



Exploring the Psychological Impact of COVID-19 on Young People with and without Chronic Health Conditions: A Developmental Perspective

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Introduction

- Evidence suggests young people were more severely affected by the COVID-19 pandemic than older age groups, and that psychological distress increases steadily with age within cohorts of children and youth. [1,2]
- Current evidence regarding mental health outcomes for young people lacks adequate developmental insight, despite the likelihood that one's response will differ considerably as a function of their developmental stage. [3]
- Despite calls for consideration of the additional burden to young people with chronic health conditions (CHCs), research investigating the impact of COVID-19 on this cohort is scarce. [4]
- Some studies suggest young people with CHCs will experience greater psychological distress than peers without CHCs. [5,6]

The Present Study

The present study investigated whether:

- The psychological impact of the COVID-19 pandemic differs for adolescents' (12-17 years) and young adults' (YAs') (18-25 years)
- Scores on three DASS-21 subscales and measures of resilience are predicted by the presence/absence of a CHC.

Materials and Methods

Design: Quantitative Survey Design

Participants: N= 806 12-25-year-olds (79.5% F) living in Ireland during the COVID-19 pandemic.

Measures: Online questionnaire collected data including demographic variables, presence/absence of CHC and CHC type, and psychological phenomena using measures including the DASS-21 [7], CYRM-R (resilience) [8].

Materials and Methods cont.

Analysis: ANOVAs were conducted to examine the differences in mental health outcome for adolescents (12-17 years) and YAs (18-25 years). Regression analyses examined the influence of presence/absence of CHCs on DASS-21 and resilience scores.

Results

Q.1

- Significant differences were observed between adolescents and YAs regarding depression, anxiety, and stress scores, as well as total resilience and relational resilience scores.
- Examination of the means revealed higher psychological distress in YAs and lower total and relational resilience. No differences were observed regarding personal resilience.

Figure 1. Differences in Psychological Outcome by Developmental Stage

Psychological Variable	Mean Scores: Adolescent	Mean Scores: Young Adult	95% Confidence Interval
DASS-21 Depression	8.05	9.83	(-2.62, -.945)
DASS-21 Anxiety	5.11	6.02	(-1.574, -.230)
DASS-21 Stress	7.65	9.78	(-2.83, -1.43)
Resilience Total	45.47	44.28	(.383, 1.99)
Relational Resilience	18.73	17.97	(.33, 1.193)
Personal Resilience	26.74	26.31	(-.057, .906)

Results cont.

Q.2

- CHC status significantly predicted scores on depression, anxiety, and stress subscales of the DASS-21, as well as total resilience, personal resilience, and relational resilience, all at the $p < .001$ level.
- Variance explained: 3.7%, 5.4%, 4.2%, 4.7%, 3.4%, 4% respectively.

Figure 2. Differences in Psychological Outcome with vs. without CHCs

Psychological Variable	Mean Scores: CHC Yes	Mean Scores: CHC No	95% Confidence Interval
DASS-21 Depression	11.26	8.71	(1.642, 3.454)
DASS-21 Anxiety	7.66	5.17	(1.769, 3.2)
DASS-21 Stress	10.90	8.62	(1.52, 3.049)
Resilience Total	42.53	45.28	(-3.613, -1.893)
Personal Resilience	25.38	26.76	(-1.902, -.868)
Relational Resilience	17.15	18.52	(-1.834, -.903)

Limitations

- Significant gender imbalance: 79.5% female, 18.1% male, 1.7% neither.
- Barriers to recruiting participants under the age of 18 resulted in a smaller proportion of adolescents vs. YAs (70% aged 18-25).
- Cross-sectional study design; possible that participants' scores fluctuated significantly throughout the pandemic.
- Inclusion of mental health conditions under CHCs may partially explain the observed relationship between CHCs and psychological outcomes. However, over 1/3 had only a physical CHC.

Conclusions

- Results suggest 18-25-year-olds experienced higher psychological distress during the COVID-19 pandemic than 12-17-year-olds. The factors influencing these differences are unknown, but varying level of disruption to the achievement of key developmental tasks may contribute.
- Results indicate that the absence/presence of CHCs significantly predicts anxiety, depression, and stress symptoms, and one's degree of resilience. Possible factors influencing these outcomes include service disruption and exacerbation of existing symptoms for individuals with CHCs due to COVID-19. Future research should further examine these relationships to inform the provision of services and additional support to this cohort in the wake of the pandemic.

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