Young people's worries during the COVID-19 pandemic: Cross-country similarities and differences



DR. MEENAKSHI SHUKLA ASSISTANT PROFESSOR DEPARTMENT OF PSYCHOLOGY MAGADH UNIVERSITY INDIA

Introduction

- The mortality and physical health implications of COVID-19 for young people are low (Bhopal et al., 2021).
- Young people are one of the worst-affected groups by the COVID pandemic (Abbott, 2021; Leavey et al., 2020).
- Adolescence and young adulthood are critical transitional and developmental points in life (Johnson et al., 2012).
- As emotional symptoms in adolescence & young adulthood can become associated with many serious mental health outcomes including suicide, long-term physical health consequences, and significant healthcare burden (Bernfort et al., 2008; Ewest et al., 2013; Rivenbark et al., 2018), the effect of COVID-19 on young people's mental health could be more damaging in the longer run than the infection itself (Depoux et al., 2020).
 - Measuring early signs of mental health challenges such as worries and negative emotions in young people is thus an urgent priority for researchers (Holmes et al., 2020; O'Connor et al., 2020).





Worry

- Worry can be a normal form of thinking about future events that leaves you feeling anxious or apprehensive.
- Has been associated with a number of other psychiatric disorders and proven to be an important transdiagnostic concept (Kertz et al., 2012).
- Commonly associated with heightened negative affect (Newman et al., 2019).



- Those who feel less in control of a situation are more likely to internalize their concern, and consequently experience more negative emotions (Sigurvinsdottir et al., 2020). This has been complemented by evidence that a greater sense of control can protect emotional wellbeing (Yanga & Mab, 2020).
- The increasing prevalence of psychological distress during the pandemic makes the topic and content of worry of greater relevance.



- Very few studies examining the psychological impact of the COVID-19 pandemic have focussed on young people (Ford et al., 2021).
- The studies that have looked at how young people are managing their emotions, such as 'The UCL Social Study' (Fancourt et al., 2020), utilised a list of potential stress factors and participants selected the most applicable.
- For the present study, participants were allowed to provide free text responses for the worries experienced over the last two weeks and not using pre-defined categories of worry.
- We also aimed to identify how the content of worry may vary across such sociodemographic factors as sex, age, ethnic backgrounds, and socioeconomic status in young people from different countries (the UK, India, and Israel).

METHOD

- This study received approval from the King's College London Research Ethics Committee (UK) (Ref: HR-19/20-18250), Institutional Ethics Committee, Institute of Medical Sciences, Banaras Hindu University (India) (Ref No.: Dean/2020/EC/1975) and University of Haifa Institutional Ethics Committee (Israel) (Ref No.: 368/20).
- The online survey was developed using Qualtrics software (Qualtrics, Provo, UT).
- The first third of the survey comprised questions around demographics, personal experiences and knowledge of others who had been infected by the coronavirus, extent of social restrictions and social contact, and the impact of the viral outbreak on various life domains.
 - The second third of the survey included measures of poor mental health such as negative affect, anhedonia (absence of positive affect), and the content of worries.
- The final third included measures of wellbeing (positive aspects of mental health), more specific negative emotional experiences (loneliness, boredom) and a cognitive measure (positive and negative future imagery).

Managing emotions during COVID-19: The experiences of 12-We are conducting a study to measure the impact of the coronavirus disease 2019 (COVID-19) pandemic on young peoples' lives around the world. We are particularly interested in the ways that young people are managing their emotions during these uncertain times. We would like to take this opportunity to hear more about the strategies you are using to help manage these emotions. We hope that these data can be shared with Young people all over the world to help them through challenging situations. Participation is open to anyone aged between 12 and 18 years old. For anyone under 18 years, we will require consent from a parent or guardian before you can take Q22. What have been your top 3 worries in the last Do you wish to continue? part. two weeks?

RESULTS

Sociodemographic characteristics of the UK participants

• The participants (N=2,560) lied in the age range of 12 to 25 years (M= 17.8 years, SD= 3.58). Majority of the participants were females (70.04%), and there was a significant difference in the mean age of male (M= 17.09 years, SD= 3.56) and female (M= 18.23 years, SD= 3.54) participants (t (2558) = 7.42, p<.001).

A majority of the participants were White, followed by those who preferred not to mention their ethnicity. The next highest number of participants were Asian (Bangladeshi, Chinese, Indian, Pakistani, Any other Asian background).

• The highest educational attainment of the parents of the participants was considered an indicator of SES. A majority of the participants had parents with an undergraduate degree, followed by those with a master's degree, an A-level, GCSE, Ph.D., and primary education.

Table 1: Sociodemographic characteristics of the UK participants

_		Male n (% of total sample)	Female n (% of total sample)	Total n (% of total sample)
	Age			
_	Younger participants	464 (18.12)	804 (31.41)	1268 (49.53)
	Older participants	303 (11.84)	989 (38.63)	1292 (50.47)
_	Ethnicity			
	White	379 (14.80)	906 (35.39)	1285 (50.20)
	Asian	96 (3.75)	329 (12.85)	425 (16.60)
	Black	18 (0.70)	66 (2.58)	84 (3.28)
/	Mixed	40 (1.56)	128 (5.00)	168 (6.56)
	Other	12 (0.47)	37 (1.44)	49 (1.91)
	Prefer not to say or N/A	222 (8.67)	327 (12.77)	549 (21.44)
	SES (Parental education)			
	Primary	27 (1.05)	47 (1.84)	74 (2.89)
	GCSE	110 (4.30)	233 (9.10)	343 (13.40)
	A-level	135 (5.27)	347 (13.55)	482 (18.83)
	Undergraduate	291 (11.36)	718 (28.05)	1009 (39.41)
	Masters	158 (6.17)	329 (12.85)	487 (19.02)
	PhD	46 (1.80)	119 (4.65)	165 (6.44)



Figure 1: Percentage of the UK participants reporting the worry as one of their top three worries



Figure 2: Sex-wise percentage of the UK participants reporting each worry as one of their top three worries



Figure 3: Age-wise percentage of the UK participants reporting each worry as one of their top three worries



**p<.01; *p<.05; all the remaining differences are significant at .001

Figure 4: SES-wise percentage of the UK participants reporting each worry as one of their top three worries



Sociodemographic characteristics of Indian participants

- The sample comprised 310 Asian-Indian adolescents (Mean age = 15.69 years; SD = 1.92) of whom 159 were males (Mean age = 15.60 years; SD = 1.98) and 151 were females (Mean age = 15.78 years; SD = 1.87). Males and females did not differ significantly in age, t₍₃₀₈₎ = -0.84, p = 0.40, d = 0.05.
- Levene's test of equality of variances indicated an equal spread of scores in males and females (F = 0.89, p = 0.34).
- Only 192 participants provided data for monthly per capita family income, which ranged from 125 to 150,000 Rupees (Mean = 9698.20; SD = 18315.22) with no significant mean or variance differences in the monthly per capita income between males and females [Male Mean = 8343.61; SD = 15065.95; Female Mean = 11439.82; SD = 21768.30; $t_{(190)} = -1.16$, p = 0.25], d = 0.16, Levene's test of equality of variances: F = 2.63, p = 0.10. Based on the per capita monthly income, participants were divided into Low SES and High SES groups.



Figure 6: Percentage of INDIAN participants reporting the worry as one of their top three worries



**p<.01; *p<.05

Figure 7: Sex-wise percentage of INDIAN participants reporting each worry as one of their top three worries



**p<.01; *p<.05

Figure 8: Age-wise percentage of INDIAN participants reporting each worry as one of their top three worries



*p<.05

Figure 9: SES-wise percentage of INDIAN participants reporting each worry as one of their top three worries

Sociodemographic characteristics of Israeli participants

- In the current study, 306 Israeli young people aged 12 to 18 years (Mean age = 15.32 years, SD = 1.81), comprising 156 males (Mean age = 15.37 years, SD = 1.84) and 150 females (Mean age = 15.26 years, SD = 1.78) were included. Males and females did not differ significantly in age, t(304) =.50, p=.62.
- Participants described their family as having an Eastern/Sfaradi origin (39.10%, n=66), Ashkenazi origin (39.10%, n=66), Russian Jews (7.10%, n=12), Ethiopian Jews (1.2%, n=2) or other origins (13.60%, 23); the rest of the participants did not answer this question.

Table 2: Sociodemographic characteristics of Israeli participants

	Male	Female	Total
	n (% of total sample)	n (% of total sample)	n (% of total sample)
SES (Parental education)			
Primary school	2 (0.66)	3 (0.99)	5 (1.65)
High school (without completing the final high	9 (2.97)	9 (2.97)	18 (5.94)
school tests or with partial completion)			
High school (completed final examinations)	33 (10.89)	29 (9.57)	62 (20.46)
Undergraduate	39 (12.87)	40 (13.20)	79 (26.07)
Postgraduate	63 (20.79)	59 (19.47)	122 (40.26)
PhD	8 (2.64)	9 (2.97)	17 (5.61)



Figure 10: Percentage of ISRAELI participants reporting the worry as one of their top worries





each worry as one of their top three worries



Difference not significant

Figure 13: SES-wise percentage of ISRAELI participants reporting each worry as one of their top three worries

Major Findings

Similarities and Differences in the Content of Worries Across Countries



- •Females had more academic, health, financial, social and work routines, social relationships, and mental health concerns
- Younger, minority ethnic, as well as low
- SES participants were more concerned about academics



- •Older participants had more academic, health, finances, global & societal concerns.
- High SES participants had more global and societal concerns.





•Males and females were similarly worried about various aspects.

•Older participants expressed more academic, job, & future concerns while younger ones were concerned about academics.

•High SES participants were more worried compared to low SES ones for all the categories of worries expressed.



References

Abbott, A. (2021). COVID's mental-health toll: how scientists are tracking a surge in depression. *Nature*, 590(7845), 194-196.

Bernfort, L., Nordfeldt, S., & Persson, J. (2008). ADHD from a socio-economic perspective. *Acta Paediatrica*, 97(2), 239-245. <u>https://doi.org/10.1111/j.1651-2227.2007.00611.x</u>

Bhopal, S. S., Bagaria, J., Olabi, B., & Bhopal, R. (2021). Children and young people remain at low risk of COVID-19 mortality. *The Lancet Child & Adolescent Health*, 5(5), e12-e13. <u>https://doi.org/10.1016/S2352-4642(21)00066-3</u>

Depoux, A., Martin, S., Karafillakis, E., Preet, R., Wilder-Smith, A., & Larson, H. (2020). The pandemic of social media panic travels faster than the COVID-19 outbreak. *Journal of travel medicine*, 27(3), taaa031. https://doi.org/10.1093/jtm/taaa031

Ewest, F., Reinhold, T., Vloet, T. D., Wenning, V., & Bachmann, C. J. (2013). Health insurance expenses caused by adolescents with a diagnosis of conduct disorder. *Kindheit und Entwicklung*, 22(1), 41-47. https://doi.org/10.1026/0942-5403/a000097

Fancourt, D., Bu, F., Mak, H. W., & Steptoe, A. (2020). COVID-19 social study. Results release, 22.

Ford, T., John, A., & Gunnell, D. (2021). Mental health of children and young people during pandemic. *bmj*, 372. <u>https://doi.org/10.1136/bmj.n614</u>

Holmes, E. A., O'Connor, R. C., Perry, V. H., Tracey, I., Wessely, S., Arseneault, L., ... & Bullmore, E. (2020). Multidisciplinary research priorities for the COVID-19 pandemic: a call for action for mental health science. *The Lancet Psychiatry*, 7(6), 547-560. <u>https://doi.org/10.1016/S2215-0366(20)30168-1</u>

Johnson, M. K., Crosnoe, R., & Elder Jr, G. H. (2011). Insights on adolescence from a life course perspective. *Journal of Research on Adolescence*, 21(1), 273-280. <u>https://doi.org/10.1111/j.1532-7795.2010.00728.x</u>

Kertz, S. J., Bigda-Peyton, J. S., Rosmarin, D. H., & Björgvinsson, T. (2012). The importance of worry across diagnostic presentations: Prevalence, severity and associated symptoms in a partial hospital setting. *Journal of anxiety disorders*, 26(1), 126-133. <u>https://doi.org/10.1016/j.janxdis.2011.10.005</u>

Leavey, C., Eastaugh, A., & Kane, M. (2020). Generation COVID-19; building the case to protect young people's future health. *The Health Foundation*. Retrieved January 13, 2021 <u>https://www.health.org.uk/publications/long-reads/generation-covid-19</u>

Newman, M. G., Jacobson, N. C., Zainal, N. H., Shin, K. E., Szkodny, L. E., & Sliwinski, M. J. (2019). The effects of worry in daily life: An ecological momentary assessment study supporting the tenets of the contrast avoidance model. *Clinical Psychological Science*, 7(4), 794-810. <u>https://doi.org/10.1177/2167702619827019</u>

O'Connor, D. B., Aggleton, J. P., Chakrabarti, B., Cooper, C. L., Creswell, C., Dunsmuir, S., ... & Armitage, C. J. (2020). Research priorities for the COVID-19 pandemic and beyond: A call to action for psychological science. *British Journal of Psychology*, *111*(4), 603-629. <u>https://doi.org/10.1111/bjop.12468</u>

Rivenbark, J. G., Odgers, C. L., Caspi, A., Harrington, H., Hogan, S., Houts, R. M., ... & Moffitt, T. E. (2018). The high societal costs of childhood conduct problems: evidence from administrative records up to age 38 in a longitudinal birth cohort. *Journal of Child Psychology and Psychiatry*, 59(6), 703-710. https://doi.org/10.1111/jcpp.12850

Sigurvinsdottir, R., Thorisdottir, I. E., & Gylfason, H. F. (2020). The impact of COVID-19 on mental health: The role of locus on control and internet use. *International Journal of Environmental Research and Public Health*, *17*(19), 6985. https://doi.org/10.3390/ijerph17196985

Yang, H., & Ma, J. (2020). How an epidemic outbreak impacts happiness: Factors that worsen (vs. protect) emotional well-being during the coronavirus pandemic. *Psychiatry research*, 289, 113045. https://doi.org/10.1016/j.psychres.2020.113045

The Research Team



Lead investigator from the UK: Dr. Jennifer Y. F. Lau (Reader), Institute of Psychiatry, Psychology, and Neuroscience (IoPPN), King's College London, United Kingdom (Presently she is Director of Youth Resilience Research Unit, Queen Mary University of London, United Kingdom) Email: j.lau@qmul.ac.uk



Co-investigator from the UK: Prof. Veena Kumari (Professor), Division of Psychology, Department of Life Sciences, and Center for Cognitive Neuroscience, College of Health, Medicine and Life Sciences, Brunel University, London, United Kingdom Email: veena.Kumari@brunel.ac.uk





Alison Fang-Wei Wu (Doctoral researcher), Institute of Psychiatry, Psychology, and Neuroscience (IoPPN), King's College London, United Kingdom

(Presently she is a Research Fellow at Social Research Institute, Institute of Education, University College London) Email: fang.wu@kcl.ac.uk

Taryn Hutchinson (Doctoral researcher), Institute of Psychiatry, Psychology, and Neuroscience (IoPPN), King's College London, United Kingdom Email: taryn.hutchinson@kcl.ac.uk

Laura Riddleston (Post-doctoral Researcher), Institute of Psychiatry, Psychology, and Neuroscience (IoPPN), King's College London, United Kingdom

Email: laura.riddleston@kcl.ac.uk



Lead investigator from India: Prof. Rakesh Pandey (Professor & Former Head), Department of Psychology, Banaras Hindu university, India Email: <u>rpan_in@yahoo.com</u>, <u>rpandeybhu@gmail.com</u>

Co-investigator from India: Dr. Tushar Singh (Assistant Professor), Department of Psychology, Banaras Hindu university, India Email: <u>tusharsinghalld@gmail.com</u>



Lead investigator from Israel: Dr. Iris Lavi (Lecturer), Department of Psychology, University of Bath, Bath, UK and University of Haifa, Haifa, Israel Email: iris.lavi.01@gmail.com

Publications from this research

- Shukla, M., Wu, A. F.W., Lavi, I., Riddleston, L., Hutchinson, T., & Lau, J. Y. F. (2022). A network analysis of adolescent mental well-being during the coronavirus pandemic: Evidence for cross-cultural differences in central features. *Personality and individual differences*, 186(A), 111316. <u>https://doi.org/10.1016/j.paid.2021.111316</u>
- Shukla, M., Pandey, R., Singh, T., Riddleston, L., Hutchinson, T., Kumari, V., & Lau, J. Y. F. (2021). The Effect of COVID-19 and Related Lockdown Phases on Young Peoples' Worries and Emotions: Novel Data From India. *Frontiers in Public Health*, *9*, 645183. <u>https://doi.org/10.3389/fpubh.2021.645183</u>
- Lavi, I., Shukla, M., & Lau, J. Y. F. The effect of COVID-19 and related lockdown phases on young peoples' worries and emotions: The Israeli context (**under review**)

