YOUR YOUTH HEALTH PROJECT: IRELAND

EXPLORING YOUNG PEOPLE'S MENTAL HEALTH AND WELL-BEING DURING THE COVID-19 PANDEMIC

UCD DUBLIN

RESILIENCE & HEALTH LAB

Healthy Dún Laoghaire - Rathdown

CYPSC

pobal

government supporting communities

Your Youth Health Project

Exploring young people's mental health & well-being during the COVID-19 pandemic.

Your Youth Health project is a nationwide survey developed by UCD School of Psychology with the support of Healthy Ireland Fund and Pobal.

We aimed to gain insight into the psychological well-being and the mental health needs of young people aged 12-25 years old during this unprecedented public health crisis.

This report presents findings from young people living in Ireland at the time of the pandemic.

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Citation

Nearchou, F., Flinn, C. French, A., Hennessy, E., Kerin, L., and Linehan, C. (2023). Your Youth Health Project: A report exploring the impact of COVID-19 on the mental health and well-being of young people in Ireland. University College Dublin.

Contents

Glossary

CFE	College of Further Education
CRIES – 13	Children's Revised Impact of Events Scale
CYPSC	Children & Young People's Services Committees
CYRM – R	Children & Youth Resilience Measure - Revised
DL-R	Dun Laoghaire - Rathdown
DASS – 21	Depression, Anxiety & Stress Scale - 21 items
IES – R	Impact of Events Scale - Revised
M	Mean
MSPSS	Multidimensional Scale of Perceived Social Support
N	Sample size
SD	Standard Deviation
UCD	University College Dublin
YYHP	Your Youth Health Project

Meet the Research Team

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Dr. Nearchou is an Assistant Professor with the UCD School of Psychology, an Ad Astra Fellow and Director of Research on the Doctoral Programme in Clinical Psychology. Niki's research focuses on risk and resilience through identifying predictors of various domains of health and well-being in children, adolescents and young adults.

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Lorna is the Public and Patient Involvement in Research Manager with the Royal College of Surgeons Ireland. Lorna developed and managed the first county-level interagency structure to improve population-level outcomes for children and young people in the county of Dun Laoghaire Rathdown, reporting progress to Tusla Child and Family Agency as part of the DCEDIY's national CYPSC initiative.

Acknowledgments

We are deeply grateful to everyone who supported and facilitated the Your Youth Health Project amidst very challenging times induced by a global pandemic.

Your Youth Health Project (YYHP) was funded by Healthy Ireland through the Dún Laoghaire-Rathdown Children and Young People's Services Committees and was implemented with the support of the Dún Laoghaire-Rathdown County Council. The YYHP team acknowledges that this project would not have been feasible to implement without the support of this fund.

We are grateful for the contribution, support and input of several organizations, groups and individuals who engaged with the YYHP.

We would like to thank the following Youth Partners for their invaluable contribution and commitment to this project:

Fiona Craddock

Áine French

Leah McCabe

Hannah McGrath

Ciara Treanor

Cross-Care Youth Service in Dún Laoghaire served as Youth Advisory Panel at the early design and research planning stages, and we thank them for their insight and input in the making of this project for young people with young people.

Next, we are indebted to the school principals, guidance counsellors, school-teachers and parents for facilitating implementation of this project in very challenging times.

Finally, this project would not have happened without the overwhelming support and participation of young people across the country.

Structure of the Report

Your Youth Health Project (YYHP) is a nationwide survey that explored the well-being of young people during the COVID-19 pandemic in Ireland. Participants were over 1000 adolescents and young adults from across the country. We collected information on young people's health literacy of COVID-19. We captured the impact of the pandemic on young people's mental health as well as aspects of coping and resilience during this global health crisis. We also asked young people about sources that they found supportive for their mental health.

The Introduction section offers an overview of the project's background. The Methodology section presents detailed information about the study design and procedure, participant recruitment strategy separately for adolescents and young adults as well as the materials we used to collect data. The Results section presents findings related to young people's knowledge of and attitudes towards the COVID-19 pandemic; mental health, impact of COVID-19 and resilience; and sources of help-seeking. The Conclusions section provides an interpretation of findings and an elaboration on their implications. Key findings are outlined below.

Key Findings

- Young people showed very good knowledge of the disease transmission routes, reported high levels of satisfaction with health information and indicated that the internet/social media was their preferred source of information.
- The majority of young people adhered to precautionary measures such as wearing masks, covering their mouth when sneezing or coughing, and washing hands with soap and water.
- Young people reported high resilience and perceived their relationships with peers as very supportive.
- Younger participants generally reported normal levels of anxiety and stress, but higher levels of depression.
- Young people experienced high levels of psychological distress related to COVID-19.
- Most young people did not report changes in their alcohol consumption during the pandemic.
- Young people indicated that they sought help for information or support for their mental health from friends, family, and online sources.
- More females than males reported engaging in self-harm with and without lethal intent. Almost two thirds of young people reported suicidal ideation.

1. Introduction

The novel coronavirus disease (COVID-19) is an infectious disease caused by a virus called SARS-CoV-2 first identified in December 2019 in Wuhan, China (World Health Organisation, 2020). On 11 March 2020, the World Health Organisation (WHO) declared the coronavirus disease 2019 a global pandemic. To tackle the spread of infection many countries imposed precautionary measures, including social distancing, movement restrictions and lockdowns. By March 2020 restrictions were in place in the Republic of Ireland including stay-at-home orders (except for essential workers, shopping for food/ medicines, limited outdoor exercise and care for relatives); bans on public and private gatherings; and closures of non-essential shops, community centres, and the hospitality sector. Schools and third level education institutions shifted their teaching and other activities to online modes of delivery. During the course of data collection for the present project (between October 2020 and May 2021) Ireland experienced surges of COVID-19 cases (Department of Health, 2021) with the accompanying January 2021 lockdown deemed by the UK Guardian newspaper as 'one of the harshest lockdowns in the world' (Watson, 2021).

1.1 Impact of COVID-19 on young people

The COVID-19 crisis caused many challenges for young people. Young people are at low-risk for hospitalisation and death from COVID-19 compared to other age groups (Centers for Disease Control and Prevention, 2021), however the crisis can affect other aspects of their physical, mental, and social health. Emerging research suggests that the pandemic has negatively impacted youth mental health (Nearchou et al., 2020). School closures and home quarantine may contribute to loneliness and anxiety in adolescents (Chaabane et al. 2021). The Growing Up in Ireland study found that one in ten 12-year-olds who took part in their survey had missed school due to COVID-19 (Murray et al., 2021).

Similarly, for young adults, university closures and financial concerns have resulted in many returning to family households after a period of independence. Furthermore, social and economic shifts have disrupted relationships, and access to health care services (Lindberg et al., 2020). The Economic and Social Research Institute suggests that COVID-19 has disproportionately affected young people in Ireland due to job losses (Pollak, 2020). Recent research on (or with) college graduates in Ireland found that most people had no plans beyond their immediate future and were very uncertain regarding their future job prospects (Timonen et al., 2021).

1.2 Resilience

Resilience is the dynamic process of positive adaptation and coping within a context of risk and stressful life events. Evidence shows that resilience can mediate the negative mental health impact of the pandemic in adults (Nearchou & Douglas, 2021) including self-harm (Nearchou, 2022). In the Growing Up in Ireland Special Report the 12-year-old cohort reported a reduction in organised activities, while the 22-year-old cohort reported a reduction in the amount of time spent with friends (Murray et al., 2021). This is important as restrictions may also have impeded coping strategies associated with better mental health outcomes such as exercise, access to entertainment, positive familial relationships, and social support (Samji et al., 2021).

1.3 Why did we conduct the YYHP?

The Your Youth Health Project (YYHP) aimed to explore how COVID-19 has impacted the psychological well-being of young people aged 12-25 years old living in Ireland. Findings from this research can be used to inform youth services about the psychological health of adolescents and young adults through the COVID-19 pandemic, and how they can be better supported after the outbreak. This project offers an insight into young people's differing responses to COVID-19, thus capturing their true needs in the light of this unprecedented public health crisis.

2. Methodology

2.1 Recruitment of Adolescents (12-18 years old)

School Selection. The YYHP sought to recruit a sample of adolescents enrolled in post-primary schools in the Republic of Ireland during the academic year of 2020/2021. Schools were selected from across the Republic of Ireland. The sample of schools aimed to reflect the distribution of Community Healthcare Organisation (CHO) areas. Schools that are part of the School Support Programme, under the Delivering Equality of Opportunity in Schools action plan are referred to as DEIS schools. Schools that are not part of this programme are referred to as non-DEIS schools. The sample of schools aimed to reflect a balance of DEIS and non-DEIS schools. Because this project was a collaboration with CYPSC DL-R, all schools in the DL-R area were selected.

Recruitment of Schools. Secondary schools were randomly selected to represent all country areas from the list. All post-primary schools in the DL-R area were invited to take part in the study. Overall, 147 schools were invited to take part in the study. To adhere to the Irish government's social distancing guidelines which were in place at the time of the recruitment and data collection, these processes were implemented entirely online. First, an email was sent to the school principal, guidance counsellor or the school's reception (if the former contact details were not publicly available) outlining the details of the study. This was followed up by a phone-call approximately one week later. If the staff member expressed an interest in the school participating in the study, they were sent further information about the research. In most cases video call meetings were set up between the YYHP research team and the school to discuss participation. From the 147 schools, a total of eight schools agreed to take part in the study (5.44% participation rate). Reasons given by schools for declining to get involved were not wanting to ask students to engage in additional online activities and having too much already going on in the school.

Data Collection from Schools. Data collection took place online from October 2020 until May 2021. The research was approved by the UCD Human Research Ethics Committee. Information about the project and a secure link were circulated via email or newsletter to parents and guardians by a staff member from the participating school. By following the secure link, parents/guardians were presented with an online information sheet detailing the research and a parental consent form. When a parent provided their consent for their child/ren to take part in the study, a secure link was sent to their email account, which they were asked to give to their child. When the child followed this link they could read about the study, give their assent to take part, and complete the survey. It was stressed that students should complete the survey by themselves in a private space. Data were collected anonymously. The young people were not offered any incentives to participate in the study.

2.2 Recruitment of Young Adults (> 18 – 25 years old)

Recruitment of third-level Institutions. 60 colleges of further education (CFE) and community colleges offering adult education services were contacted about the research. Of these, 31 were outside of Dublin and 29 were within Dublin. An email was sent to a representative of the institution outlining the details of the study. This was followed up by another email approximately one week later. If the institution's representative expressed an interest in the research, they were sent further information about the research and invited to share the research and the survey web link with their networks.

Recruitment from Online Sources. Young adults were also recruited from various social media platforms, such as Twitter and Facebook. Social media posts included a short overview of the study and a link to the survey, where participants were presented with an information sheet and consent form.

Recruitment from Clubs and Youth Organisations. Various youth clubs and organisations such as sports clubs and volunteer organisations were contacted about the research and invited to share it with their networks. In total 43 clubs and organisations were contacted and invited to participate in the research. Of those 16 agreed to take part in the study producing a participation rate of 37.2%.

Data Collection. Data collection took place online from October 2020 until May 2021. The research was approved by the UCD Human Research Ethics Committee. For third-level institutions information about the project and a secure link was circulated via email or newsletter to students of various third-level education institutions. By following the secure link, participants were presented with a comprehensive online research information sheet and a consent form. Data were collected anonymously. For youth groups or organisations, information about the project and a secure link was circulated to the organisation's network in a number of ways, such as via newsletter or electronic mailing lists. Some organisations shared the project information and study link on their social media account or website. By following the link all participants were presented with a comprehensive online research information sheet and a consent form. Data were collected anonymously, and the young people were not offered any incentives to participate in the study.

2.3 Measures

All participants were asked to answer the questions covering the following sections.

Demographic Information. Demographic information regarding age, gender, ethnic background, area of residence, education/employment, and living arrangement were collected.

COVID-19. Participants were asked a series of questions developed for the purposes of this study about the COVID-19 pandemic. First participants were asked about their physical health at the time of completing the survey, in addition to their contact history. Survey questions were derived from Wang et al. (2020). Participants were asked to rate their current health status (responses ranged from 1 = Very Poor, to 5 = Very Good). Participants were asked whether they had been tested for and/or diagnosed with COVID-19 since January 2020, in addition to whether they had been instructed to self-isolate or be under quarantine. Participants were asked whether a family member living in the same home had been tested for and/diagnosed with COVID-19 or instructed to self-isolate since January 2020.

Second, young people were asked about their knowledge and concerns regarding COVID-19. Knowledge about COVID-19 included knowledge regarding the routes of transmission (via contaminated objects, droplets and airborne) and satisfaction with health information about COVID -19 (where higher scores indicated higher satisfaction). Additionally, participants were asked to indicate their source of COVID-19 information. Participants were asked to rate how likely they believed they were to contract COVID-19 and how likely they felt they would be to survive if they contracted COVID-19 (responses ranged, 1 = Not Likely at all, to 4 = Very Likely). Participants were asked how worried they were about a family member getting COVID-19 (1 = Very Worried, 4 = Not Worried at all).

Third, participants were asked about their engagement with precautionary measures against COVID-19 in the two weeks before completing the survey. Precautionary measures against COVID-19 included the following: covering your mouth when coughing or sneezing; avoiding sharing utensils; washing your hands with soap and water; washing your hands immediately after coughing, rubbing your nose or sneezing; wearing a mask regardless of the presence or absence of symptoms; staying at home because of concerns about catching COVID-19. Responses ranges from 1 = Never, to 5 = Always. Participants were also whether they felt too much fuss or unnecessary worry had been made about COVID-19 (1 = Strongly Disagree, 5 = Strongly Agree).

Mental Health and Well-Being. A number of measures presented below were used to investigate aspects of mental health during the COVID-19 pandemic in adolescents. The employed scales showed excellent reliability for the present sample, where applicable (see Table 1).

Resilience. The Child & Youth Resilience Scale Measure – Revised (CYRM-R) was used to measure resilience (Jefferies, McGarrigle, & Ungar, 2019). The CYRM-R includes 17 items asking participants to rate the extent to which each statement measuring resilience applies to them. The items fall under two subscales reflecting relational resilience and personal resilience. Example items are 'I co-operate with people around me' (personal resilience) and 'I talk to my family/partner about how I feel' (relational resilience). For the present study we used the three-point simplified version of the tool, with each item scored on a Likert scale ranging from 1 ('No') to 3 ('Yes').

Social Support. The Multidimensional Scale of Perceived Social Support (MSPSS) is a self-report scaled measuring participants' perceived social support from three sources: family, friends and a significant other (Zimet et al., 1988). Only the Friends subscale was included in the present research, which assessed perceived social support from friends with 4 items. An example items is ' My friends really try to help me'.

Depression, Anxiety and Stress. The 21-item Depression, Anxiety and Stress Scale (DASS-21; Lovibond & Lovibond, 1995) was used to measure depression, anxiety and stress. This is a self-report instrument widely used to assess emotional states related to depression, anxiety and stress with three distinct scales. It has no direct implications for the allocation of participants to discrete diagnostic categories proposed in the diagnostic and statistical manual of mental disorders (DSM) and the international classification of diseases and related health problems (ICD) (Psychology Foundation of Australia, 2011). However, it aims to assess individuals' perceived severity of symptoms related to depression, anxiety and stress. The depression, anxiety and stress scales each include seven items scored on a four-point Likert scale ranging from 0 ('Never') to 3 ('Almost always') and asking participants to rate how much each item applied to them during the past week. Example items are: (depression) 'I was unable to become enthusiastic about anything'; (anxiety) 'I was aware of dryness of my mouth'; (stress) 'I tended to overreact to situations'.

Psychological Distress related to COVID-19. Two measures were used to assess psychological distress symptoms related to the COVID-19 pandemic. The Children's Revised Impact of Events Scale (CRIES; Children & War Foundation, 2005) includes 13 items and was presented to adolescents aged 12-16 years old. This aims to capture psychological distress induced by exposure to traumatic events and in this study the event of reference was the COVID-19 pandemic. An example item is 'Do you think about it even if you do not mean to?' The Impact of Events Scale – Revised (IES-R), that is the adult version of the CRIES, was presented to adolescents aged 17 years old and above (Weiss, 2007). Although not a diagnostic tool, the IES-R was developed and validated using a specific traumatic event as a reference in the introduction to the individual within a specific time frame of the past seven days. For the purposes of the present study, we indicated the COVID-19 pandemic as the traumatic event in reference. An example item is 'Any reminders brought back feelings about it'.

Help-Seeking. Formal and informal help-seeking for mental health problems was assessed using three questions informed by the My World Survey 2 (Dooley et al., 2019). An example item of formal help-seeking was 'Have you had any serious problems in the past year?' – For example, personal, emotional, behavioural, problems that caused you considerable stress and you felt you would have benefited from professional help (e.g., counsellor, psychologist, psychiatrist, GP).' An example item of informal help-seeking was 'When you have problems, do you usually talk about them with anyone?'

Self-harm. Participants older than 16 years old were presented with a set of ten items including five questions about whether they engaged self-harm with or without lethal intent or suicidal behaviour: 1) 'Have you ever deliberately hurt yourself without wanting to take your life?'; 2) 'Have you ever deliberately hurt yourself wanting to take your own life?'; 3) 'Have you ever thought that life was not worth living?'; 4) 'Have you ever thought about taking your own live, even though you would not do it?'; and 5) 'Have you ever made an attempt to take your own life?'. Each of these questions measured lifetime prevalence (the response to these items was dichotomous: yes/no) and each was followed by a second question on frequency of engagement: 'When did this happen?' (Responses: 'Within the last year', 'within the last 6 months', 'within the last month', 'other'). This set of items has been previously used in the same population cohort (My World Survey 2, Dooley et al., 2019).

Table 1 presents details on the scales employed in this study, ranges of scores for each scale and the Cronbach's alpha, which is a coefficient of a scale's reliability. This coefficient takes values from 0-1 with values > 0.70 indicating that the tool is acceptable for use.

Table 1. Number of items, Cronbach's alpha reliability coefficient (α) and score ranges for each measure.

Measure	Number of items in scale	Cronbach's alpha	Score range
Child & Youth Resilience Measure – Revised (CYRM – R) (n = 880)	17	.86	16 – 51
CYM – R – Personal Resilience	10	.78	9 – 30
CYM – R – Relational Resilience	7	.83	7 – 21
Multidimensional Scale of Perceived Social Support (MSPSS) (n = 791)			
MSPSS – Friends	4	.94	1 – 7
Depression, Anxiety and Stress Scale (DASS) (n = 903)	21	-	-
DASS – Depression	7	.90	0 – 42
DASS – Anxiety	7	.83	0 – 42
DASS – Stress	7	.86	0 – 42
Children's Revised Impact of Events Scale (CRIES)* (n = 168)	13	.92	0 – 39
Impact of Events Scale (IES)** (n = 630)	22	.94	0 – 88

* Displayed to participants aged 12 – 16 years old. **Displayed to participants aged 17 – 25 years old.

3. Results

Results are presented for young people in the following three sections: demographic characteristics; COVID-19 history, knowledge and precautionary measures; mental health and well-being. Gender and age differences are reported where they were significant.

3.1. Demographic Characteristics of the Sample

The total sample consisted of 1009 young people aged 12 – 25 years old (M = 19.16; SD = 3.16). Specifically, there were 268 adolescents aged 12 – 17 years old (M = 15.27; SD = 1.51) and 741 young adults aged 18 – 25 years old (M = 20.57; SD = 2.31).

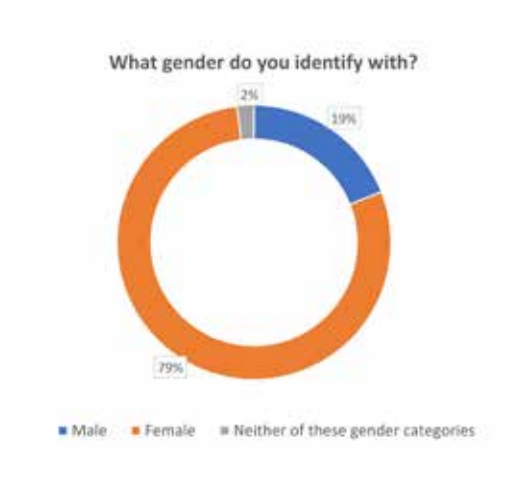


Figure 1. Gender

Most participants identified as female (Figure 1) and of white Irish origin (Figure 2). Due to the small number of participants who did not identify as males or females unfortunately it was not possible from a statistical perspective to include these participants in the gender comparisons.

Overall, 34% of the sample were enrolled in post-primary school 52% were in third-level education and 11% were in employment (Figure 3).

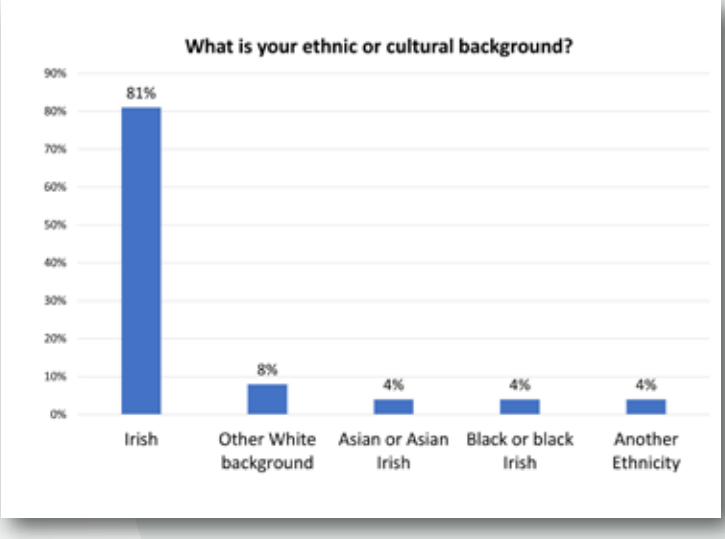


Figure 2. Ethnic or cultural background

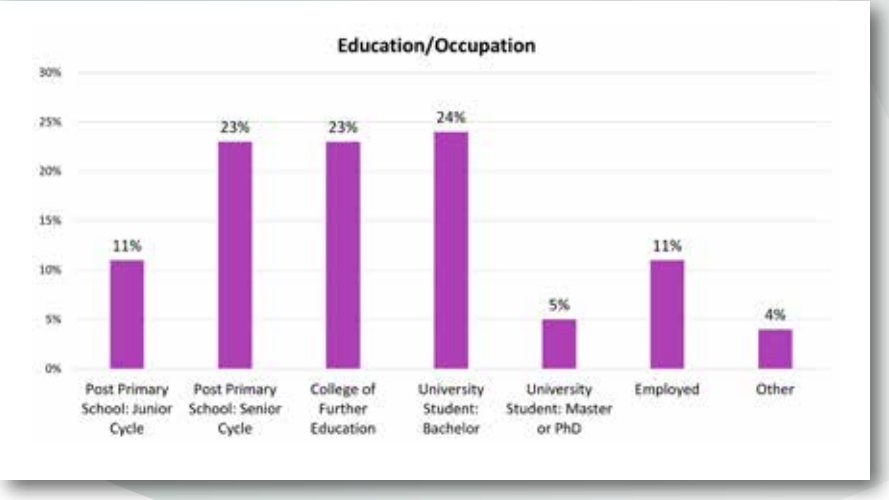
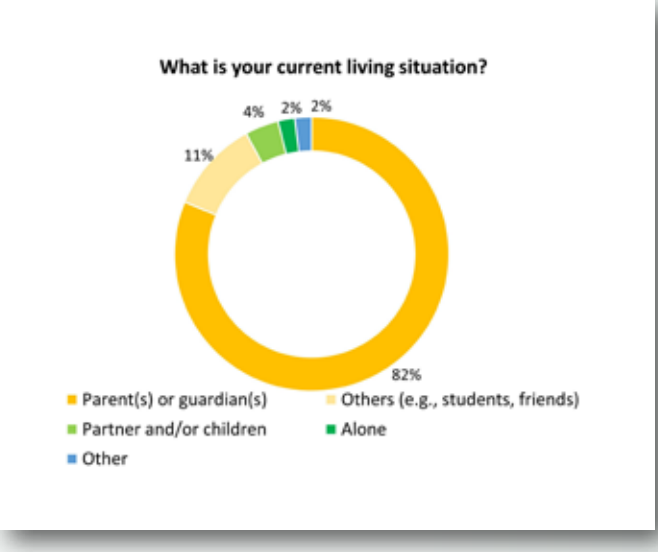


Figure 3. Education and employment



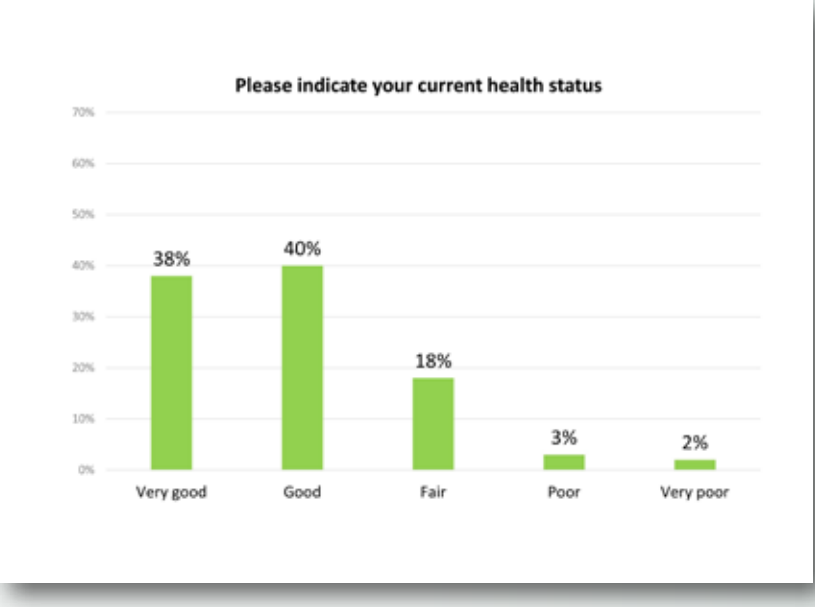
The majority (82%) of the sample reported living at home with their parent(s) or guardian(s) (Figure 4).

Overall, 12% of participants indicated that they attend a mental health service, 7% attended a youth organisation and < 2% attended another type of organisation or service. The majority (79%) did not attend any type of services.

Figure 4. Participants' living situation

3.2. COVID-19 History, Knowledge, and Precautionary Measures

Physical Health Status and COVID-19 related History



Most participants self-reported very good or good health status (Figure 5). There was no significant difference between adolescents and young adults regarding their health status or between males and females.

Figure 5. Physical health status for the total sample accounted for by age group (n=998)

Approximately 22% of young people reported being tested for COVID-19 any time since January 2020. Of those, 10% reported being diagnosed with COVID-19, and (of this 10%) a further 10% of them were treated at a hospital. Of the whole sample, 34% reported that they were instructed to isolate or be under quarantine.

Contact History

Overall, 39% of young people reported that a family member living in the same house was tested for COVID-19 any time after January 2020. Of these, 15% young people reported that a family member living in the same house was diagnosed with COVID-19, and 9% of these reported that a family member was treated in hospital. Of the entire sample, 34% reported that to the best of their knowledge a family member was instructed to isolate or be under quarantine.

Knowledge and Beliefs

Figure 6 shows young people's knowledge about COVID-19 transmission. In general, young people showed very good knowledge about this topic.

There were no significant differences in responses between adolescents and young adults for COVID-19 transmission or between males and females.

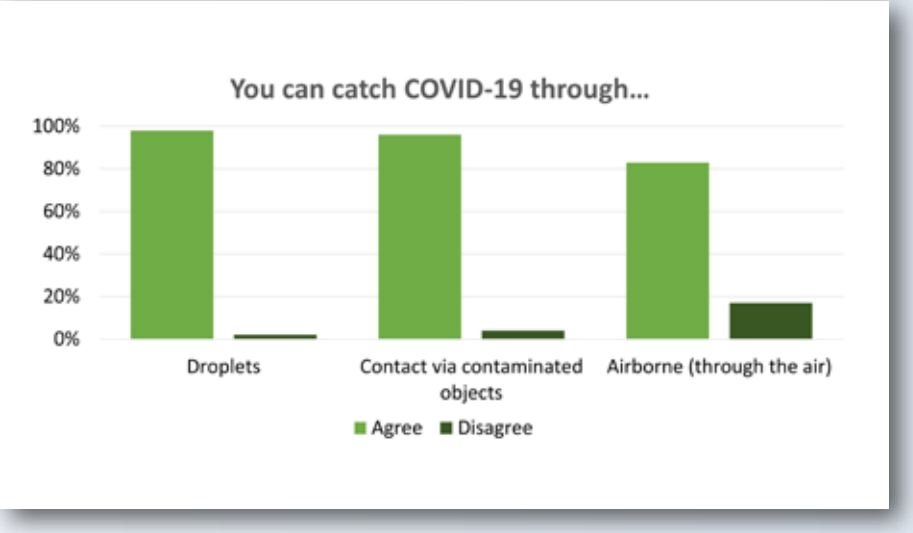


Figure 6. Knowledge of COVID-19 transmission (n=848)

Overall, 84% of participants were either satisfied or very satisfied with the amount of health information available about COVID-19 (Figure 7). The most commonly reported sources of health information were the Internet or social media (Figure 8).

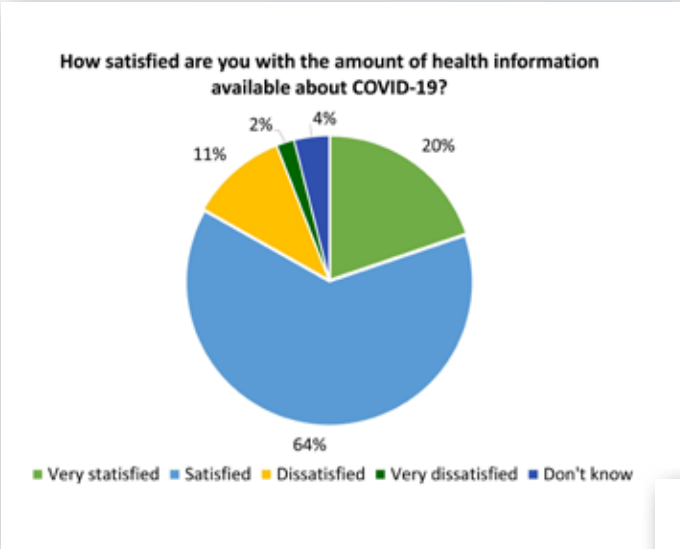


Figure 7. Satisfaction with health information (n=980)

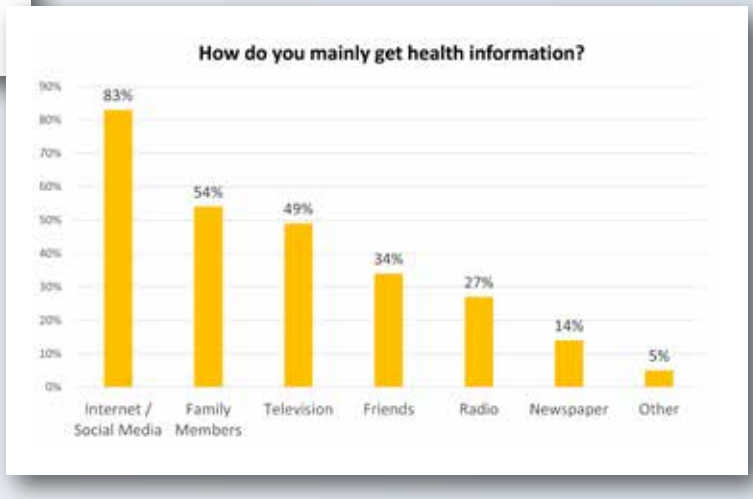


Figure 8. Sources of health information (n=1,009)

Over half (56%) of the sample believed they were somewhat or very likely to contract COVID-19 during the current outbreak (see Figure 9). There was a significant difference between adolescents and young adults regarding beliefs about catching COVID-19 with young adults believing they were more likely to catch the virus than adolescents $F(1, 968) = 7.53$, $p=.006$ (Figure 10). Further, females believed they were more likely to contract the virus than males ($p = .003$; Figure 10).

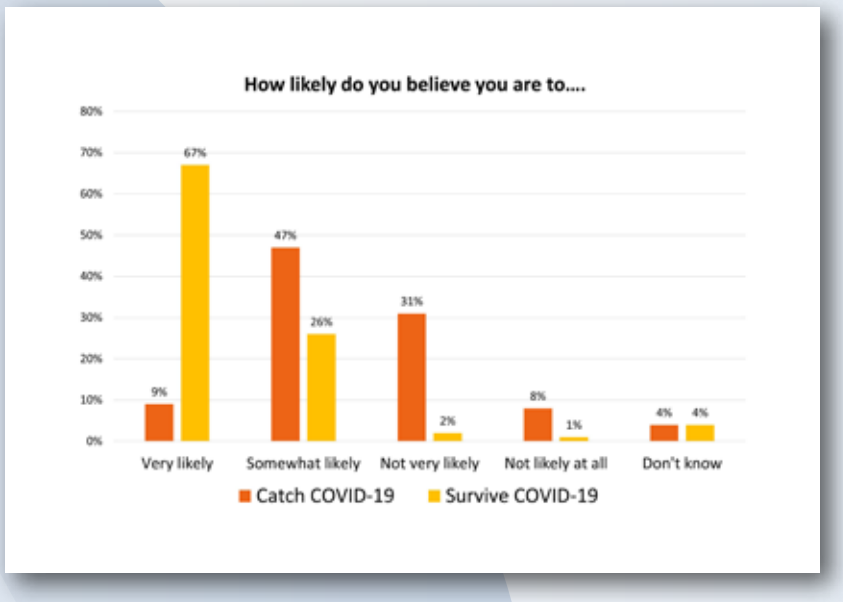


Figure 9. Beliefs about COVID-19 (n = 970).

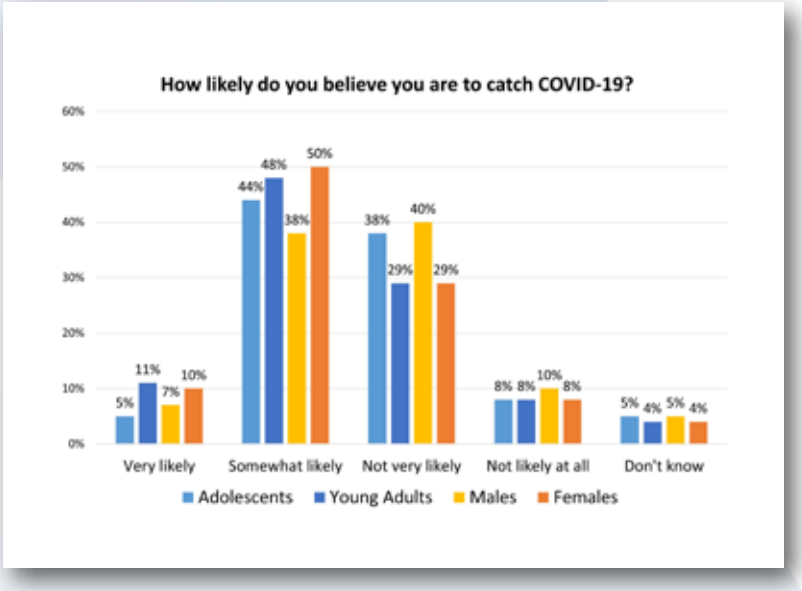


Figure 10. Beliefs about catching COVID-19 accounted for by age group (adolescents, n = 262; young adults, n = 708) and gender (male, n = 186; female, n = 769).

Almost all (93%) of young people believed they were very or somewhat likely to survive if they caught COVID-19 (see Figure 9). There was no significant gender (p=.360) or age group differences (p=.08).

The majority of participants (83%) were very worried (36%) or somewhat worried (47%) about other family members getting COVID-19 (Figure 11). There was a significant difference between females (M = 2.90, SD= 0.81) and males (M= 3.23, SD= .75) regarding beliefs about family members catching COVID-19: $F(1, 952) = 27.36$, $p<.001$ (Figure 11). There was no difference between adolescents and young adults (p=.103).

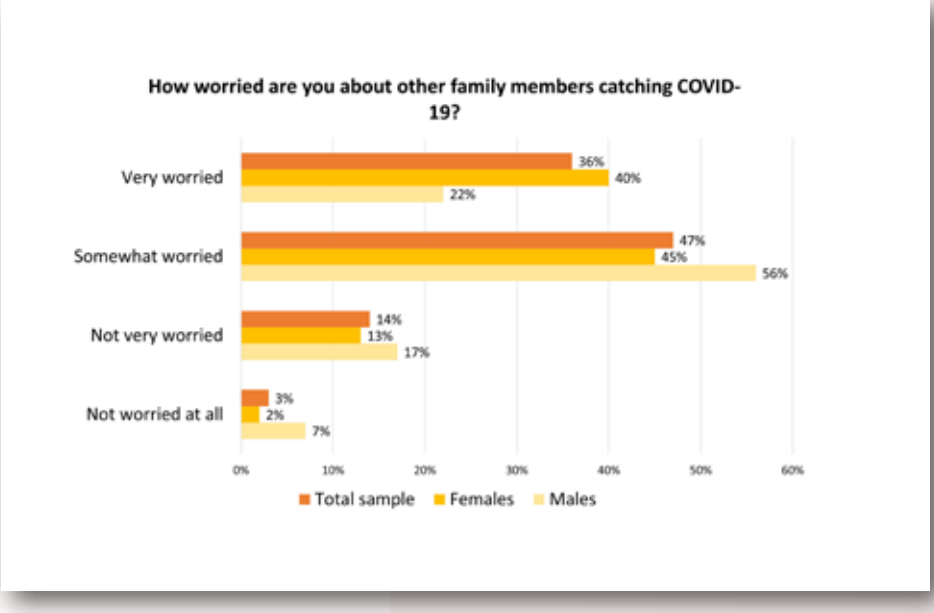


Figure 11. Worry about family members catching COVID-19 (n=969)

Overall, 36% of the sample agreed that too much fuss or unnecessary worry had been made about COVID-19 (see Figure 12). There was no significant difference between adolescents and young adults, ($p = .25$). There was a significant difference between males ($M = 3.12$, $SD = 1.37$) and females ($M = 2.73$, $SD = 1.31$) regarding beliefs about fuss ($p < .001$). Specifically, males agreed with the statement that too much fuss had been made about COVID-19 more than females.

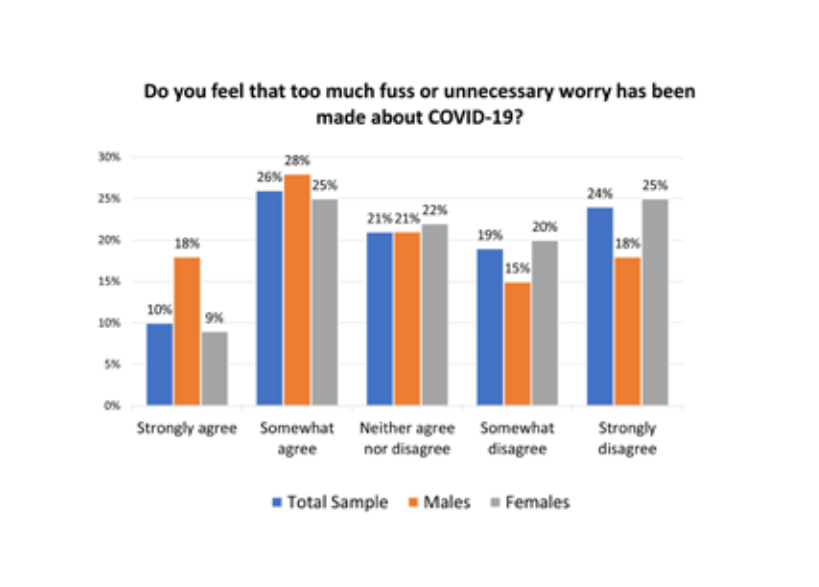
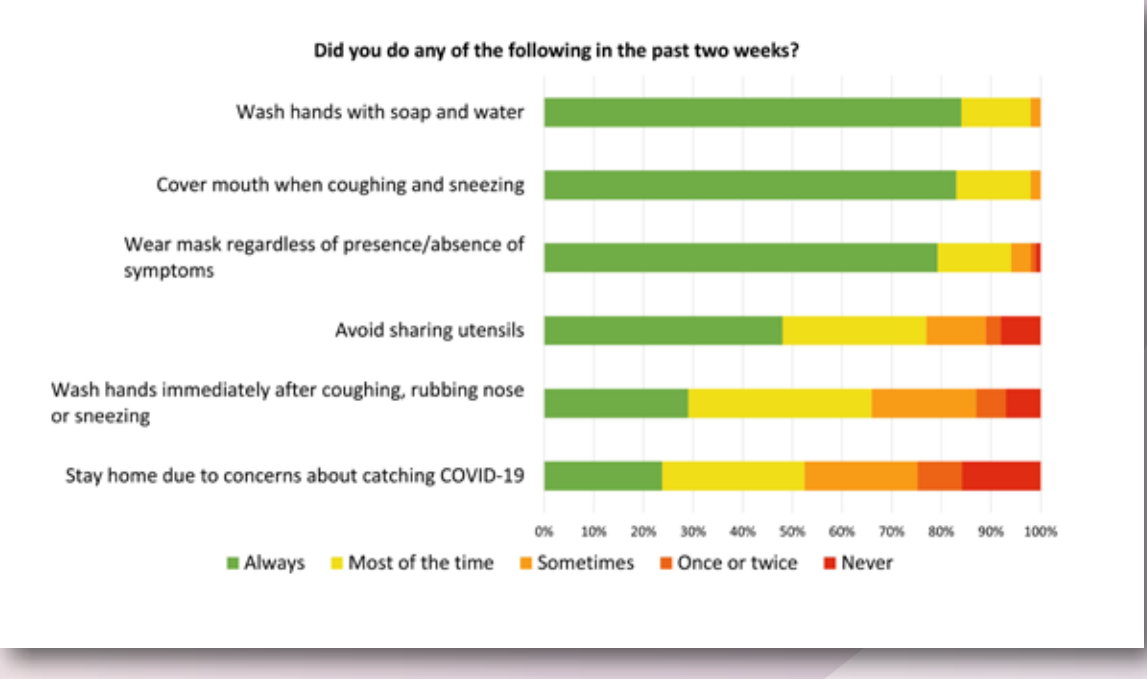


Figure 12. Fuss about COVID-19 (n = 939).

Precautionary Measures

Figure 13 shows precautionary measures adopted by young people in the past two weeks. Overall, 83% of participants reported always covering their mouth when coughing or sneezing, 84% reported always washing their hands with soap and water, and 80% reported always wearing a mask regardless of the presence or absence of symptoms.



There was a significant gender difference with females reporting they were more likely to endorse all precautionary measures (except avoiding sharing utensils where there was no difference) than males.

Figure 13. Pre-cautionary measures adopted by young people in the past two weeks (n = 955).

There was a significant difference between adolescents and young adults in relation to wearing a mask and staying home due to concerns about catching COVID-19 with a higher percentage of young adults reporting they are more likely to wash their hands $F(1, 956) = 3.91$, $p=.048$, have worn masks $F(1, 956) = 16.93$, $p<.001$, and stayed at home $F(1, 956) = 14.01$, $p<.001$.

3.3. Mental Health and Well-being

A number of validated questionnaires assessed adolescents' mental health and well-being.

3.3.1 Positive Domains

Resilience

Resilience is the dynamic process of coping when people are exposed to a stressor, such as COVID-19. We asked young people about two aspects of resilience: personal resilience and relational resilience (characteristics associated with important relationships with a caregiver, a partner or family). Scores can be tentatively put into low, moderate, high and exceptional resilience categories. In no case do these represent cut off scores of resilience levels and are used only for descriptive purposes.

Overall, 87% of young people displayed moderate to exceptional total resilience scores (Figure 14). There were no significant differences between males and females (p = .71). There was a significant difference between adolescents (M = 45.38, SD = 5.14) and young adults (M = 43.87, SD = 6.26). Specifically, adolescents had higher resilience scores that young adults F (1, 898) = 11.60, p < .001).

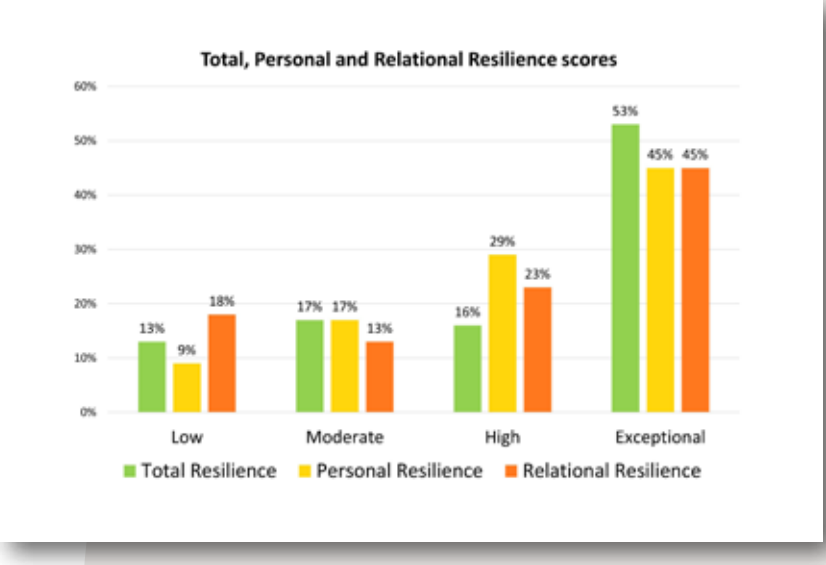
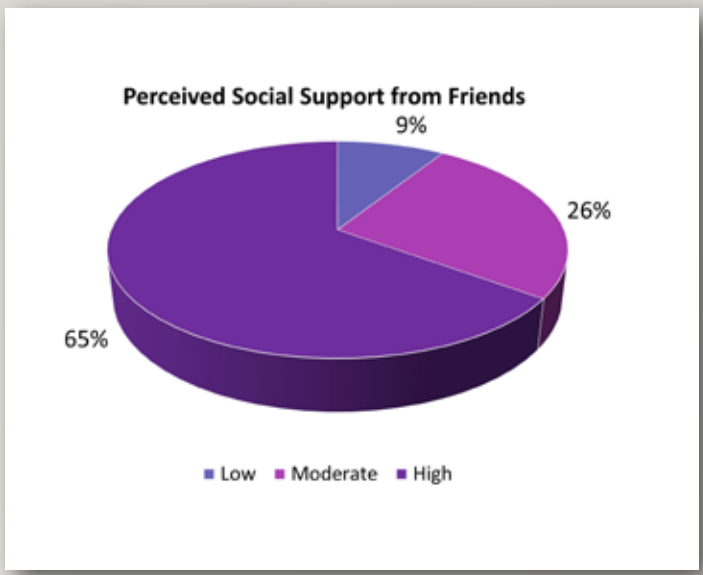


Figure 14. Total, Personal and Relational Resilience scores (n = 900).

The majority (91%) of young people displayed moderate to exceptional personal resilience scores (Figure 14). Adolescents (M= 26.67, SD= 3.23) had significantly higher scores than young adults (M= 26.05, SD= 3.73) F (1, 898) = 5.38, p=.02. There were no differences between males and females p = .727.

For relational resilience, 82% of young people showed moderate to exceptional relational resilience scores (see Figure 16). Adolescents (M= 18.71, SD= 2.50) had significantly higher scores than young adults (M= 17.82, SD= 3.22) F (1, 898) = 15.57, p<.001. There were no differences between males and females (p = .758).

Social Support from Friends



Friendships and peer networks are very important for young people. We asked young people how supportive they think their network of friends are. Responses are divided into low, moderate and high perceived social support.

The majority (65%) of the sample perceived high social support from friends (Figure 15). There were no significant differences between adolescents and young adults (p = .21), or between males and females (p = .78).

Figure 15. Perceived social support from friends (n = 792).

3.3.2 Negative Domains

A validated questionnaire (DASS-21) was used to ask young people about their levels of depression, anxiety, and stress in the previous month. This questionnaire does not provide a clinical diagnosis of depression, anxiety, or stress, and should not be used as such. Scores are divided into normal, mild, moderate, severe, and extremely severe. These score allocations describe the full range of scores in the population. So 'mild' means that the person is above the population mean but likely still below the typical severity of someone seeking help (i.e., it does not mean a mild level of disorder).

Depression, Anxiety and Stress

Of the entire sample, 24% were classified in the normal range for depression, 39% for anxiety, and 42% for stress (see Figure 16).

There was a significant difference between adolescents and young adults for depression with young adults (M= 19.37, SD= 10.98) having higher scores than adolescents (M= 15.91, SD= 11.39) $F(1, 931) = 18.06$, $p<.001$; for anxiety with young adults (M= 11.86, SD= 9.09) having higher scores then adolescents (mean= 10.05, SD= 8.28) $F(1, 931) = 7.74$, $p=.006$; and for stress with young adults (M= 19.35, SD= 9.51) having higher scores than adolescents (M= 14.89, SD= 9.17) $F(1, 930) = 41.89$, $p<.001$.

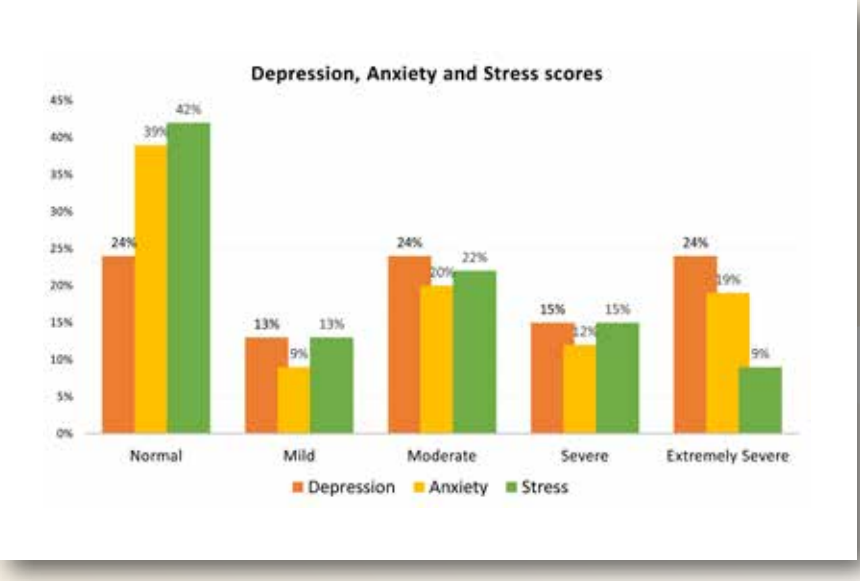
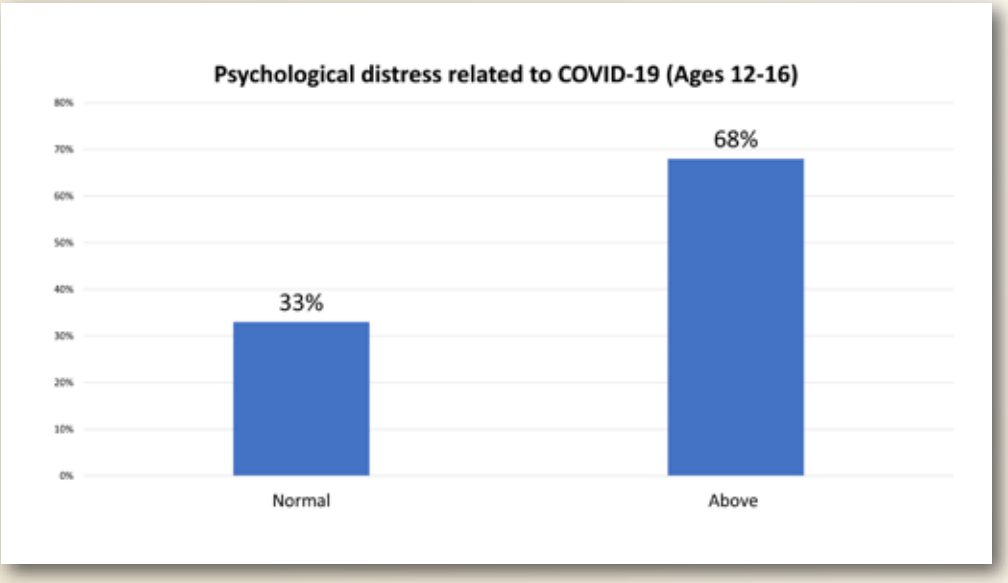


Figure 16. Depression, anxiety and stress scores (n = 933).

Similarly, there was a significant gender difference between males and females for depression with females (M= 18.98, SD= 11.06) having higher scores than males (M= 15.17, SD= 10.93), F (1,916) = 17.00, p <.001; for anxiety with females (M= 11.86, SD= 8.89) having higher scores than males (M= 8.67, SD= 7.98) F (1, 916) = 19.05, p<.001; and for stress with females (mean: 18.96, SD: 9.35) having higher scores than males(mean= 14.17, SD= 9.36) F (1, 915) = 37.34, p<.001.

Psychological distress related to COVID-19

We explored how young people experienced the impact of COVID-19, and the extent to which they felt stressed as a result of the pandemic. We measured psychological distress levels using a psychometric tool that specifically captured the distress related to COVID-19 with higher scores indicating higher levels distress. The findings are reported for participants aged 12 – 16 years old and 17-25 years old. As different measures were used the age groups were not compared.



Ages 12 – 16 years. Overall, 33% of adolescents reported normal levels of psychological distress (Figure 17). There was a significant difference between males (M = 16.56; SD = 14.69) and females (M = 27.11; SD = 15.57) regarding psychological distress with females experiencing higher levels of distress than males distress F (1, 164) = 12.11, p < .001.

Figure 17. Psychological distress related to COVID-19 in ages 12-16 (n= 170).

Ages 17 – 25 years (n=678). Overall, 40% of young people reported normal levels of psychological distress (Figure 18). There was a significant difference between males (M = 24.34; SD = 18.46) and females (M = 32.13; SD = 18.95) regarding psychological distress F (1, 666) = 17.03, p <.001. Specifically, females experienced more distress than males.

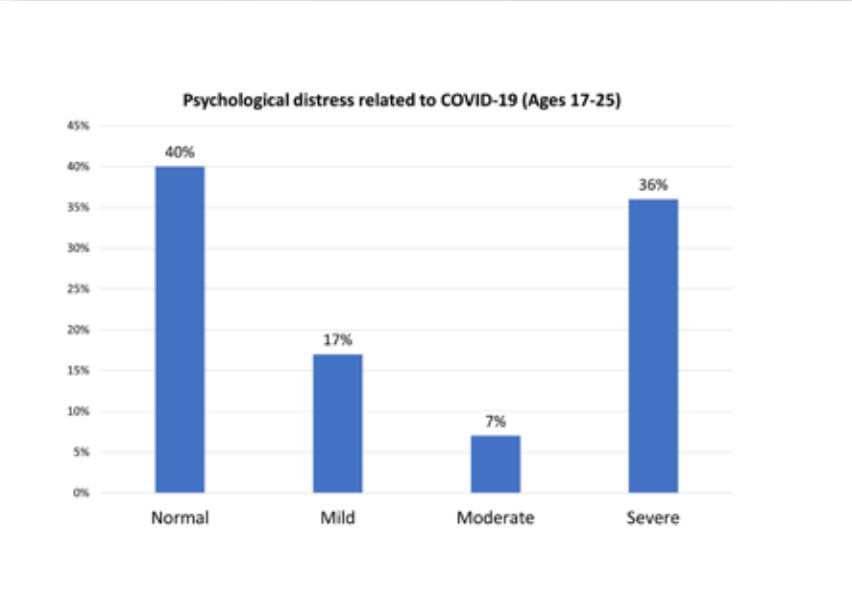


Figure 18. Psychological distress related to COVID-19 in ages 17-25 (n= 678).

Alcohol Consumption

Figure 19 shows frequency of young people's general alcohol consumption. Most young people (32%) reported having a drink containing alcohol once a month or less. There was no difference in alcohol consumption between males and females (p = .44).

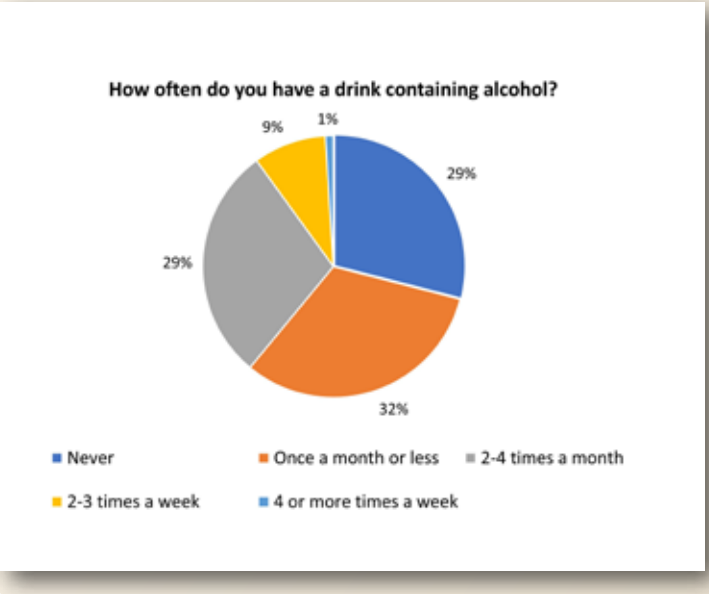


Figure 19. Frequency of young people's alcohol consumption (n = 952).

Figure 20 shows young people's alcohol consumption during COVID-19. Over one-quarter (29%) of participants reported never having drinks containing alcohol. Over half of participants (52%) reported having the same amount (19%) or fewer (33%) alcoholic drinks during COVID-19 as they did before the pandemic. There was no difference between males and females in terms of COVID-19 related alcohol consumption (p = .61).

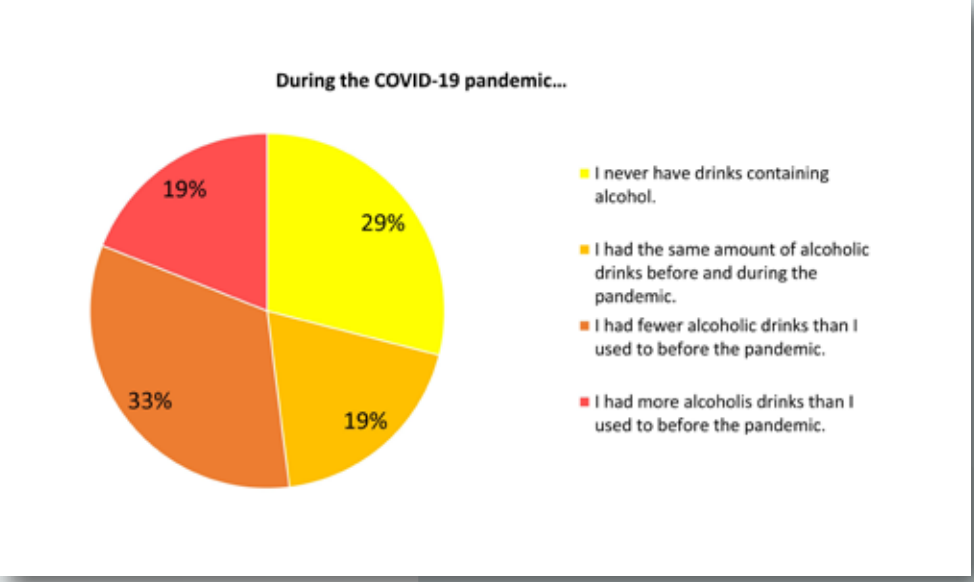


Figure 20. COVID-19 related alcohol consumption (n = 951).

3.3.3 Help-Seeking

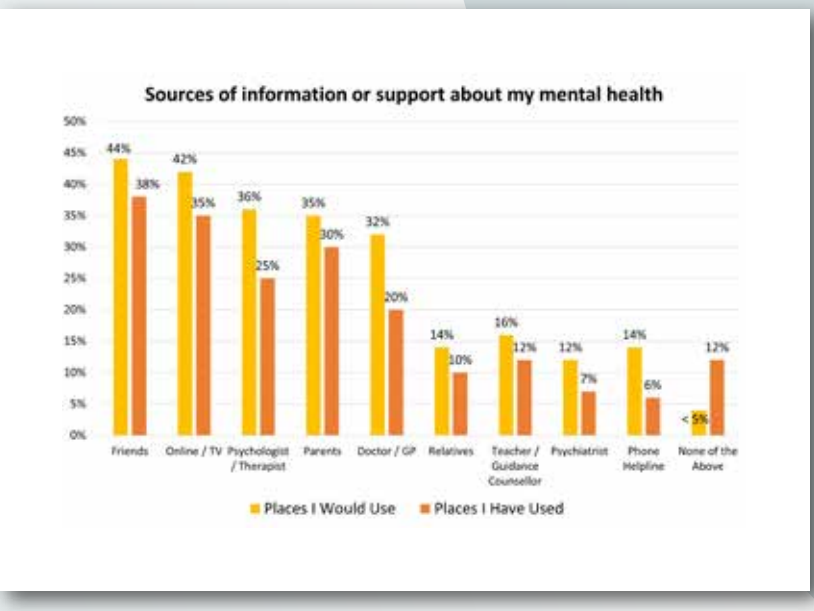


Figure 21. Sources of information and support about mental health.

Young people were asked what places they would use to get information or support about their mental health.

In addition, young people were asked what places they have actually used to get information or support about their mental health. Figure 21 shows sources of support reported by young people.

Friends, online sources/TV, psychologists/therapists, and parents were reported as most frequently sources of mental health support or information that young people had either used or would like to use. Friends, parents and online/TV were sources that young people actually found useful.

We asked young people about which places they had found helpful when they looked for information or support about their mental health (Figure 22).

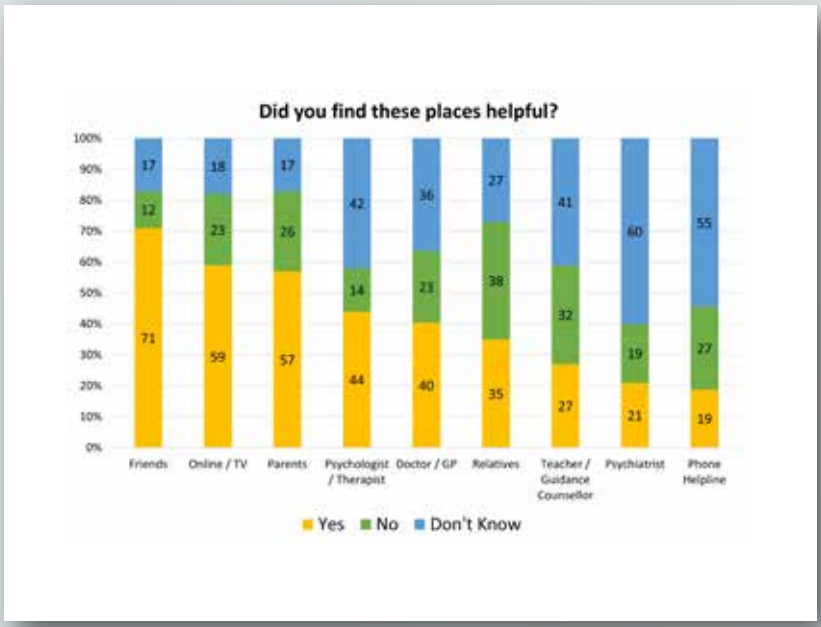


Figure 22. Helpfulness of support or information sources about mental health.

3.3.4 Self-harm and Suicidal Behaviour

Questions about suicidality were displayed to participants between the ages of 17-25 (n= 676).

Self-harm. Among the young people surveyed, 44% reported that they had ever deliberately hurt themselves without lethal intent. Of those, 30% did so within the last year, 17% within the last six months, 15% within the last month, and 39% at some other time. Females (49%) were more likely to report this than males (34%) F (1, 663) = 5.41, p=.02 (see Figure 23).

Furthermore, 17% of young adults reported that they had ever hurt themselves with lethal intent. Of these, 30% did so within the last year, 23% within the last six months, 7% within the last month, and 40% at some other time. Females (18%) were more likely to report this than males (9%) F (1, 663) = 5.73, p=.02 (see Figure 23).

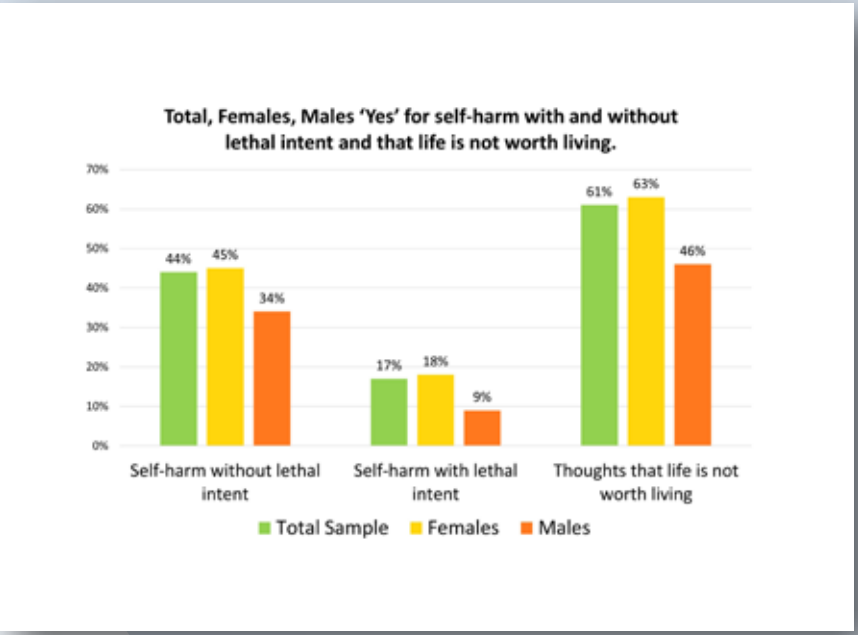


Figure 23. Self-harm with and without lethal intent and thoughts that life is not worth living in the total sample, in females, and in males (n=664).

Suicidal Ideation. Of the surveyed young adults, 61% reported thinking that life was not worth living at some point. Of these, 36% reported having these thoughts within the last year, 13% within the six months, 29% within the last three months, and 22% at some other time. Females (63%) were more likely to report this than males (54%) F (1, 662) = 13.17, p<.001 (see Figure 23).

Regarding suicidal thoughts, 65% of young adults had thought about taking their own life even though they would not do it (Figure 24). Of these, 37% indicated this was within the last year, 12% indicated this was within the last six months, 25% within the last three months, and 26% at some other time. There was no significant difference between males and females (p=.104).

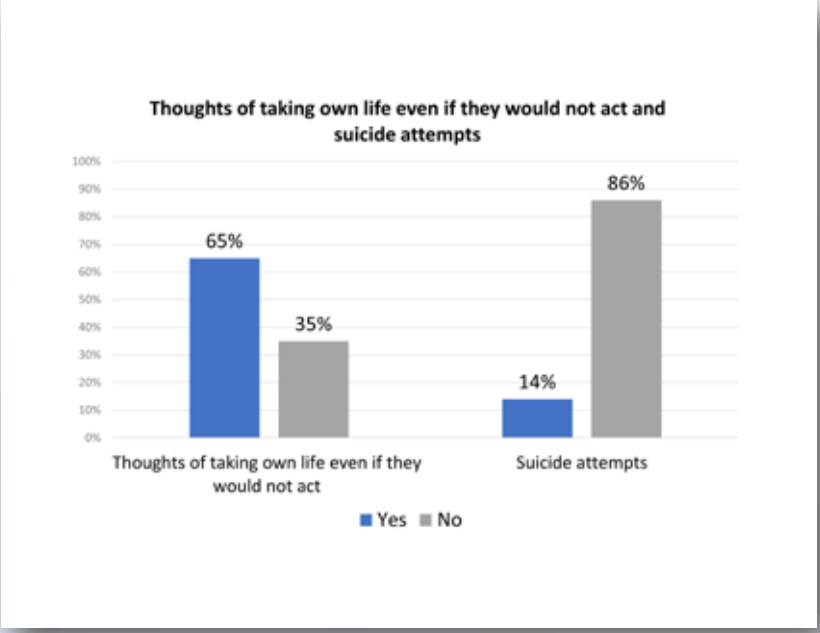


Figure 24. Thoughts that life was not worth living and suicide attempts in the full sample.

Suicide Attempt. It was observed that 14% of the young adults surveyed indicated that they had made an attempt to take their own life at some point (Figure 24). Of these young people, 26% indicated that it was within the last year, 14% within the last six months, 14% within the last three months, and 46% at some other time. There was no difference between males and females (p=.325). Where young adults had made an attempt to take their life, 58% indicated that they accessed help or support.

4. Conclusions

This report presents findings on the mental health and well-being of 1009 adolescents and young adults (12-25 years old) living in Ireland. Most participants were females, of Irish origin and living with their parent(s)/guardian(s) at the time of the survey. In general, young people reported that they were in very good or good physical health. In terms of young people's knowledge and beliefs of COVID-19 most participants reported very good knowledge of the disease transmission routes, high levels of satisfaction with health information and internet/ social media as their preferred source of health information. Almost all adolescents and young adults (93%) reported that they were likely to survive COVID-19, should they get infected. As an overall sample, young people believed that they were moderately likely to contract COVID-19 and highly likely to survive COVID-19 should they get infected. However, these patterns seemed to differ between adolescents and young adults as well as between gender and between young people living with and without chronic health conditions (Nearchou et al., 2022). Overall, young people showed a good level of adherence to precautionary measures against COVID-19 with no differences accounted by age group. Because health literacy (that is knowledge of and attitudes towards a health issue) is an indicator of people's inclination to engage in a health-related behaviour, this finding is not surprising considering that most participants reported a very good knowledge of COVID-19 related information. This finding may also be related to the intense national health awareness campaign during the pandemic. Participants reported high levels of personal and relational resilience (the latter reflecting relationships with community, family, etc) they also perceived their friendships and peer networks as important aspects of their lives. Young people indicated that their friends and online were their preferred sources of support or information about their mental health. This finding is in line with existing evidence highlighting those positive relationships, either with family, friends, community or a significant other, are considered important by youth (e.g., Nearchou, 2018; Patel et al., 2007).

The psychological distress related to COVID-19 was specifically investigated using a scale to capture posttraumatic stress symptoms related to the event. Almost two thirds of young people reported psychological distress above the normal range.

A little less than half of participants reported stress and anxiety levels classified under normal range. However, the pattern for depression levels was different: approximately one out of five participants reported normal levels of depression, while almost 40% were classified under the severe/extremely severe range. While not directly linked to the pandemic, these findings should be taken into consideration as they may indicate that young people experience mental health difficulties related to stress, anxiety, and depression, with or without the presence of a pandemic.

Almost two thirds of young people reported suicidal ideation. More females than males reported engaging in self-harm with or without lethal intent. Finally, 14% of young people indicated that they have made an attempt to take their own life with 58% of these having accessed help or support. This is an important realisation considering that available pre-pandemic evidence highlights that youth regardless of developmental stage (e.g., adolescence, young adulthood) are at risk of experiencing mental health difficulties (Patel et al., 2007). Research using data from the Your Youth Health Project showed that COVID-19 related posttraumatic stress levels was associated with an increased the likelihood of engaging in self-harm in young adults, which highlights that the pandemic was experienced as traumatic by some young people. This research also showed that caregiver resilience was a strong contributing factor to a decreased likelihood in engaging in self-harm. This indicates that resilience in young people who may be at risk for self-harm can be promoted through empowering caregivers and families to support their children in need (Nearchou, 2022)

Taken together these findings suggest that young people from our sample aged 12-25 years old have experienced a psychological impact as a result of this unprecedented global public health crisis. Young people reported experiencing mental health difficulties especially related to depressive symptoms, which may not necessarily be linked to the pandemic. Social support from friends and relationships with family and community are perceived as important by young people. In the aftermath of this pandemic these findings may help foster discussions and inform decisions in designing supports and interventions targeting young people. However, because our sample is relatively small, future research including larger cohorts of adolescents and young adults may be needed to further corroborate these findings.

References

Centers for Disease Control and Prevention. (2021). Risk for COVID-19 Infection, Hospitalization, and Death By Age Group. Accessed: 07/03/2022. https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-age.html

Chaabane, S., Doraiswamy, S., Chaabna, K., Mamtani, R., & Cheema, S. (2021). The Impact of COVID-19 School Closure on Child and Adolescent Health: A Rapid Systematic Review. Children, 8(5), 415. https://www.mdpi.com/2227-9067/8/5/415

Department of Health (2021). Press release: Statement from the National Public Health Emergency Team - Monday 11 January. Accessed: 07/03/2022. https://www.gov.ie/en/press-release/6304c-statement-from-the-national-public-health-emergency-team-monday-11-january/

Dooley B, O'Connor C, Fitzgerald A, O'Reilly A. My World Survey 2: national study of youth mental health in Ireland. Jigsaw, the National Centre for Youth Mental Health. 2019. www.myworldsurvey.ie

Jefferies, P., McGarrigle, L., & Ungar, M. (2019). The CYRM-R: A Rasch-validated revision of the child and youth resilience measure. Journal of Evidence-Informed Social Work, 16(1), 70–92. https://doi.org/10.1080/23761407.2018.1548403

Lindberg, L. D., Bell, D. L., & Kantor, L. M. (2020). The Sexual and Reproductive Health of Adolescents and Young Adults During the COVID-19 Pandemic [https://doi.org/10.1363/psrh.12151]. Perspectives on Sexual and Reproductive Health, 52(2), 75-79. https://doi.org/https://doi.org/10.1363/psrh.12151

Lovibond, P. F., & Lovibond, S. H. (1995). The structure of negative emotional states: Comparison of the depression anxiety stress scales (DASS) with the beck depression and anxiety inventories. Behaviour Research and Therapy, 33(3), 335-343. https://doi.org/10.1016/0005-7967(94)00075-U

Murray, A., McNamara, E., O'Mahony, D., Smyth, E., and Watson, D. (2021) Growing Up in Ireland: Key findings from the special COVID-19 survey of Cohorts '98 and '08. ESRI Growing Up in Ireland March 2021. Dublin: Office of the Minister for Children and Youth Affairs.

Nearchou, F. (2022). Self-harm in Young People: Investigating the Role of Resilience and Posttraumatic Stress Related to the COVID-19 Pandemic. Journal of Child & Adolescent Trauma. https://doi.org/10.1007/s40653-022-00511-z

Nearchou, F., & Douglas, E. (2021). Traumatic distress of covid-19 and depression in the general population: Exploring the role of resilience, anxiety, and hope. International Journal of Environmental Research and Public Health, 18(16), 8485. https://doi.org/10.3390/ijerph18168485

Nearchou, F., Flinn, C., French, A., Hennessy, E., Kerin, L., & Linehan, C. (2022). Health Literacy of COVID-19 and Compliance with Precautionary Measures: A Cross-Sectional Study in Adolescents and Young Adults in Ireland. Youth, 2(2), 165–180. https://doi.org/10.3390/youth2020013

Nearchou, F., Hennessy, E., Flinn, C., Niland, R., & Subramaniam, S. S. (2020). Exploring the impact of covid-19 on mental health outcomes in children and adolescents: A systematic review. International Journal of Environmental Research and Public Health, 17(22), 1-19. https://doi.org/10.3390/ijerph17228479

Perrin, S., Meiser-Stedman, R., & Smith, P. (2005). The children's revised impact of event scale (CRIES): Validity as a screening instrument for PTSD. Behavioural and Cognitive Psychotherapy, 33(4), 487-498. https://doi.org/10.1017/S1352465805002419

Pollak, S. (2020, 4 May 2020). Young people 'disproportionately affected' by Covid-19 related job losses. The Irish Times.

Psychology Foundation of Australia. (2011). Depression Anxiety Stress Scale - DASS. Retrieved from http://www2.psy.unsw.edu.au/groups/dass//.

Samji, H., Wu, J., Ladak, A., Vossen, C., Stewart, E., Dove, N., Long, D., &Snell, G. (2021). Review: Mental health impacts of the COVID-19 pandemic on children and youth – a systematic review. Child and Adolescent Mental Health, doi:http://dx.doi.org/10.1111/camh.12501

Timonen, V., Greene, J., & Émon, A. (2021). 'We're Meant to Be Crossing Over ... but the Bridge Is broken': 2020 University Graduates' Experiences of the Pandemic in Ireland. YOUNG, 11033088211004792. https://doi.org/10.1177/11033088211004792

Wang, C., Pan, R., Wan, X., Tan, Y., Xu, L., Ho, C. S., & Ho, R. C. (2020). Immediate Psychological Responses and Associated Factors during the Initial Stage of the 2019 Coronavirus Disease (COVID-19) Epidemic among the General Population in China. Int J Environ Res Public Health, 17(5). https://doi.org/10.3390/ijerph17051729

Watson, P. (2021). Ireland: life under one of the harshest lockdowns in the world. The Guardian.

Weiss, D. S. (2007). The Impact of Event Scale: Revised. In J. P. Wilson & C. S.-k. Tang (Eds.), Cross-cultural assessment of psychological trauma and PTSD (pp. 219–238). Springer Science + Business Media. https://doi.org/10.1007/978-0-387-70990-1_10

World Health Organisation. (2020a). Archived: WHO Timeline - COVID-19.

Zimet, G. D., Dahlem, N. W., Zimet, S. G., & Farley, G. K. (1988). The multidimensional scale of perceived social support. Journal of personality assessment, 52(1), 30-41.

Published by
University College Dublin School of Psychology, Dublin, Ireland.

Funding
The Healthy Ireland Fund supported by the Department of Health and the Department of Children, Equality, Disability, Integration and Youth.

University College Dublin, College of Social Sciences and Law Research Funding Scheme supported the implementation of this report.

University College Dublin, Ad Astra Fellowship Start Up Fund supported the dissemination of this research.