



# Coping with Coronavirus

Second Interim Report

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## About the *Coping with COVID-19* study

*Coping with COVID-19* is a national mixed methods study of young people aged 15-29 years old, conducted by the Burnet Institute and funded by VicHealth. This study aims to assess the impact of the coronavirus pandemic on social connection, loneliness, health behaviours, mental health, and wellbeing of young people in Australia. This study commenced in March 2020, with 2000 young people participating in the baseline survey between April and July 2020. Of this original sample, over 500 individuals completed a 3-month follow-up survey between July and December. When comparing timepoints 1 and 2, only participants who completed both surveys are included. Therefore, timeline 1 data differs from that previously reported.

The survey will be repeated at 3-6-month intervals over the following 12 months.

This report presents brief findings of the second wave of surveys of *Coping with COVID-19*. Some comparisons are made between;

- Timepoint 1: Apr-Jun 2020 (during this time period Australia was experiencing a first wave of Coronavirus infections, driven mainly by international travellers. Some restrictions were implemented in all areas of Australia)
- Timepoint 2: Jul-Dec 2020 (during this time period, most regions of Australia had no community transmission of Coronavirus, although some restrictions were still in place, and economic and travel impacts continued. Melbourne was experiencing a significant wave of community transmission and was subject to strict lockdown restrictions)

A more detailed report on the Coping with Covid-19 study and the data collected at timepoint 1 can be found at <https://doi.org/10.37309/2020.MW1001>. [1] Further detailed analysis is planned, including comparisons to data collected in later waves of the study.

## Key findings

### Participants and the impact of Coronavirus

At timepoint 2, we surveyed 539 young people from across Australia. Of these, 48% were living in Victoria and 82% were living in metropolitan areas. Prior to March 2020, 63% were studying and 30% were working full time. Fifty-four percent were working or studying from home.

Young people described how Coronavirus had continued to create changes in their lives between timepoints 1 and 2, in addition to the impacts seen prior to timepoint 1:

- 3% had left studies,
- 1% percent had stopped working,
- 1% had started working,
- 13% had a decrease in their hours of paid work,
- 70% had an increase in their hours of paid work,
- 16% felt less financially secure, and
- 33% felt more financially secure.

As timepoint 2 spanned July to December, also reflected in participants' comments was a gradual return to normality in some parts of Australia while Victoria remained in lockdown.

*In South Australia, things are mostly back to normal. I see my friends at school and on the weekends, I see certain extended family members maybe once a week. I used to video call my friends and family, but truthfully, I was sad. I have been a lot happier since restrictions have been lifted.*

16-year-old woman from SA

*...my family is [in] Queensland and I'm in Victoria so I feel they don't understand the gravity of our extended lockdown and want to continually talk about the day trips they are taking and other freedoms.*

26-year-old woman from VIC

### Changes in health behaviours

Many young people reported changes in the frequency of some key health behaviours between timepoints (Figure 1). Of note, 27% had decreased the number of days on which they consumed any alcohol, 41% a decrease in sleeping problems, and 38% had increased their daily intake of vegetables.

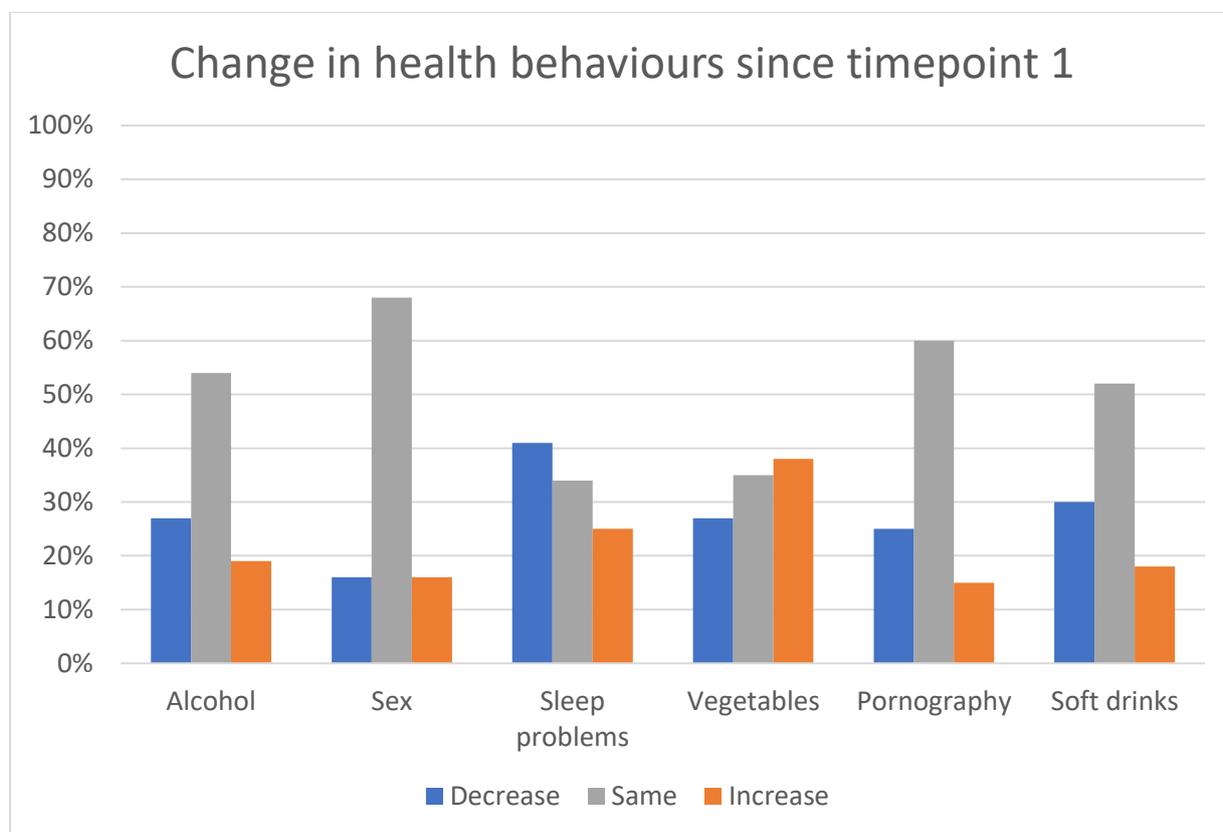


FIGURE 1: Percentage of participants who had increased, decreased, or kept the same frequency of health behaviours between timepoint 1 (Apr-Jun 2020) and timepoint 2 (Jul-Dec 2020): days consuming any alcohol, days having sex, days experiencing sleep problems, days viewing pornography, average serves of vegetables per day, and average serves of soft drink per day.

### Social media and staying connected

Social media was the main way that young people were able to stay connected during the pandemic, especially in Victoria where restrictions on social gatherings were in place. However, 76% reported feeling that they were using too much social media.

*All we can do is be social via the internet which can be draining.*

27-year-old woman from VIC

*I use social media but probably too much. I prefer to meet my friends face to face but it isn't ideal or appropriate now.*

22-year-old young person from NSW

Social media was noted to be an inadequate replacement for real-life interactions. Over the prolonged period of lockdown staying in contact became only more difficult. Scheduling regular online social interactions played a significant role in staying connected for many individuals.

*Group chats and Zoom drinks have kept me very connected with my friends during iso. We have managed to form a weekly routine of Zoom drinks and whoever can join will join and for me it is the highlight of my week as it allows me to connect with my friends.*

29-year-old woman from VIC

### Loneliness and mental health

We assessed young people's loneliness and mental health. Many young people in our study described feeling lonely. Overall, 38% disagreed with the statement "I feel connected with others."

Figure 2 shows relative loneliness scores in different groups across both waves of data collection. Overall, loneliness scores remained relatively high and stable between the two timepoints. This suggests young people are still experiencing high levels of loneliness. Loneliness decreased slightly in all subgroups, with the exception of those living in Victoria whose loneliness increased between the two timepoints.

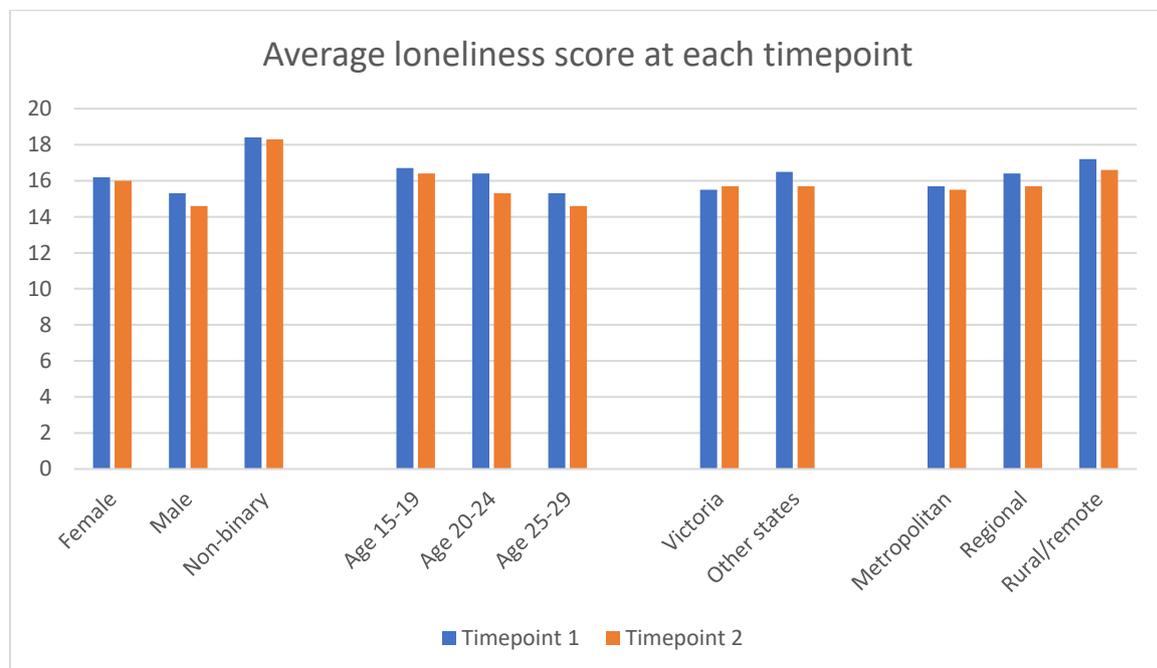


FIGURE 2: UCLA Loneliness Scale (Short Form-6) average score by group.[2] Higher scores represent more severe loneliness (possible range 6-24)

Psychological distress was prevalent in this sample, according to the DASS-21 scale.[3] Overall, 29% experienced severe or extremely severe symptoms of depression, 24% of anxiety, and 19% of stress (Table 1). Younger age groups scored higher on this measure of depression (Figure 3). Symptoms of depression reduced slightly between timepoints in all subgroups, except for those living in Victoria, where symptoms slightly increased.

TABLE 1: Percentage of participants by severity of mental health symptoms using DASS-21 scale[3]

	Depression	Anxiety	Stress
<b>Normal %</b>	34	50	52
<b>Mild %</b>	12	14	14
<b>Moderate %</b>	25	12	15
<b>Severe %</b>	12	7	13
<b>Extremely severe %</b>	17	17	6

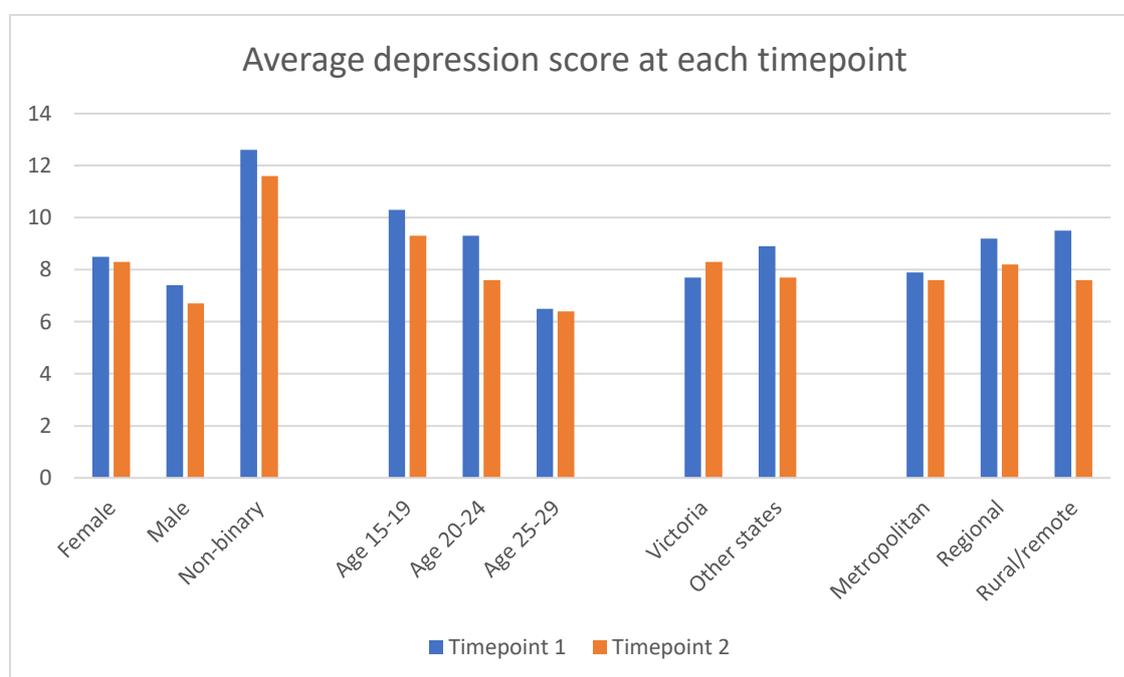


FIGURE 3: DASS-21 Depression scale average score by group.[3] Higher scores represent more severe depression (possible range 0-21).

### What are young people concerned about?

We asked young people what the top issues affecting them at this time were. Mental health, COVID-19, and finances/money were the most frequently selected concerns, however, this varied by age group (Figure 4). For comparison, baseline values can be found in Figure 5. Concern about equity and discrimination rose considerably in this time period for those aged 15-19. This may be due to growing interest in the Black Lives Matter movement during timepoint 2.

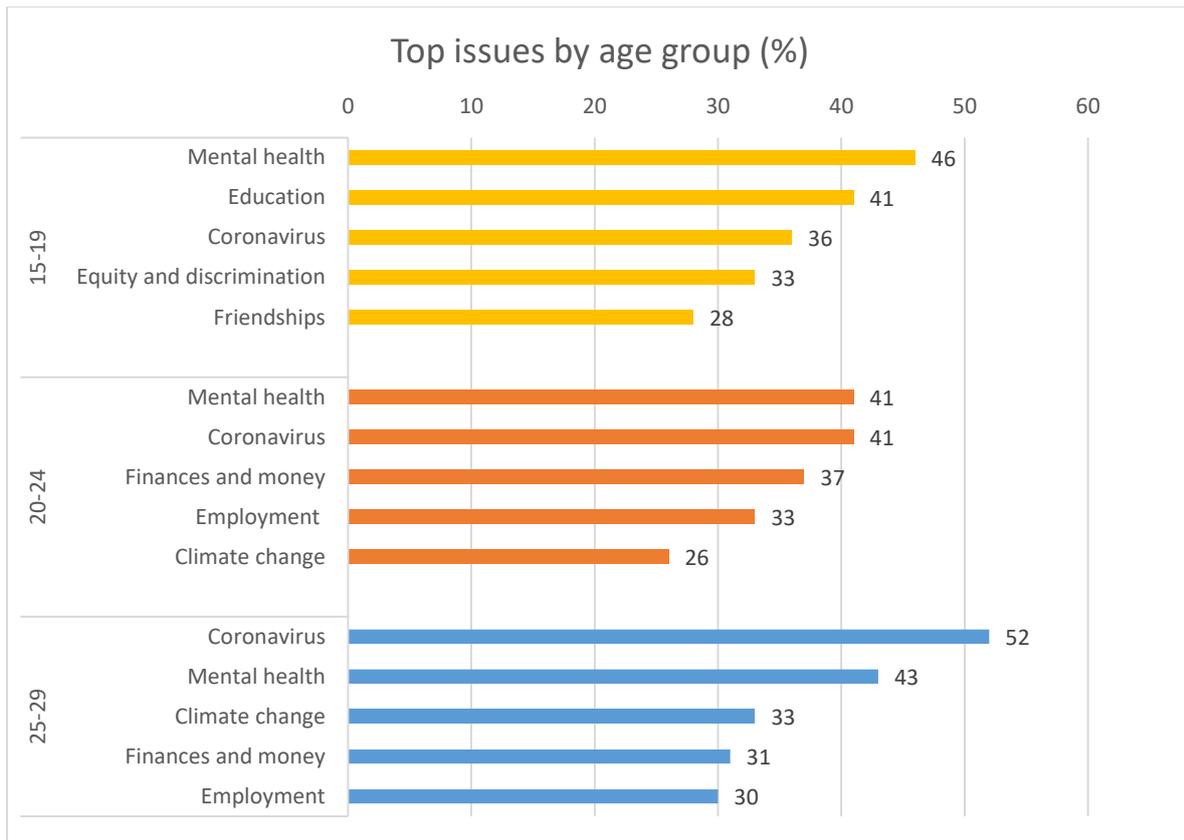


Figure 4. Issues of greatest concern reported at timepoint 2.

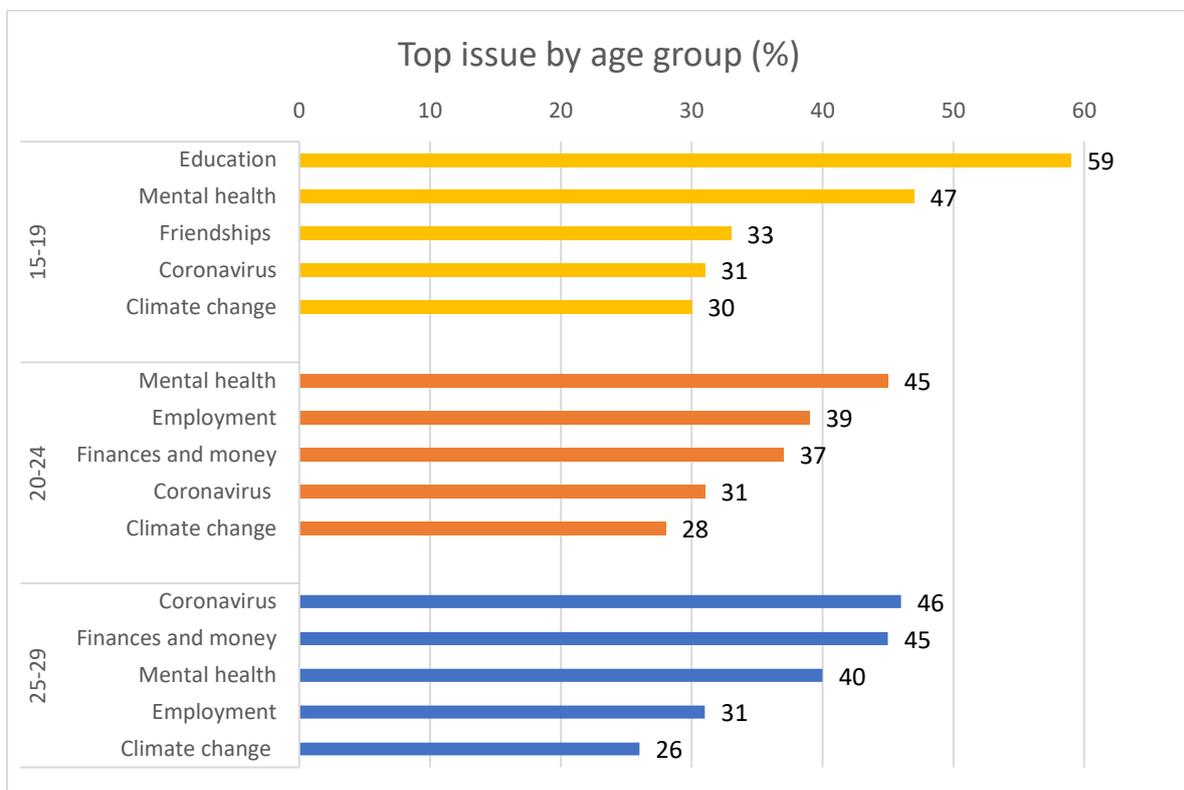


Figure 5. Issues of greatest concern reported at timepoint 1.

## What do young people want?

Young people surveyed were asked to give brief responses to the question of what schools, governments, and other organisations could do to help them through this time. As in timepoint 1, common responses included increasing mental health access and funding, continuing and expanding JobKeeper and JobSeeker payments, clarity and leniency from schools and universities about assessments, and programs that could help foster community connection.

*MORE FUNDING FOR MENTAL  
HEALTH! IT'S SO UNDERFUNDED  
IT'S A JOKE*  
27-year-old man from WA

*Free, personal, mental health support. Basic  
instructions on how to use the technology that  
the school uses for remote learning.*  
16-year-old non-binary person from VIC

In addition to these ongoing concerns, young people expressed anger and frustration about policies that were detrimental to their futures. The rising cost of education and lack of job opportunities were noted with anger by many young people. Some expressed frustration that their schools or workplaces had still not adjusted to the pandemic, with unclear rules, unsafe conditions, or lack of technical support for remote work and learning. Young people felt despondent or angry that important issues like education, social justice, and climate change had been further sidelined during the pandemic.

*Provide young people with  
something to look forward to.  
Something they have control over  
in the pandemic where we all feel  
powerless. Reduce emissions and  
do something for the climate, so  
we can look forward to actually  
being able to live into middle age.*  
17-year-old woman from VIC

*Greater funding for TAFE, arts, action against  
proposed fee hikes, extend job keeper to university  
sector, securing the jobs of young people  
(Apprenticeships, new graduates, hospitality  
workers, etc.) subsidies for home BUILDING (Social  
housing too), rather than subsidies for  
renovations- clearly pandering to coalition base.  
Young people are absolutely fucked.*  
25-year-old woman from NSW

## Conclusions

This report outlines brief interim findings of the second wave of the *Coping with COVID-19* survey of young people. Our previous report captured young people in the early stages of the Coronavirus outbreak, at a time when there were widespread restrictions across the nation. This report captured the July to December 2020 period (timepoint 2), where young people in Australia continued to be impacted by coronavirus, but in many ways were starting to return to pre-coronavirus life.

Many young people reported increases in healthy behaviours between timepoints 1 and 2 such as vegetable consumption, and reductions in alcohol consumption, soft drink consumption, and sleep problems. However, some young people also reported an increase in unhealthy behaviours. Further analyses are needed to understand factors driving these differential effects; for instance, there may

be different subgroups of young people who are able to increase healthy behaviours while other groups increase unhealthy behaviours.

Young people continued to experience high levels of loneliness and mental health problems. In most demographic groups, young people reported marginally lower levels of loneliness and depressive symptoms compared to timepoint 1. However, this trend was not seen in Victoria. Further analysis is needed to determine whether difference between states were significant and the implications of this for young people living in areas with ongoing coronavirus transmission.

While mental health, coronavirus, climate change, and education remained the most pressing concerns for young people, concerns around finances and employment had eased slightly compared to timepoint 1. Young people were increasingly concerned about equity and discrimination. Many young people also expressed frustration about a lack of clear policies and communication around ongoing changes in work and learning due to coronavirus. They also expressed a lack of hope for the future as issues of climate change, education, and job opportunities for young people were not addressed.

Recruitment to this wave of the survey was challenging, with only 27% of original participants completing this follow up survey. Loss to follow up is common in longitudinal surveys but may have been exacerbated by large amounts of time spent online in 2020. Further analysis will use methods to control for missing data.

## Appendix: Demographics

TABLE A1: Demographic characteristics of participants

Variable	Category	N=539	%
<b>Gender <sup>a</sup></b>	Female	376	71
	Male	136	26
	Non-binary	14	3
	Other gender identity	7	1
<b>Age group (years)</b>	15-19	169	32
	20-24	121	23
	25-29	243	45
<b>State</b>	VIC	256	48
	NSW	98	18
	QLD	85	16
	NT	3	1
	ACT	16	3
	WA	41	8
	TAS	13	2
	SA	20	4
<b>Region of residence</b>	Metropolitan	391	82
	Inner regional	67	14
	Rural or remote	17	4
<b>Bushfire affected postcode <sup>b</sup></b>	Yes	30	6
	No	446	94
<b>Country of birth</b>	Australia	442	83
	Other	87	17
<b>Residential status (of n=87)</b>	PR/citizen	58	67
	Other	29	33
<b>Sexual identity <sup>a</sup></b>	Heterosexual	310	58
	Bisexual	104	20
	Gay, lesbian, homosexual	36	7
	Queer	31	6
	Pansexual	15	3
	Questioning	13	2
	Asexual	18	3
<b>Indigenous</b>	Aboriginal or Torres Strait Islander	6	1
	No	525	99
<b>Living with <sup>a</sup></b>	Parents	288	53
	Partner	139	26
	Housemates	87	16
	Alone	41	8
<b>Active member of religious group</b>	Yes	62	12
	No	463	88
<b>Enrolled in study (pre-Coronavirus)</b>	Yes	335	63
	No	197	37
<b>Current study level (of n=335)</b>	High school	154	46
	TAFE, college, diploma	33	10
	University degree	147	44
	High school	35	18

<b>Highest level of education completed previously (of n=197)</b>	TAFE, college, diploma	30	15
	University degree	132	67
<b>Work status (pre Coronavirus) <sup>a</sup></b>	Full time	162	30
	Part time	68	13
	Casual	150	28
	Not employed	131	25
<b>Financial security (pre Coronavirus)</b>	Very confident that I could meet my regular expenses	265	52
	Fairly confident that I could meet my regular expenses	190	37
	Worried about meeting my regular expenses without asking for help	43	8
	Worried about meeting my regular expenses and didn't think I could access help if I need it	12	2
	Unable to meet my regular expenses	3	1

<sup>a</sup> Question allowed multiple responses <sup>b</sup> Determined from ATO[4] \*missing data are excluded from table

## References

1. Lim, M.S.C., *Young people coping with coronavirus: interim report*. 2020, Burnet Institute and Victorian Health Promotion Foundation: Melbourne.  
<https://www.vichealth.vic.gov.au/media-and-resources/publications/young-people-coping-with-coronavirus>.
2. Hughes, M.E., et al., *A Short Scale for Measuring Loneliness in Large Surveys: Results From Two Population-Based Studies*. *Res Aging*, 2004. **26**(6): p. 655-72.
3. Szabo, M., *The short version of the Depression Anxiety Stress Scales (DASS-21): factor structure in a young adolescent sample*. *J Adolesc*, 2010. **33**(1): p. 1-8.
4. Australian Tax Office, *Bushfires 2019–20*. 2020.