

Mental health trajectories in adolescents during Covid-19: 'Are we all in this together'?

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Abstract

This study used a longitudinal probability sample survey, *Understanding Society: Covid-19*, to examine trajectories in adolescents' mental health, via the Strengths and Difficulties Questionnaire, at three timepoints during Covid-19 with a particular emphasis on vulnerable groups (i.e., young carers, adolescent girls, BAME—Black, Asian and minority ethnic, and adolescents in financially strained households). Generally, self-reports of emotional and total difficulties remained stable during the pandemic, although adolescents who had limited social support were far more likely to report severe emotional and total difficulties. Young people with pre-existing mental and physical health conditions appeared more resilient, whereas vulnerable young people were hit the hardest during the pandemic. Compared to their less vulnerable peers, young carers, adolescent girls, Black or mixed-race young people and adolescents in financially strained households were more likely to report reduced mental health during the pandemic. It is hoped that the findings will contribute to debates about the pandemic unveiling existing mental health inequalities in society, and to public policy in an era of perma-crises as we currently face a cost of living crisis where public services are under enormous strain to reach those who need them most.

KEYWORDS

BAME and mental health, Covid-19 and mental health, gender and mental health, mental health, young carers

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Key insights

What is the main issue the paper addresses?

Growing evidence about the trajectories of young people's mental health during Covid-19 has shown that their experiences were not uniform. This study addressed adolescents' emotional and total difficulties at three timepoints during Covid-19 with an emphasis on young carers, adolescent girls, BAME and less financially well off young people.

What are the main insights that the paper provides?

The findings about likely mental ill health in young carers, adolescent girls, young people in poverty and BAME have significant implications for policy action to support vulnerable groups during crises and for children's rights in terms of fulfilling targets for monitoring young people who experience multiple and prolonged disadvantage.

INTRODUCTION

The Covid-19 pandemic and the social and economic changes it triggered have affected young people's mental health and wellbeing (Aknin et al., 2021; Banks & Xu, 2020; Hu & Qian, 2021; Moulton et al., 2021; Newlove-Delgado et al., 2022; Pierce et al., 2020), although the findings on the trajectories of mental health during the pandemic are rather mixed. At the start of the pandemic, some studies (e.g., Aknin et al., 2021; Banks & Xu, 2020; Pierce et al., 2020) showed worsening mental health while others (e.g., Hu & Qian, 2021; Newlove-Delgado et al., 2022) showed a slight increase in mental health, especially for young people with pre-existing health conditions. More recent findings from the 2022 Mental Health of Children and Young People in England (MHCYP) study showed that 18% of children aged 7–16 years and 22% of young women aged 17–24 years were likely to have mental ill health, and these rates were close to the pre-pandemic ones (Newlove-Delgado et al., 2022). Large-scale societal disruptions such as school closures, loss of learning, limited face-to-face peer interactions and, in many families, economic pressures, parent illness and unemployment have exacerbated a pre-pandemic decline in mental health and wellbeing for many children and adolescents, especially disadvantaged young people who have borne the brunt of austerity policies and underfunded education, social care and healthcare (Pierce et al., 2020). Clearly, young people's experiences during the pandemic were not uniform.

The Covid-19 pandemic has unveiled existing inequalities, with vulnerable and disadvantaged young people's mental health being affected the most. Covid-19 emerged at a time when the United Kingdom had experienced a decade of austerity policies, resulting in underfunded social and children's services, healthcare and education (Crawford, 2020). A growing body of evidence has shown a pre-pandemic decline in mental health and wellbeing in young people, especially minority ethnic, those living in poverty, young carers and young women (e.g., Blake-Holmes & McGowan, 2022; Daly et al., 2020; Johnson et al., 2022; Patalay & Fitzsimons, 2020; Public Health England, 2020). Young carers, who provide informal care to a family member with long-term illness and disability, have felt the disruption caused by Covid-19 more keenly (Blake-Holmes & McGowan, 2022). They experienced significant challenges during the pandemic, with implications for their own physical and mental

health and social, economic and educational wellbeing (Blake-Holmes & McGowan, 2022; King, 2021). Likewise, BAME (Black, Asian and minority ethnic) young people and their households have been hit hard during the pandemic through a combination of health risks, limited access to resources and services, adult low-paid employment and loss of household income (Platt & Warwick, 2020; Public Health England, 2020).

Income inequality worsened during the pandemic, impacting on child mental health outcomes (Johnson et al., 2022; Pickett & Wilkinson, 2015). Child poverty after housing costs in the United Kingdom has increased from 27% in 2010/11 to 31% in 2019/20 (Hu & Qian, 2021), and this does not include the impact of Covid-19 and the current cost of living crisis. Poverty has serious implications for young people's wellbeing, in that young people born into poverty are much more likely than others to live and die in poverty. Material living conditions are central to improving people's lives and life chances, because they can draw on these to build their human and social capital and participate in society fully (Johnson et al., 2022).

Before the pandemic, a steady increase in mental ill health in children and adolescents had been observed and documented (e.g., Hartas, 2019; OECD, 2019; Patalay & Fitzsimons, 2020). The PISA 2018 study found that levels of life satisfaction among 15-year-olds in the United Kingdom were second to bottom among the 30 OECD nations included in the analysis (OECD, 2019), with adolescent girls faring worse than boys. Around 1 in 4 young women at age 14 have experienced negative feelings and low life satisfaction, compared with 1 in 10 young men (9%); and emotional difficulties increased by 50% in adolescent girls compared to only 21% in boys (from 2012 to 2015) (Patalay & Fitzsimons, 2020; Twenge, 2017). Rates of self-harm in England are rising, and at a faster rate for young women than young men (Rodway et al., 2020), particularly among 16- to 24-year-old young women.

Although there is a growing body of evidence on the overall impact of Covid-19 on adolescent mental health in general (e.g., Lee, 2020; Rogers et al., 2021; Shek, 2020; Shum et al., 2021), we know relatively little about how emotional and behavioural functioning varied in adolescents with distinct demographic attributes (adolescent girls, BAME, pre- and mid-adolescents), socio-economic backgrounds (jobless households, reduced financial circumstances) and experiences (being a young carer) during Covid-19. These are vulnerable and marginalised groups, defined by the World Health Organization (WHO) as those who 'due to factors usually considered outside their control, do not have the same opportunities as other, more fortunate groups in society' (WHO, 2020, p. 3). Young carers experience adverse educational and health outcomes, social isolation and loneliness, bullying and stigmatisation, and marginalisation (Vizard et al., 2019). They felt the pandemic keenly because it reinforced the loss of external social support and affiliation due to social distancing and the shutting down of social services available to them pre-pandemic, further entrenching this group's vulnerabilities (Blake-Holmes & McGowan, 2022). Minority ethnic communities were more likely to experience mental ill health due to reduced opportunities and socio-economic deprivation (Platt & Warwick, 2020), and cumulative microaggressions and structural racism magnified by the pandemic (Shim, 2021). Gender inequality and sexism were linked to higher rates of mental ill health among young women, which had spiked pre-pandemic (e.g., Patalay & Fitzsimons, 2020; Yu, 2018). Unemployment, exacerbated by Covid-19, has been found to contribute to mental ill health, depression and anxiety in particular (Paul & Moser, 2009), whereas the income inequality hypothesis has been well-established for poor mental health, especially in a resource-poor context where public services are under strain (e.g., Johnson et al., 2022; Pickett & Wilkinson, 2015).

Young carers, BAME, young women and young people in socio-economically deprived households had already experienced significant mental health challenges pre Covid-19, which are likely to increase due to changes triggered by Covid-19, namely social restrictions

and isolation, loss of income, limited access to strained public services and resources, a rise in racism and Covid-related xenophobia. Covid-19 has been described by some as an illness of social and economic inequality, having a disproportionate impact on those who are socially and economically deprived (Hill & Narayan, 2020; Mezzina et al., 2022). This view has been best articulated by Horton, who coined the term 'syndemic' (a combination of systemic and pandemic), understood as the consequences of a disease that are determined by social and material factors and are exacerbated by social and economic inequality (Horton, 2020). Social vulnerability is multifactorial, and child-level indicators (i.e., ethnicity, gender, socio-economic status, being a young carer) for poor mental health intersect at the micro level of children's lived experiences and at the macro, social-structural level (Bauer et al., 2022). At a micro level, vulnerable young people tend to be 'invisible', and their needs remain unrecognised and their voices unheard, especially during crises (Pierce et al., 2020; Vizard et al., 2019). At a macro level, vulnerable young people experience structural inequalities, often manifested as racism, sexism and classism, that sit outside their control, reducing their life chances and opportunities to live a life they value. From a policy viewpoint, using child-level indicators to understand trajectories of mental health is useful, considering that the Children's Measurement Framework encourages the building up of child-level evidence on children's wellbeing and equality and human rights outcomes (Vizard et al., 2019).

To date, few longitudinal studies have examined adolescents' mental health trajectories in short intervals during the pandemic, except those by Gong et al. (2021), Hu and Qian (2021) and Shum et al. (2021). Although it is safe to assume that stress, social isolation and the uncertainty about the future unleashed by the pandemic have affected most young people's wellbeing, we need to better understand the divergent trajectories of mental health and whether self-reported changes in young people's mental health were stable across different timepoints (e.g., imposing/easing of lockdowns) during the pandemic. Also, despite assurances from our political leaders that 'we are all in this together', certain disadvantaged groups in society fared much worse than others during the pandemic (Newlove-Delgado et al., 2022; Public Health England, 2020), and this raises questions about children's rights and has implications for policy action about how to best manage future crises.

The aim of this study was to examine adolescents' reports of mental health at three distinct timepoints during the pandemic: in July 2020 (significant relaxation of the first lockdown measures, UK schools reopened, infection rates fell), November 2020 (second lockdown and new restrictions imposed) and March 2021 (end of Covid-19 restrictions). Specifically, the study examined associations between young people's reported emotional problems and total difficulties and (i) pre- and during Covid-19 life satisfaction, (ii) pre-existing mental and physical health conditions, (iii) social support and loneliness and (iv) household financial situation by focusing on young carers, young people in low-income or jobless households, BAME and adolescent girls.

The research questions that guided this study were as follows:

What were the associations between young people's gender, age and ethnicity and self-reported mental ill health at three timepoints during the pandemic?

Were young carers and adolescents in financially strained households more likely than their less-disadvantaged peers to report mental health challenges during the pandemic?

What were the unique and cumulative contributions of life satisfaction (pre- and during Covid-19), pre-existing mental and health conditions, and social support and loneliness to 10–16-year-olds' reports of mental ill health at three timepoints during the pandemic?

METHODOLOGY

Participants

The study utilised data from *Understanding Society: Covid-19*, a large, national, probability-based survey (youth panel) on the experiences and reactions of the UK population to the Covid-19 pandemic. The sample is representative of the UK population, consisting of clustered, stratified samples of households in England, Scotland and Wales and an unclustered, systematic random sample in Northern Ireland. Areas with proportionately large minority ethnic populations were oversampled. Cohort members aged 10–16 who took part in waves 8 and/or 9 (between 2016 and 2019) were invited to complete a series of paper youth questionnaire at three timepoints during the pandemic (i.e., July 2020, November 2020 and March 2021) (ISER, 2021a). The pre-Covid-19 data were made available from the mainstage survey for households issued for interviews in 2019. There were 2862 youth questionnaires returned in the main study wave 9 (2017–2019), 1411 in the Covid-19 wave 4 (July 2020), 1432 in the Covid-19 wave 6 (November 2020) and 1388 in the Covid-19 wave 8 (March 2021). Longitudinal weights were applied to deal with missing data. The University of Essex Ethics Committee approved all data collection for the *Understanding Society* main study and innovation panel waves.

Measures

There were four sets of measures in this study. These included: demographic information (i.e., ethnicity, gender, age); pre- and during Covid-19 mental health (i.e., Strengths and Difficulties Questionnaire [SDQ]), life satisfaction and pre-existing health conditions (i.e., general physical health, life-long illness and disability); caring responsibilities, social support and loneliness; and household financial situation (i.e., being in paid work, subjective financial situation) (Table 1).

Demographic information

The variables examined were ethnicity, gender and age. Ethnicity was recoded into four groups (i.e., White, Asian, Black and Mixed race) to avoid small group cell sizes. Gender

TABLE 1 The study's measures at different timepoints.

Pre-pandemic (2017–2019)	July 2020	November 2020	March 2021
SDQ	SDQ	SDQ	SDQ
	Being a carer		
		Loneliness	
Life satisfaction		Life satisfaction	
General physical health			
Life-long illness and disability			
Social support			
Paid work households			
Subjective financial situation			

Abbreviation: SDQ, Strengths and Difficulties Questionnaire.

included males and females and age included pre-adolescents (aged 10–12) and mid-adolescents (aged 13–16).

Mental health, life satisfaction and pre-existing health conditions

The Strengths and Difficulties Questionnaire

Strengths and Difficulties Questionnaire data were collected via a self-completed youth questionnaire pre-Covid-19 (2017–2019) and in July 2020, November 2020 and March 2021. The SDQ examined emotional and behavioural difficulties and prosocial behaviour in adolescents: it contains 25 items covering five subscales (five items for each subscale): emotional problems, conduct problems, hyperactivity, peer relationship problems and prosocial behaviours. The response to each item was recorded using three options: not true (0), somewhat true (1) and certainly true (2). The scores for each subscale, ranging from 0 to 10, were calculated by summing up the scores for its constituent items. A higher score indicates a higher level of difficulties for the first four subscales, whereas a higher score indicates better mental health for the prosocial subscale. The Total Difficulties subscale summed up conduct problems, hyperactivity, emotional problems and peer relationship problems to provide a total score ranging from 0 to 40 (Goodman et al., 1998). The SDQ has been used to predict mental health difficulties in children and adolescents. The optimal cut-off score of 5 and higher on the Emotional Problems subscale and 16 and higher on the Total Difficulties subscale predicted mental health difficulties (anxiety and depression) at clinical levels (Bryant et al., 2020) pre- and during Covid-19. The Emotional Problems subscale was used as a measure of emotional difficulties (worry, anxiety) (see Table 2 for descriptive statistics). The SDQ has a good test–retest reliability of 0.83. Cronbach's alpha for total difficulties was

TABLE 2 Descriptive statistics for SDQ, life satisfaction, physical health and life-long illness and disability pre- and during Covid-19.

	Pre-Covid-19 (2017–2019)	July 2020	November 2020	March 2021
SDQ: Emotional Problems				
M, SD	M=3.31, SD=2.5	M=3.2, SD=2.4	M=3.32, SD=2.6	M=3.09, SD=2.4
% at clinical levels	20	18	21	20
SDQ: Total Difficulties				
M, SD	M=11.6, SD=6.1	M=11.3, SD=6.18	M=11.2, SD=6.5	M=10.9, SD=6.1
% at clinical levels	26	22	25	23
Life satisfaction				
Low	25%	–	45%	–
High	75%	–	55%	–
General physical health				
Good	73%	–	–	–
Poor	27%	–	–	–
Life-long illness and disability				
Yes	15%	–	–	–
No	85%	–	–	–

Abbreviation: SDQ, Strengths and Difficulties Questionnaire.

0.76, for emotional problems 0.70, for conduct problems 0.68, for hyperactivity 0.65, for peer relationship problems 0.55 and for prosocial 0.69, showing good internal consistency.

Life satisfaction

This five-item scale measured respondents' evaluation of their life as a whole or its facets (e.g., satisfaction with school or family life). Ratings were collected pre-pandemic (2017–2019) and in November 2020, with item scores ranging from 1 = very satisfied to 7 = not satisfied at all (Table 2). The scale scores ranged between 5 and 35, with a score of 20 representing average satisfaction. Scores between 5 and 9 indicate extremely low satisfaction with life, 10–14 low satisfaction, 15–19 slightly below average satisfaction, 21–25 slightly above average satisfaction, 26–30 high satisfaction and 31–35 extremely high satisfaction. The Life Satisfaction measures were recoded into two groups, low (5–19) and high (21–35) (see Table 2 for descriptives). The Life Satisfaction scale has a Cronbach's alpha of 0.87. The scale was also found to have good test–retest correlations (0.84) (Diener et al., 1985).

General physical health

This comprised one self-rated item ('How would you rate your health?') in the pre-pandemic survey (2017–2019), with ratings of excellent, very good, poor (Table 2).

Life-long illness and disability

This comprised one self-rated item ('Do you have a life-long illness and disability') in the pre-pandemic survey (2017–2019), with Yes and No answers (Table 2).

Caring responsibilities, social support and loneliness

Caring responsibility

This comprises a question about whether the young person is a carer, collected in July 2020 (Table 3).

Social support

Two questions were asked. The first ('Do you feel supported by your family, that is, the people who live with you?') had ratings of 'most of the time', 'some of the time' and 'I do not feel supported'. The second ('Do you feel supported by your friends?') had ratings of 'most of the time', 'some of the time' and 'I do not feel supported', collected in the pre-pandemic survey (2017–2019) (Table 3). The Cronbach's alpha was 0.65.

Loneliness

A question was adapted from the English Longitudinal Study on Ageing (ELSA), stating 'In the last 4 weeks, how often did you feel lonely?', with three options: 'hardly ever or never', 'some of the time' or 'all of the time' (Table 3). The 4-week period was when Covid-19 was widespread in the country, before the second lockdown.

Household financial situation

Two variables were included, taken from the main survey (pre-Covid-19). These were: paid-work households with responses 'employed', 'self-employed' and 'unemployed'; and subjective financial circumstances with responses 'living comfortably/doing alright', 'just about getting by' and 'finding it quite difficult' (Table 3).

TABLE 3 Percentage of young people: demographics, social support, loneliness and household financial situation.

Demographics			
Ethnicity			
White	70		
Asian	16		
Black	5		
Mixed race	9		
Gender			
Male	49		
Female	51		
Age			
Pre-adolescent (10–12)	49		
Mid-adolescents (13–16)	51		
Carer			
Yes	19		
No	81		
<i>Social support</i>	Most of the time	Some of the time	I do not feel supported
Felt supported by family	78	20	2
Felt supported by friends	72	24	4
<i>Loneliness</i>	Hardly ever/never	Some of the time	All of the time
How often did you feel lonely?	55	40	5
<i>Household financial situation</i>			
Paid work	48 (employed)	8 (self-employed)	44 (unemployed)
Subjective financial circumstances	71 (living comfortably)	21 (just about getting by)	8 (finding it quite difficult)

Data analytic plan

A series of descriptive statistics were run to gain an overview of the data (Tables 2 and 3). Also, six weighted multiple regression analyses were run to examine the unique and cumulative contribution of pre- and during Covid-19 mental and physical health, social support from parents and friends and loneliness, demographic information and household financial situation to the variance of self-reported SDQ measures at three timepoints during the pandemic (binary logistic regressions for binary SDQ-Total Difficulties and SDQ-Emotional Problems; see Tables 4 and 5). All regression models were established using the entry method, with all covariates being entered into models at the same time. With all regression analyses, the odds ratios for the predictor variables were examined. The odds ratio for a particular variable is defined as e^b , where e is the natural log or base number (2.718) of natural logarithms and b is the logit coefficient estimate of predictors. To calculate the percentage change in odds, the formula $100 \times (\text{odds ratio} - 1)$ was used.

Diagnostic tests were run and assumptions were met. Checking whether the model fits the data and how well the model predicts the outcome variables was done by examining the model chi-square statistic, which measures the difference between the model with the chosen predictors and the baseline model without the predictors. For all models, the omnibus tests for Total Difficulties July 2020 $\chi^2(23) = 82.65$, $p < 0.000$; November 2020

TABLE 4 Beta and odds ratio for self-reported SDQ: Emotional Problems during Covid-19.

	July 2020		November 2020		March 2021	
	β	Exp(β)	β	Exp(β)	β	Exp(β)
<i>Demographics</i>						
Age (13–15) (10–12 = base group)	0.369	1.446*	0.149	1.161*	0.450	1.568*
Sex (Male = base group)	0.245	1.233*	0.454	1.575*	0.100	1.105*
Ethnicity (White = base group)						
White vs. Black	0.134	1.143	0.125	1.133	0.503	1.654*
White vs. Asian	-0.921	0.398*	-0.769	0.463*	-0.843	0.430*
White vs. Mixed race	0.486	1.626*	-0.051	0.950	0.166	1.180*
Being a young carer (Not a carer = base group)	-0.448	0.639*	0.057	1.059	-0.182	0.834
<i>Social support and loneliness</i>						
Feeling lonely (Hardly ever = base group)						
Hardly ever vs. Sometimes	1.003	2.726**	1.840	6.299**	1.300	3.669**
Hardly ever vs. All of the time	1.589	4.901**	2.049	7.562**	2.005	7.423**
Support from family during Covid (Most of the time = base group)						
Most of the time vs. Some of the time	0.525	1.690**	0.034	1.035	0.591	1.807**
Most of the time vs. I do not feel supported	2.147	8.557**	1.109	7.12**	1.987	7.290**
Support from friends during Covid (Most of the time = base group)						
Most of the time vs. Some of the time	0.710	2.034**	0.364	1.440*	-0.123	0.885
Most of the time vs. I do not feel supported	1.096	2.993**	1.090	2.677**	1.261	3.528**
<i>Pre-Covid health conditions</i>						
Life-long illness and disability (Yes)	-0.006	0.994	-0.299	0.742*	0.590	0.554**
General health Good vs. poor (Good = base group)	-0.039	0.961	0.080	1.083	-0.336	0.714**
SDQ total difficulties Yes (No = base group)	-0.528	0.590**	-0.723	0.485**	-0.161	0.851*
SDQ emotional problems Yes (No = base group)	-0.568	0.567**	-0.744	0.475**	-0.458	0.632**
<i>Life satisfaction</i>						
Life satisfaction during Covid High vs. Low (High = base group)	0.588	1.801**	1.248	3.482**	0.782	2.185**
Life satisfaction pre-Covid High vs. Low (High = base group)	0.268	1.307*	-0.451	0.637*	-0.226	0.798**

(Continues)

TABLE 4 (Continued)

	July 2020		November 2020		March 2021	
	β	Exp(β)	β	Exp(β)	β	Exp(β)
<i>Household financial situation</i>						
Paid work	0.040	1.041	0.179	1.196*	0.188	1.292*
Employed vs. unemployed (Employed = base group)						
Subjective financial situation Living comfortably vs. Just about/ finding it difficult (Living comfortably = base group)	-0.050	0.951	0.043	1.044	0.355	1.434*

Note: $N=899-1131$.

Abbreviation: SDQ, Strengths and Difficulties Questionnaire.

* $p < 0.05$; ** $p < 0.01-0.001$.

$\chi^2(23) = 192.97, p < 0.000$; and March 2021 $\chi^2(23) = 151.48, p < 0.000$ were statistically significant, pointing to a good model fit. Likewise, the omnibus tests for Emotional Problems July 2020 $\chi^2(23) = 89.81, p < 0.000$; November 2020 $\chi^2(23) = 207.90, p < 0.000$ and March 2021 $\chi^2(23) = 123.15, p < 0.000$ were statistically significant, showing a good model fit.

The Hosmer–Lemeshow test was conducted for all six regression models to examine whether the observed probabilities matched the predicted probabilities. The tests for the three Total Difficulties models [$\chi^2(8) = 7.89, p < 0.44$; $\chi^2(8) = 4.5, p < 0.80$; and $\chi^2(8) = 8.32, p < 0.39$] and for the three Emotional Problems models [$\chi^2(8) = 6.98, p < 0.53$; $\chi^2(8) = 6.7, p < 0.56$; and $\chi^2(8) = 3.78, p < 0.87$] were not statistically significant, which meant that the observed probabilities matched the predicted probabilities. Finally, to check multicollinearity (correlations between predictor variables), the variance inflation factor values were calculated, ranging between 2.3 and 5.6 (below 10) across the six regression models, indicating that the assumption of multicollinearity was met.

RESULTS

The results from the descriptive analyses showed that the percentage of young people who reported emotional problems and total difficulties dropped slightly in July 2020 (just after the first lockdown) but, in November 2020 and March 2021, went back to pre-pandemic levels. The percentage of young people who reported low satisfaction with their life increased from 25% pre-pandemic to 45% in November 2020. Around a fifth of young people in this sample had caring responsibilities, slightly under a third were BAME and over a quarter came from families experiencing financial strain.

Nagelkerke's pseudo r^2 was used as an effect size measure for all regression models, indicating the portion of variance in the outcome variable explained by the predictor variables cumulatively. The Nagelkerke pseudo r^2 for SDQ Total Difficulties in July 2020, November 2020 and March 2021 was 0.235, 0.382 and 0.326, respectively, indicating that around 24%, 38% and 33% of the variance in Total Difficulties during the pandemic was accounted for in the full models. Likewise, the Nagelkerke pseudo r^2 for Emotional Problems in July 2020, November 2020 and March 2021 was 0.255, 0.417 and 0.266, respectively, indicating that around 26%, 42% and 27% of the variance in Emotional Problems during the pandemic was accounted for in the full models.

The main results in this study were structured along the three research questions.

TABLE 5 Beta and odds ratio for self-reported SDQ: Total Difficulties during Covid-19.

	July 2020		November 2020		March 2021	
	β	Exp(β)	β	Exp(β)	β	Exp(β)
<i>Demographics</i>						
Age (13–15) (10–12 = base group)	-0.231	0.794*	-0.135	0.874*	-0.128	0.880*
Sex (Male = base group)	-0.022	0.979	0.138	1.148*	-0.301	0.740**
Ethnicity (White = base group)						
White vs. Black	-0.668	0.513	-0.116	0.890	1.023	2.781**
White vs. Asian	-0.224	0.800*	-0.895	0.409**	-0.746	0.474**
White vs. Mixed race	0.137	1.147	-0.154	0.857	0.442	1.555**
Being a young carer (Not a carer = base group)	0.095	1.100	0.077	1.070	0.376	1.457**
<i>Social support and loneliness</i>						
Feeling lonely (Hardly ever = base group)						
Hardly ever vs. Sometimes	0.775	2.170**	1.330	3.781**	0.638	1.892**
Hardly ever vs. All of the time	1.124	3.076**	1.899	7.082**	1.505	4.504**
Support from family during Covid (Most of the time = base group)						
Most of the time vs. Some of the time	0.630	1.878**	0.869	2.385**	0.734	2.083**
Most of the time vs. I do not feel supported	2.165	8.717**	2.18	8.75**	2.18	8.89**
Support from friends during Covid (Most of the time = base group)						
Most of the time vs. Some of the time	0.726	2.067**	0.317	1.373*	0.154	1.166*
Most of the time vs. I do not feel supported	2.336	10.341**	1.652	5.217**	1.181	3.257**
<i>Pre-Covid health conditions</i>						
Life-long illness and disability (Yes)	0.058	1.060	-0.487	0.615**	-0.164	0.849*
General health Good vs. Poor (Good = base group)	-0.221	0.802*	0.105	1.110	-0.206	0.814*
SDQ total difficulties Yes (No = base group)	0.053	1.054	0.115	1.122*	0.462	1.158*
SDQ emotional problems Yes (No = base group)	-0.002	0.998	-0.473	0.623*	0.122	1.13
<i>Life satisfaction pre- and during Covid-19</i>						
Life satisfaction during Covid High vs. Low (High = base group)	0.653	1.921**	0.875	2.398	1.364	3.913**
Life satisfaction pre-Covid High vs. Low (High = base group)	0.228	1.256*	0.212	1.236	-0.276	0.759

(Continues)

TABLE 5 (Continued)

	July 2020		November 2020		March 2021	
	β	Exp(β)	β	Exp(β)	β	Exp(β)
<i>Socio-economic factors</i>						
Paid work Employed vs. Unemployed (Employed = base group)	0.290	1.26*	0.159	1.15*	0.008	1.01
Subjective financial situation Living comfortably vs. Just about/finding it difficult (Living comfortably = base group)	0.100	1.01	0.091	1.10	0.284	1.23*

Note: $N=867-1032$.

Abbreviation: SDQ, Strengths and Difficulties Questionnaire.

* $p < 0.05$; ** $p < 0.01-0.001$.

What were the associations between young people's gender, age and ethnicity and self-reported mental ill health at three timepoints during the pandemic?

Compared to young men, for women there was a 23%, 57% and 11% increase in self-reported emotional difficulties in July 2020, November 2020 and March 2021, respectively. Also, young women reported a 14% increase in total difficulties in November 2020 but a 25% decrease in March 2021. Likewise, compared to 10–12-year-olds, 13–16-year-olds were 45%, 16% and 57% more likely to report severe emotional problems but 21%, 13% and 12% less likely to report severe total difficulties in July 2020, November 2020 and March 2021, respectively (Tables 4 and 5). Age had a differential effect on reports of mental ill health, with 13–16-year-olds being more likely to report severe emotional problems but not total difficulties during the pandemic. Also, young women were more likely to report internalising difficulties during the pandemic.

Compared to Whites, Black young people were 65% more likely to report severe emotional problems and over two and a half times more likely to report severe total difficulties in March 2021. Likewise, mixed-race young people were 62% more likely to report an increase in emotional problems in July 2020 and 18% in March 2021. They were also 55% more likely to report severe total difficulties in March 2021. In contrast, Asian young people were 61% less likely to report emotional problems in July 2020, 54% in November 2020 and 57% in March 2021. Asian young people were also 20%, 60% and 53% less likely to report severe total difficulties across the three timepoints (Tables 4 and 5).

Were young carers and adolescents in financially strained households more likely than their less-disadvantaged peers to report mental health challenges during the pandemic?

Carers reported a 36% drop in emotional problems in July 2020 (no significant associations were found for November 2020 and March 2021) compared to their peers without caring responsibilities. In contrast, carers were 45% more likely to report severe total difficulties in March 2021 (no significant associations were found in July 2020 and November 2020) (Tables 4 and 5). It seems that young carers were less likely to report emotional problems in July 2020 when a significant reduction in lockdown measures occurred and schools

reopened, and more likely to report increased total difficulties (mostly difficulties with peers, hyperactivity and conduct problems) in March 2021, a year into the pandemic.

Compared to their peers, young people in unemployed households were 20% and 29% more likely to report severe emotional problems in November 2020 and March 2021, respectively (no significant associations were found for July 2020). Also, they were 26% more likely in July 2020 and 15% in November 2020 to report severe total difficulties (no significant associations for March 2021). Compared to households in which the financial situation was thought to be comfortable, young people in households where 'they were just about getting by/finding it difficult' were 43% more likely to report emotional problems in March 2021 (no significant associations for July 2020 and November 2020) and 23% more likely to report severe total difficulties in March 2021 (Tables 3 and 4). It seems that the effects of financial constraints on young people's mental health were more likely to be felt 6 months to a year into the pandemic.

What were the unique and cumulative contributions of life satisfaction (pre- and during Covid-19), pre-existing mental and health conditions, social support and loneliness to 10–16-year-olds' reports of mental ill health at three timepoints during the pandemic?

Young people who reported low life satisfaction during the pandemic were 80% more likely to report severe emotional problems in July 2020, nearly three and a half times in November 2020 and over two times in March 2021. They were also 92% more likely to report severe total difficulties in July 2020, nearly two and a half times in November 2020 and nearly four times in March 2021. Associations between mental health and life satisfaction during the pandemic were strong. Young people who reported low satisfaction pre-pandemic were 30% more likely to report severe emotional problems in July 2020 but 37% and 21% less likely to report severe emotional problems in November 2020 and March 2021, respectively. They were also 25% more likely to report severe total difficulties in July 2020 but 25% less likely to report total difficulties in March 2021 (Tables 4 and 5).

Compared to their healthy peers, young people with long-term illness and disability were 26% and 45% less likely to report emotional problems and 39% and 15% less likely to report total difficulties in November 2020 and March 2021, respectively (no significant association was found for July 2020). Consistently, young people with self-reported poor general health pre-pandemic were 29% less likely to report emotional problems in March 2021 (no significant associations for July 2020 and November 2021). They were also 20% less likely to report total difficulties in July 2020 and March 2021. Young people who reported severe emotional difficulties pre-Covid-19 were 44% less likely to report severe emotional problems in July 2020, 53% in November 2020 and 37% in March 2021. They were also 38% less likely to report severe total difficulties in November 2020 (no significant associations were found for July 2020 and March 2021). Likewise, young people who reported severe total difficulties pre-pandemic were 41% less likely to report emotional problems in July 2020, 52% in November 2020 and 15% in March 2021. In contrast, they were 12% and 15% more likely to report severe total difficulties in November 2020 and March 2021 (Tables 4 and 5). Young people with pre-existing mental health difficulties were less likely to report emotional problems but more likely to continue reporting mental health difficulties a year into the pandemic.

Perceived limited support from family and friends and loneliness were strong predictors of self-reported mental health difficulties in young people throughout the pandemic. Young people who did not feel supported by their friends during the pandemic were three times in July 2020, over two and a half times in November 2020 and over three and a half times in March 2021 more likely to report severe emotional problems. Likewise, 10–16-year-olds

who did not feel supported by their friends were over 10 times in July 2020, over five times in November 2020 and over three times in March 2021 more likely to report total difficulties. Consistently, young people who did not feel supported by their family during the pandemic were eight and a half times in July 2020, seven times in November 2020 and over seven times in March 2021 more likely to report severe emotional problems. They were also over eight times more likely to report severe total difficulties across the three timepoints during the pandemic. Also, young people who felt lonely 'all of the time' were nearly five times in July 2020, over seven and a half times in November 2020 and nearly seven and a half times in March 2021 more likely to report severe emotional problems. Likewise, they were three times in July 2020, seven times in November 2020 and over four and a half times more likely to report severe total difficulties (Tables 4 and 5).

Result summary

Taken together, the findings tell a story of vulnerability but also resilience. Compared to their peers who felt socially supported, young people who felt lonely and unsupported by family and friends were far more likely to report severe emotional and mental health difficulties during the pandemic. The pandemic did not seem to affect young people equally in that being a young carer, BAME, an adolescent girl and living in poverty emerged as significant vulnerabilities. Compared to young non-carers, carers were more likely to report severe total difficulties 1 year into the pandemic, although less likely to report severe emotional problems. Compared to Whites, Black and mixed-race 10–16-year-olds were far more likely to report severe emotional and total difficulties 1 year into the pandemic. In contrast, Asian young people were less likely to report emotional and total difficulties during the pandemic. Girls and young women were more likely than boys and young men to report severe emotional problems during the pandemic. Young people living in poverty were more likely to report severe emotional and total difficulties 1 year into the pandemic than their economically better-off peers.

Young people with pre-pandemic health conditions and reduced life satisfaction seemed to show resilience during the pandemic. Compared to their healthy peers, young people with long-term illness and disability and self-reported poor general health were less likely to report severe emotional and total difficulties at the three timepoints. Likewise, young people with severe emotional and total difficulties pre-pandemic were less likely to report elevated emotional problems during the pandemic, although young people with severe total difficulties pre-pandemic were more likely to report severe total difficulties during the second lockdown in November 2020 and at the end of restrictions in March 2021. Compared to young people who rated their life satisfaction high pre-pandemic, those who reported low life satisfaction were more likely to report severe emotional and total difficulties during the first months of the pandemic only. In contrast, 10–16-year-olds who reported low life satisfaction during the pandemic were far more likely to report severe emotional problems and total difficulties across all three timepoints.

DISCUSSION

The mental health crisis among young people was an ongoing concern before the Covid-19 pandemic hit (e.g., Hartas, 2019; Patalay & Fitzsimons, 2020; Rodway et al., 2020), with growing evidence showing associations between youth mental health problems and reduced learning and future employment and poor physical health. Current political discourses have largely attributed the widening socio-economic and other inequalities in young people's

mental health and wellbeing to the pandemic. However, the pandemic has served to uncover existing inequalities, especially for vulnerable young people who were more likely than their less-disadvantaged peers to report mental health challenges, as this study showed.

Trajectories of adolescent mental health during Covid-19

Consistent with the findings from a study by Hu and Qian (2021), the Co-Space study (Shum et al., 2021) and the recent MHCYP study, overall rates of self-reported severe emotional problems and total difficulties remained stable or slightly declined between July 2020 and March 2021. For young people with long-term illness and disability and those with self-reported poor health, no significant associations between these conditions and mental health were reported in July 2021, and a decrease in reporting elevated emotional and total difficulties in November 2020 and March 2021. Likewise, young people who reported emotional and total difficulties pre-pandemic were less likely to report emotional difficulties during the pandemic, except for young people with pre-pandemic elevated total difficulties who were more likely to report total difficulties towards the middle and end of the pandemic. Pre-existing mental and physical health conditions and pre-pandemic low life satisfaction seemed to have made young people more resilient in that they were less likely to report elevated emotional problems and total difficulties during the pandemic. It could also be that spending more time with family members and having fewer academic and social demands placed on them (due to school closures and limited face-to-face peer interactions), young people with pre-existing health difficulties felt more supported (Walsh, 2020). Also, the lack of association between young people's mental health and pre-existing conditions in July 2021 could mean that they experienced the initial shock of the pandemic as a collective event, which possibly gave them a sense of recognition and acknowledgement of their own struggles in navigating the liminalities of this new reality (Stephens et al., 2020).

Furthermore, young people who reported low life satisfaction pre-pandemic were more likely to report emotional problems and total difficulties at the start of the pandemic but less likely to report difficulties 6 months and a year into the pandemic. Consistent with a study by Hu and Qian (2021), as the initial Covid-19 shock subsided, young people's evaluation of their own life did not seem to be discordant with what was happening around them. They were more resilient compared to those who reported low life satisfaction during the pandemic, in that the latter group was more likely to report severe emotional and total difficulties. It is plausible that by seeing their difficulties through the lenses of wider social restrictions, uncertainty and the suffering unleashed by a global health crisis, young people with pre-pandemic low life satisfaction re-evaluated their life, realising that they were not alone in being unsatisfied. Their resilience may also have come from a sense of validation regarding their life evaluation (Walsh, 2020). Life satisfaction differs from feelings; it involves an overall cognitive judgement young people make about their life at a particular point in time (Diener et al., 2003) and thus it is more malleable to cognitive re-evaluation, especially during crises. In contrast, young people who evaluated their life satisfaction as low during the pandemic could have experienced dissonance because the taken-for-granted beliefs and expectations about their lives and connections to their world changed rapidly without having any time to adjust, resulting in shattered assumptions in their worldview (Janoff-Bulman, 1992).

Social support and loneliness during Covid-19

Consistent with much current research (Lomas et al., 2022; Luchetti et al., 2020), loneliness and limited social support were strongly associated with mental ill health during the

pandemic. Consistently, in their World Happiness Report, Lomas et al. (2022) found loneliness to be a key driver of mental ill health, more prevalent in developed countries (Jia & Yuan, 2020) and more severely affecting low-income groups (Berg-Weger & Morley, 2020). Although a relatively small number of young people in this study reported loneliness and a lack of social support from friends and family, those who did reported a much higher likelihood of severe emotional problems and total difficulties during the pandemic. Loneliness could have arisen from Covid-19 control measures such as social distancing, lockdowns and quarantine, meaning that public health policies should account for the mental health consequences that the significant social disruption brought to young people (Jia & Yuan, 2020). Although evidence has shown that, in general, mental ill health increased slightly during the early months of the pandemic and then returned to pre-pandemic levels by mid-2020 (Aknin et al., 2021), this was not the case for young people who experienced limited social support and loneliness, which predicted likely mental ill health across the three timepoints.

On a positive note, during the social restrictions, family became the most available source for meaningful, face-to-face social interactions and relationships. Young people who felt supported by their families reported better mental health and wellbeing. Close ties with family provided an important support for people dealing with crises by increasing their sense of belonging, security and self-worth, which have been found to directly benefit mental health by increased motivation for healthy behaviours and better coping strategies (Li & Xu, 2022). Support from family played a crucial role in helping young people cope with the stress and social isolation caused by the pandemic.

Are we all in this together?

Although the mental health of 10–16-year-olds seemed stable or even slightly improved during the pandemic, certain vulnerable groups—including young carers, BAME, adolescent girls and people living in poverty—were more likely to report elevated mental health challenges at certain timepoints. Young carers were found to be more likely to report severe total difficulties a year into the pandemic, although they were less likely to report emotional problems at the end of the first lockdown. Consistent with other studies (e.g., Hu & Qian, 2021), the non-significant association between young carers and reported emotional difficulties in November 2020 and March 2021 could have reflected their relief from returning to a semblance of normality at the end of the first lockdown. For the first 6 months into the pandemic, young carers' mental health seemed stable; however, they were 45% more likely to report total difficulties in March 2021. After the initial reporting of emotional difficulties in July 2020 only, young carers reported elevated total difficulties a year into the pandemic (in March 2021 only), reflecting current research (Blake-Holmes & McGowan, 2022; King, 2021). Young carers' coping mechanisms were challenged through intensive caring due to a combination of school closures, Covid-related illness in the family, home schooling and having younger siblings at home who might have required care. Intensification of their caring responsibilities during the pandemic, continued marginalisation with their voices being unheard and their needs unrecognised (Joseph et al., 2020) and the curtailment of external agency support and services were likely to explain carers' increased likelihood of reporting severe total difficulties a year into the pandemic.

In line with previous studies (e.g., Hu, 2020; Public Health England, 2020), marked ethnic inequalities in reported mental ill health were found in this study. Black and mixed-race young people were more likely to report severe emotional and total difficulties during the pandemic than did their White counterparts. Both Black and mixed-race young people were more likely to report elevated mental health difficulties not at the start, but a year into the pandemic, although mixed-race young people were also likely to report emotional problems

at the start of the pandemic. These findings reflect the cumulative effects of systemic/race inequality that became more pronounced for some young people towards the end of the pandemic, although mixed-race adolescents were also likely to report worry and anxiety from the start. The impact of the pandemic on minority ethnic young people was exacerbated due to a combination of increased Covid-related illness in the family, parents in low-paid jobs and loss of income and employment opportunities in the household, and these were more likely to be felt towards the end of the pandemic. Also, for some of these young people, the experience of racial microaggressions and systemic racism, in addition to the upheaval unleashed by the pandemic, could have potentially shattered their sense of trust in others, and of a just society (Janoff-Bulman, 1992), further contributing to mental health difficulties. Also, adolescents at different developmental stages experienced the pandemic differently and had different needs for mental health support. The findings showed age differences, with mid-adolescents being more likely than pre-adolescents to report mental health difficulties during the pandemic. These age differences are consistent with evidence that half of life-long mental health conditions emerge by age 14 (e.g., Jongsma et al., 2020).

Furthermore, adolescent girls were more likely than boys to report mental health difficulties, especially in November 2020, during the second lockdown. This is consistent with much current research (Hu & Qian, 2021; Patalay & Fitzsimons, 2020), which has observed a spike in mental ill health in adolescent girls pre- and during Covid-19. The gender differences in mental health may be explained by the broader circumstances that surround adolescent girls' life. Since the 2008 financial crisis and the resulting austerity policies in the United Kingdom, young women's wellbeing has taken an inward turn and transformed into an individuated quest for self-improvement as a way of tackling structural inequalities, including gender inequality. As welfare structures have been systematically dismantled and with the rise of an individualised, de-politised feminism (e.g., Banet-Weiser et al., 2020), there has been a proliferation of discourses on 'girl power', autonomy, self-expression and self-belief that do not seem to translate into good mental health because the circumstances that surround their life remain unchanged (Hartas, 2019).

Young people in jobless households who found it difficult to get by financially were more likely to report mental health difficulties a year into the pandemic, when the financial strain on their households due to loss of income and employment opportunities became more pronounced. At the start of the pandemic, no associations were found between household employment and emotional problems, possibly because the corrosive effects of unemployment were more likely to be felt 6 months to a year into the pandemic (Johnson et al., 2022). Also, no associations were found between household employment and total problems in March 2021, possibly because young people became more optimistic about their parents' employment prospects at the end of the third lockdown, or due to contextualising the challenges their families felt and developing ways to adapt and grow in a changed world (Walsh, 2020). Also, no associations were found between subjective financial situation and mental health in July 2020 and November 2020, possibly because financial constraints became more pronounced with time (Food Foundation, 2021). For some young people, vulnerability and resilience were shifted by their economic realities during the pandemic, raising the need to examine mental health through socio-economic lenses. Pre-pandemic, continuous restructuring of the welfare system over the last decade has had a detrimental effect on families meeting their children's basic needs, such as food (Raj, 2019), with around a third of children in each classroom being below poverty level (Penington, 2020). The economic shock of the pandemic and the closure of schools and early years settings further contributed to food insecurity (Food Foundation, 2021). The findings from this study highlight the role of economic resources in shaping adolescents' mental resilience and vulnerability during the pandemic (Hu & Qian, 2021; Johnson et al., 2022). This is particularly important in the United Kingdom, which has the sixth highest income inequality among OECD nations with available data

(Johnson et al., 2022). Clearly, the findings highlighted pre-existing inequalities in young people's mental health, which were sustained during Covid-19 in the form of reports of likely mental ill health across the three timepoints. The pandemic did not introduce new vulnerabilities, but unveiled existing pockets of multidimensional disadvantage for certain groups of young people.

Strengths and limitations

A strength of this study is its examination of trajectories in young people's reports of emotional and total difficulties through nationally representative samples that followed young people during the pandemic. The study gained an insight into young people's reports of mental health at different timepoints during a health crisis and its ensuing social restrictions. This is important because most current research on adolescent mental health and wellbeing during Covid-19 has used cross-section samples collected at one point during the pandemic, except for research by Hu and Qian (2021) and Moulton et al. (2021).

Although there is a growing body of research (e.g., Hu, 2020; Joseph et al., 2020; Public Health England, 2020) on how disadvantaged groups and 'invisible' children fared pre- and during the pandemic, their needs remain unrecognised and their voices unheard, especially during the current cost of living crisis (Pierce et al., 2020). The findings from this study highlighted disparities in vulnerable children's reported mental health that future research should examine through the lenses of multidimensional inequality, where systemic structures and socio-economic conditions are key influences in young people's lives.

There are many limitations to this study. The loneliness and social support (from family and friends) measures relied on one item each and thus they did not capture a more nuanced picture of social support. All measures used in this study were self-reported, which means that although they offered a platform for young people to talk about their mental health and subjective wellbeing outside the context of a clinical diagnosis, they were subjective and thus prone to bias. Also, the ethnicity measure was not as fine-tuned as its original measure due to small cell sizes, which did not allow disaggregating ethnic minority adolescents into more detailed subgroups. Another limitation is that the associations examined in this study were not causal. The regression analyses examined the contributions the predictor variables made to the SDQ variance at three timepoints during the pandemic, without specifying the direction of effects. The notion of prediction is used in a general sense. It does not mean that the value of the predictors will give you an exact value for the outcome. This is particularly so for life satisfaction, which was measured at the same time as the SDQ, although life satisfaction—as an overall judgement about life—is different from SDQ, which captures positive and negative feelings. Another limitation lies in research on Covid-19 and its sequelae, which is evolving fast. The *Understanding Society* dataset (ISER, 2021b) collected measures from July 2020 to March 2021. Because the virus is still with us and public health responses seem to be in a state of flux, the full picture of the effects of Covid-19 on young people's mental health and wellbeing will be unfolding for the foreseeable future. Future research is needed to continue collecting mental health measures, not in isolation but within young people's socio-economic contexts, especially as we go through the cost of living crisis. Also, in light of strong associations between family support and young people's mental health, future research should examine whether family interactions and relationships can mediate the adverse effects of vulnerability (e.g., poverty, being a young carer or female) on young people's mental health and wellbeing.

CONCLUSION

Covid-19 represents an unprecedented collective challenge of our generation, and its impact will likely extend into the future through the long-term effects of loss of learning and socialisation, loss of income and employment opportunities, and widening inequality. However, it is important to note that over the last decade or so, many young people and their families in the United Kingdom have been in a state of perma-crises due to the 2007/2008 Global Financial Crisis, subsequent austerity measures, Brexit, Covid-19, the cost of living and energy crises, and environmental crises. The ensuing social harm has severely affected their communities' resilience and young people's individual wellbeing and life chances. This is more so for disadvantaged and vulnerable young people, who are often marginalised, discriminated against and resource poor and, thus, likely to fare less well during crises. The findings from this study—particularly those about likely mental ill health in young carers, young people in financially strained households and BAME—have significant implications for children's rights in terms of fulfilling targets for monitoring young people who experience multiple and prolonged disadvantage, to enable the implementation of Article 27 of the Convention of the Rights of the Child in Britain.

It is often the case that public services do not reach those who need them most, especially during times of crisis. The Covid-19 crisis has offered a critical opportunity to examine young people's wellbeing at the interaction of agency and society, and invest in material living standards (e.g., housing, food accessibility) and public services. Mental health inequalities in vulnerable groups need to be addressed through socio-economic interventions to increase capacity in schools and social care services to identify and support young carers, BAME and young people living in poverty within educational settings, geared to provide a flexible response to individual needs. Clearly, schools exert important influences on young people's lives. Although they cannot fully compensate for structural inequalities and the unequal distribution of health outcomes, they can offer interconnected physical and social spaces to young people and their families, especially during crises, to deliver interventions to reduce inequalities in mental health and provide essential services.

The findings from this study agree with the notion that resilience is a social rather than an individual act. Most young people, especially those with pre-existing health conditions, either remained resilient, or reported elevated mental health difficulties at the start of the pandemic. The realisation that they were not alone in feeling stress, social isolation and uncertainty about the future offered young people a valuable perspective to evaluate their wellbeing. As the United Kingdom looks to recover from Covid-19, the findings from this study are expected to contribute to policy debates about supporting vulnerable young people's mental health through prioritisation of services such as access to schools, social care, child-care and early education to support disadvantaged groups during crises through learning, socialisation, health advice and opportunities to access safe housing and food. Ultimately, we need to have conversations about the social harm Covid-19 laid bare to argue that young people's mental health can be achieved not in isolation by pursuing self-improvement, but through political action to reduce persistent health inequality and learn how to deal with future crises.

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CONFLICT OF INTEREST STATEMENT

The authors declare no conflict of interest.

DATA AVAILABILITY STATEMENT

The research data are distributed by the UK Data Service.

ETHICS STATEMENT

Ethics approval was granted by the University of Essex Ethics Committee for the Covid-19 web and telephone surveys (ETH1920-1271).

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