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You-COPE

Mental health consequences experienced by young people aged 16-24 during first months of the COVID-19 lockdown

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Key points:

- This briefing presents information on changes and mental health issues experienced by a sample of 1,507 young people aged 16-24 who completed the questionnaire during lockdown.
- 61% of the participants reported previous mental health problems. More females (65%) reported previous mental health problems than males (48%).
- **Half of the participants reported higher levels of stress** since lockdown.
- **94% of the participants expected changes in their lives** to some extent once the current crisis is over, of whom 6% expected a complete change in their lives. **Those who expected more changes in their lives experienced higher levels of anxiety and depressive symptoms.**
- **Almost one in two respondents without previous mental health problems reported high levels of depressive symptoms** and **one in three reported moderate to severe anxiety symptoms.**
- **One in two reported overeating in response to their mood during lockdown.**
- **Around half of the participants would ask for help if needed for a personal or an emotional problem from a partner, a friend or a parent**, one in three would ask for help from a mental health professional and **around one in three would not ask for help.**

About this study:

You-COPE seeks to understand more about how young people aged 16-24 in the UK are being impacted by the current Coronavirus (COVID-19) pandemic. It is a rapid study that comprises an initial web-based 20-minute survey, followed by subsequent on-line surveys every two weeks, asking questions about life, health and wellbeing, and daily activities. This briefing presents results from the first 1,507 respondents to the main initial survey.



Introduction

You-COPE aims to understand the changing situation of young people aged 16-24 during the COVID-19 pandemic and resulting 'lockdown'. The study comprises an initial web-based 20-minute survey, followed by subsequent surveys every two weeks, asking questions about life, health and wellbeing, as well as changes to personal living situation, health and wellbeing, education and employment, daily activities and loneliness.

This briefing focuses on two particular aspects of 'change' as reported in the first wave of the survey: (a) relationships, social media and feelings of connection in relation to mental health and (b) expectations, well-being and mental health (MH) during the pandemic.

Recruitment and respondents

The information in this briefing is based on responses to the first wave of the survey and is limited to the 1,507 individuals who completed the survey between 11th May and 29th June 2020 (i.e. from study launch, until recruitment was closed).

Recruitment to the survey was via convenience sampling. We conducted a rapid mapping of institutions and organisations who would have links to a diverse range of young people and asked them to circulate the survey link. This included youth group networks; school networks; charities, unions and other organisations working with particular groups of young people; national bodies representing institutions such as FE colleges or local authorities; academic research networks focusing on young people; and organisations representing young people's mental health. Some recruitment efforts were made via social media.

The sample included participants from all regions of the UK, but was not nationally representative, with 25.2% of participants from London and a further 35% from the South of England. The majority (72%) of participants were female, and over half of participants were 16-18. Most participants (88.3%) were white – a higher proportion than that in this age group at the last census (82%).¹ Prior to lockdown, 19.2% were employed part time and 14.2% full-time. 61% of the participants reported previous mental health problems. 33.6% of the participants reported depression and/or anxiety only, whereas 19.6% of the participants had anxiety and/or depression plus other mental health problems, and 6.6% reported other mental health problems (bipolar disorder, post-traumatic stress disorder, obsessive-compulsive disorder, personality disorder, attention deficit hyperactivity disorder or autism) without depression or anxiety (Figure 1). A summary of respondent characteristics is presented in the appendix.

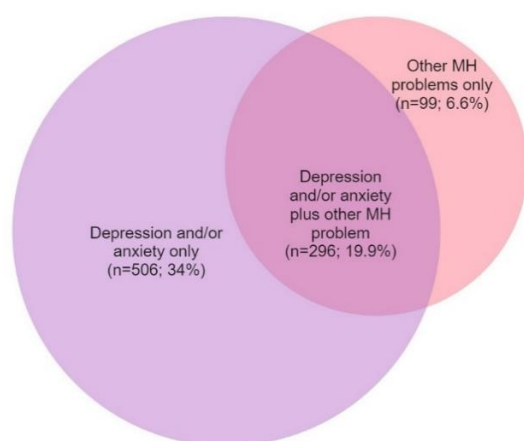


Figure 1: Venn diagram of the overlap between depression and/or anxiety and other mental health problems (percentage out of the total sample).

¹Office for National Statistics – 2011 Census data. Accessed from <https://www.ethnicity-facts-figures.service.gov.uk/uk-population-by-ethnicity/demographics/age-groups/latest#age-profile-by-ethnicity>

Part 1: Changes to relationships, social media and feelings of connection in relation to mental health

1.1. Changes in the perceived quality of relationships

All participants in the survey were asked whether their relationships had worsened, improved, or remained unchanged since the start of the COVID-19 pandemic and related public health measures (e.g. lockdown). **32.4% reported their relationships were worse than before; 12.8% stated they were better than before, while 54.3% reported no change.**

No differences were found in terms of changes to perceived quality of relationships by gender or ethnicity. Older participants were more likely to say that relationships were better than before (16.9% of those 22-24 years old vs 12.3% of 19-21 or 11.4% of 16-18). However, those with no previous mental health problems were more likely to report no changes in their relationships than those with previous mental health problems ((respectively 28.2% vs 33.3% with self-reported anxiety/and or depression only, 35.4% with other mental health problems only, 39.3% with multiple mental health problems). No other differences were found by previous self-reported mental health problems.

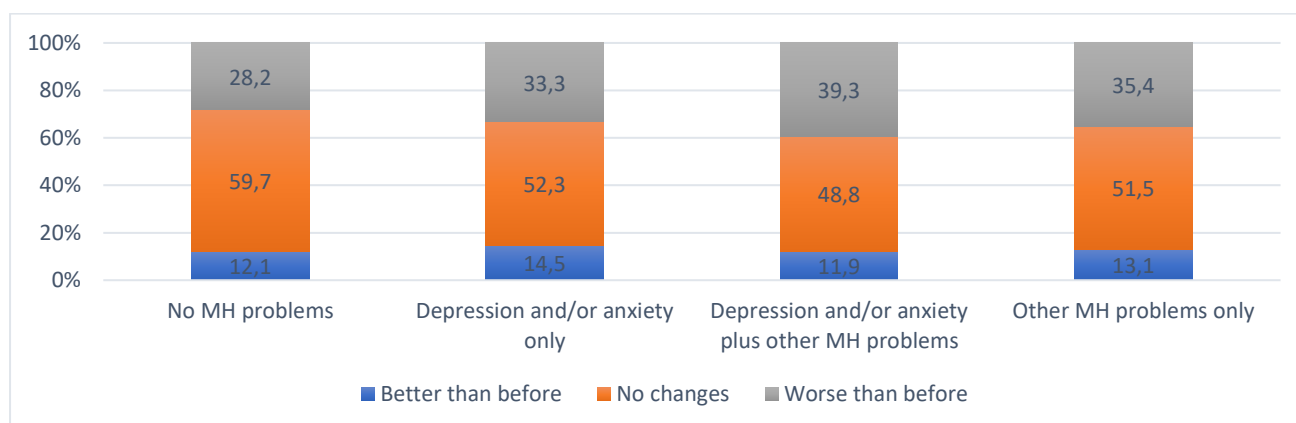


Figure 2: Changes to quality of relationships reported by previous self-reported Mental Health condition. No MH problems (n=587); Depression and/or anxiety only (n=505); Depression and/or anxiety only plus other MH problems (n=295); Other MH problems only (n=99)

1.2: Use of social media during the pandemic

All participants were asked for the use of technologies since the current Coronavirus (COVID-19) pandemic began, **78.8% used social media for more than 1 hour per day**: 23.8% between 1 and 2 hours, 22.6% between 2 and 3 hours and 32% of the sample used social media for more than 3 hours per day.

Those with previous mental health problems were more likely to report more hours spent using social media during the pandemic. For example, the proportion of people reporting more than three hours spent online was higher among those with depression and/or anxiety only (36.5%), among those with other MH problems only (30.3%) or those with depression and/or anxiety plus other MH problems (41.2%), than for those without previous MH problems (24.1%).

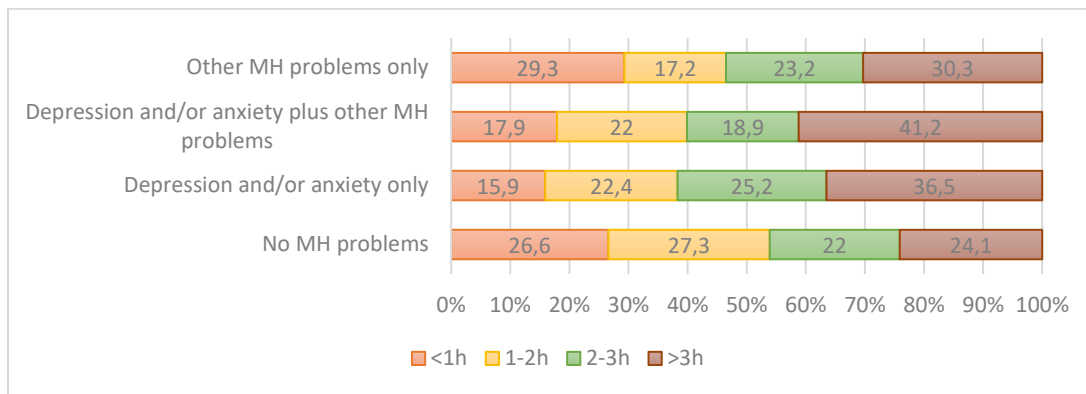


Figure 3: Proportions of use of social media reported by previous self-reported Mental Health condition.

1.3 Asking for help in case of a personal or an emotional problem

Participants were asked from whom they would ask for help in the case of a personal or an emotional problem. 72.5% reported that they would be ‘likely’ to ‘extremely likely’ to ask for help from a partner (of those who indicated they have one), 65.2% from friends, 51.7% from a parent, 31.1% from a mental health professional, 25.4% from a GP/doctor, 7.1% from a phone helpline, 22.6% from online help, 21.3% from an app-based help, 2.8% from a minister or a religious leader, and **34.7% would definitely not ask for help**. No differences were found by gender, age, ethnicity or having a previous mental health problem in the likelihood of asking for help from a close contact, a professional, a helpline or from anyone else.

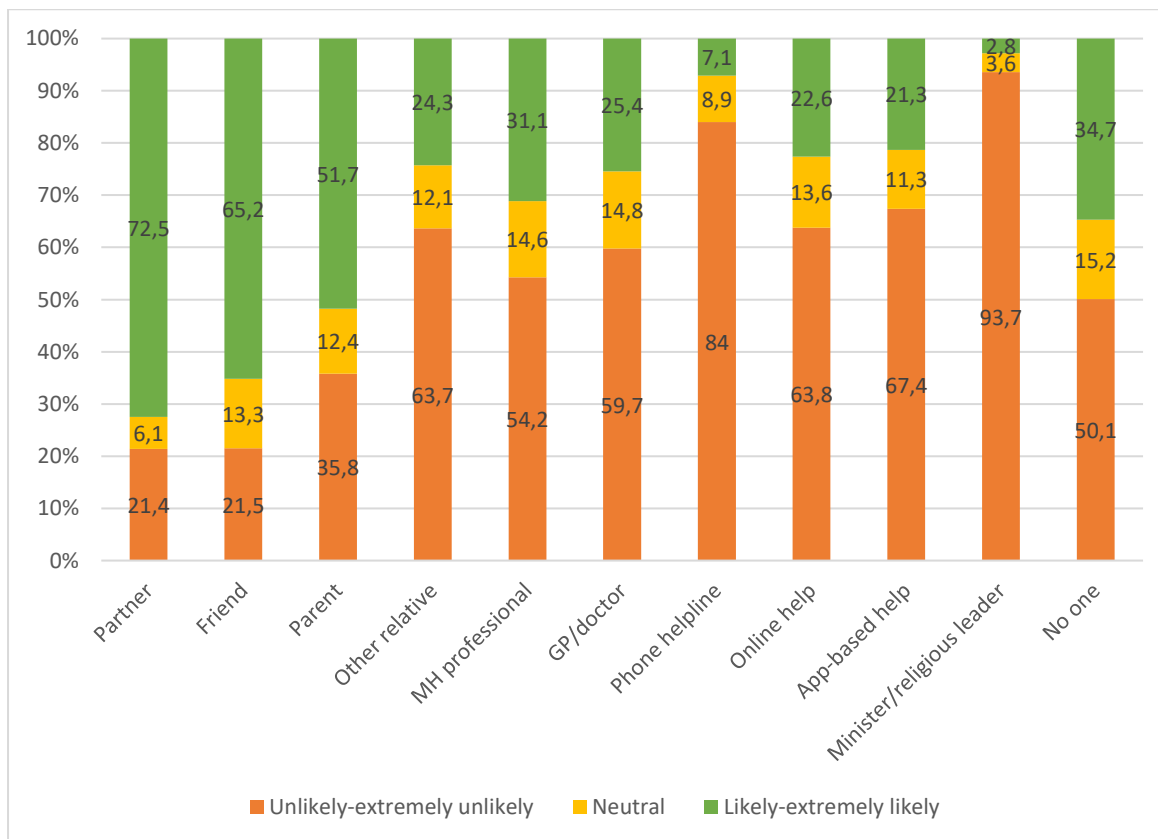


Figure 4: Proportions of participants by self-reported likelihood of asking for help from each source in case of a personal or an emotional problem

Part 2: Expectations, well-being and mental health during the pandemic

2.1 Expectations once the crisis is over

6% of the respondents reported that they expected their lives would go back to normal once the pandemic crisis is over. However, **the majority of participants expected changes in their lives - 46% expected some changes, 42% expected major changes and 6% expected a complete change in their lives.** There were no differences by gender or ethnicity. **Younger people (16-18 years old) expected less changes in their lives** than those who were older (19-24 years old). Furthermore, those with previous mental health problems expected more changes compared to those with no previous mental health problems (Figure 5).

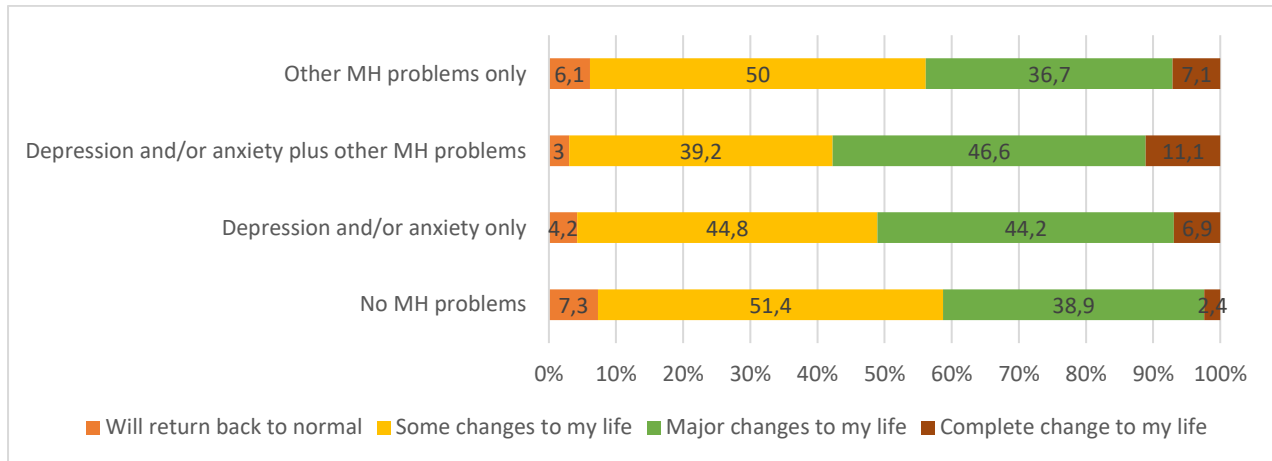


Figure 5: Expectations in young people’s lives after the current crisis and mental health problems

Expectations appear to be associated with mental health outcomes. In terms of emotional symptoms, **those who expected more changes in their lives experienced higher levels of anxiety and depressive symptoms,** as can be noted in Figure 6.



Figure 6: Mean scores in depression (PHQ-9) and anxiety (GAD-7) in young people in lockdown depending on their expectations of change in their lives after the pandemic

No associations were found between having self-harmed in the last two weeks or having thoughts of self-harm with the expectations of changes in their lives.

While 55.3% of the participants reported recent overeating to control their mood, expectations were also associated with on eating behaviours: the more frequent pattern in those who reported overeating to control their mood was to expect major changes in their lives (46.6%), whereas for those who did not overeat to control their mood recently, it was more frequent (50.5%) to expect some changes, but not major ones.

2.2: Well-being and mental health during the pandemic

PERCEIVED STRESS AND WELL-BEING

Participants were asked whether their levels of stress had changed since the COVID-19 pandemic and related public health measures such as lockdown. **53% reported more levels of stress than before**, whereas 31.9% reported no changes and 12.9% reported less stress than before. Females were more likely to report an increase in their levels of stress than males, who were more likely to report no changes. Age also makes a difference, those aged 19-24 being more reported an increase in the levels of stress more frequently than those who are 16-18 years old. Those with pre-existing mental health problems reported more frequently that they suffer higher levels of stress than before lockdown compared to those without previous mental health problems (60.5% vs 41.5%). There were no differences related to ethnicity.

When participants were asked about their current life satisfaction, 65.7% reported medium to high life satisfaction, with 26.9% reporting low satisfaction and 7.4% reporting very high satisfaction. When asked if their lives were worthwhile, 60.1% reported medium to high feelings of their lives as worthwhile, with 27.7% reporting low feelings of life as worthwhile and 12.2% reporting very high feelings of life as worthwhile. **Females reported less life satisfaction and considered their life to be less worthwhile than males.** Furthermore, those with previous mental health problems also reported less life satisfaction and valued their life as less worthwhile than those without previous mental health problems. No differences were found by age or ethnicity.

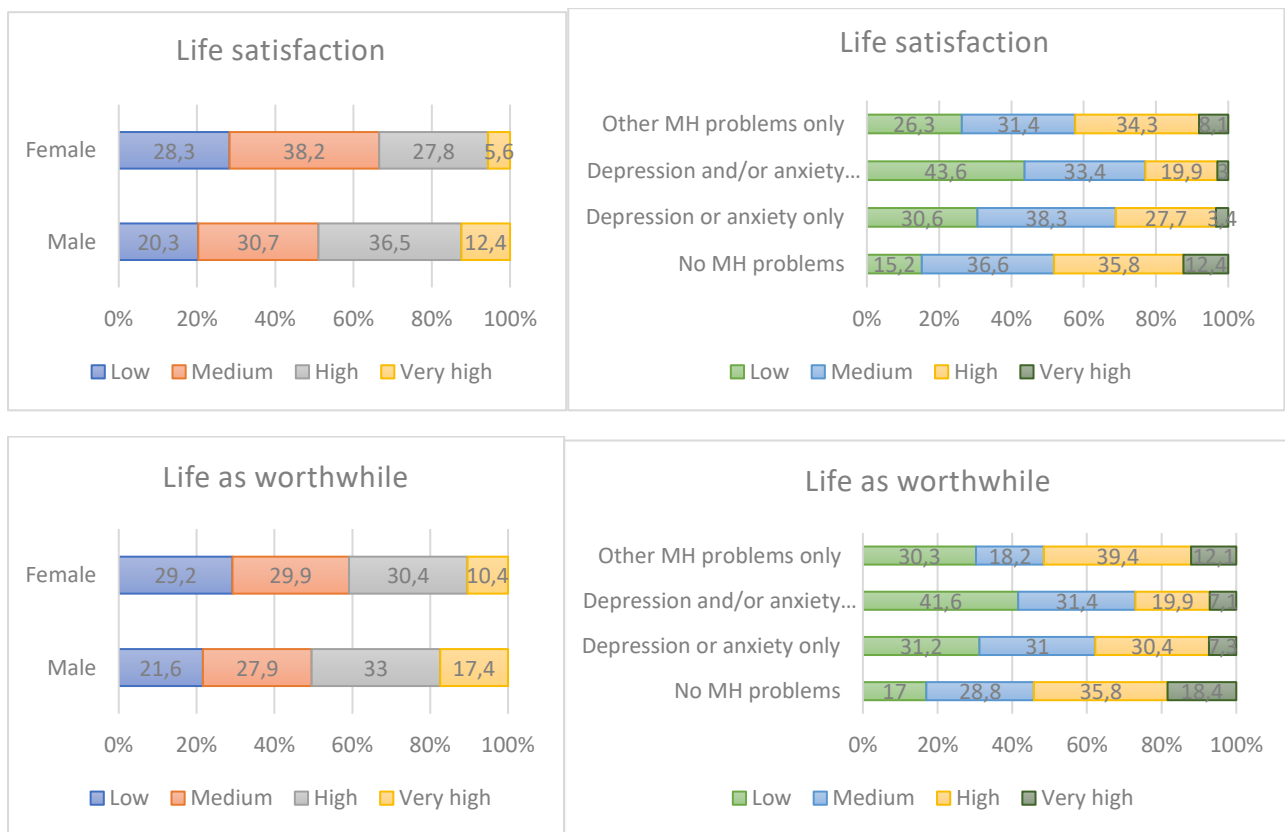


Figure 7: Life satisfaction and feelings of life as worthwhile by gender and previous mental health problems

ANXIETY AND DEPRESSION

Those with previous mental health problems as assessed by self-reports of any prior mental health problem, showed higher depressive symptoms on the PHQ-9 scale (Median (M)=13.2; Interquartile Range (IR)=8-18) than those without no previous mental health problems (M=9.4; IR=5-13). **Moderate to high symptoms of anxiety were reported in 69.6% of the participants with previous mental health problems and in 45.7% of those without previous mental health problems.**

In the overall sample, 35.5% reported trouble concentrating in the last two weeks several days or more than half of the days, 51.5% felt tired or with less energy, 9.1% reported suicidal ideation or thoughts of hurting themselves in some way in the last two weeks. 75.4% felt that these symptoms had an impact in their daily functioning, although this impact was mild for 51% of the overall sample.

Evidence of associations were found between the presence of some concerns related to COVID-19 pandemic (such as being worried of catching COVID-19, transmit the infection to others, or missing school/work) and recent depressive symptoms (see Figure 7). For instance, those who were not very worried about catching COVID-19 showed lower median depression scores ($M=9.56$; $IR=5-14$) than those who reported that they were worried ($M=11.2$; $IR=7-16$). A similar pattern applied to other concerns such as being worried that their family or friends could get infected, being worried about the likelihood of have transmitted the infection to other people, or missing school/work due to pandemic.

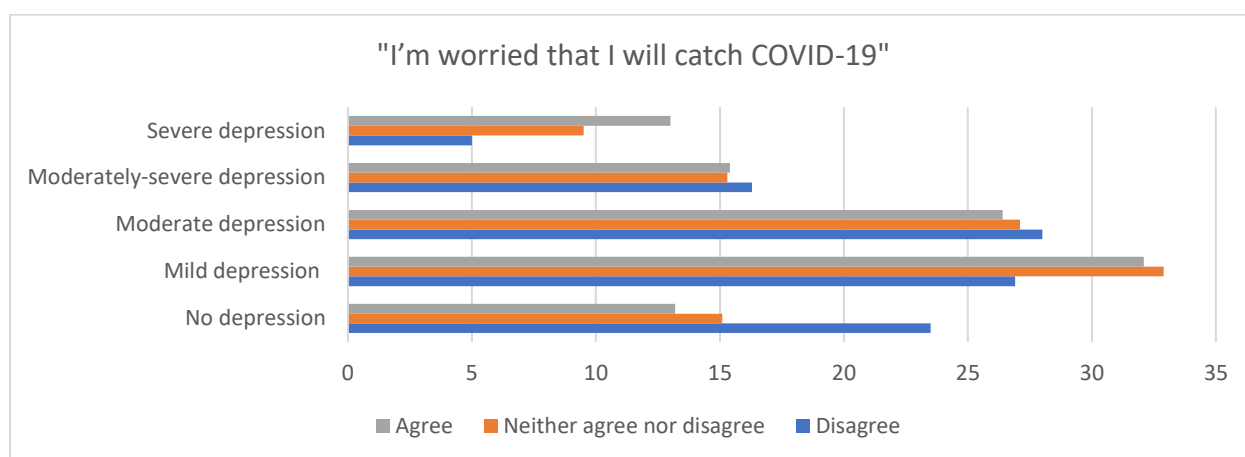


Figure 8: Proportions of severity of depression scores as measured by PHQ-9 (thresholds included in the appendix) in the sample related to COVID-19 concerns.

Regarding anxiety, those with previous mental health problems as assessed by self-reports of any prior mental health problem, showed higher anxiety symptoms on the GAD-7 scale ($M=10.3$; $IR=6-14$) than those without no previous mental health problems ($M=7.2$; $IR=3-11$). **Moderate to high symptoms of anxiety were reported in 53.5% of the participants with previous mental health problems and in 30.6% of those without previous mental health problems.** In the overall sample, 76.4% reported that in the last two weeks, from several days to nearly every day, worried too much about different things, 67% had trouble relaxing and 86.2% became easily annoyed or irritable. 71% felt that these symptoms had an impact in their daily functioning, although this impact was mild for 48.8% of the overall sample.

Evidence of associations were found between concerns related to the COVID-19 pandemic (such as being worried of catching COVID-19, transmit the infection to others, or missing school/work) and recent anxiety symptoms). For instance, those who were not very worried about catching COVID-19 showed lower scores in anxiety ($M=6.6$; $IR=3-10$) than those who report that they were worried ($M=9.6$; $IR=5-14$). The same pattern applied to other concerns such as being worried that their family or friends could get infected, being worried of the likelihood of have transmitted the infection to other people, or missing school/work due to pandemic.

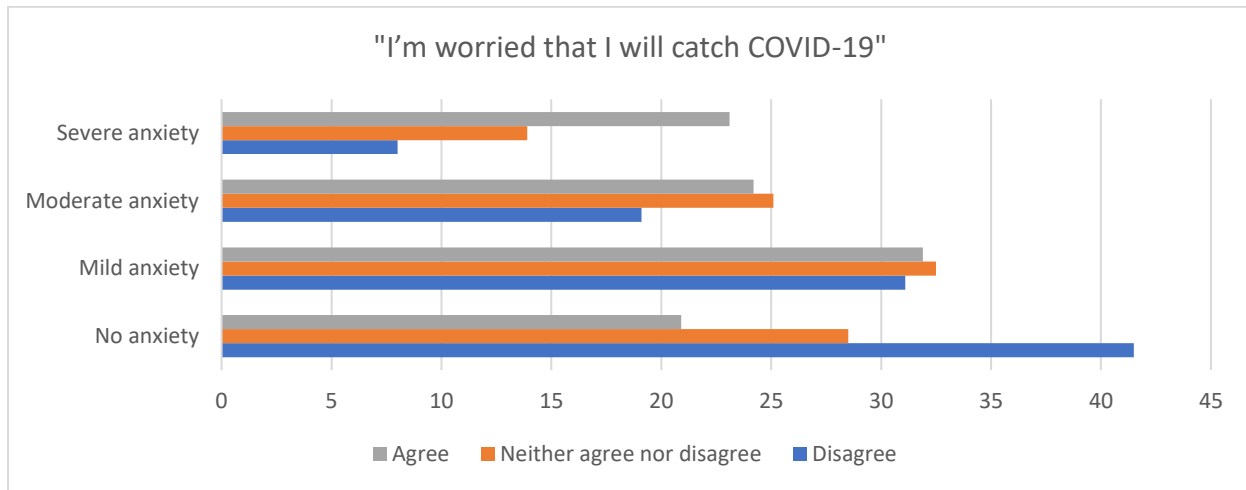


Figure 9: Proportion of severity of anxiety scores in the sample as measured by GAD-7 (thresholds included in the appendix) related to COVID-19 concerns

SELF-HARM AND EATING BEHAVIOURS

41.6% of the participants reported having thought on self-harm ever in life and 29.5% of the participants have actually self-harm. Of those who have ever thought of self-harming, 39.9% had done in the last two weeks (16.6% of the total), whereas 32.6% of those who had ever self-harmed had done it in the last two weeks (5.2% of the total).

No gender or ethnicity differences were found in the proportion of young people who had thought in self-harming or who had actually self-harmed (as opposed to thoughts of self-harm) in the previous two weeks. However, differences were found by age and previous mental health problems, finding that younger participants (16-18 years old) self-harmed more than those who were older. Those with previous mental health problems did not have more thoughts of self-harm in the last two weeks than those who did not report mental health problems, but those with depression and/or anxiety self-harmed more than those with no previous mental health problems (Figure 10).

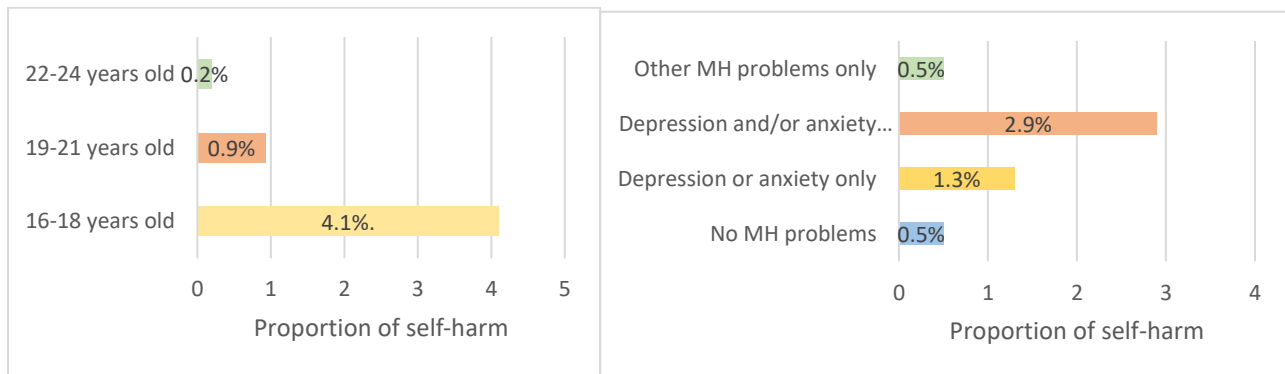


Figure 10. Proportions of recent self-harm in the sample by gender, age and previous mental health problems

Participants were also asked about eating behaviours. **55.3% reported overeating in response to their mood during lockdown.** Furthermore, 54.9% reported eating less to control their weight, 64.2% reported weight concerns and 21% felt fat when others said they are thin. 20% reported that food dominates their life. Females and those with previous mental health problems overate more during lockdown than males and those without previous mental health problems (Figure 11). No differences were found by age or ethnicity.

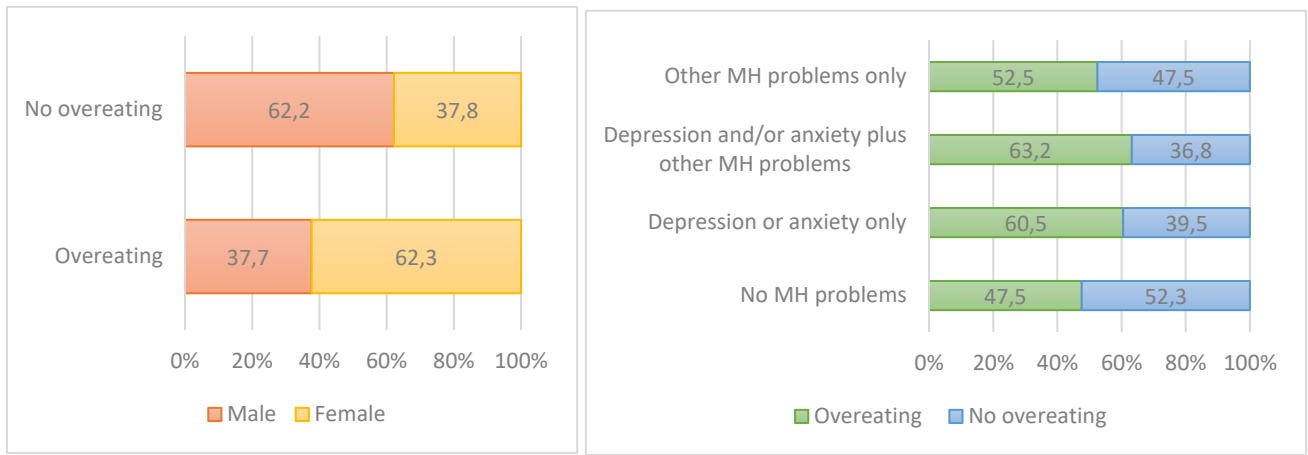


Figure 10. Emotional overeating during lockdown by gender and previous mental health problems

Appendix: Summary of participants' demographics

	Number of participants	Proportion
Age categories		
16-18	851	56.5%
19-21	342	22.7%
22-24	313	20.8%
Unstated	1	0.1%
Gender		
Male	394	26.1%
Female	1086	72.1%
Other	21	1.4%
Unstated	6	0.4%
Ethnicity		
Asian	61	4.0%
Black	25	1.7%
Mixed race	51	3.4%
White	1330	88.3%
Chinese	16	1.1%
Middle Eastern	6	0.4%
Other	10	0.7%
Unstated	8	0.6%
Region		
East Midlands	85	5.6%
East of England	42	2.8%
London	380	25.2%
North East and Cumbria	37	2.5%
North West	156	10.4%
Northern Ireland	6	0.4%
Scotland	28	1.9%
South East	210	13.9%
South West	318	21.1%
Wales	106	7.0%
West Midlands	55	3.6%
Yorkshire and the Humber	79	5.2%
Unstated	5	0.3%
Activity in normal times		
Not Employed	1008	66.4%
Employed part-time	282	19.2%
Employed full-time	217	14.4%
Previous mental health (self-reported)*		
None	587	39%

Anxiety	670	44.5%
Depression	526	34.9%
Bipolar Disorder	16	1.1%
OCD	100	6.6%
PTSD	92	6.1%
Eating disorders	171	11.2%
ADHD	53	3.5%
Autism	68	4.5%
Personality disorder	20	1.3%
Unanswered	19	1.3%
Expectations after the pandemic		
Life will go back to normal	80	5.3%
Some changes to my life	697	46.3%
Major changes to my life	632	41.9%
Complete change to my life	90	6.0%
Unanswered	8	0.5%
Depression scores (PHQ-9)		
No depression (≤ 4)	269	17.9%
Mild depression (5-9)	454	30.1%
Moderate depression (10-14)	410	27.2%
Moderately severe depression (15-19)	237	15.7%
Severe depression (20-27)	132	8.8%
Unanswered	5	0.3%
Anxiety scores (GAD-7)		
No anxiety (0-4)	473	31.4%
Mild anxiety (5-9)	478	31.7%
Moderate anxiety (10-14)	337	22.4%
Severe anxiety (15-21)	214	14.2%
Unanswered	5	0.3%

*Total is greater than 1507 because of multiple responses