

Young people coping with coronavirus: interim report

November 2020

How coronavirus impacted the health and wellbeing of young Victorians



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Introduction

The entire population has been impacted by the coronavirus pandemic restrictions. However young people have been disproportionately impacted through joblessness, disrupted education, reduced social connectedness and increased anxiety about their futures.

Consequently, young people are at greater risk of experiencing loneliness, poor mental health and adverse changes in health behaviours.

In addition, these disruptions have occurred at a critical life stage for young people, when they are already coping with major transitions and the establishment of lifelong health attitudes and behaviours.

While young people are less likely to be hospitalised or die from coronavirus, since July 2020 a large percentage of transmission in Victoria has occurred amongst people under 30, which has added to their anxiety.

Fortunately, young people are also resilient, creative, resourceful and have insight into their own experiences during the pandemic, but it is vital their voices are heard.

This report details the results of the first in a series of surveys of 2,006 young people. It aims to assess the impact of coronavirus restrictions on social connection, loneliness, health behaviours and the mental health and wellbeing of young Australians between March 2020 and March 2021. It shines a light on the experiences of young people – in their own words.

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About this study

This study is a national mixed methods study of young people aged 15–29 years old, conducted by the Burnet Institute and funded by VicHealth. It aims to assess the impact of the coronavirus pandemic and related restrictions on social connection, loneliness, health behaviours and the mental health and wellbeing of young Australians. This study commenced in March 2020, with 2,006 young people participating in the survey between April and July 2020.

The survey will be repeated at 3–6-monthly intervals over the following 12 months. In-depth qualitative research is also planned.

This report presents brief findings of the baseline survey. Further detailed analysis is planned, including comparisons to data collected in later waves of the study.

Key findings

Participants and the impact of coronavirus

We surveyed 2,006 young people from across Australia. Of these, 36% were living in Victoria and 84% were living in metropolitan areas. Prior to March 2020, 54% were studying and 39% were working full-time.

Young people described how coronavirus had disrupted their lives. Sixteen percent had lost work and 30% had a decrease in their hours of paid work. Many noted insecurities in their employment and financial situation, with 36% feeling less financially secure now than prior to March 2020.

Responses to open-ended questions revealed that education was a major source of anxiety for young people. They were worried about changes to assessments and felt that they were not receiving the same standard of education from home that they would receive if they could attend onsite. They stated that unrealistic levels of work, lack of support from schools, poor internet service and uncertainty about the future all interfered with their ability to study.

Coronavirus had also disrupted the participants' personal lives. Some reported they had to move back in with their parents due to travel restrictions and financial stress. They were upset about missing out on major milestones, like graduation, starting new jobs and travel. Furthermore, they expressed major social losses – particularly those living with their parents who could no longer see any of their friends in person.

“[I’m] tired of living with my family, haven’t gone out of the house for two months, haven’t been to school to study. I am in year 12 [which is] such a crucial year, but because of this the whole situation and lesson plan are messed up[.] We don’t even know if we will have final exams or not. I’ve been breaking down almost every day. This is emotionally stressful.”

19-year-old woman from VIC

“We need more ways to connect. I don’t think the government understands that as a young person how heavily ingrained our social lives and relationships are in our lives. I haven’t left my home for over a month and despite the many facetime calls and text messages and memes sent... I still feel quite empty.”

16-year-old woman from WA

Changes in health behaviours

Many young people reported changes in the frequency of some key health behaviours (Figure 1). Of note, 47% had decreased the number of days that they engaged in physical activity and 27% had increased the number of days on which they consumed alcohol.

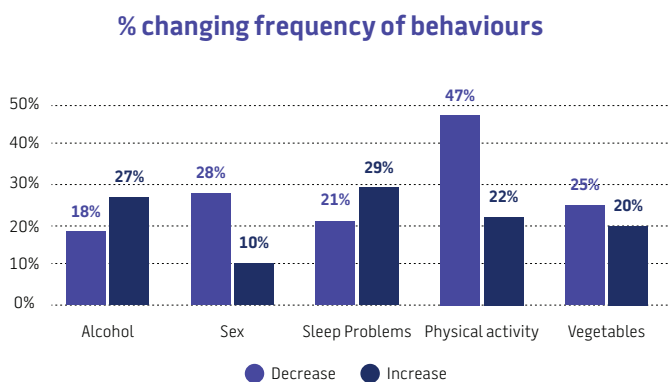


FIGURE 1: Percentage of participants who had increased or decreased the frequency of health behaviours since the start of the pandemic: days consuming any alcohol, days having sex, days experiencing sleep problems, days engaging in recommended amount of physical activity (60 minutes for those aged under 18 years, 30 minutes for those aged 18 years or older) and average serves of vegetables per day.

Social connection and mental health

Social media was the main way that young people were able to stay connected during the pandemic. However, 74% said their social media use had increased due to the pandemic and 68% felt they were using too much social media.

We assessed young people’s loneliness, social connection, mental health, and wellbeing to establish a baseline level for comparison in future waves of the survey. Many young people in our study described feeling lonely. Overall, 37% disagreed with the statement, “I feel connected with others.”

Figure 2 shows relative loneliness scores in different groups. Non-binary gender participants reported the highest average loneliness scores, with young men reporting the lowest average loneliness scores. Of concern, those aged 15–19 years demonstrated the highest levels of loneliness, a reversal of the trend seen in a large pre-coronavirus study.¹

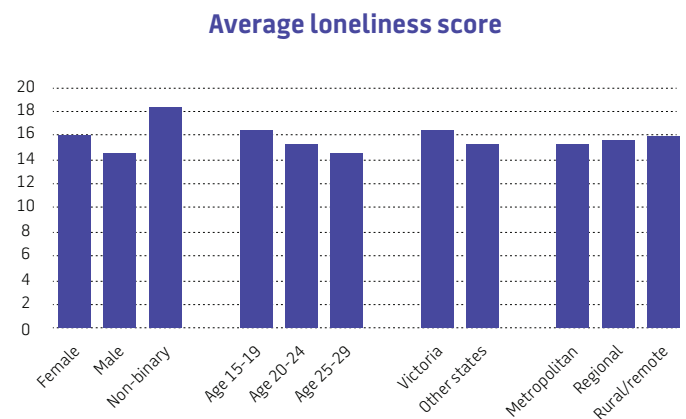


FIGURE 2: UCLA Loneliness Scale (Short Form-6) average score by group.² Higher scores represent more severe loneliness (possible range 6–24).

Psychological distress was prevalent in this sample, according to the DASS-21 scale.³ Overall, 29% experienced severe or extremely severe symptoms of depression, 27% of anxiety and 18% of stress (Table 1).

Non-binary gender participants reported the highest average depression scores, with younger age groups also scoring higher on this measure of depression (Figure 3). These data will serve as a baseline for comparison to later waves of the survey over the next 12 months.

	Depression	Anxiety	Stress
Normal %	37	50	54
Mild %	11	12	13
Moderate %	23	11	16
Severe %	12	8	12
Extremely severe %	17	19	6

TABLE 1: Percentage of participants by severity of mental health symptoms using DASS-21 scale⁴

“Funding mental health services. Accessing counselling/psychology services is really expensive and difficult.”

29-year-old woman from VIC

“Free courses to allow up-skilling, more support with longer periods of payments such as JobSeeker/JobKeeper.”

22-year-old man from QLD

Average depression score

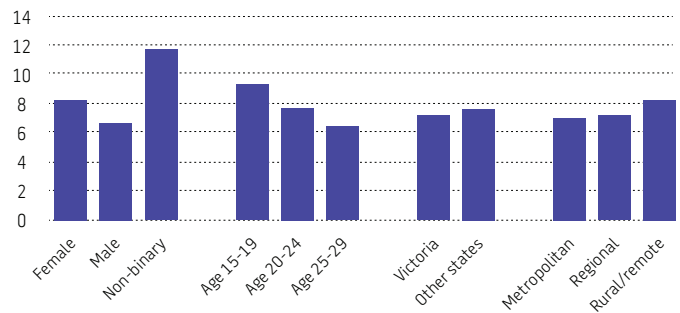


FIGURE 3: DASS-21 Depression scale average score by group.⁴ Higher scores represent more severe depression (possible range 0–21).

What young people want

We asked young people what those in power could do to help them stay connected, healthy and mentally well. Key themes that emerged were:

- A desire for clear and consistent communication about coronavirus and related restrictions.
- Increased support from their schools, universities, and teachers; both for their studies and their general wellbeing. This included requests for teachers to reach out and contact students individually, and for more organised group social activities with fellow students.
- Flexibility and consideration given to assessments and a reduction in study workload.
- Help with access to remote education, understanding that not everyone has appropriate IT or internet facilities, has supportive families and households, or is able to learn remotely. Many university students felt that their remote education was of a lower standard and that they should therefore be paying lower fees.
- Expansion of financial supports (JobKeeper), including eligibility for casual and gig workers, temporary residents on work or study visas and those living with their parents.
- Reduced financial pressures, including reductions in rent, utilities, and university fees.
- More affordable and accessible mental health care, particularly access to bulk billed psychology via telehealth.
- More programs to support positive mental wellbeing, including opportunities for social connection, education, physical activity and positively framed news stories.
- Reassurance about the future; hope that issues such as employment, education, and climate change would be addressed.
- Greater consideration of youth voices in decision making and communication.

Detailed methodology

Design

Part of a three-phase study, this report presents interim findings of Wave 1 of Phase 1.

Phase 1: Longitudinal survey of 2,006 Australians aged 15–29

- wave 1 April – July 2020
- wave 2 from July 2020
- wave 3 from October 2020
- wave 4 from April 2021.

Phase 2: Qualitative interviews (n~20)

- in-depth discussion of experiences of coronavirus and strategies for maintaining social connections
- from July 2020.

Phase 3: Co-design workshops (n~20)

- To design strategies for staying connected
- From late 2020.

Participants and recruitment procedure

Social media advertisements and Pureprofile (a market research panel) were used to recruit for this study. This procedure includes paid advertisements on Facebook and Instagram in addition to shareable posts on Facebook, Instagram, Reddit and Twitter.

Inclusion criteria:

- aged 15–29 years
- able to read and understand English
- able to provide informed consent
- able to access a mobile phone or computer with internet access
- living in Australia.

Survey measures

The survey included closed-ended questions about demographics, work and study circumstances prior to and during the coronavirus pandemic, as well as social media use and health behaviours prior to and during coronavirus. These questions were adapted from other surveys of young people where possible.

A series of validated measures were used to assess perceived social connectedness, depression, anxiety, stress, loneliness and isolation. These included:

- Connection: “I feel connected” – a single question rated from 1 (disagree) to 7 (agree).
- Loneliness: The UCLA loneliness scale (SF-6), six question assessing loneliness, with a possible range of scores from 6–24, higher scores indicate a high level of loneliness.²
- Wellbeing: The Personal Wellbeing Index asks participants to rate from 1 (very dissatisfied) to 10 (very satisfied) their satisfaction with life as a whole and seven other aspects of life.³
- Mental health: The DASS-21 scale assessing severity of symptoms of depression, anxiety and stress. Higher scores indicate higher levels of symptoms with a possible range of 0–21 for each of the three subscales.⁴

We also asked three open-ended questions to allow young people to express:

- how coronavirus has impacted their lives
- strategies that they use to cope with coronavirus isolation
- how they would like to see governments and institutions respond in a way that meets their needs.

Analysis

This report presents only descriptive and summary data. Further analysis is planned for future reports and publications.

Appendix: detailed findings

Who are the young people we surveyed?

We surveyed a total of 2,006 young people from across Australia. Of these 36% were living in Victoria and 84% were living in metropolitan areas. Prior to March 2020, 54% were students and 39% were working full time. Detailed demographic characteristics are shown in Table A1.

TABLE A1: Demographic characteristics of participants

Variable	Category	n	%
Gender	Women	985	49
	Men	981	49
	Non-binary	26	1
	Other gender identity	14	1
Age group (years)	15–19	538	27
	20–24	641	32
	25–29	818	41
State	VIC	717	36
	NSW	526	26
	QLD	320	16
	NT	17	1
	ACT	51	3
	WA	194	10
	TAS	46	2
	SA	128	6
Region of residence	Metropolitan	1,507	84
	Inner regional	206	11
	Rural or remote	85	5
Bushfire affected postcode ^b	Yes	139	8
	No	1,665	92
Country of birth	Australia	1,639	82
	Other	328	16
Residential status (of n=328)	PR/citizen	186	57
	Other	141	43
Sexual identity ^a	Heterosexual	1,429	71
	Bisexual	245	12
	Gay, lesbian, homosexual	123	6
	Queer	52	3
	Pansexual	42	2
	Questioning	36	2
	Asexual	34	2
	I don't label myself	52	3

TABLE A1 Continued

Variable	Category	n	%
Indigenous	Aboriginal or Torres Strait Islander	52	3
	No	1,935	97
Living with ^a	Parents	1,082	54
	Partner	575	29
	Housemates	316	16
	Alone	197	10
Active member of religious group	Yes	293	15
	No	1,665	83
Enrolled in study (pre-coronavirus)	Yes	1,088	54
	No	901	45
Current study level (of n=1088)	High school	376	35
	TAFE, college, diploma	149	14
	University degree	556	51
Highest level of education completed previously (of n=901)	High school	225	25
	TAFE, college, diploma	156	17
	University degree	515	57
Work status (pre-coronavirus) ^a	Full time	775	39
	Part time	322	16
	Casual	464	23
	Not employed	378	19
Financial security (pre-coronavirus)	Very confident that I could meet my regular expenses	931	46
	Fairly confident that I could meet my regular expenses	691	35
	Worried about meeting my regular expenses without asking for help	207	10
	Worried about meeting my regular expenses and didn't think I could access help if I need it	70	3
	Unable to meet my regular expenses	34	2

^a Question allowed multiple responses

^b Determined from ATO⁵

How have their lives changed because of the pandemic?

The pandemic has affected education, employment and financial security for young people (Table A2).

Some young people had been forced to change their living situation due to coronavirus, for example moving back in with parents due to financial concerns or having to return to Australia from overseas. Participants also described (Table A3) how the pandemic had made their existing living situations more difficult, whether because they were working at home, or because they could only socialise with the people they lived with.

They also described struggling financially and the knock-on effects of this on their mental health and wellbeing. Many young people also reported feeling worried about their parents' job security while others had tried to increase their paid work to financially support their parents and families. Education, in particular, was a source of anxiety and stress.

TABLE A2: Socioeconomic changes following the coronavirus pandemic

Variable	Category	n	%
Working or studying from home	Yes	1,393	69
	No	613	31
Employment changes due to coronavirus ^a	Decrease in hours	482	30
	Lost job	254	16
	Applied for new Centrelink payments	371	19
	Left studies	80	7
Financial security compared to pre-coronavirus	Worse	712	36
	Same	1,123	56
	Better	164	8

^a Question allowed multiple responses

TABLE A3: Themes derived from open-ended question on how life had changed because of the pandemic

Theme	Example quotes
Major life changes	<p>“I moved back from Perth to [regional town] (away from friends, university, person I’m seeing and most of my things) to be with my family while social distancing measures are in place and regional travel is blocked.”</p> <p>“I have lost my work hours (not fired but have no work at all). I have to share a room with my brother as I have no financial stability and cannot pay rent (let alone find somewhere to rent now!).”</p>
Challenges of household structures	<p>“Working from home can be challenging without a proper workspace, sharing a house with three housemates and a dog – so many distractions, reduced productivity.”</p> <p>“I like to talk to people through Houseparty and messaging, but it doesn’t seem to be enough. I live with my family so staying in contact with them is easy. I just feel left out and not wanted in my family unit sometimes. We fight more because we’re all so cooped up. I miss my friends a lot [and] wish I could see them properly.”</p> <p>“I often feel like a lot of my friends don’t really understand how isolated I feel living alone – most of them live with family, housemates or a partner.”</p>
Struggling financially and emotionally	<p>“Everything is extremely hard and I’m struggling financially and mentally.”</p> <p>“I have had to stand down from my job and am now relying on only my partner’s income to pay rent/bills, so he is now working extra hours to help me, which is putting stress on our relationship.”</p> <p>“It has reduced the casual work I had to nothing. It’s meant I’ve found it much harder to find another job. I’ve been looking for full time work for a while now and there’s been a significant drop ...in jobs advertised. Hiring for a few jobs I’d applied for – or had interviews for – has been cancelled [the position withdrawn].”</p> <p>“My parents are now both out of work, so it has affected my living situation. We now cannot afford the normal groceries we would buy and [we’re] worried about the mortgage etc.”</p>
Education as a source of stress	<p>“Universities should slow down with assessments or extend deadlines as students’ productivity levels are not the same at home compared to at university. Some people may not have the facilities at home to work at optimal levels.”</p> <p>“My education ha[s] been greatly impacted. I now have to teach myself content from home which can be difficult and confusing. Additionally the amount of schoolwork I receive has increased significantly and I now spend at least 1–2 more hours completing schoolwork than I normally would.”</p> <p>“They should understand that students are finding it difficult to learn at home for such a long period of time and they need to reduce the number of classes in a day. Less homework on the computer during this period would have been nice. Staring at a computer for hours consumes a lot of energy and is bad for your eyes.”</p>

What impact have these disruptions had on their health behaviours?

Many participants reported changes in health behaviours and risky behaviours since the start of the pandemic (Tables A4 and A5). For example, 55% continued to drink alcohol at the same frequency, 27% increased their drinking frequency and 18% decreased their drinking frequency.

TABLE A4: Frequency of engaging in health behaviours, before the pandemic and now

	Median days per week engaging in behaviour		% of participants reporting change in frequency of each behaviour		
	Pre-coronavirus	Now	% Same	% Increase	% Decrease
Any alcohol	1	1	55	27	18
>6 alcoholic drinks in a single session	0	0	58	22	20
Smoking	0	0	88	6	6
Illicit drug use	0	0	90	5	5
Sex	1	0	62	10	28
Viewing pornography	1	0	64	18	18
Use of dating apps	0	0	82	9	8
Sexting	0	0	83	9	8
Physical activity	3	2	31	22	47
Gambling	0	0	87	5	7
Sleep problems	2	2	51	29	21

TABLE A5: Usual number of serves consumed per day, before the pandemic and now

	Median serves consumed per day		% of participants reporting change in serves consumed per day		
	Pre-coronavirus	Now	% Same	% Increase	% Decrease
Vegetables	3	3	56	20	25
Fruit	2	2	53	20	26
Soft drink	1	2	58	26	16

What is the mental health status of young people in our study?

Young people in our study completed several scales and questions assessing their mental health, social connectedness, and wellbeing (Table A6). These data will be used as a baseline measure for assessing changes over the coming year.

Mean scores in loneliness, feeling connected, depression, anxiety, stress and satisfaction with life in different groups are shown in Table A7. Groups demonstrating consistently poorer scores across these factors included young people

who were: women, non-binary gender, aged 15–19 years, living in regional or rural Australia, living in a bushfire affected postcode, Indigenous, LGBTIQ, currently studying at high school or TAFE and living alone or with their parents.

Poorer scores were also seen in those who (compared to before the pandemic) had: lost employment, experienced change in their financial security (either for better or worse), increased alcohol consumption, increased sleep problems, decreased physical activity or decreased vegetable consumption.

TABLE A6: Mean scores on measures of wellbeing

	Mean score
I feel connected (1 disagree – 7 agree)	3.8
UCLA loneliness score (out of possible 24)	15.3
Satisfaction with life as a whole (out of 10)	6.0
Satisfaction with your standard of living	7.1
Satisfaction with your health	6.3
Satisfaction with what you are currently achieving in life	5.6
Satisfaction with your personal relationships	6.3
Satisfaction with how safe you feel	7.3
Satisfaction with feeling part of your community	5.4
Satisfaction with your future security	5.6

TABLE A7: Average scores on measures of social connection, mental health, and life satisfaction, in different sociodemographic and behavioural groups. See methodology section for description of measures

		Loneliness	Feeling connected	Depression	Anxiety	Stress	Satisfaction with life
	Total	15.3	3.8	7.6	5.0	7.5	6.0
Gender	Women	16.0	3.7	8.3	5.1	8.4	6.1
	Men	14.6	4.0	6.7	4.7	6.6	6.0
	Non-binary	18.3	2.8	11.6	9.3	11.6	4.7
	Other gender identity	14.2	5.3	4.8	4.5	6.3	6.5
Age group	15–19	16.4	3.5	9.3	5.6	8.2	5.8
	20–24	15.3	3.9	7.6	5.3	7.8	5.9
	25–29	14.6	4.0	6.4	4.2	6.9	6.3
State	VIC	15.3	3.8	7.5	4.9	7.8	6.0
	NSW	15.2	3.9	7.2	5.0	7.1	6.0
	QLD	15.7	3.7	7.9	5.2	7.7	6.1
	NT	14.3	3.8	8.2	5.7	7.7	6.9
	ACT	15.9	3.4	8.2	5.3	8.2	5.9
	WA	15.5	3.9	8.3	5.3	8.0	5.8
	TAS	15.9	3.9	8.2	4.6	8.2	5.9
	SA	14.8	3.9	6.5	4.1	6.7	6.5
Region of residence	Metropolitan	15.1	3.9	7.3	4.8	7.4	6.1
	Inner regional	15.7	3.7	7.7	5.1	7.8	6.1
	Rural or remote	16.0	3.7	8.2	5.4	8.0	6.3
Bushfire affected postcode ^b	Yes	15.8	3.6	7.9	5.3	7.5	5.7
	No	15.1	3.9	7.3	4.9	7.4	6.1
Country of birth	Australia	15.4	3.8	7.6	5.0	7.6	6.0
	Other	15.1	3.9	7.1	4.8	7.0	6.2
Residential status	PR/citizen	15.0	3.9	7.3	4.8	7.1	6.2
	Other	15.2	3.9	7.0	4.7	7.0	6.2
Sexual identity	Heterosexual	14.8	4.0	6.7	4.4	6.9	6.2
	LGBTIQ+	16.6	3.5	9.7	6.2	9.1	5.5
Indigenous	Aboriginal or Torres Strait Islander	15.9	3.8	9.9	8.6	10.0	5.7
	No	15.3	3.8	7.5	4.9	7.5	6.0
Living with ^a	Parents	15.9	3.7	8.1	5.0	7.6	5.9
	Partner	14.4	4.0	6.3	4.3	7.1	6.5
	Housemates	15.1	3.9	7.7	5.1	7.9	6.0
	Alone	15.6	3.8	8.2	6.2	8.2	5.7
Religious	Yes	15.0	4.0	7.8	5.6	7.6	6.0
	No	15.4	3.8	7.5	4.8	7.5	6.0
Current studying	Yes	15.8	3.7	8.4	5.5	8.0	5.9
	No	14.7	3.9	6.5	4.3	6.9	6.2

^a Question allowed multiple responses

^b Determined from ATO⁵

TABLE A7 Continued

		Loneliness	Feeling connected	Depression	Anxiety	Stress	Satisfaction with life
Current study level (in those currently studying)	High school	16.5	3.6	9.8	5.9	8.6	5.8
	TAFE, college, diploma	16.0	3.7	8.2	6.0	8.0	5.5
	University degree	15.4	3.8	7.6	5.1	7.7	6.1
Highest level of education (in those not currently studying)	High school	15.2	3.7	7.3	4.8	7.0	5.8
	TAFE, college, diploma	14.8	3.9	6.8	4.4	6.9	5.9
	University degree	14.5	4.0	6.0	4.0	6.9	6.5
Perception of own social media use	Too much	15.8	3.7	8.1	5.0	8.0	6.0
	About right	14.4	4.0	6.3	4.7	6.5	6.3
	Not enough	14.5	3.2	9.4	9.0	9.0	4.3
Currently working or studying from home	Yes	15.6	3.8	7.8	4.9	7.8	6.2
	No	14.9	3.9	7.0	5.0	7.0	5.8
Employment changes due to coronavirus ^a	Decrease in hours	15.4	3.9	7.4	5.0	7.8	6.0
	Lost job	16.6	3.4	9.7	5.5	9.1	5.5
	Applied for new Centrelink payments	15.6	3.8	8.5	5.4	8.4	5.8
	Left studies	15.6	3.7	9.3	6.5	8.8	5.1
Change in perceived financial security since the start of coronavirus	Worse	16.1	3.8	9.2	6.8	9.2	5.6
	Same	14.8	3.9	6.7	4.4	6.8	6.2
	Better	16.1	3.7	8.5	5.4	8.4	5.8
Change in social media use since the start of coronavirus	Increased	15.6	3.8	7.9	4.9	7.8	6.1
	Stayed the same	14.3	4.0	6.0	4.3	6.1	6.1
	Decreased	15.2	3.4	8.5	6.9	8.7	5.4
Change in alcohol consumption since the start of coronavirus	Increased	15.8	3.7	8.3	5.3	8.3	6.0
	Stayed the same	15.2	3.9	7.2	4.8	7.1	6.1
	Decreased	15.0	3.9	7.4	4.8	7.7	6.0
Change in sleep problems since the start of coronavirus	Increased	15.5	3.7	8.2	5.7	8.3	5.7
	Stayed the same	14.1	4.1	5.5	3.9	5.5	6.3
	Decreased	14.9	4.1	7.0	5.5	7.5	6.0
Change in physical activity since the start of coronavirus	Increased	15.4	3.9	7.5	4.8	7.7	6.3
	Stayed the same	14.7	3.9	6.7	4.7	6.6	5.9
	Decreased	15.7	3.7	8.1	5.2	8.0	6.0
Change in vegetable consumption since the start of coronavirus	Increased	15.2	3.9	7.4	5.2	8.0	6.1
	Stayed the same	15.0	3.9	6.8	4.2	6.7	6.2
	Decreased	16.2	3.6	9.3	6.4	9.0	5.6

How are young people managing to stay connected?

Participants said that they spoke to someone online or in person (such as friends or family) on average 8.8 times in the past week (median 5; IQR 3–10). Seven percent of young people said they did not speak to anyone at all in the past week.

Young people were asked what strategies they used to stay connected and mentally well. Social media was mentioned by almost all participants who responded. Other strategies mentioned included:

- Messaging
- Phone calls
- Spending quality time with family and housemates
- Online group activities (e.g. board games, trivia)
- Smiling at people on the street
- Physical activity
- Spending time in nature
- Staying busy
- Enjoyable activities (e.g. reading, video games)
- Meditation

However, social media was noted to be an inadequate replacement for real-life interactions. Being always available via digital technology, excess social media use and screen time was having a negative impact on many participants, as this young man stated:

“It’s more difficult to manage a work-life balance (i.e. working more over-time) – [I] have felt less engaged with colleagues. Being isolated has caused more fatigue/stress (i.e. too much screen time with many work meetings now video conferences, increased use of technological devices in general with not being allowed to go to the gym, socialise and more time watching TV/using the computer etc.)”

27-year-old woman from Victoria

Young people reported a median of 3 hours using social media per day (IQR%: 2–5). Three-quarters reported that their social media use had increased since the start of the pandemic and two-thirds felt that they were using social media too much (Table A8).

TABLE A8: Social media use

Variable	Category	n	%
Change in social media use since the start of coronavirus	Increased	1,487	74
	Stayed the same	370	19
	Decreased	133	7
Perception of own social media use amount	Too much	1,319	68
	About right	602	31
	Not enough	30	1

What can we do to help young people?

We asked young people what the top issues affecting them at this time were. Coronavirus, mental health, and finances/money were the most frequently selected concerns, however, this varied by age group (Table A9).

Young people generally supported the public health measures to reduce coronavirus transmission. However, they wanted those in authority to understand that the sacrifices they were making to help society were often great and different to those that older adults might face.

Young people had a lot of suggestions for ways the government and other institutes could help them through the pandemic (Table A10). Many asked for more affordable and flexible access to mental health care. They also emphasised that they wanted to see more strategies to increase social connectedness and reduce the negative

impacts of isolation. Additional financial support from the government was frequently mentioned, as many had been ineligible for existing schemes. Students also wanted emotional and practical support from their schools, as well as a reduction in their workload and their fees to acknowledge the change to online learning.

They noted that public health messaging had not reached them directly and had suggestions for messaging that would have more impact. Finally, young people expressed disappointment that young people's voices had not been considered in decision making.

TABLE A9: Issues of greatest concern, by age group

15–19 years	%	20–24 years	%	25–29 years	%
Education	44	Coronavirus	36	Finances and money	43
Mental health	42	Mental health	35	Coronavirus	38
Friendships	30	Finances and money	34	Mental health	31
Coronavirus	29	Employment	32	Employment	31
Finances and money	24	Economy	25	Economy	27

TABLE A10: Themes derived from open-ended question on what those in power could do to support young people through coronavirus

Theme	Example quotes
Clear information about coronavirus	<p>“More transparency about what’s going on [and] a more standardised plan for the future and even for right now. Everyone could stop saying conflicting messages.”</p> <p>“I think the biggest thing I’m concerned about is the lack of certainty about where we’re headed, and I know it’s hard to be definitive about how long this is going to last, but it’s hard to mentally prepare for how long we have to be in this state for. I think the government should be doing more to enforce people staying home because we’re proving to be irresponsible as a nation, and the sooner people comply with lockdown measurements, the sooner we can all get through this.”</p>
Acknowledge young people’s sacrifices	<p>“[I] haven’t been able to go to school, be with friends or do any normal activity. I haven’t been able to live my teenage life.”</p> <p>“We need more ways to connect. I don’t think the government understands that as a young person how heavily ingrained our social lives and relationships are in our lives. I haven’t left my home for over a month and despite the many facetime calls and text messages and memes sent... I still feel quite empty.”</p>
Programs to improve wellbeing	<p>“Invest more in building communities that are connected and resilient rather than focusing all efforts on treating the mental ill health arising from COVID-19 pandemic.”</p> <p>“More online initiatives to engage young people and help them connect with friends.”</p> <p>“A lot of companies are already helping with online platforms but it’s hard to get it right. We need more mental health outlets and the restrictions on gym usage doesn’t help.”</p>
Positive stories	<p>“I think providing positivity through all of the negative things that have been going on would be good for raising and keeping morale. There seems to be a lot of news stories about the negative effects of the coronavirus outbreak, and people seem to only be focusing on the negative (cancelled events, uncertainty of the future, etc.). I have been trying to follow accounts on social media that provide positivity – either through motivation, jokes or positive news stories – to stop myself from giving up on working and studying to keep myself motivated.”</p> <p>“The government is doing a great job with keeping us aware of what’s happening and maintaining our safety. However, the news reports on this issue seem to always or mostly be negative. If you want to read anything positive regarding COVID-19, you have to dig deeper / research more on the internet. It would be nice if the media companies also focused on the positives during this situation (e.g. people going out of their way to help others).”</p>
More support from schools and universities	<p>“I wish the university would cut us some slack. It’s super difficult to be doing more work at home but have less time with a teacher or even our peers to understand and discuss it all, then have to do big assignments as if none of this was happening.”</p> <p>“Ensure that they do not disconnect from their students (e.g. posting on school Facebook page every day and making little online competitions or ‘share your pet’ day etc.). Be aware and open to feedback from students about distance learning and workloads.”</p> <p>“Connect to us personally! Teachers can email us, ask us how we’re going, check up on us. We need reminders – however we get them – that everything’s going to be okay and this is only temporary.”</p>
Affordable and accessible mental health care	<p>“Way more bulk-billed mental health appointments should be made available (telehealth) particularly for those already living with mental illness. I was already in therapy... and none of that stops happening during a pandemic. Therapy is already very expensive, even with the Medicare rebate, so once the 10 sessions are up it will be hard for me, and I’m financially comfortable. Others cannot afford it to begin with.”</p> <p>“Free access to mental health care.”</p>

TABLE A10 Continued

Theme	Example quotes
Financial support needed	<p>“Ensuring people have easy access to income support, regardless of previous employment status, and ensuring that young people in Australia who are not eligible for Medicare (asylum seekers, international students, working holiday visa holders etc.) receive health and income support to ensure they can continue to survive through this pandemic.”</p> <p>“What the government is doing in terms of financial support is good, but especially as someone who works in the performing arts I feel they could be doing more to make sure that gig workers and short-term casuals (the majority of which are young people) don’t fall through the cracks.”</p> <p>“The government should continue with the increased Centrelink payments – I am worried about what will happen when it decreases again.”</p> <p>“The qualifications for JobSeeker and JobKeeper should also be broader (JobKeeper, in particular, excludes certain industries and doesn’t cover casual workers who haven’t been long-term employees or international students). I think the financial support mechanisms are not beneficial to young people in the long term and too many are missing out.”</p> <p>“I hope that schools/government can offer people more leeway in terms of paying for textbooks or equipment, especially while struggling financially. I would appreciate it also if utility bills could have late fees waived and banks wouldn’t charge extra overdrawing fees.”</p>
Concerns about the future	<p>“We just feel forgotten. Seems like we’re being asked to feel the brunt of the problems that will be occurring for years, and I worry that many of my peers will be unemployable for a long time.”</p> <p>“Climate Change is still happening. Things will still be in dire straits after this pandemic.”</p> <p>“Reassurance from government about future education and employment opportunities (i.e. investment in industry and universities).”</p>
Work with young people to stop coronavirus	<p>“Stop policing so heavily and work on organic ways to make sure young people are looking after each other and are aware of the importance of social distancing. I think there could be better more youth-focused campaigns and help for how young people can actually live and see their friends safely without breaking the rules.”</p> <p>“Young people want to feel like we have a voice and we are being heard.”</p> <p>“Actively involving young people in the development of strategies and initiatives. Transparency and clear communication about decision making.”</p>

References

These URLs were correct as of 7 November 2020

- 1 Lim, M.H., R. Eres, and C. Peck, The young Australian loneliness survey Understanding loneliness in adolescence and young adulthood. Vichealth, 2019. <https://www.vichealth.vic.gov.au/media-and-resources/publications/young-australian-loneliness-survey>
- 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. doi: 10.1177/0164027504268574
- 3 International Wellbeing Group, Personal Wellbeing Index: 5th Edition. Melbourne: Australian Centre on Quality of Life, Deakin University, 2013. <http://www.acqol.com.au/instruments#measures>
- 4 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. DOI: 10.1016/j.adolescence.2009.05.014
- 5 Australian Tax Office, Bushfires 2019–20. 2020. <https://www.ato.gov.au/General/Dealing-with-disasters/In-detail/Specific-disasters/Bushfires-2019-20/>



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VicHealth is committed to health equity, which means levelling the playing field between people who can easily access good health and people who face barriers, to achieve the highest level of health for *everyone*.



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VicHealth acknowledges the Traditional Custodians of the land. We pay our respects to all Elders past, present and future.