### Download the data

[.xlsx](#)

Further information is available in the [accompanying dataset](#).

The reasons why the proportion of adults reporting some form of depression varies by individual characteristics are likely complex, as there are often associations between the individual characteristics considered.

Previous [Office for National Statistics \(ONS\) regression analysis](#) controlling for a range of circumstances found younger adults, females, those living with a disability and those with lower incomes were associated with moderate to severe depressive symptoms in the period 4 to 14 June 2020.

Other research shows that among adults with a probably Common Mental Disorder (CMD) (including depression), older age groups, males, individuals reporting a disability and those of Asian ethnicity have been found to be underrepresented in Improving Access to Psychological Therapies (IAPT) services. For further information see our [Socio-demographic differences in use of Improving Access to Psychological Therapies services, England: April 2017 to March 2018](#).

## Age and sex

In autumn 2022, adults aged 16 to 29 years were most likely to experience some form of depression (28%). People aged 70 years and over were least likely to experience some form of depression (8%) when compared with any other age group.

Women were more likely (19%) than men (14%) to report experiencing some form of depression. This finding is consistent across all age groups, in which women were more likely than men to experience some form of depression.

Over 1 in 3 (35%) women aged 16 to 29 years experienced moderate to severe depressive symptoms compared with 22% of men of the same age (Figure 3). Prevalence of common mental health disorders including depression is also shown to be higher in women according to the most recent [Adult Psychiatric Morbidity Survey 2014 \(PDF, 5.8MB\)](#).

### Figure 3: Younger women were most likely to experience some form of depression

#### Percentage of adults with moderate to severe depressive symptoms, Great Britain, 29 September to 23 October 2022

##### Notes:

1. Base population: All adults aged 16 and over in Great Britain.

#### Download the data

[.xlsx](#)

## Disability and unpaid carer status

Disabled adults were five times (35%) more likely than non-disabled adults (7%) to experience some form of depression. Disabled adults may include those with a mental health condition or illness that has lasted or is expected to last 12 months or more. For a definition of disability, see the [Glossary](#).

The proportion of adults with some form of depression was highest for unpaid carers who spent more than 35 hours a week caring (37%) compared with those who spent nine hours or less a week caring (12%) or with non-carers (16%).

For a definition of unpaid carers, see the [Glossary](#).

## Education and employment

Adults with below degree level qualifications were most likely to report moderate to severe depressive symptoms (19%) compared with those with a degree or equivalent qualification (12%). Of those with other qualifications, 15% experienced some form of depression.

The highest proportion of adults with moderate to severe depressive symptoms was those that were economically inactive because of long-term sickness (59%). Recent trends also show a 22% increase in [inactivity in the labour market since 2019](#), because of mental illness and nervous disorders.

Those who were economically inactive for other reasons (excluding being retired and long-term sickness) were more likely to experience some form of depression (24%) in autumn 2022 compared with those who were unemployed (23%) or those in employment (15%). Those who were retired (8%) were least likely to be experiencing some form of depression.

Being out of the labour market is known as “[economic inactivity](#)” – this term refers to people who are not in work and have not been seeking or not been available for work.

## Personal income

Among working age adults aged 16 to 64 years, those with lower gross personal annual incomes of less than £10,000 a year had the highest rates of moderate to severe depressive symptoms (29%) when compared with all higher income groups (Figure 2). The rates of moderate to severe depressive symptoms were lowest for those in the highest income group, 8% of those with a gross personal annual income of £50,000 or more.

## Household characteristics

Adults living in single-person households were more likely to experience some form of depression (21%) compared with those in multi-person households (15%).

Of those with at least one child under the age of 16 years in the household, 17% reported moderate to severe depressive symptoms, a similar proportion to those living with no children under the age of 16 years in the household (16%).

## Area deprivation

Adults living in the most deprived areas of England (based on the Index of Multiple Deprivation) were twice as likely to experience some form of depression in autumn 2022 (25%) than adults living in the least deprived areas (12%).

For further geographical breakdowns by region and country see our [accompanying dataset](#).

For a definition of area deprivation, see the [Glossary](#).

## 4 . Cost of living and depressive symptoms

This section explores differences in some form of depression (moderate to severe depressive symptoms) by a range of cost of living indicators.

It is important to note that associations between cost of living indicators and the presence of some sort of depression may not reflect a causal relationship.

## Depressive symptoms and energy costs

Among adults who pay energy bills, around 2 in 5 (43%) reported they found it very or somewhat difficult to afford them. Around half (47%) reported they found it very or somewhat easy to pay their energy bills.

Around 1 in 4 (24%) of those who reported it was very or somewhat difficult to pay their energy bills experienced some form of depression. This is nearly three times higher than those who found it very or somewhat easy to pay their energy bills (9%).

For further analysis on the characteristics associated with having difficulty affording energy bills, see our [Impact of increased cost of living on adults across Great Britain: June to September 2022](#).

## Depressive symptoms and tenure

Among those who own their property outright, around 1 in 10 (10%) experienced some form of depression. This rose to around 1 in 8 (13%) among those that are currently paying off a mortgage and/or loan that helped to purchase the property and increased further to around 1 in 4 (27%) among those that are renting.

Research of Understanding Society data found [renters were more likely to report higher levels of distress than homeowners](#), based on 12 markers of mental health problems.

## Depressive symptoms and housing costs

Among adults currently making rent or mortgage payments, around a third (33%) reported an increase in these payments in the past six months, and around half (54%) did not report an increase.

Among adults who reported an increase in rent or mortgage payments in the last six months, around 1 in 5 (22%) experienced some form of depression. This is higher compared with those who did not report an increase in rent or mortgage payments in the last six months (16%).

Among adults currently making rent or mortgage payments, around 1 in 3 (32%) reported they found it very or somewhat difficult to afford them. Around half (51%) of adults making rent or mortgage payments reported they found it very or somewhat easy to afford these payments.

Around 1 in 4 (27%) adults who reported that it was very or somewhat difficult to afford their rent/mortgage payments had some form of depression; this is higher compared with around 1 in 7 (15%) who reported that it was very or somewhat easy.

Research published in July 2017 showed around 1 in 5 (23%) English adults said that [a housing issue had negatively impacted upon their mental health](#) in the last five years.

For further analysis on the characteristics associated with having difficulty affording mortgage or rent payments, see our [Impact of increased cost of living on adults across Great Britain: June to September 2022](#).

## 5 . Worries and perceptions of adults with depression

The analysis reported in this section explores the worries and perceptions of issues facing the UK, comparing responses of those with some form of depression (moderate to severe depressive symptoms) to those with no or mild depressive symptoms. Further information can be found in the [Glossary](#).

### Worries

Around 9 in 10 (92%) adults with some form of depression reported being very or somewhat worried about the rising cost of living (Figure 4); this is higher compared with three-quarters (75%) of adults with no or mild depressive symptoms.

**Figure 4: Adults with moderate to severe depressive symptoms were more worried about the rising cost of living**

**Proportion of adults by depressive symptoms in Great Britain who are very or somewhat worried, 29 September to 23 October 2022**

## Notes:

1. Questions: "In the past two weeks, how worried or unworried have you been about rising costs of living?", "In the past two weeks, how worried or unworried have you been about the environment?", "In the past two weeks, how worried or unworried have you been about the conflict in Ukraine?" and "How worried or unworried are you about the effect that the coronavirus (COVID-19) pandemic is having on your life right now?".
2. Base: All adults aged 16 and over in Great Britain with moderate to severe and no or mild depressive symptoms.

## Download the data

[.xlsx](#)

## Issues

When asked about the important issues facing the UK today, 97% of adults with some form of depression reported the cost of living (Figure 5). This is slightly higher compared with those with no or mild depressive symptoms (93%).

The biggest differences in issues reported by adults with some form of depression compared with those with no or mild symptoms were:

- housing: 62% compared with 46%
- employment: 46% compared with 32%
- education: 45% compared with 37%

## Figure 5: Among adults with moderate to severe depressive symptoms, 97% reported cost of living as an issue

### Proportion of adults by depressive symptoms in Great Britain, 29 September to 23 October 2022

## Notes:

1. Question: "What do you think are important issues facing the UK today?". Please note that no additional context was provided around the question or response options on the survey.
2. Base: All adults aged 16 and over in Great Britain with moderate to severe and no or mild depressive symptoms.
3. Respondents were able to choose more than one option.
4. The percentage of adults who reported "None of these" have not been included in the chart because respondents who selected this response option were unable to select any other response option.

## Download the data

[.xlsx](#)

## 6 . Responses to cost of living

This section explores experiences and responses to the rising cost of living, comparing adults with moderate to severe and no to mild depressive symptoms.

It is important to note that associations between cost of living indicators and the presence of some form of depression may not reflect a causal relationship.

### Responses to changes in the cost of living

In autumn 2022, adults were asked about their actions in response to the rising cost of living (Figure 6).

When asked about their actions in response to increases in the cost of living, 59% of those with moderate to severe depressive symptoms reported spending less on food shopping and essentials. This was nearly two times lower compared with those with no or mild depressive symptoms (35%). Adults with moderate to severe depressive symptoms were also more likely (73%) to spend less on non-essentials compared with those with no or mild depressive symptoms (64%).

Around 1 in 16 (6%) adults with moderate to severe depressive symptoms reported using support from charities, including food banks. This is higher compared with 1% of adults with no or mild depressive symptoms.

### Figure 6: Around a quarter (24%) of adults with moderate to severe depressive symptoms reported using credit more than usual

#### Proportion of adults by depressive symptoms in Great Britain, 29 September to 23 October 2022

##### Notes:

1. Question: "Which of these, if any, are you doing because of the increases in the cost of living?".
2. Base: All adults aged 16 and over in Great Britain with moderate to severe and no or mild depressive symptoms.
3. Respondents were able to choose more than one option.
4. The wording for some response options have been shortened. See the accompanying dataset for full response options presented on survey.
5. The percentage of adults who reported "None of these" have not been included in the chart because respondents who selected this response option were unable to select any other response option. See [accompanying dataset](#).

##### Download the data

[.xlsx](#)



## Borrowing and savings

Research has found that during the pandemic [financial hardship was more likely to affect those with mental health problems](#).

For those experiencing some form of depression, 24% of adults said they were using credit more than usual (for example, credit cards, loans or overdrafts). This was in comparison with 11% with no or mild depressive symptoms (Figure 6).

Nearly a third (32%) of adults experiencing moderate to severe depressive symptoms in autumn 2022 reported that they had to borrow more money or use more credit than usual in the last month compared with a year ago. This compared with 18% of those with no or mild depressive symptoms.

Among adults with moderate to severe depressive symptoms, around 1 in 5 (21%) reported that they expect to be able to save some money over the next 12 months; this was lower compared with around 2 in 5 (38%) of adults with no or mild depressive symptoms.

## Financial situations

Adults were asked if their household could afford an unexpected, but necessary expense of £850. This gives us an indication of who may be struggling financially.

Focusing on the financial characteristics of those with moderate to severe depressive symptoms, over half (52%) reported being unable to afford an unexpected expense of £850. This was higher compared with around a quarter (26%) of adults with no or mild depressive symptoms.

## Impacts of cost of living on work

Around 2 in 5 working adults (43%) with moderate to severe depressive symptoms reported making no changes at work because of the cost of living increases compared with around 3 in 5 (61%) working adults reporting no or mild depressive symptoms.

Around a third (34%) of working adults with some form of depression reported looking for a job that pays more money (including a promotion) (Figure 7). This is higher compared with 17% of working adults with no or mild depressive symptoms.

Almost one-quarter (22%) of working adults experiencing some form of depression reported that they were working more hours than usual in their main job, compared with around 1 in 6 (16%) working adults who experienced no or mild depressive symptoms.

### **Figure 7: Around a third (34%) of working adults with moderate to severe depressive symptoms are looking for a job that pays more money, including a promotion**

#### **Proportion of adults by depressive symptoms in Great Britain, 29 September to 23 October 2022**

##### **Notes:**

1. Question: "Thinking of your work situation, which of these, if any, are you doing because of the increases in the cost of living?".
2. Base: Working adults aged 16 and over in Great Britain with moderate to severe and no or mild depressive symptoms.
3. Respondents were able to choose more than one option.
4. The percentage of adults who reported "None of these" have not been included in the chart because respondents who selected this response option were unable to select any other response option.

## Download the data

[.xlsx](#)

The reasons why there is a higher proportion of adults with some form of depression making changes to their work situation in response to increases in the cost of living are likely complex. Consideration is needed for the associations between characteristics as well as the individuals' work circumstances.

This could partly be explained by age, given that a higher percentage of young adults experienced moderate to severe depressive symptoms ([Section 3](#)). Furthermore, according to analysis published in our [Public opinions and social trends release](#), younger people are also more likely to be making changes to their work situation in response to the cost of living.

## 7 . Cost of living and depression data

### [Cost of living and depression in adults, Great Britain](#)

Dataset | Released 6 December 2022

Analysis of the proportion of the British adult population experiencing some form of depression in autumn 2022, including experiences of changes in cost of living and household finances. Analysis based on the Opinions and Lifestyle Survey.

## 8 . Glossary

### Area deprivation, England

Area deprivation is measured using the [Index of Multiple Deprivation \(IMD\)](#). This is the official measure of relative deprivation for small areas in England. The IMD ranks every small area in England from 1 (most deprived area) to 32,844 (least deprived area). We have grouped areas into five groups (quintiles), ranging from most deprived to least deprived areas.

## Depressive symptoms

The presence of some form of depression was indicated by a score of 10 or more on the eight-item Patient Health Questionnaire (PHQ8), which is also referred to as moderate to severe depressive symptoms. A score of less than 10 indicated a lack of some form of depression, which is also referred to as no more mild depressive symptoms.

Respondents were asked the following questions from the eight-item [Patient Health Questionnaire \(PHQ-8\)](#):

- a. Over the last two weeks, how often have you been bothered by having little interest or pleasure in doing things?
- b. Over the last two weeks, how often have you been bothered by feeling down, depressed or hopeless?
- c. Over the last two weeks, how often have you been bothered by having trouble falling or staying asleep, or sleeping too much?
- d. Over the last two weeks, how often have you been bothered by feeling tired or having little energy?
- e. Over the last two weeks, how often have you been bothered by having a poor appetite or overeating?
- f. Over the last two weeks, how often have you been bothered by feeling negative about yourself or that you are a failure or have let yourself or your family down?
- g. Over the last two weeks, how often have you been bothered by having trouble concentrating on things, such as reading the newspaper or watching television?
- h. Over the last two weeks, how often have you been bothered by moving or speaking so slowly that other people could have noticed; or being so fidgety or restless that you have been moving around a lot more than usual?

These questions had four response options ranging from 0 (Not at all) to 3 (Nearly every day). A “depression score” was then derived by summing all responses chosen, resulting in a score ranging from 0 to 24. The higher the score, the greater the severity of depressive symptoms.

A person's PHQ-8 score sits in one of two categories:

- no or mild depressive symptoms – this refers to a depression (PHQ-8) score of between 0 and 9 (inclusive)
- moderate to severe depressive symptoms – this refers to a depression (PHQ-8) score of between 10 and 24 (inclusive)

## Disability status

To define disability in this publication, we refer to the [Government Statistical Service \(GSS\) harmonised “core” definition](#). This identifies “disabled” as a person who has a physical or mental health condition or illness that has lasted or is expected to last 12 months or more and that reduces their ability to carry-out day-to-day activities. As such, this group will include those with mental health conditions such as depression. The GSS harmonised questions are asked of the respondent in the survey, meaning that disability status is self-reported.

## Improving Access to Psychological Therapies (IAPT) services

Improving Access to Psychological Therapies (IAPT) services is an NHS service designed to offer psychological talking therapies to adults living in England who experience common mental health problems such as stress, anxiety disorders and depression. Patients need to be registered with a GP in England to access the services, but they do not need referral from the GP to access it. IAPT services offers [a variety of different treatments](#) such as guided self-help, Cognitive Behavioural Therapy (CBT), counselling, Interpersonal Therapy (IPT), mindfulness and many more. More information on [IAPT services](#) can be found on the NHS website.

## Statistical significance

This report presents a summary of results, with further data including confidence intervals for the estimates contained in the [accompanying dataset](#). Where comparisons between groups are presented, 95% confidence intervals should be used to assess the [statistical significance](#) of the differences.

## Unpaid carers

Unpaid carer is defined using the Government Statistical Service (GSS) harmonised “core” definition: identifying an unpaid carer if they provide support or care to an individual who has needs because of physical or mental health condition(s) or illness(es), or problems related to old age. Unpaid carers status is self-reported.

A non-carer is defined as someone who answered “no” to the following question:

"Do you look after, or give any help or support to, anyone because they have long-term physical or mental health conditions or illnesses, or problems related to old age? Exclude anything you do as part of your paid employment."

## 9 . Data sources and quality

### Opinions and Lifestyle Survey

This release contains data and indicators from the Office for National Statistics (ONS) Opinions and Lifestyle Survey, which collects data from individuals (aged 16 years or older) in Great Britain.

### Quality

More quality and methodology information on the Opinions and Lifestyle Survey (OPN) and its strengths, limitations, appropriate uses, and how the data were created is available in our [Opinions and Lifestyle Survey Quality and Methodology Information](#).

### Sampling

The analysis throughout this report is based on adults aged 16 years and over in Great Britain with a valid depression score. The latest analysis in this report is based on 4,266 adults from a pooled dataset comprising two waves of data collection, covering the following periods:

- 29 September to 9 October 2022
- 12 to 23 October 2022

Pooling two waves of data together increases sample sizes, allowing us to explore depressive symptoms for different groups of the population.

Some questions refer in the “past 2 weeks” or the “past month”. This refers to the period before when the question was asked to the respondent and may cover different time periods based on which survey wave they responded to.

Earlier periods referenced in Section 2 cover the following periods

- July 2019 to March 2020
- 4 to 14 June 2020
- 11 to 29 November 2020
- 27 January to 7 March 2021
- 21 July to 15 August 2021
- 29 September to 23 October 2022

Changes in estimates over time could be attributed to seasonality effects. However, seasonality effects have not been adjusted for in this analysis.

## Weighting

Survey weights were applied to make estimates representative of the population.

Weights were adjusted for non-response. Subsequently, the weights were calibrated considering the following factors: sex by age, region, tenure, education and employment status.

For age, sex and region, population totals based on projections of mid-year population estimates for June 2021 were used. The resulting weighted sample is therefore representative of the Great Britain adult population by a number of socio-demographic factors and geography.

## 10 . Strengths and limitations

The main strengths of this analysis include:

- the use of the [Patient Health Questionnaire \(PHQ-8\)](#) provides a robust measure of the presence of some form of depression in the population
- robust methods are adopted for the survey's sampling and weighting strategies to limit the impact of bias
- quality assurance procedures are undertaken throughout the analysis stages to minimise the risk of error

The main limitations of this analysis include:

- the sample sizes for some groups of the population are relatively small, which means that confidence intervals around some estimates are larger, providing less certainty around the estimate; consequently, detailed analyses for some sub-groups are not possible
- data collected before the pandemic (July 2019 to March 2020) were achieved via a telephone interview, while data collected since the pandemic were predominantly online, with an option for telephone interview where online data collection was not possible; this means mode of data collection may have had an effect on the response given by adults to the survey questions when comparing data with this earlier period

## 11 . Related links

### [Impact of increased cost of living on adults across Great Britain: June to September 2022](#)

Article | Released 25 October 2022

Analysis of the proportion of the population affected by an increase in their cost of living and the individual characteristics associated with not being able to afford an unexpected expense, using data from the Opinions and Lifestyle Survey (OPN).

### [Worries about the rising costs of living, Great Britain: April to May 2022](#)

Article | Released 10 June 2022

An article covering people's worries about the rising costs of living, using data from the Opinions and Lifestyle Survey collected between 27 April and 22 May 2022 and based on adults in Great Britain aged 16 years and over.

### [Individual and community well-being, Great Britain: October 2022](#)

Article | Released 6 December 2022

Research into what matters for individual and community well-being in Great Britain. This has not been explored in a qualitative way by the ONS since the Measures of National Well-being public debate in 2010. These data come from our Opinions and Lifestyle Survey.

### [Socio-demographic differences in use of Improving Access to Psychological Therapies services, England: April 2017 to March 2018](#)

Bulletin | Released 17 June 2022

Characteristics of patients treated in the Improving Access to Psychological Therapies (IAPT) services and whether patients are representative of the population with a probable Common Mental Disorder (CMD) as defined by the UK Household Longitudinal Study (UKHLS) in England. This identifies groups with lower access to IAPT to help to improve the coverage of the service.

### [Economic inactivity due to long-term sickness, UK: 2019 to 2022](#)

Article | 10 November 2022

Between June and August 2022, around 2.5 million people reported long-term sickness as the main reason for economic inactivity, up from around 2 million in 2019.

### [Coronavirus and depression in adults, Great Britain: July to August 2021](#)

Bulletin | Released 1 October 2021

Analysis of the proportion of the adult population of Great Britain experiencing some form of depression in summer 2021, based on the Opinions and Lifestyle Survey. Includes analysis by age, sex and other characteristics and comparisons with early 2021, 2020 and pre-pandemic estimates.

### [Coronavirus and the social impacts on Great Britain](#)

Bulletin | Released 11 December 2020

Indicators from the Opinions and Lifestyle Survey (covering 11 to 29 November 2020) of the impact of the coronavirus (COVID-19) pandemic on people, households and communities in Great Britain.

### [Coronavirus \(COVID-19\) in charts: What we learned over the past month](#)

Article | Released 1 March 2021

Data from across the UK government and devolved administrations highlight the effects of the pandemic on society and the economy.

### [Public opinions and social trends, Great Britain](#)

Bulletin | Released on 25 November 2022

Social insights on daily life and events, including the cost of living, location of work, health and well-being from the Opinions and Lifestyle Survey (OPN).

## 12 . Cite this article

Office for National Statistics (ONS), released 6 December 2022, ONS website, article, [Cost of living and depression in adults, Great Britain: 29 September to 23 October 2022](#)