



# Coping with Coronavirus

Third Interim Report

June 2021

For further information about this report: Dr Megan Lim [megan.lim@burnet.edu.au](mailto:megan.lim@burnet.edu.au)

## Contents

About the <i>Coping with COVID-19</i> study.....	2
Key findings .....	3
Participants and the impact of Coronavirus .....	3
Changes in health behaviours.....	4
Social media and staying connected.....	4
Loneliness and mental health .....	6
What are young people concerned about? .....	7
Health care and vaccine acceptability .....	9
Conclusions .....	10
Appendix: Demographics.....	11
References .....	12

## 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 2020, and 474 individuals completed a 6-month follow-up survey between October 2020 and March 2021. These timepoints can be summarised as:

- Timepoint 1 (Apr-Jun 2020): during this 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 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
- Timepoint 3 (Oct 2020-March 2021): during this period Australia progressed towards a 'COVID normal', although many states experienced brief lockdown periods to contain local outbreaks. Melbourne emerged from strict lockdown, with restrictions lessening over the survey period

This report presents the following:

- A summary of findings from timepoint 3 (N=474)
- A comparison of selected findings from timepoint 2 and timepoint 3. In this case, only those who completed both timepoints are included (N=337)
- A comparison of selected findings from all three timepoints. Similarly, only participants who completed all three timepoints are included (N=337)

A more detailed report on the *Coping with Covid-19* study and the data collected at timepoint 1 and 2 can be found at <https://doi.org/10.37309/2020.MW1001> [1] and [https://www.burnet.edu.au/system/asset/file/4557/Coping\\_with\\_Covid\\_3-month\\_report.pdf](https://www.burnet.edu.au/system/asset/file/4557/Coping_with_Covid_3-month_report.pdf). [2] 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 3, we surveyed 474 young people from across Australia. Of these, 50% were living in Victoria and 84% were living in metropolitan areas. Prior to March 2020, 60% were studying and 31% were working full time. Further demographic information can be found in Appendix 1.

Young people described how Coronavirus had continued to create changes in their lives between timepoints 2 and 3, in addition to the impacts seen prior to timepoint 2:

- 5% had left studies,
- 3% percent had stopped working,
- 8% had started working
- 23% felt less financially secure, and
- 17% felt more financially secure.

Of those working part-time or casually, 21% had a decrease in their hours of paid work and 49% had an increase in their hours of paid work.

Almost two-thirds (61%) of the sample indicated that they were still working or studying from home. Participants were asked about their motivation and concentration on work or study compared with pre-covid (prior to March 2020). Sixty-one percent of young people reported that their motivation had either decreased a little or a lot relative to before the pandemic (Figure 1).

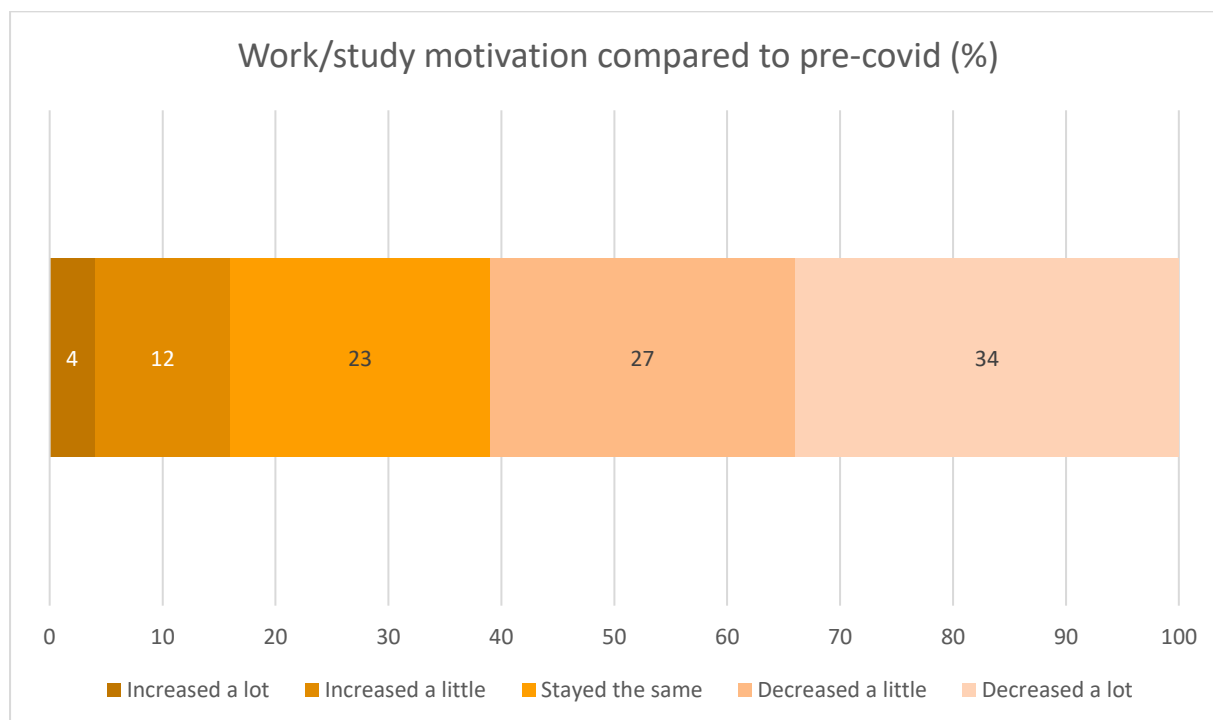


FIGURE 1. Percentage of participants who reported changes to their motivation and concentration on work or study compared to pre-COVID-19. N=474.

## Changes in health behaviours

Many young people reported changes in the frequency of some key health behaviours between timepoints 2 and 3 (Figure 2). Of note, 38% reported a decrease in daily intake of vegetables and 29% reported an increase in daily serves of soft drinks.

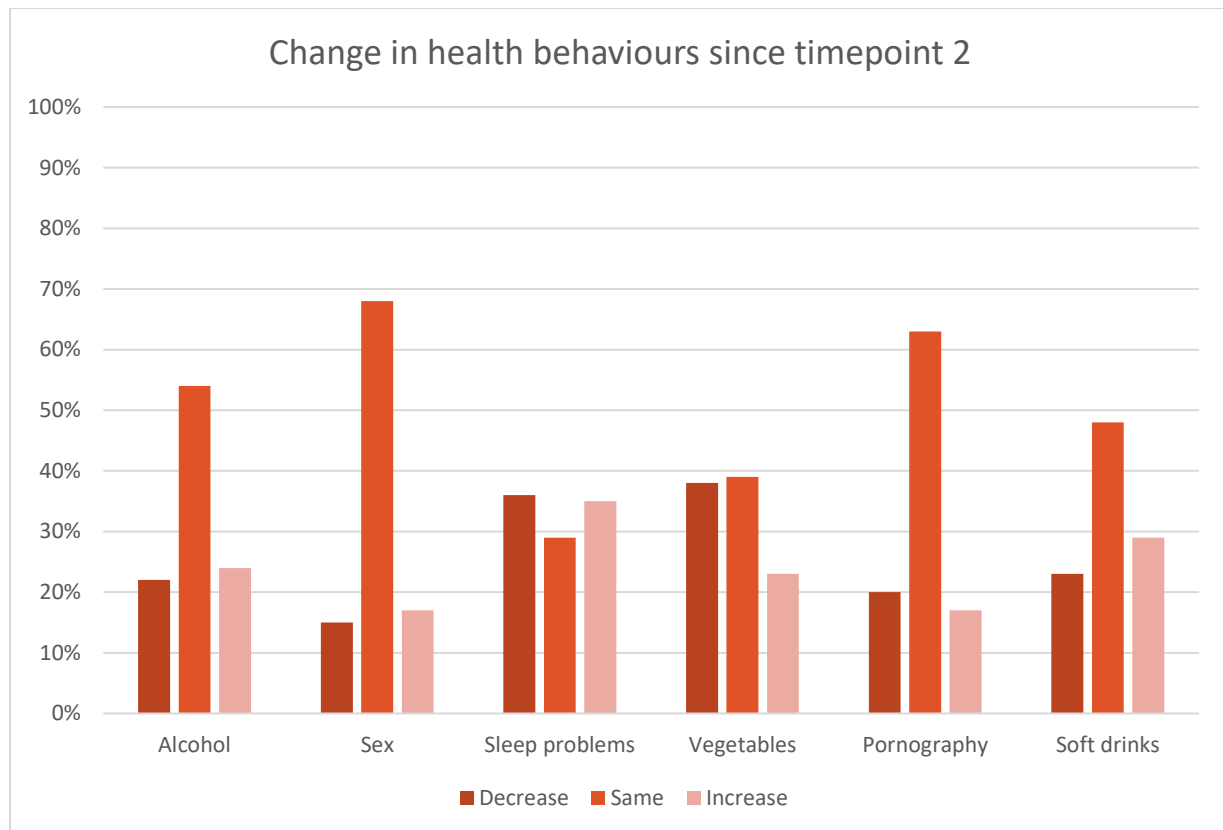


FIGURE 2: Percentage of participants who had increased, decreased, or kept the same frequency of health behaviours between timepoint 2 (Jul-Dec 2020) and timepoint 3 (Oct 2020-Mar 2021): days consuming any alcohol, days having sex, days experiencing sleep problems, days viewing pornography, average serves of vegetables per day, and average serves of soft drink per day. N=337.

## Social media and staying connected

As at previous timepoints, social media continued to be a major source of social connectedness. In the previous three months, the most common forms of online connection were through messaging apps (e.g., Facebook messenger, WhatsApp), SMS/text, and photo-sharing apps (e.g., Instagram, TikTok; Figure 3). However, 74% reported feeling that they were using too much social media.

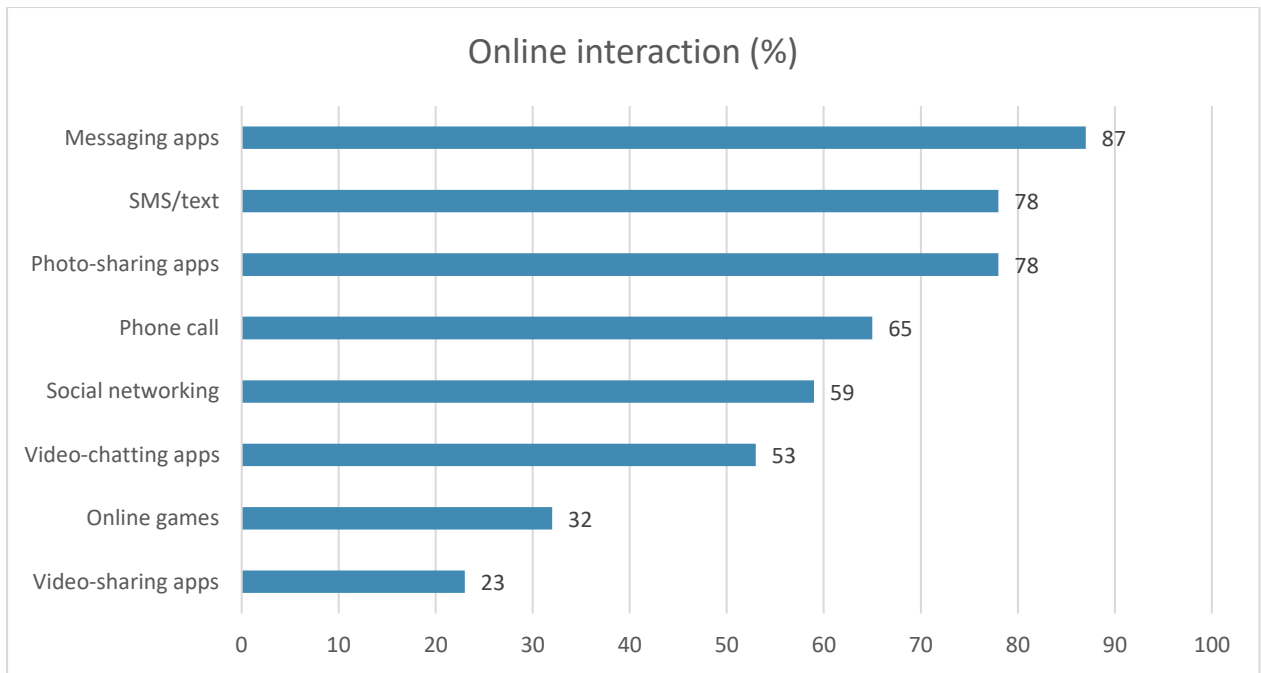


FIGURE 3. Forms of online interaction in the previous three months. N=474.

Young people also commented on how they had interacted with others in-person since the previous timepoint (Figure 4). Most commonly, this involved catching up at each other’s houses (61%), or at public parks or benches (58%).

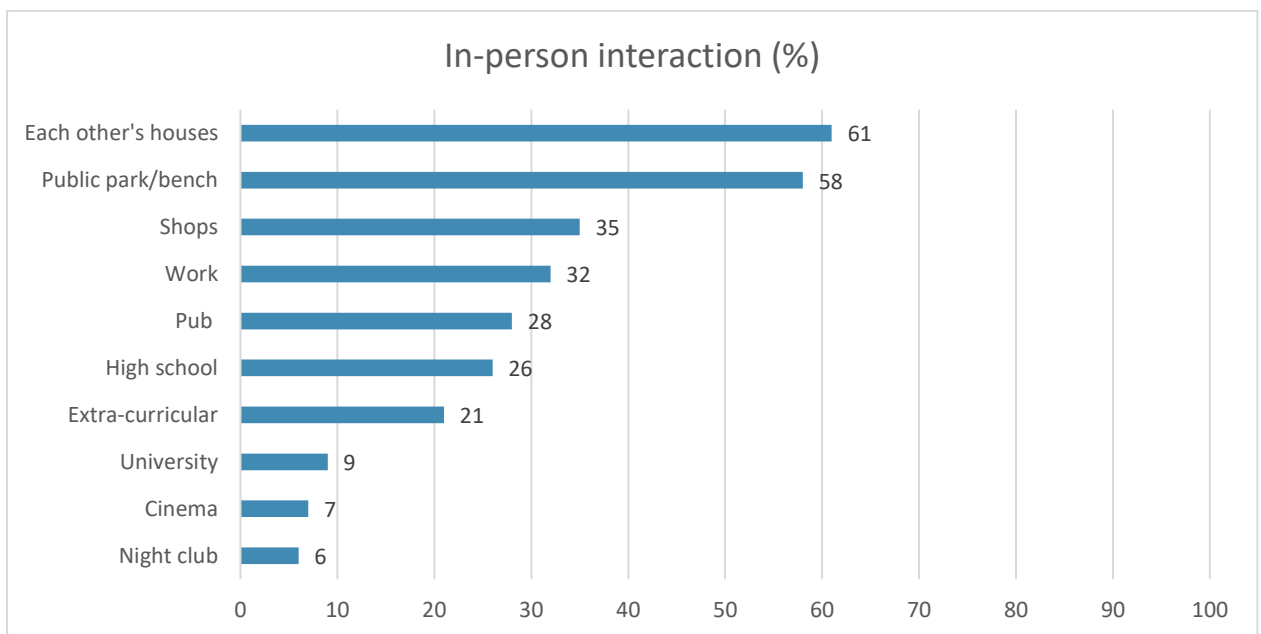


FIGURE 4. Forms of in-person interaction in the previous three months. N=474.

## Loneliness and mental health

We assessed young people’s loneliness and mental health. Many young people in our study described feeling lonely. Overall, 31% disagreed with the statement “I feel connected with others.”

Figure 5 shows relative loneliness scores in different groups across all three waves of data collection. At timepoint 3, loneliness scores continued to decrease or remained stable for many subgroups, though slight increases were observed in others. Notably, average loneliness scores increased in those living in regional or rural/remote settings (though few participants were living rurally/remotely, n=9).

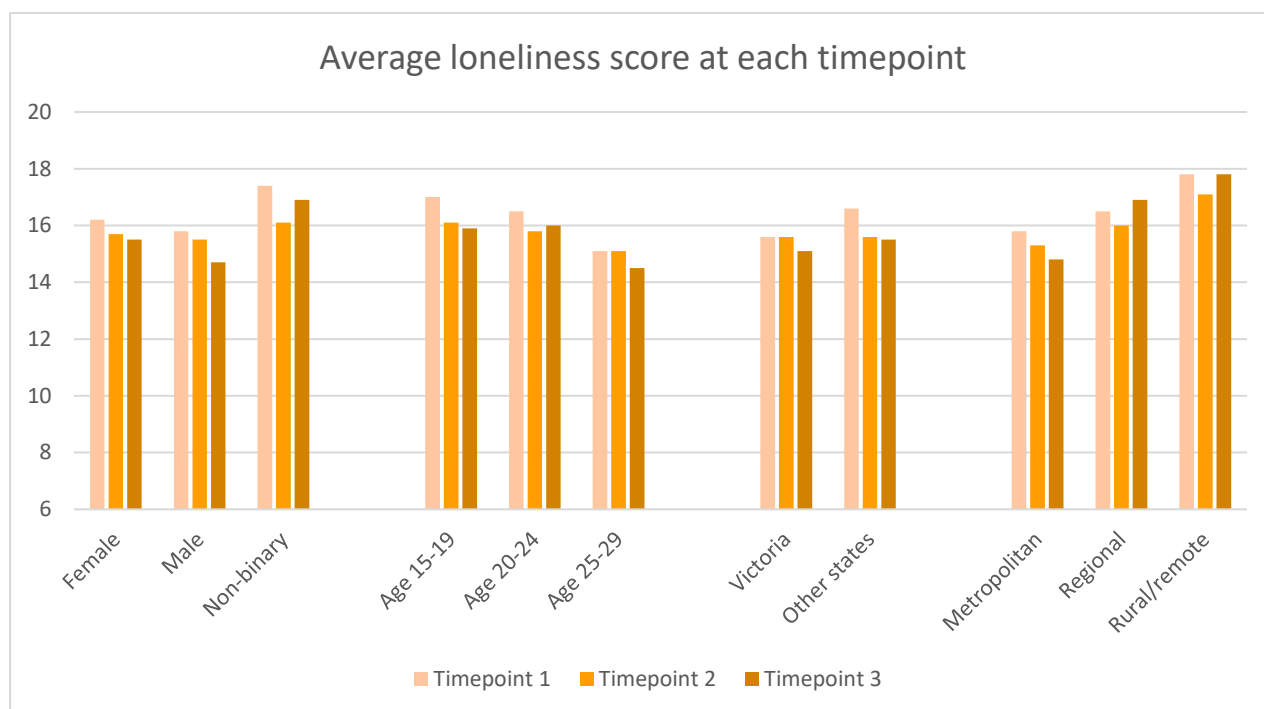


FIGURE 5: UCLA Loneliness Scale (Short Form-6) average score by group.[3] Higher scores represent more severe loneliness (possible range 6-24). N=337.

Psychological distress was prevalent in this sample, according to the DASS-21 scale.[4] Overall, 28% experienced severe or extremely severe symptoms of depression, 25% of anxiety, and 20% of stress (Table 1).

TABLE 1: Percentage of participants by severity of mental health symptoms using DASS-21 scale[4].

	Depression	Anxiety	Stress
Normal %	39	48	53
Mild %	13	15	14
Moderate %	20	12	13
Severe %	9	9	12
Extremely severe %	19	16	8

N=474.

Younger age groups continued to score higher on this measure of depression (Figure 6). While symptoms of depression remained fairly consistent between timepoint 2 and 3 in most subgroups, those living in regional areas reported higher levels than the previous two timepoints.

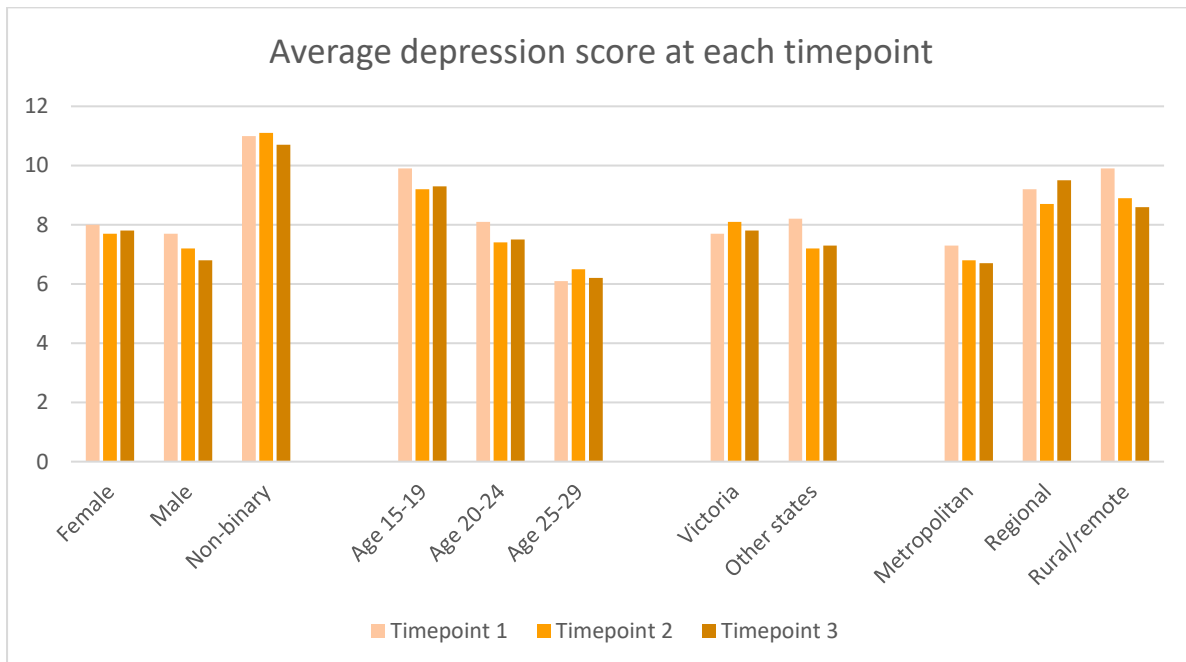


FIGURE 6: DASS-21 Depression scale average score by group.[4] Higher scores represent more severe depression (possible range 0-21). N=337.

### What are young people concerned about?

We asked young people what the top issues affecting them at this time were. COVID-19, mental health and climate change were the most frequently selected concerns, however, this varied by age group (Figure 7). For comparison, timepoint 2 values can be found in Figure 8.

For those aged 15-19, mental health increased in importance from the previous timepoint, whereas education decreased in importance. For 20–24-year-olds, employment became a more prominent concern. While at timepoint 3 coronavirus remained a major concern for all age groups, its importance decreased in all age groups relative to timepoint 2. Climate change became a more prominent concern among all age groups between timepoints 2 and 3.

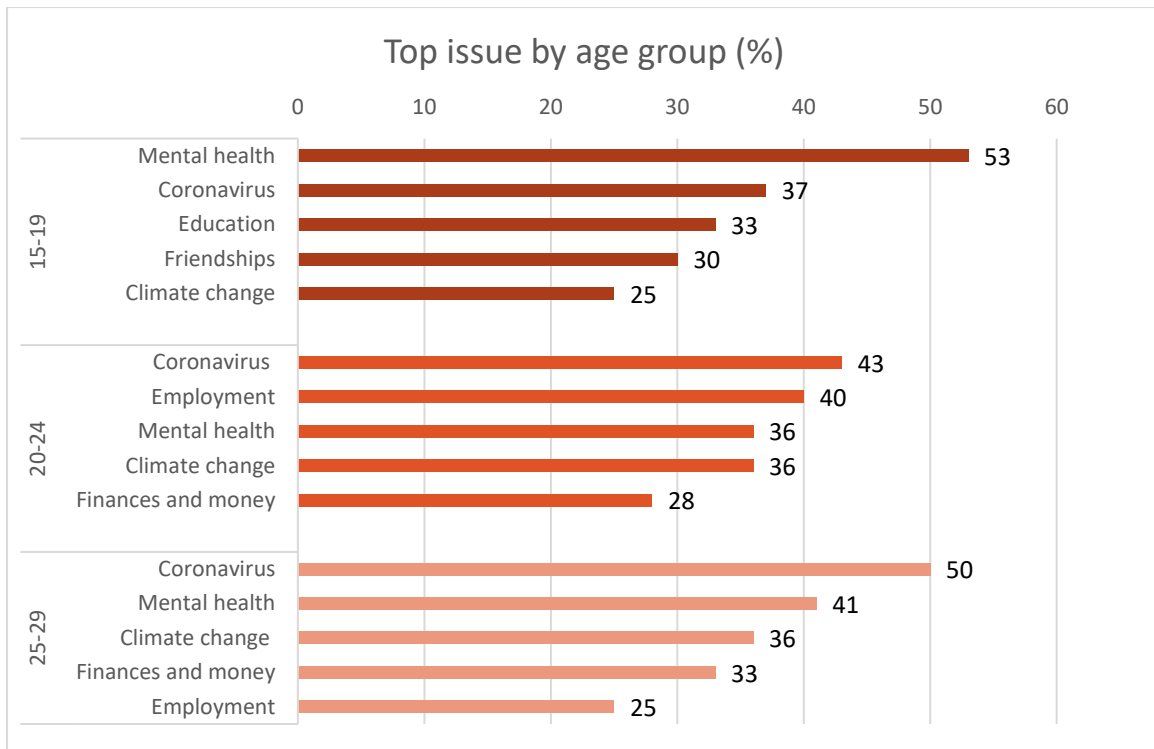


FIGURE 7. Issues of greatest concern reported at timepoint 3. N=337.

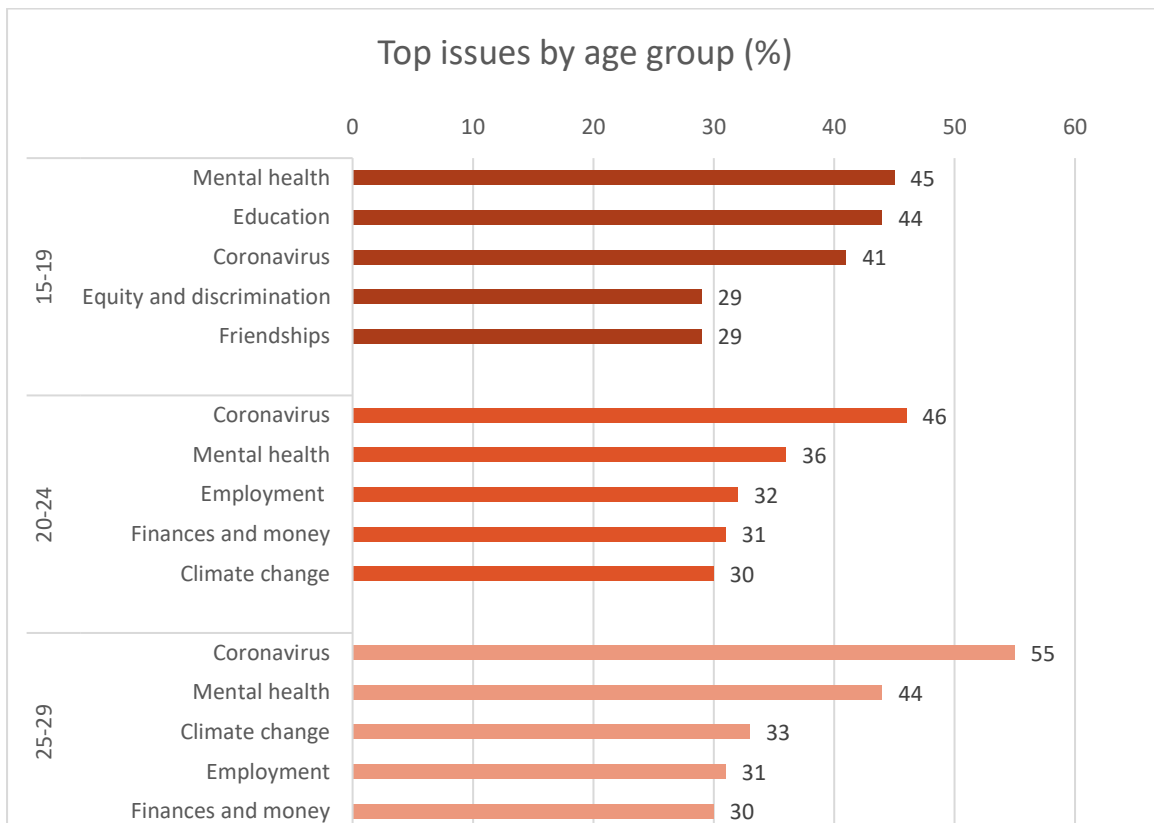


FIGURE 8. Issues of greatest concern reported at timepoint 2. N=337.



### Health care and vaccine acceptability

Young people were asked whether they had experienced any concerns in relation to their healthcare in the past six months, including mental health care (Figure 9). Most commonly, participants reported delaying or avoiding seeking care, feeling anxious about attending due to the risk of COVID-19, and having their appointment cancelled or postponed.

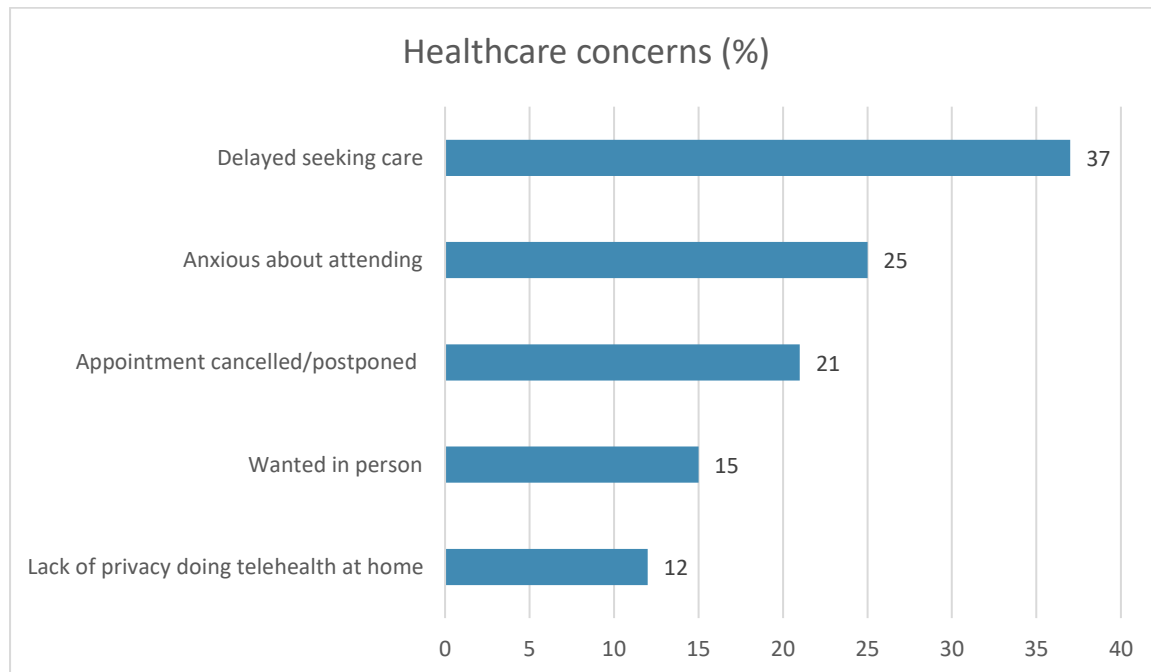


FIGURE 9. Top health care concerns in the past six months reported by participants. N=474.

We also asked young people whether they would have a COVID-19 vaccine if it was made available to everyone in Australia (Figure 10). Vaccine acceptability was high in the sample, with 83% indicating that they would 'definitely' or 'probably' get the vaccine.

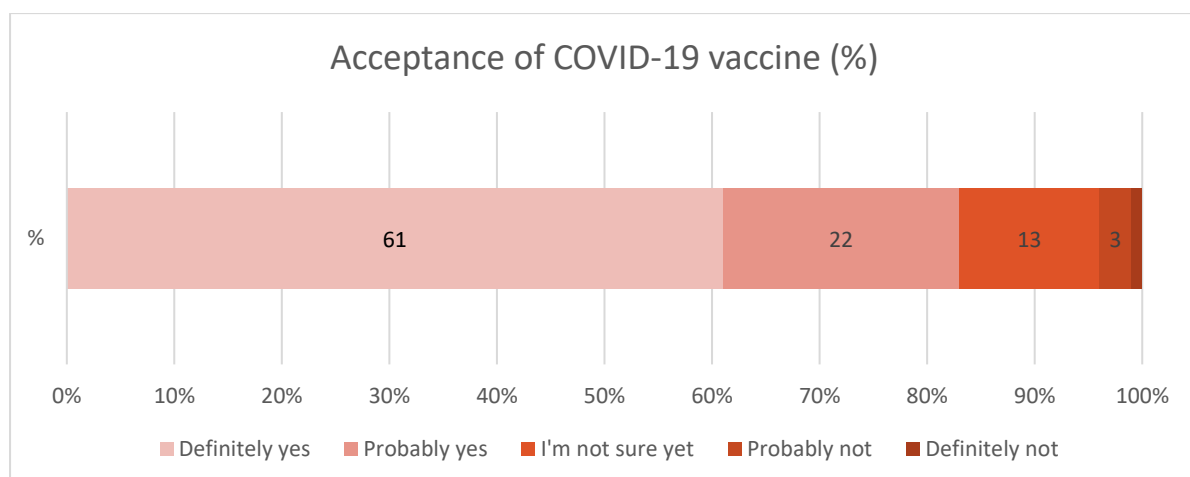


FIGURE 10. Percentage of participants reporting on whether they would receive the COVID-19 vaccine. N=474.

## Conclusions

This report outlines brief interim findings of the third wave of the Coping with Coronavirus survey of young people. This survey captured the experiences of young people in the period of October 2020 to March 2021. Although restrictions had eased or were in the process of easing in many states, participant responses highlighted the ongoing impact of the pandemic on mental health and wellbeing.

There were some changes to employment since the previous timepoint, with 8% starting work, and many indicating an increase in the hours of paid work. Nonetheless, a large proportion (61%) reported that their motivation for study or work had decreased a little or a lot relative to before the pandemic.

Many young people reported changes to healthy behaviours between timepoints 2 and 3, such as increases in soft drink consumption and decreases in vegetable consumption. 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. Small changes were noted to scores of loneliness and depression in different subgroups, such as an increase in average scores for those living regionally. Nonetheless, further analysis is needed to determine whether this difference is significant compared to those living elsewhere.

Coronavirus, mental health, climate change, employment and education remained the most pressing concerns for young people. Participants also expressed concerns relating to health care in the previous six months, such as avoiding or delaying seeking care due to Coronavirus.

Recruitment to this wave of the survey was challenging, with only 24% of original participants completing this third 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=474	%
<b>Gender <sup>a</sup></b>	Female	331	70
	Male	126	26
	Non-binary	9	2
	Other gender identity	8	2
<b>Age group (years)</b>	15-19	155	33
	20-24	109	23
	25-29	206	44
<b>State</b>	VIC	236	50
	NSW	89	19
	QLD	72	15
	NT	5	1
	ACT	14	3
	WA	30	6
	TAS	9	2
	SA	18	4
<b>Region of residence</b>	Metropolitan	353	84
	Inner regional	50	12
	Rural or remote	17	4
<b>Bushfire affected postcode <sup>b</sup></b>	Yes	27	6
	No	447	94
<b>Country of birth</b>	Australia	399	85
	Other	70	15
<b>Residential status (of n=69)</b>	PR/citizen	45	65
	Other	24	35
<b>Sexual identity <sup>a</sup></b>	Heterosexual	285	60
	Bisexual	86	18
	Gay, lesbian, homosexual	35	7
	Queer	24	5
	Pansexual	13	3
	Questioning	15	3
	Asexual	11	2
<b>Indigenous</b>	I don't label myself	18	4
	Aboriginal or Torres Strait Islander	4	1
<b>Living with <sup>a</sup></b>	No	467	99
	Parents	249	53
	Partner	125	26
	Housemates	79	17
<b>Active member of religious group</b>	Alone	36	8
	Yes	56	12
<b>Enrolled in study (pre-Coronavirus)</b>	No	410	88
	Yes	286	60
<b>Current study level</b>	No	186	40
	High school	134	47

<b>(of n=284)</b>	TAFE, college, diploma	27	10
	University degree	123	43
<b>Highest level of education completed previously (of n=186)</b>	High school	32	17
	TAFE, college, diploma	22	12
	University degree	132	71
<b>Work status (pre Coronavirus) <sup>a</sup></b>	Full time	148	31
	Part time	57	12
	Casual	149	31
	Not employed	105	22
<b>Financial security (pre Coronavirus)</b>	Very confident that I could meet my regular expenses	232	50
	Fairly confident that I could meet my regular expenses	169	37
	Worried about meeting my regular expenses without asking for help	40	9
	Worried about meeting my regular expenses and didn't think I could access help if I need it	12	3
	Unable to meet my regular expenses	4	1

<sup>a</sup> Question allowed multiple responses <sup>b</sup> Determined from ATO[5] \*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. Lim, M.S.C., *Young people coping with coronavirus: second interim report*. 2020, Burnet Institute and Victorian Health Promotion Foundation: Melbourne.  
[https://www.burnet.edu.au/system/asset/file/4557/Coping\\_with\\_Covid\\_3-month\\_report.pdf](https://www.burnet.edu.au/system/asset/file/4557/Coping_with_Covid_3-month_report.pdf).
3. 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.
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.
5. Australian Tax Office, *Bushfires 2019–20*. 2020.