UCD DUBLIN

YOUR YOUTH HEALTH PROJECT: DÚN LAOGHAIRE-RATHDOWN

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

RESILIENCE & HEALTH LAB

dlr Comhairle Contae County Council

hi Healthy Ireland

CYPSC Dún Laoghaire-Rathdown

pobal government supporting communities

Rialtas na hÉireann Government of Ireland

# 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.

The Dún-Laoghaire Rathdown report presents findings from young people living in the area at the time of the pandemic.

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Cite as

Nearchou, F., Flinn, C. French, A., Hennessy, E., Kerin, L., and Linehan, C. (2022). Your Youth Health Project: Exploring the impact of COVID-19 on the mental health and well-being of young people in Ireland. A report of findings for the Dún Laoghaire-Rathdown region. University College Dublin.

# Contents



# Glossary

| | |
|---|---|
| **CFE** | College of Further Education |
| **CRIES – 13** | Children's Revised Impact of Events Scale |
| **DRL CYPSC** | Children & Young Peoples' Services Committees (Dún Laoghaire-Rathdown) |
| **CYRM – R** | Children & Youth Resilience Measure-Revised |
| **DASS – 21** | Depression, Anxiety & Stress Scale - 21 items |
| **DL – R** | Dún Laoghaire-Rathdown |
| **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

## DR FINIKI (NIKI) NEARCHOU - PRINCIPAL INVESTIGATOR

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.

## CLODAGH FLINN

Clodagh is an Ad Astra PhD scholar in UCD. Her research involves mental health and resilience in young people with chronic skin conditions. Clodagh has worked as a research assistant on the Your Youth Health Project since 2020.

## PROFESSOR EILIS HENNESSY

Eilis Hennessy is a Professor in the UCD School of Psychology. Her research addresses stigma, bias, and discrimination experienced by children and adolescents with chronic health problems with a particular focus on those who have mental health and behavioural problems.

## ASSOCIATE PROFESSOR CHRISTINE LINEHAN

Dr. Linehan is an Associate Professor with the UCD School of Psychology, Director of the UCD Centre for Disability Studies and Director of the MSc in Disability.

## LORNA KERIN

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 Dún 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.

# Executive Summary

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. This report presents findings specifically for the Dún Laoghaire-Rathdown area. 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 internet/social media as their preferred source of information.
- Young people adhered to precautionary measures such as wearing masks and washing hands with soap and water.
- Young people perceived their relationships with peers as very supportive.
- Participants aged 17-25 years experienced psychological distress related to COVID-19 in higher levels than younger participants aged 12-16 years old.
- Younger participants generally reported normal levels of anxiety and stress, but higher levels of depression.
- 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.

# 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, medicines, exercise and care for relatives); bans on public and private gatherings; and closures of non-essential shops, community centres, and hospitality sector. Schools and third level education institutions shifted their teaching and other activities to online mode of delivery. During 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 Guardian 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 or COVID-19 symptoms (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 in 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). 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 about how they can be better supported after the outbreak. This project offers an insight of young people's differences in responses to COVID-19, thus capturing their true needs in the light of this unprecedented public health crisis. In this report we present findings specifically from young people living in the Dún Laoghaire-Rathdown (DL-R) area.

# 2. Methodology

## 2.1 Recruitment of Adolescents (12-17 years old)

*School Selection.* 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. Because this project was a collaboration with the DL-R Children's and Young People's Services Committee (CYPSC DL-R), all schools in the DL-R area were selected.

*Recruitment of Schools.* All post-primary schools in the DL-R area 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 32 post-primary schools that were contacted, a total of four schools agreed to take part in the study (12.5% participation rate). The main reason given by schools for not opting to get involved was to avoid asking students to engage in additional online activities.

*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.

## 2.2 Recruitment of Young Adults (18-25 years old)

*Recruitment of third-level Institutions.* Five colleges of further education (CFE) within the DL – R county were invited to participate in the research. Dún Laoghaire Institute of Art, Design and Technology and University College Dublin were also contacted about the research. 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 and invited to share the survey web link with their networks. Eight third-level institutions were contacted and three took part in the study (37.5% participation rate).

*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. Similarly to third-level institutions when following the link all participants were presented with a comprehensive online research information sheet and a consent form. Data were collected anonymously.

## 2.3 Measures

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

*Demographic Information.* Demographic information regarding age, gender, ethnic background, area of residence and education were collected.

*COVID-19.* Participants were asked a series of questions 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(s) 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 were used to investigate aspects of mental health during the COVID-19 pandemic in adolescents. The scales employed 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 et al., 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).

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 (Ð) 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 = 142) | 17 | .87 | 16 – 51 |
| CYM – R – Personal Resilience | 10 | .81 | 9 – 30 |
| CYM – R – Relational Resilience | 7 | .84 | 7 – 21 |
| Multidimensional Scale of Perceived Social Support (MSPSS) (n = 130) | | | |
| MSPSS – Friends | 4 | .95 | 1 – 7 |
| Help-seeking | 3 | - | - |
| Depression, Anxiety and Stress Scale (DASS) (n = 143) | 21 | - | - |
| DASS – Depression | 7 | .91 | 0 – 42 |
| DASS – Anxiety | 7 | .83 | 0 – 42 |
| DASS – Stress | 7 | .85 | 0 – 42 |
| Children's Revised Impact of Events Scale (CRIES)* (n = 31) | 13 | .88 | 0 – 39 |
| Impact of Events Scale (IES)** (n = 99) | 22 | .93 | .93 |

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

# 3. Results

Results are presented only for young people from the DL-R region in the following three sections: demographic characteristics; COVID-19 history, knowledge and precautionary measures; mental health and well-being. A fourth section presents comparative findings from participants living in DL-R and from elsewhere in Ireland.

## *3.1. Demographic Characteristics of the Sample*

The DL – R sample consisted of 154 young people aged 12 – 25 years old (M = 19.5; SD = 3.62). Specifically, there were 42 adolescents aged 12 – 17 years old (M = 14.7; SD = 1.76) and 112 young adults aged 18 – 25 years old (M = 21.2; SD = 2.31).

Most participants identified as female (Figure 1) and of Irish origin (Figure 2).

Overall, 34% of the sample were enrolled in post-primary school 43% were in third-level education and 18% were in employment (Figure 3).

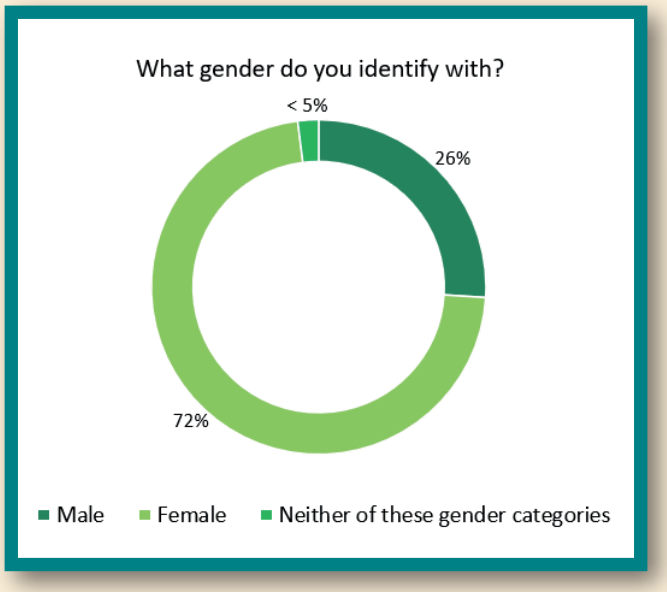



*Figure1. Gender*

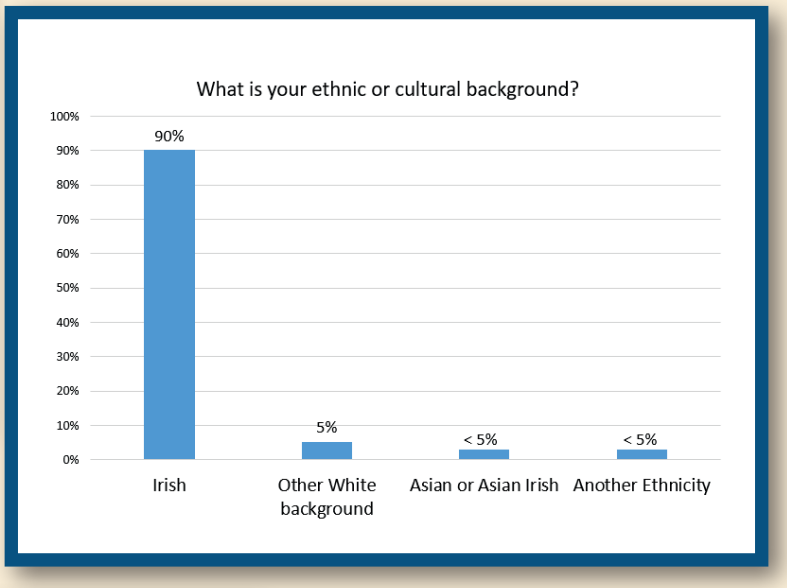



*Figure 2. Ethnic or cultural background*

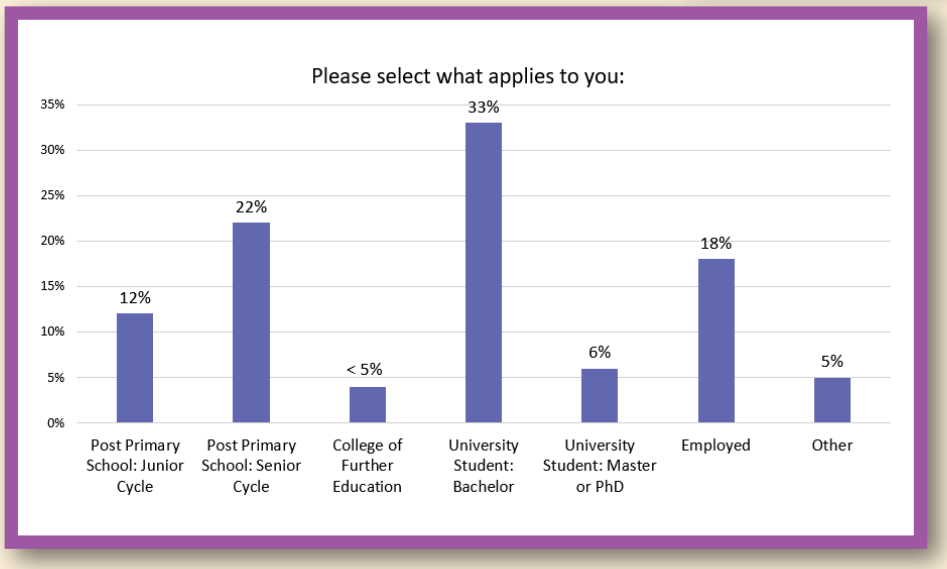
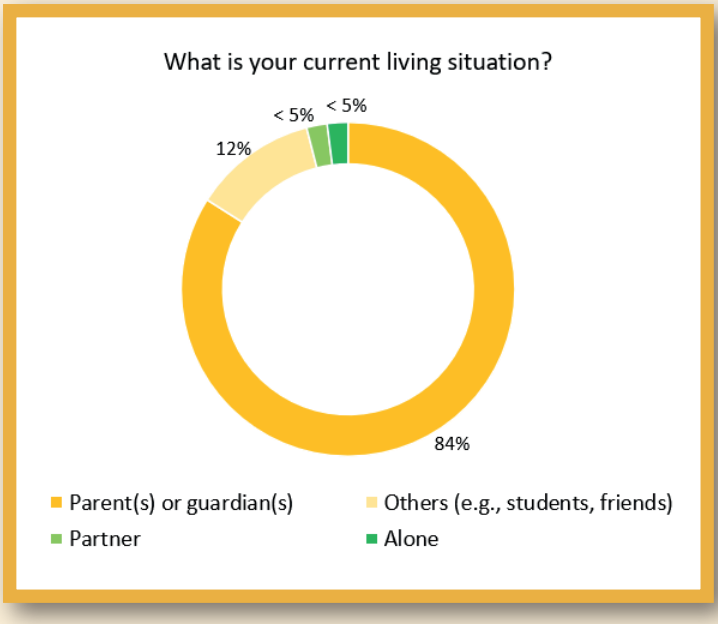



*Figure 3. Education and employment*




The majority (84%) of the sample reported living at home with their parent(s) or guardian(s) (Figure 4).

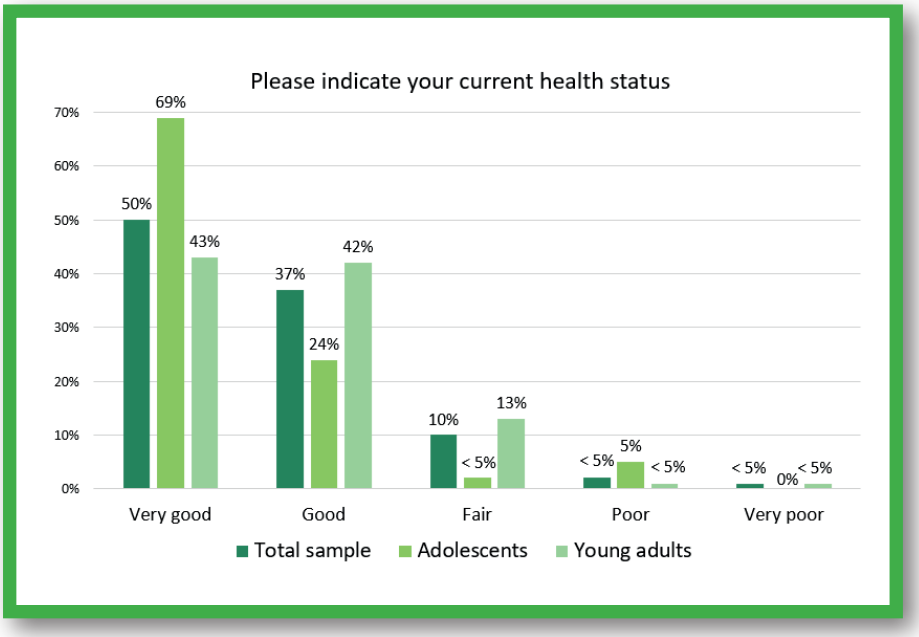
Overall, 10% of participants indicated that they attend a mental health service, 6% attended a youth organisation and < 5% attended another type of organisation or service. The majority (64%) did not attend any type of services.

*Figure 4. Participants' living situation*

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

*Physical Health Status and COVID-19 related History*

Figure 5 shows the reported physical health status of participants.




Most participants self-reported very good or good health status. There was a significant difference between adolescents (M = 4.15, SD = .91) and young adults (M = 4.25, SD = .79) regarding their health status F (1, 152) = 5.14, p = .02, with young adults perceiving their health status as worse than adolescents. There were no significant differences between males and females (p = .39).

*Figure 5. Physical health status for the total sample accounted for by age group*

Approximately 16% of youth reported being tested for COVID-19 any time since January 2020. Of those, 8% reported being diagnosed with COVID-19, and none of them were treated at a hospital. Of the whole sample, 32% reported that they were instructed to isolate or be under quarantine.

*Contact History*

Overall, 44% 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, 16% young people reported that a family member living in the same house was diagnosed with COVID-19, and 9% reported that a family member was treated in hospital. Of the entire DL-R sample, 37% 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 (p = .49; p = .58 for contaminated objects and airborne transmission respectively), or between males and females (p = .52; p = .66).

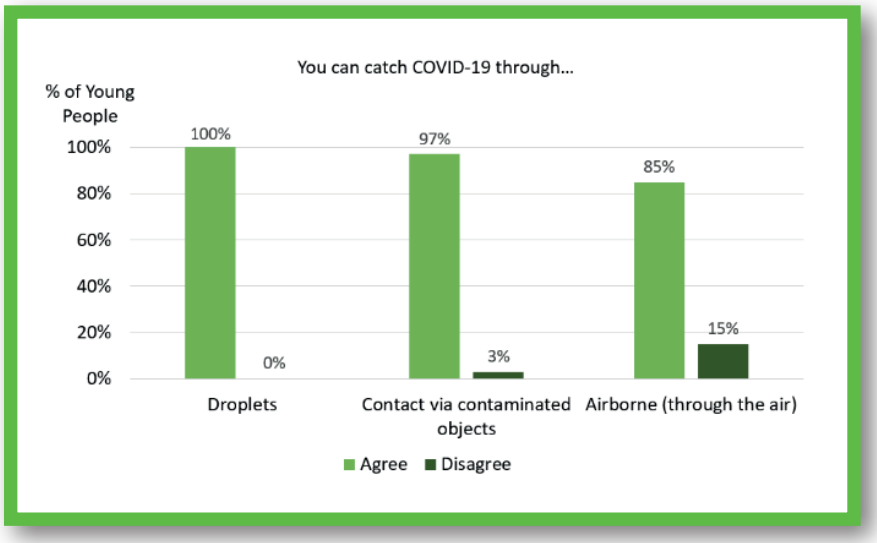



*Figure 6. Knowledge of COVID-19 transmission*

Overall, 87% 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).

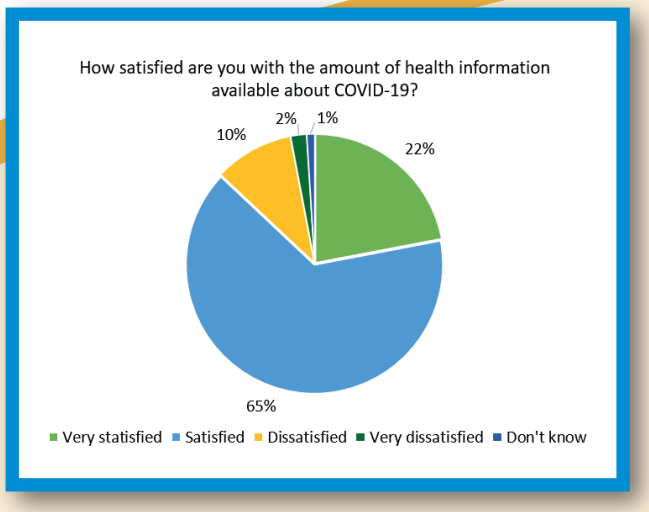



*Figure 7. Satisfaction with health information*

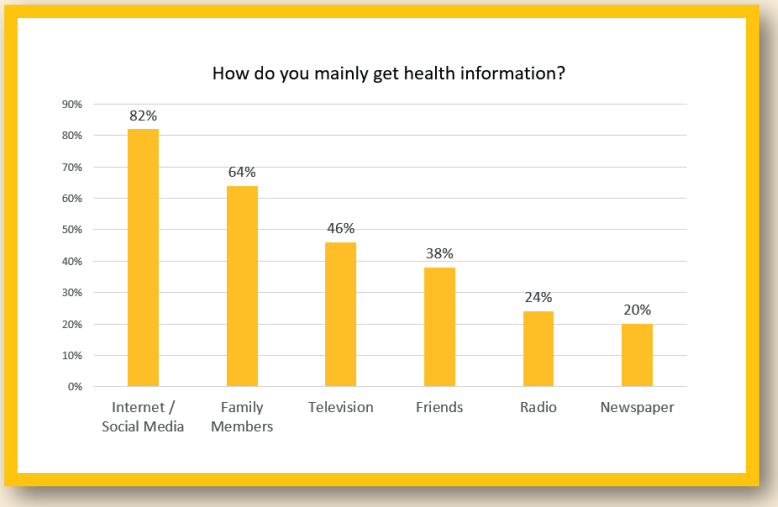



*Figure 8. Sources of health information*

Overall, 87% 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).

Over half (57%) 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 different between adolescents (M = 2.02, SD = .92) and young adults (M = 2.67, SD = .78) regarding beliefs about catching COVID-19 F (1, 150) = 18.97, p < .001, with young adults believing they were more likely to catch the virus than adolescents (Figure 10). Further, there was a significant difference between males (M = 2.26, SD = .91) and females (M = 2.61, SD = .81) regarding beliefs about catching COVID-19 F (1, 147) = 5.08, p = .03. Females believed they were more likely to contract the virus than males did (Figure 10).

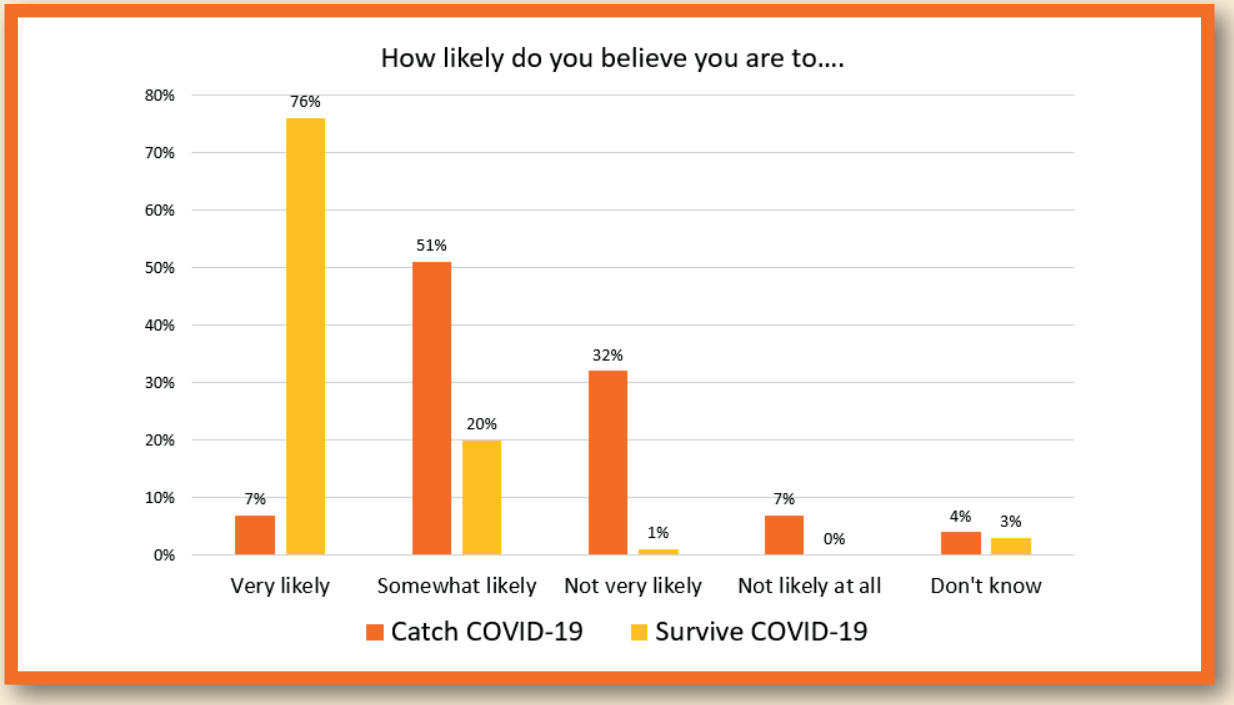



*Figure 9. Beliefs about COVID-19 (n = 154)*

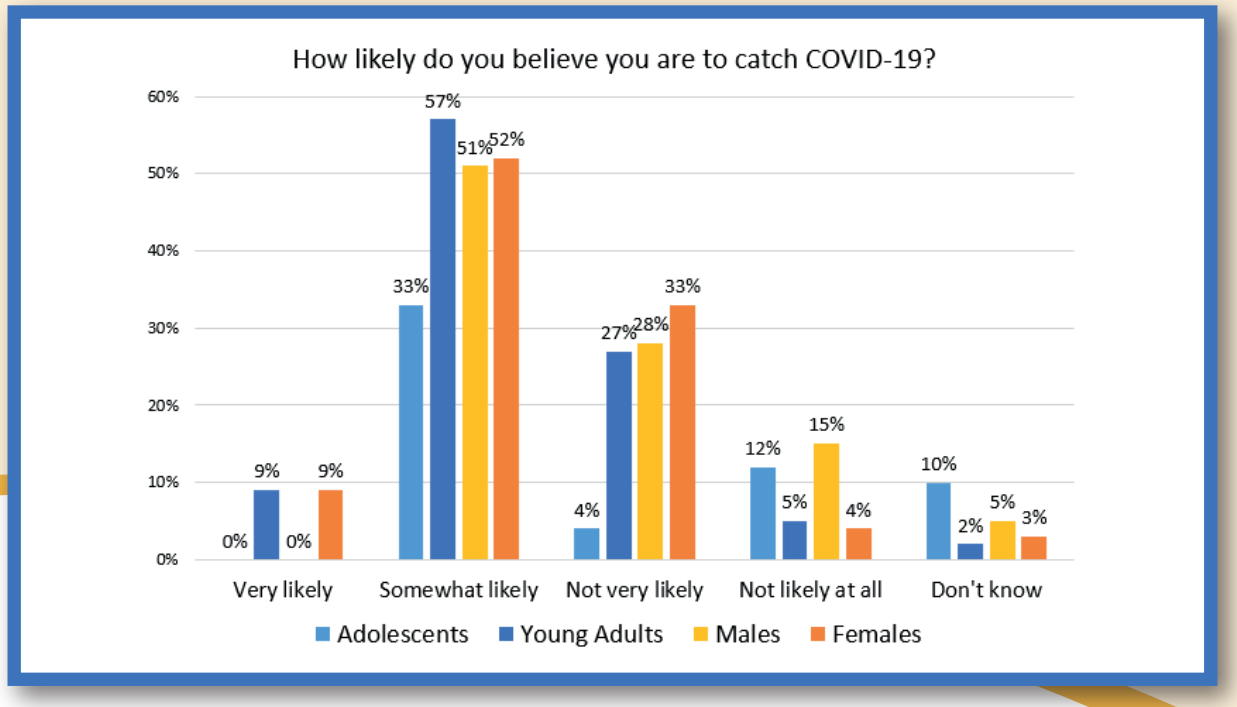



*Figure 10. Beliefs about catching COVID-19 accounted for by age group (adolescents, n = 42; young adults, n = 110) and gender (male, n = 39; female, n = 110)*

Almost all (96%) of young people believed they were very or somewhat likely to survive if they caught COVID-19 (see Figure 9). There were no significant differences between adolescents and young adults.

The majority of participants were worried about other family members getting COVID-19 (Figure 11). There was a significant difference between adolescents (M = 2.81, SD = .80) and young adults (M = 3.08, SD = .72) regarding worry F (1, 149) = 4.07, p = .045. Specifically, young adults were more worried than adolescents. There were no differences between males and females (p = .06).

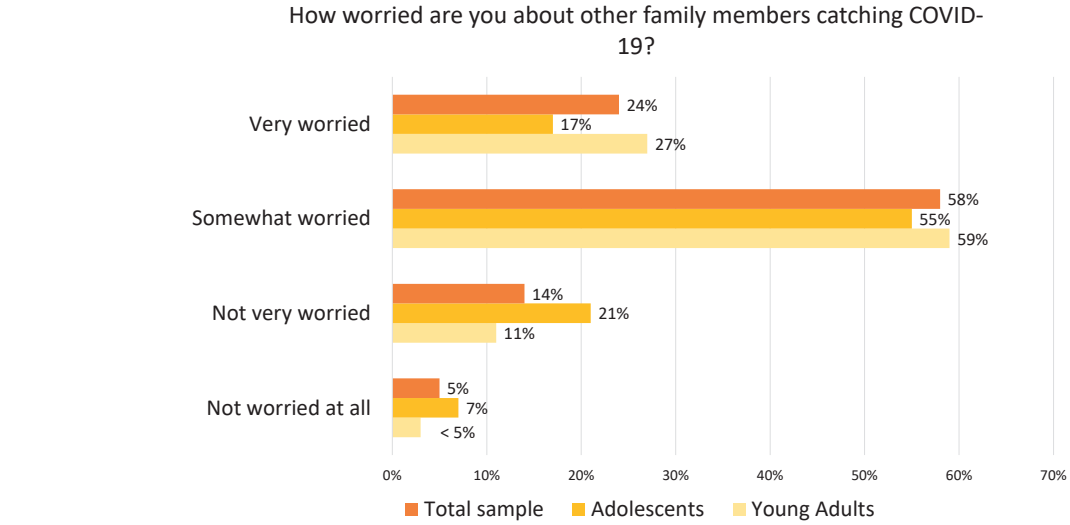



*Figure 11.* Worry about family members catching COVID-19.

*Figure 11. Worry about family members catching COVID-19*

Overall, 31% of the sample agreed that too much fuss or unnecessary worry had been made about COVID-19 (see Figure 5). There was no significant difference between adolescents and young adults ($p = .99$). There was a significant difference between males ($M = 3.08$, $SD = 1.16$) and females ($M = 2.40$, $SD = 1.34$) regarding beliefs about fuss $F(1, 143) = 7.64$, $p = .006$. Specifically, males agreed with the statement that too much fuss had been made about COVID-19 more than females.

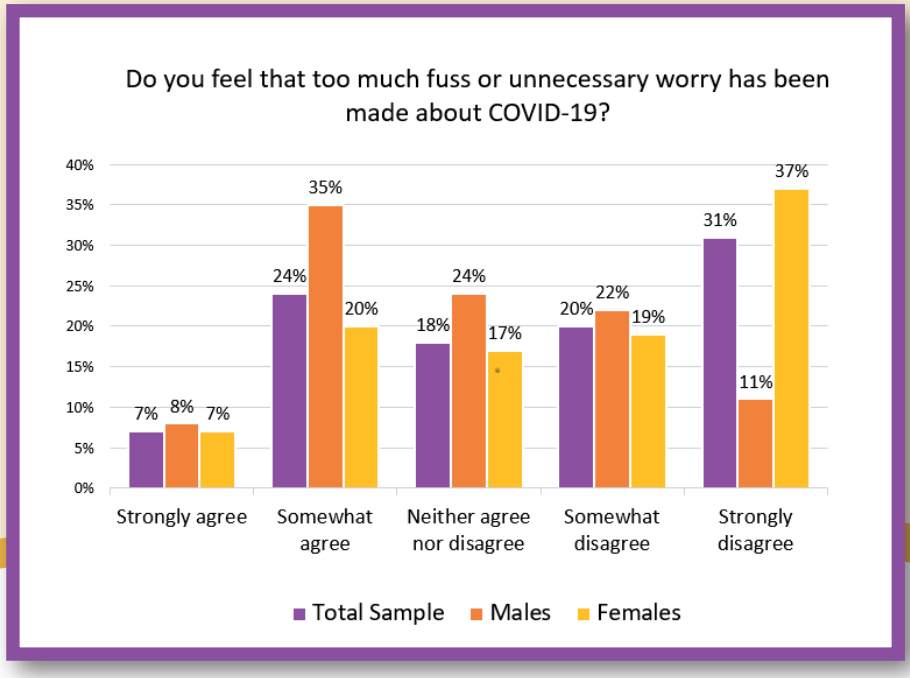



*Figure 12. Fuss about COVID-19 (n = 148)*

*Precautionary Measures*

Figure 13 shows precautionary measures adopted by young people in the past two weeks. Overall, 84% of participants reported always covering their mouth when coughing or sneezing, 81% reported always washing their hands with soap and water, and 72% reported always wearing a mask regardless of the presence or absence of symptoms. There were no significant differences between adolescents and young adults for any of the precautionary measures.

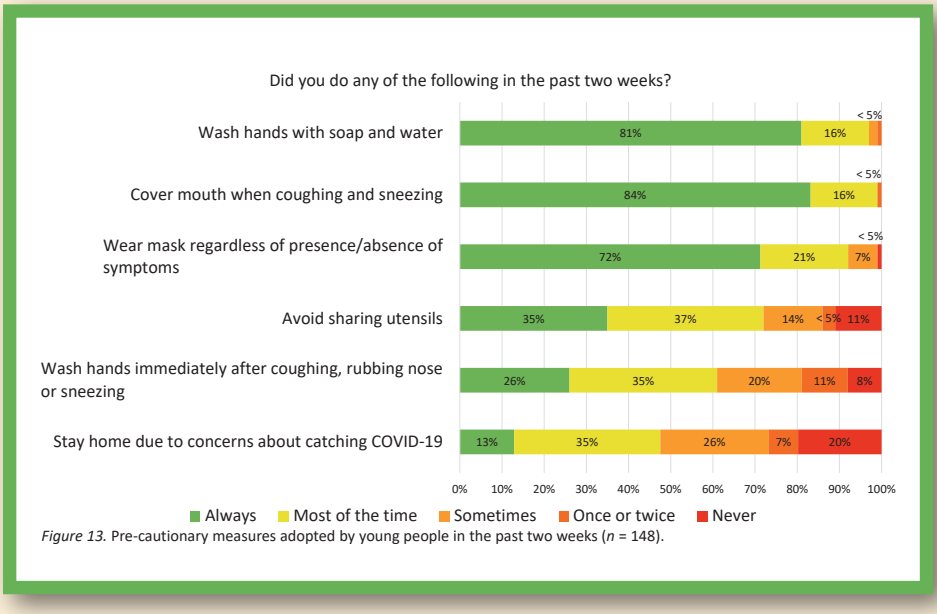



*Figure 13.* Pre-cautionary measures adopted by young people in the past two weeks (*n* = 148).

There was a significant difference between males (M = 2.51, SD = 1.35) and females (M = 3.33, SD = 1.25) regarding staying home due to concerns about catching COVID-19 F (1, 143) = 11.45, p < .001. Specifically, males were less likely to stay at home than females.

*Figure 13. Pre-cautionary measures adopted by young people in the past two weeks (n = 148)*

## *3.3. Mental Health and Well-being*

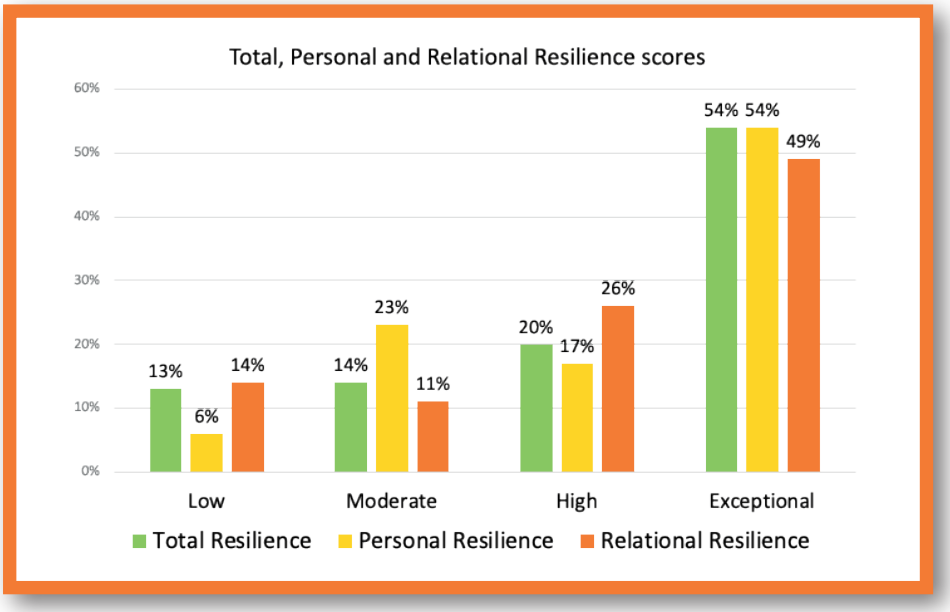
A number of validated questionnaires assessed adolescents' mental health and well-being.

### *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, 88% of young people displayed moderate to exceptional total resilience scores (Figure 14). There were no significant differences between adolescents and young adults (p = .93), or between males and females (p = .44).

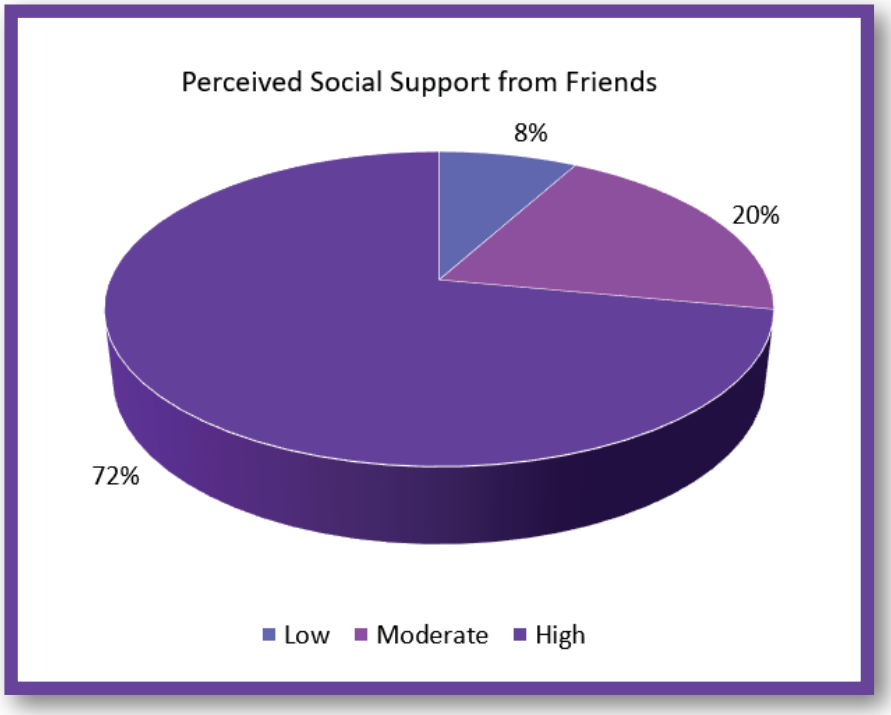



The majority (93%) of young people displayed moderate to exceptional personal resilience scores (Figure 14). There were no significant differences between adolescents and young adults (p = .85), or between males and females (p = .31).

For relational resilience, 86% of young people showed moderate to exceptional relational resilience scores (see Figure 14). There were no significant differences between adolescents and young adults (p = .23), or between males and females (p = .36).

*Figure 14. Total, Personal and Relational Resilience scores (n = 142)*

*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.

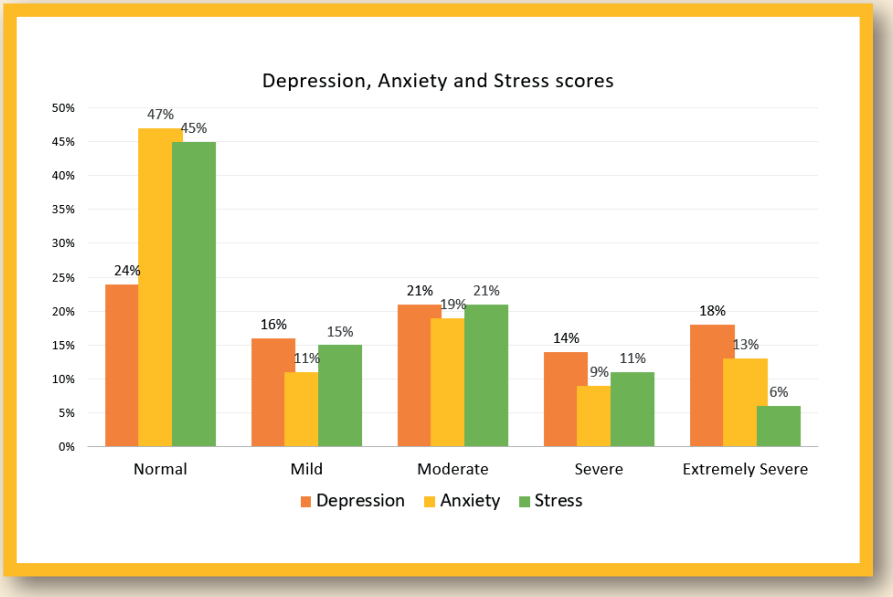
The majority (72%) of the sample perceived high social support from friends (Figure 15). There were no significant differences between adolescents and young adults (p = .94), or between males and females (p = .76).

*Figure 15. Perceived social support from friends (n = 130)*

### *3.3.2 Negative Domains*

A validated questionnaire 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 DL-R sample, 24% were classified in the normal range for depression, 47% for anxiety, and 45% for stress (see Figure 16).

There was no difference between adolescents and young adults for depression (p = .97), anxiety (p= .56), or stress (p = .68).

There was no difference between males and females for depression (p = .74), anxiety (p = .45), or stress (p = .11).

*Figure 16. Depression, anxiety and stress scores (n = 144)*

*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+ years old.

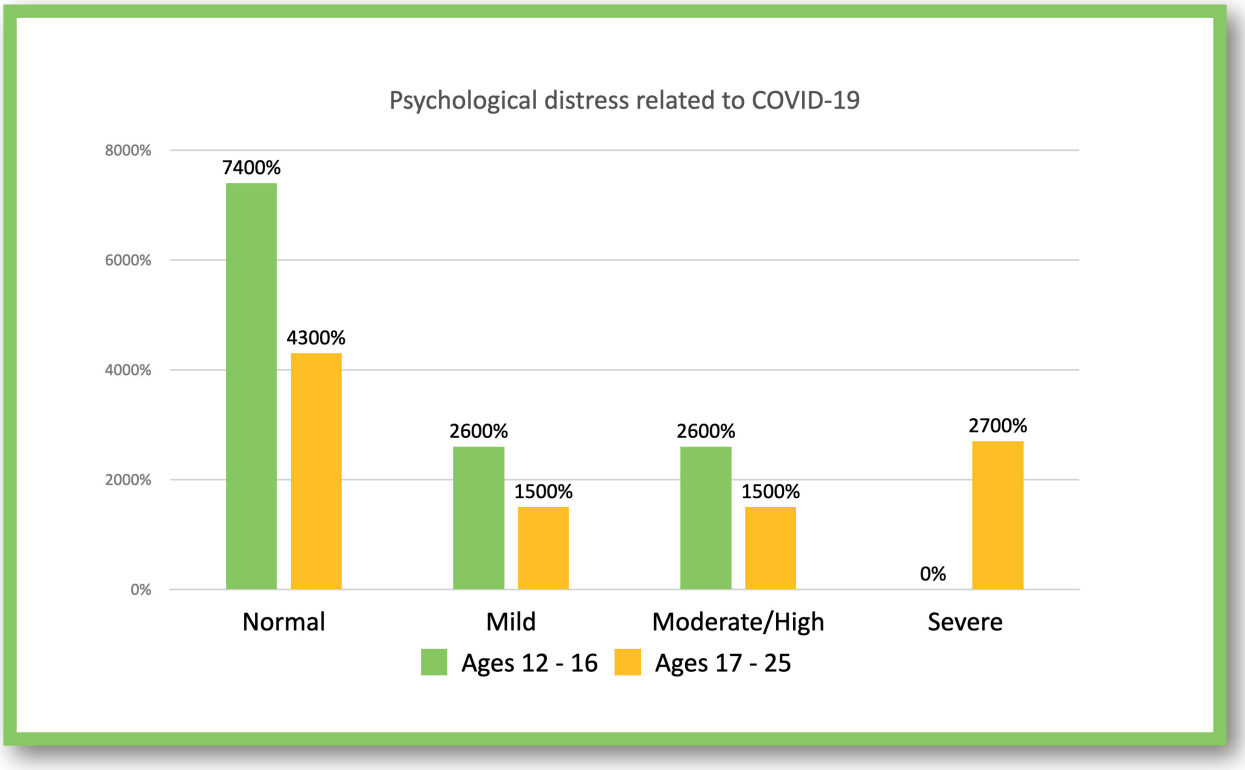



*Figure 17. Psychological distress related to COVID-19*

Ages 12 – 16 years. Overall, 74% of adolescents reported normal levels of psychological distress (Figure 17). There was a significant difference between males (M = 15.3; SD = 12.4) and females (M = 28.0; SD = 13.2) regarding psychological distress F (1, 29) = 6.803, p = .01 with girls experiencing higher levels of distress than boys.

Ages 17 – 25 years. Overall, 43% of young people reported normal levels of psychological distress (Figure 18). There was a significant difference between males (M = 22.79; SD = 15.42) and females (M = 32.0; SD = 17.16) regarding psychological distress F (1, 102) = 5.59, p = .020. Specifically, females experienced more distress than males.

*Alcohol Consumption*

Figure 18 shows frequency of young people's general alcohol consumption. Most young people (35%) reported having a drink containing alcohol 2-4 times a month. There was no difference in alcohol consumption between males and females (p = .59).

Figure 19 shows young people's alcohol consumption during COVID-19. Over one-quarter (28%) of participants reported never having drinks containing alcohol. Over half of participants (55%) reported having the same amount (16%) or fewer (39%) 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).

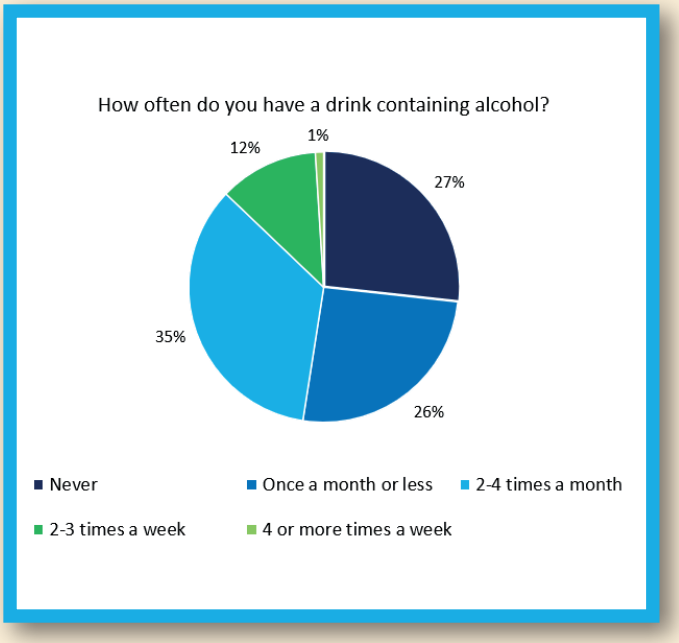



*Figure 18. Frequency of young people's alcohol consumption (n = 148)*

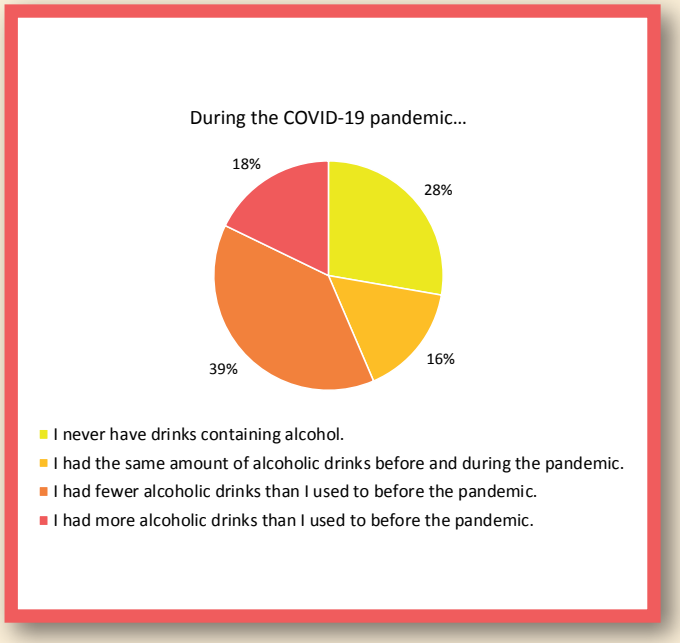



*Figure 19. COVID-19 related alcohol consumption (n = 148)*

### *3.3.3 Help-Seeking*

We asked young people about which places they had found helpful when they looked for information or support about their mental health (Figure 21).

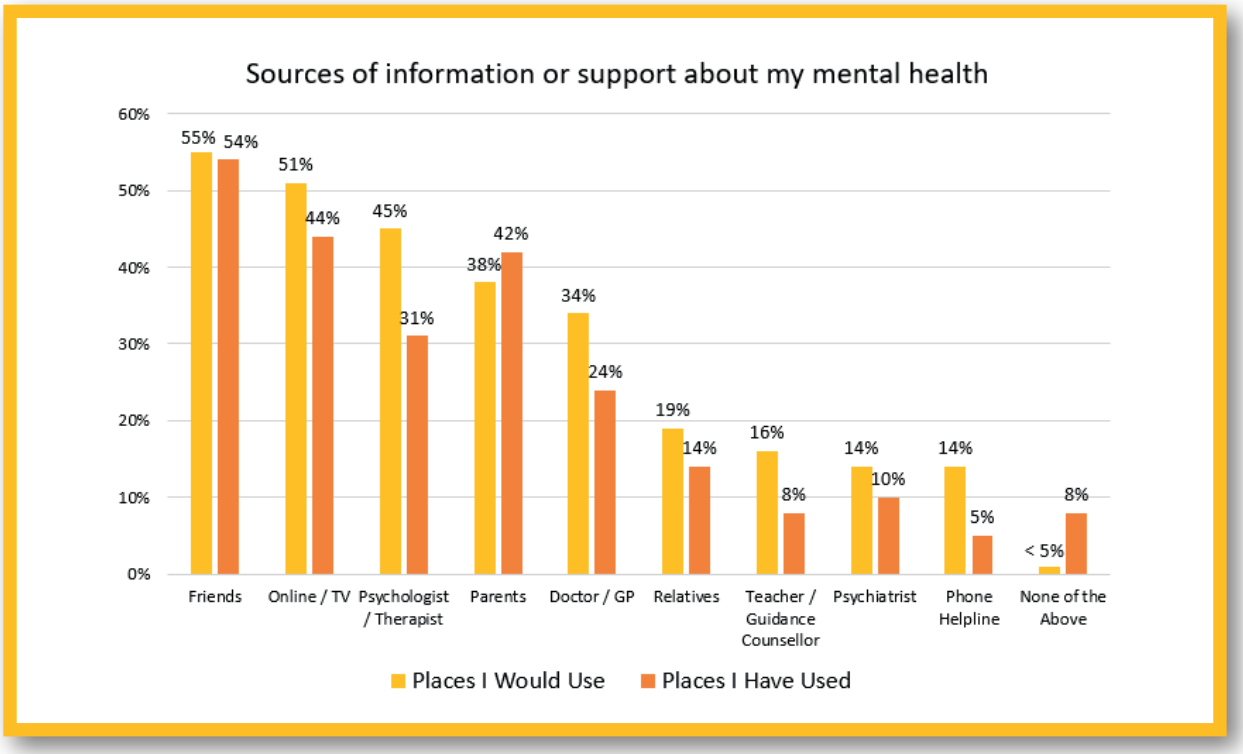



*Figure 20. Sources of information and support about mental health*

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 20 shows sources of support reported by young people.

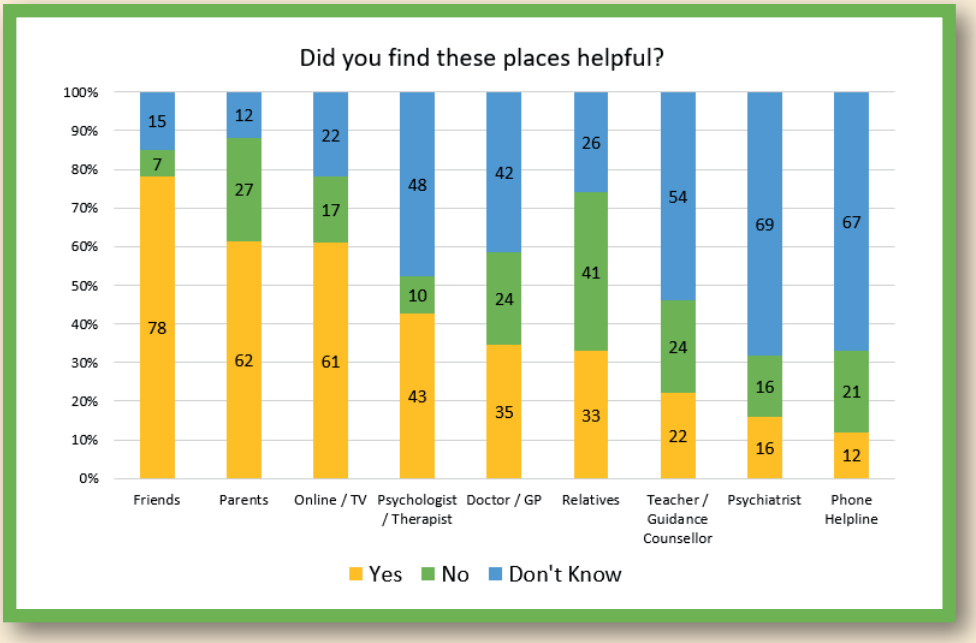



*Figure 21. Helpfulness of support or information sources about mental health*

Friends, online sources/TV, parents and psychologists/ therapists 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.

## *3.4. Comparison of Dún Laoghaire-Rathdown Findings with findings from across the country*

In addition to collecting data from young people living in DL-R, this project collected data from youth living across the Republic of Ireland. This section presents findings from the DL-R sample with those from young people across the country and investigated whether there were any significant differences between the two samples.

### *3.4.1 Demographic Characteristics of the wider Irish Sample*

The wider Irish sample (i.e., not including DL-R) consisted of 855 young people aged 12 – 25 years old (M = 19.1; SD = 3.07). Specifically, there were 157 adolescents aged 12 – 17 years old (M = 14.6; SD = 1.13) and 698 young adults aged 18 – 25 years old (M = 20.1; SD = 2.40). There was no significant difference between the DL-R sample and the wider sample with regard to age (p = .16).

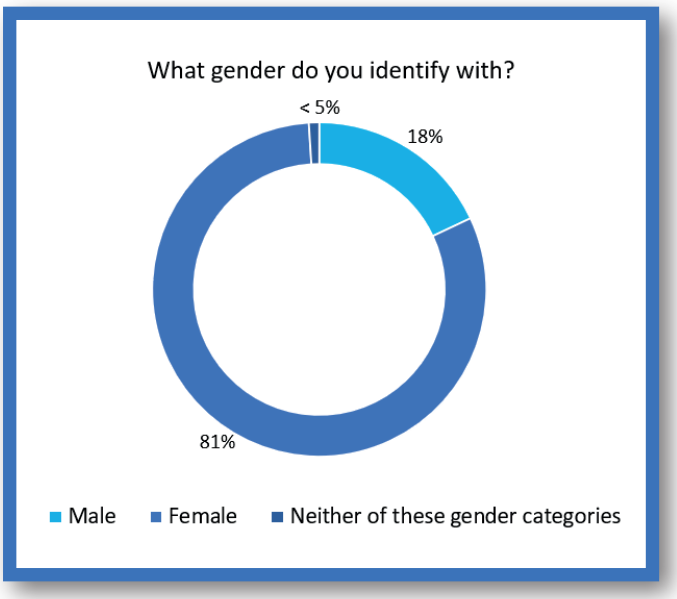



*Figure 22. Gender of the wider sample (n = 855)*

Most (81%) participants in the wider sample identified as female (Figure 22). There was no significant difference between the DL-R and the wider sample with regards to gender composition (p = .05).

Most participants were of Irish origin (79%) (Figure 23). There was a difference between the two samples regarding reported ethnic or cultural background (p = 0.04). Specifically, there was a higher proportion of participants of Irish origin in the DL-R sample compared with the wider sample. (90% vs. 79%).

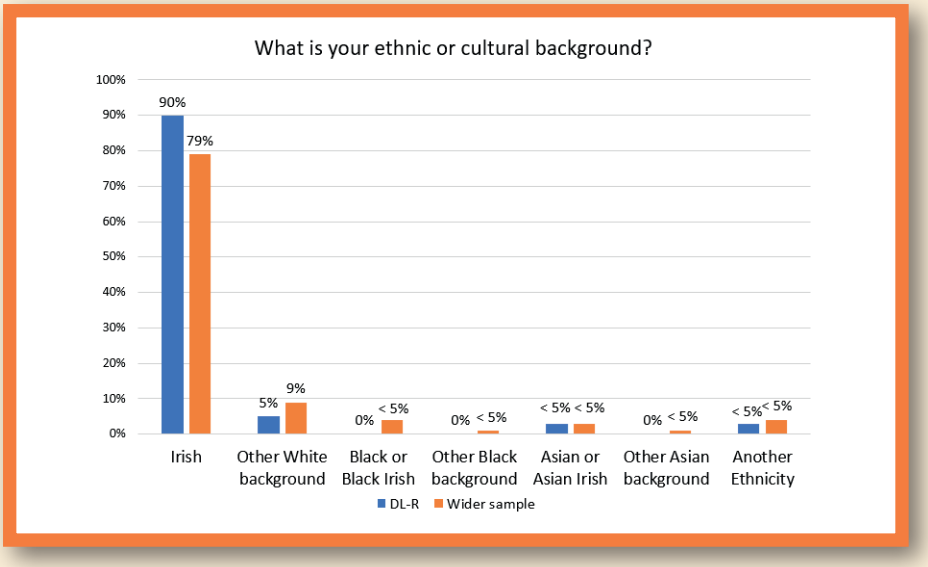



*Figure 23. Ethnic or cultural background for the DL-R sample (n = 154) and the wider sample (n = 855)*

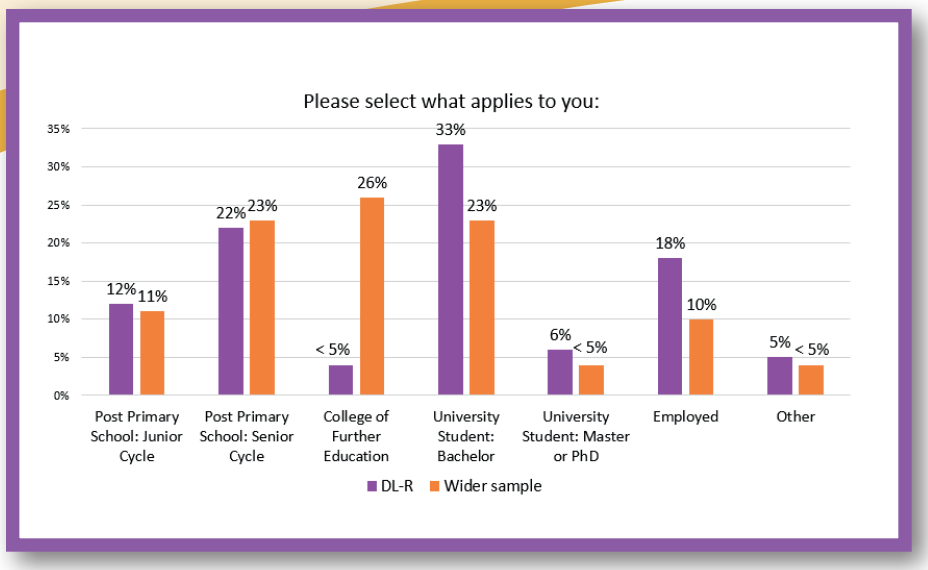



*Figure 24. Education and employment for the DL-R (n = 154) and the wider Irish sample (n = 855)*

There was a difference between the two samples in terms of education ($p < .001$). There was a lower proportion of people attending CFEs in the DL-R sample compared to the wider sample (< 5% vs. 26%; see Figure 24). The DL-R had a higher proportion of young people attending a university (33% vs. 23% for the wider sample) and in employment (18% vs. 10% for the wider sample).

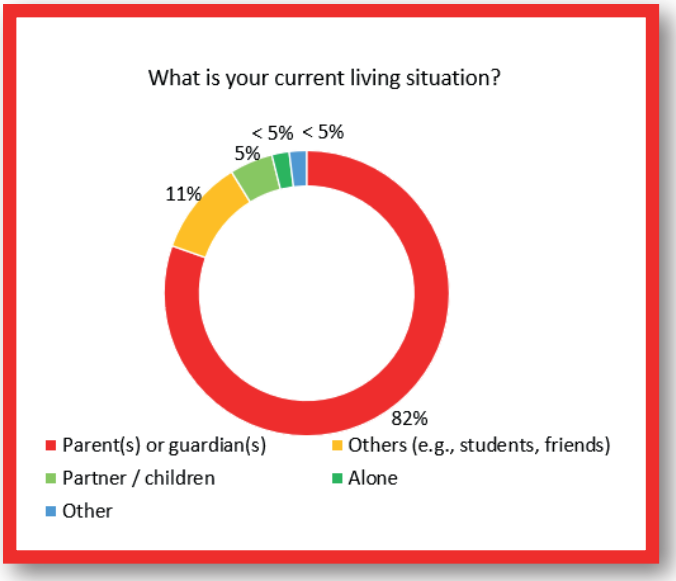


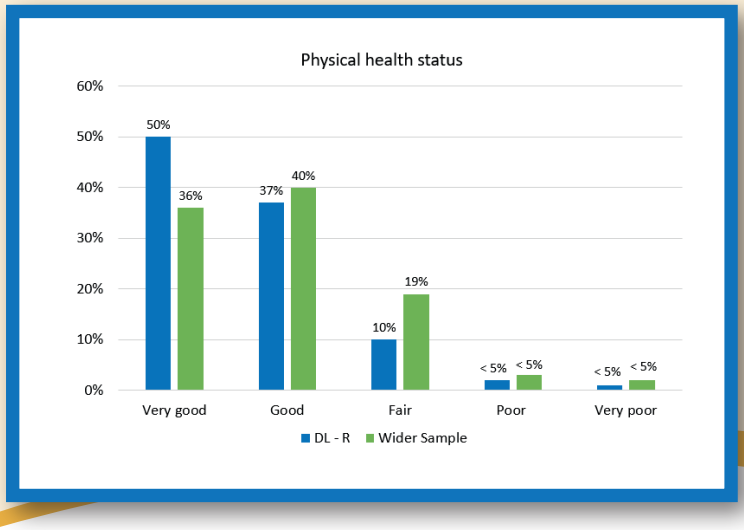

*Figure 25. Reported living situation for the wider Irish sample (n = 855)*

The majority (82%) of the wider Irish sample reported that they were living at home with their parent(s) or guardian(s) (Figure 25). There was no difference between the two samples in terms of living situation ($p = .468$).

Of the wider sample, 12% indicated that they attended a mental health service, 7% attended a youth organisation and < 5% attended another type of organisation or service. The majority (79%) did not attend any type of services.

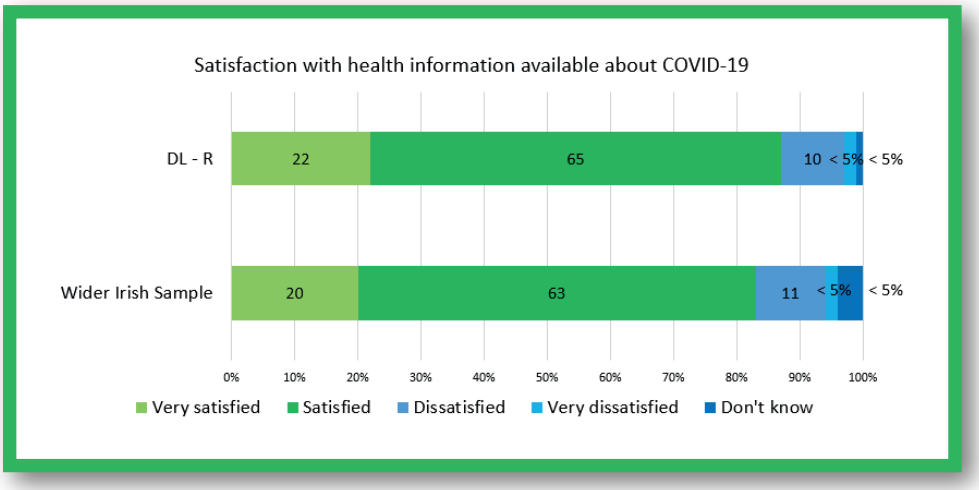
### *3.4.2 COVID-19 History, Knowledge and Precautionary Measures*

There were no significant differences between the two samples regarding knowledge of COVID-19 transmission including transmission through droplets (p = .08), contaminated objects (p = .70) and through the air (p = .75).



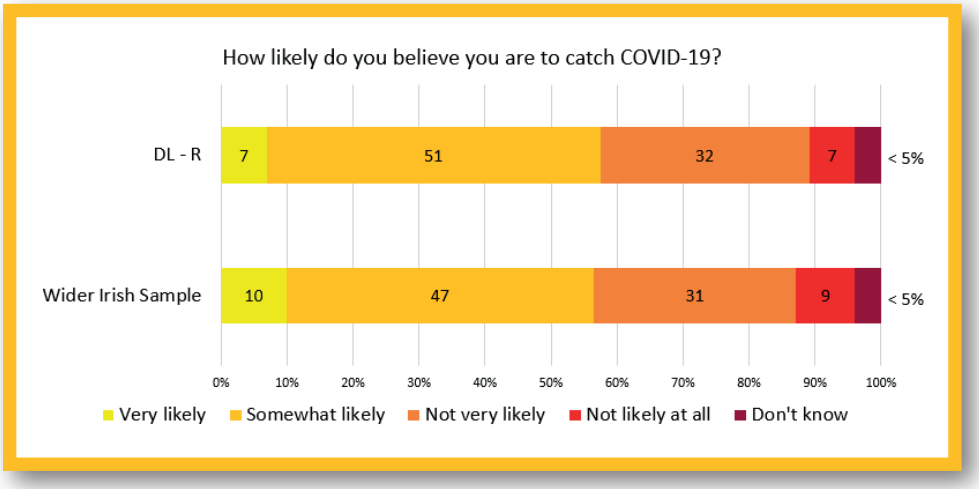

There were significant differences between the DL-R sample (M = 4.34; SD = .79) and the wider Irish sample (M = 4.06; SD = .91) with regard to reported physical health status F (1, 996) = 12.80, p < .001. The DL-R sample reported better physical health than the wider Irish sample (Figure 26).

*Figure 26. Physical health status of DL-R sample (n = 154) vs. the wider Irish sample (n = 844)*




There were no significant differences between the two samples regarding satisfaction with health information (p = .140) (see Figure 27), or beliefs about the likelihood of contracting COVID-19 (p = .98) (Figure 28).

*Figure 27. Satisfaction with health information accounted for by the DL-R sample (n = 153) and the wider Irish sample (n = 827)*




There was a difference between the two samples with regard to beliefs about the likelihood of survival if they contracted COVID-19 F (1, 969) = 4.71, p = .03 (Figure 28). Specifically, the DL-R sample (M = 3.65); SD = .80) believed they would be more likely to survive than the wider Irish sample did (M = 3.48; SD = .94).

*Figure 28. Beliefs about catching COVID-19, accounted for by the DL-R sample (n = 152) and the wider Irish sample (n = 818)*

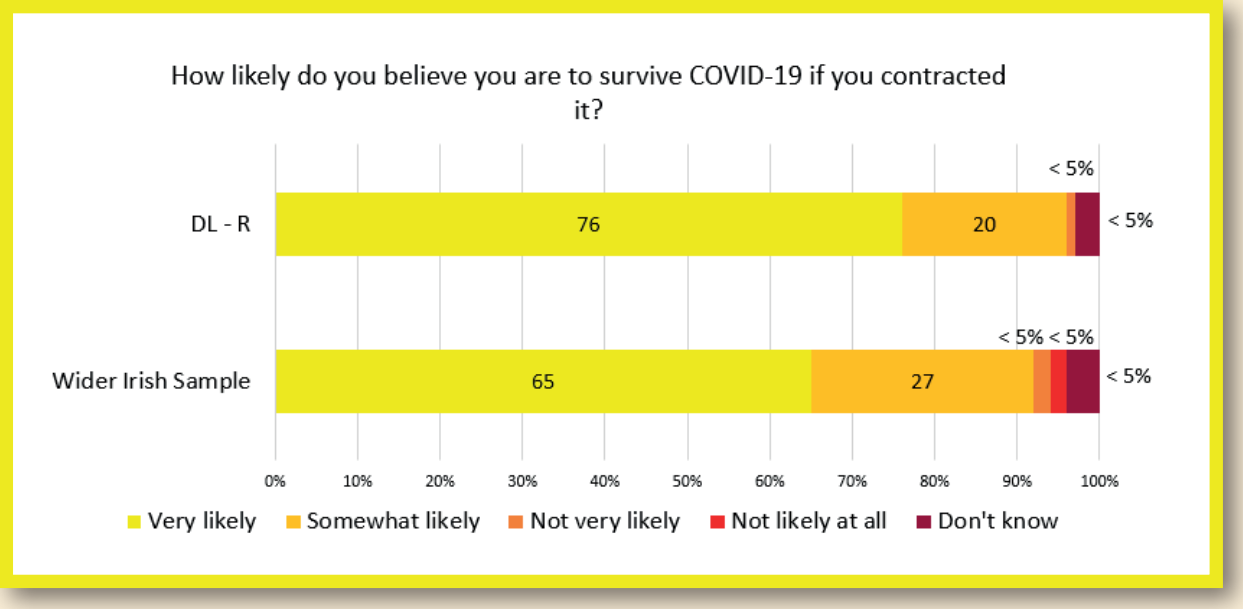



*Figure 29. Beliefs about surviving COVID-19, accounted for by the DL-R sample (n = 152) and the wider Irish sample (n = 819)*

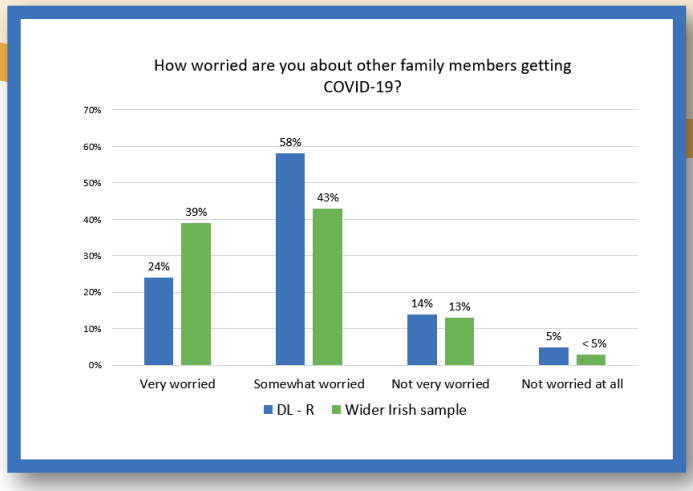



*Figure 30. Worry about family members catching COVID-19, by the DL-R (n = 151) and wider (n = 818) samples*

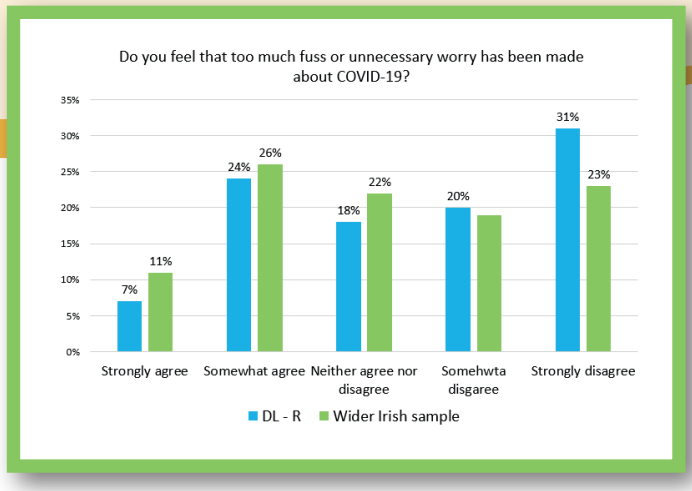



*Figure 31. Fuss about COVID-19, by the DL-R (n = 148) and wider (n = 806) samples*

Overall, the wider Irish sample (M = 3.19; SD = .77) were significantly more worried about a family member catching COVID-19, than the DL-R sample were (M = 3.01; SD = .75), F (1, 967) = 7.58, p = .006 (Figure 30).

The wider Irish sample (M = 2.83; SD = 1.33) were significantly more likely to agree with the statement that too much fuss or unnecessary had been made about COVID-19, than the DL-R sample were (M = 2.55; SD = 1.33), F (1, 52) = 5.72, p = .017 (Figure 31).

Regarding precautionary measures, there were no significant differences between the samples regarding covering mouth when coughing and sneezing (p = .49), washing hands immediately after coughing, rubbing nose or sneezing (p = .05) or washing hands with soap and water (p = .44). However, there were significant differences regarding three precautionary measures: the wider Irish sample were more likely than the DL-R sample to avoid sharing utensils (p = .005), to wear a mask regardless of presence or absence of symptoms (p = .04), and to stay at home because of concerns about catching COVID-19 (p = .02).

### *3.4.3 Mental Health and Well-being: Positive Domains*

Resilience

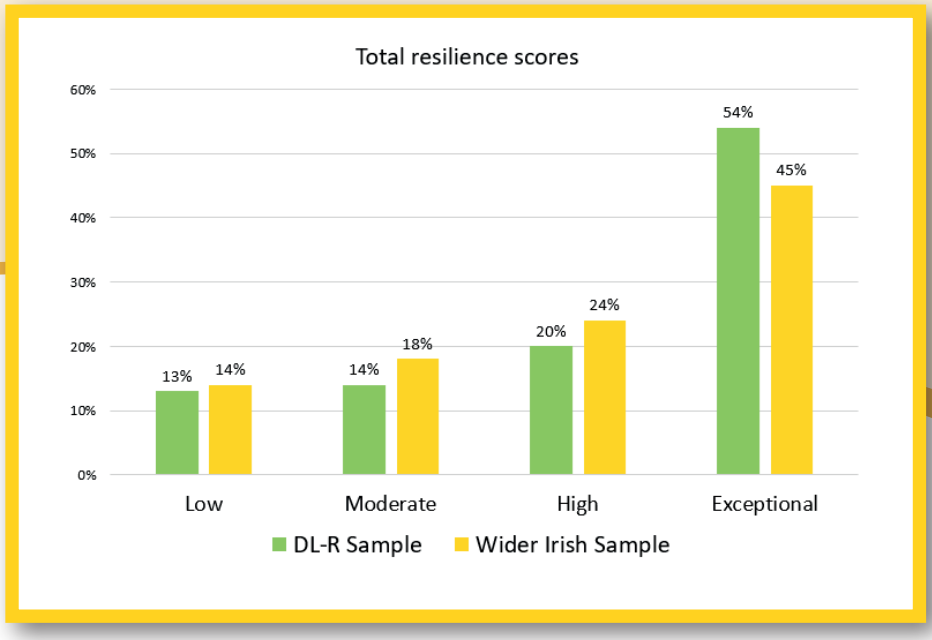



*Figure 32. Total resilience scores for the DL-R sample (n = 142) and the wider sample (n = 758)*

Figure 32 shows total resilience scores for the DL-R sample and the wider Irish sample. The DL-R sample (M = 45.28; SD = 5.59) displayed significantly higher total resilience scores than the wider sample (M = 44.1; SD = 6.06), F (1, 898) = 4.58, p = .03.

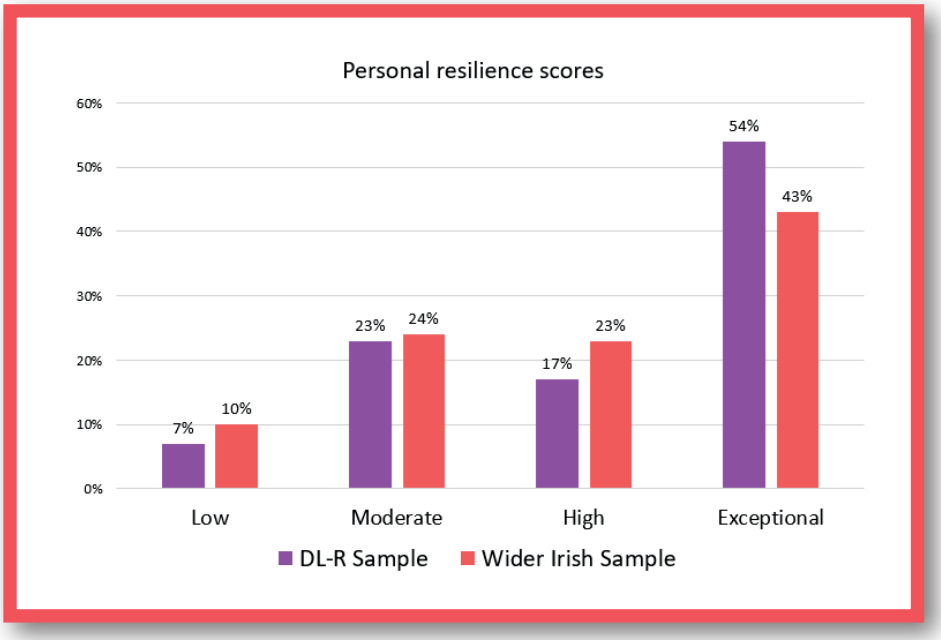



*Figure 33. Personal resilience scores for the DL-R sample (n = 142) and the wider sample (n = 758)*

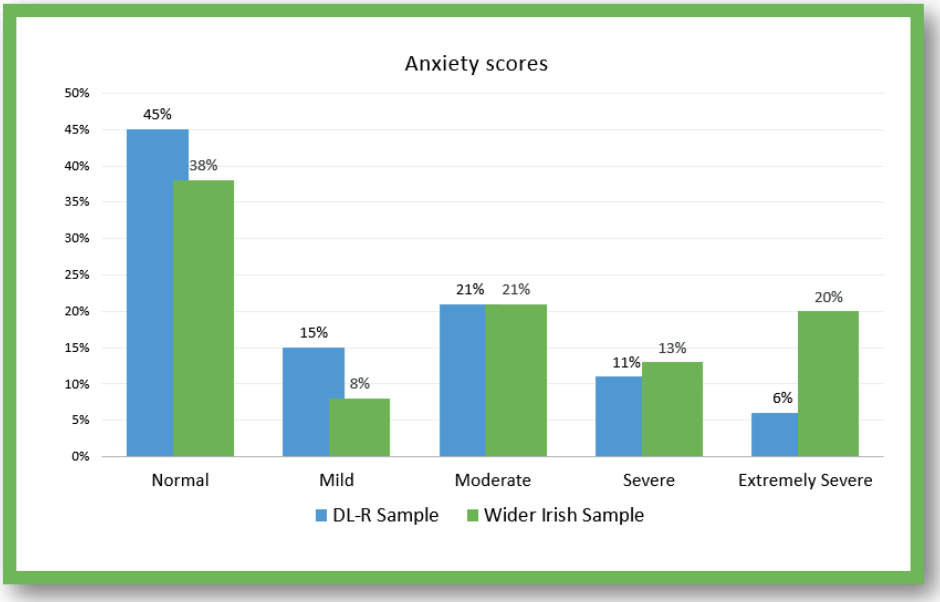
Figure 33 shows personal resilience scores for the DL-R sample and the wider Irish sample. The DL-R sample (M = 26.9; SD = 3.24) displayed significantly higher personal resilience scores than the wider sample (M = 26.10; SD = 3.66), F (1, 898) = 5.72, p = .02.

There was no difference between the two samples with regard to relational resilience scores (p = .169).

Social Support. There was no difference between the DL-R sample and the wider Irish sample with regards to perceived social support from friends (p = .46).

### *3.4.4 Mental Health and Well-being: Negative Domains*

Depression, Anxiety & Stress. There were no significant differences between the DL-R sample and the wider sample with regard to depression (p = .07) or stress (p = .30) scores.




However, there was a difference with regard to anxiety F (1, 931) = 8.46, p = .004 (Figure 34). Specifically, the DL-R sample (M = 9.39; SD = 8.57) showed lower overall anxiety scores than the wider sample included in the study (M = 11.7; SD = 8.92).

*Figure 34. Anxiety scores for the DL-R (n = 144) and wider Irish samples (n = 789)*

Psychological distress related to COVID-19. There were no significant differences between the DL-R sample and the wider sample regarding psychological stress symptoms, for youth aged 12 – 16 years (p = .59) or youth aged 17 – 25 years old (p = .42).

Lastly regarding alcohol consumption, there was no difference between the DL-R sample and the wider sample for general alcohol consumption (p = .068), or for COVID-19 related alcohol consumption (p = .546).

### *3.4.5 Summary of Comparative Finding*

- Young people living in DL-R area self-reported better physical health than young people from elsewhere in Ireland.
- The two samples (DL-R and elsewhere in Ireland) did not differ in their satisfaction with health information related to COVID-19.
- Young people from the DL-R believed that they would be more likely to survive COVID-19 should they get infected, and they were less worried about a family member getting sick than their counterparts.
- Youth living in DL-R were less likely to agree that too much fuss had been made about COVID-19.
- In terms of precautionary measures, the DL-R participants were less likely to comply with some measures (avoid sharing utensils; hand-washing after coughing, sneezing, rubbing nose; wear a mask; stay at home to avoid contracting COVID-19) than their peers from elsewhere in Ireland.
- Youth living in the DL-R area reported higher resilience levels and lower anxiety levels than youth from the wider Irish sample. However, the samples did not differ in self-reported frequency of alcohol consumption as well as in levels of social support, stress, depression and psychological distress related to COVID-19.

# 4. Conclusions

This report presents findings on the mental health and well-being of 154 adolescents and young adults (12-25 years old) living in the Dún Laoghaire-Rathdown area. Most participants were females, of Irish origin and living with their parent(s)/guardian(s) at the time of the survey. In general, adolescents and young adults from the DL-R region reported that they were in very good or good physical health, with young adults perceiving their health status as worse than adolescents.

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.

Most participants felt that they were likely to contract COVID-19 during the current outbreak with young adults reporting a higher likelihood to catch the virus than adolescents. This difference may reflect health information at the time of the survey, which generally supported that younger child were considered at lower risk to contract the virus and get seriously ill. Almost all adolescents and young adults (96%) reported that they were likely to survive COVID-19, should they get infected.

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) as well as perceived their friendships and peer networks as important aspects of their lives. Young people indicated that their friends and parents 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).

# 4. Conclusions

The psychological distress related to COVID-19 was specifically investigated using a scale to capture posttraumatic stress symptoms related to the event. While almost two thirds of younger participants (12-16 years old) reported levels of distress classified under the normal range, this pattern was not observed for older participants. Specifically, almost one out of four of those aged 17-25 years old reported levels of distress classified under the severe range, while 30% reported levels classified under the mild/moderate range. This indicates that the pandemic did have an impact especially on those young people in late adolescence/young adulthood, which is in line with evidence from the international literature (Liyanage et al., 2022).

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 a little over 30% were classified under the severe/extremely severe range. While may 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. 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).

Taken together these findings suggest that young people from our sample aged 12-25 years old and living in the DL-R area 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 be necessarily 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 from the DL-R area may be needed to further corroborate these findings.

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**Published by**

University College Dublin School of Psychology, Dublin, Ireland

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**Funding**

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